

SECTION 3: CHILDREN IN CARE & CUSTODY OVERVIEW	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

The placement of children is guided by the philosophy and principles of the *Child, Youth and Family Services Act*. The overriding principle and paramount consideration in any decision under the Act is the best interest of the child. Section 9, subsections (a)-(i) outline relevant factors to be considered in determining a child's best interest. These factors include:

- the child's safety;
- developmental needs;
- cultural heritage;
- the child's views and wishes;
- continuity and stability in a child's care;
- the continuity of family and significant other relationships;
- the child's geographic and social environment;
- the child's supports outside the family; and
- the effects of a delay in the disposition of judicial or other proceedings with respect to the child.

The placement of a child shall be determined using the least intrusive means of intervention with the best interest of the child as the paramount consideration. Relatives, non custodial parents and individuals significant to the child should be considered first when exploring placement options. If a family member or significant other is unavailable, the child should be matched with an approved non relative caregiver family or another approved residential setting that best meets that child's needs. Siblings should be placed together and the Plan of Care (section 3.21) must ensure that children remain connected to their family and other significant individuals unless it is deemed not to be in a child's best interest.

Services to children in care and custody of a director must be provided within the permanency planning framework. This framework supports the principles that all children have a right and a need to have a family environment that is permanent. Permanency planning is also based on the premise that planning must be done in partnership with children, their families, caregivers, significant others and the community. Partnerships that assist children in care and custody in achieving permanence and successful outcomes should be coordinated through the use of The Model for Coordination of Services for Children and Youth and the Individual Support Services Planning (ISSP) process.

The practices relating to the placement of children must also reflect the principles of Parent Resources for Information, Development and Education (PRIDE). When a child is placed in a caregiver home the social worker must work as part of a team to ensure that this child is nurtured and protected, that their developmental and cultural needs are being addressed and that significant relationships are being supported. The social worker shall ensure that quality care is

being provided to the child and that caregiver homes are approved and monitored in accordance with provincial standards.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.1 PLACEMENT RESOURCES: RELATIVES/SIGNIFICANT OTHER APPROVAL PROCESS	
EFFECTIVE: MARCH 2007	PAGE: 1 of 3

STATUTORY PROVISION:

Section 62 (1) The placement of a child shall be conducted in a manner which is least disruptive to a child and recognizes the importance of placement with siblings and contact with family or other persons who are significant to the child.

Section 62(2) A director or social worker shall first consider placement of a child with a relative or person with whom the child has a significant relationship.

Section 63 (3) A person who provides care under this Part shall be approved by a director or social worker.

STANDARD:

1. The social worker must seek to place siblings together.
2. The social worker must seek to place a child with, extended family, siblings and/or significant persons as the first placement option.
3. No child shall be placed in accordance with Subsection 62(2) without a preliminary assessment and approval.
4. A director or social worker shall make final approval within 30 working days of the preliminary approval.

COMMENTARY:

When a social worker is determining where a child should be placed, it is important, where possible, to involve the child, the family and other support networks to ascertain if there may be a family member or individual significant to the child who could meet the child's placement needs. Placing a child with a relative or significant other can reduce the child's feeling of loss and can help minimize the changes and disruptions in a child's life. This type of placement also helps a child maintain a sense of family continuity as well as promote the child's cultural and community connections.

A preliminary approval process has been developed to expedite the child's placement with a caregiver who is a family member or significant to the child and to decrease the likelihood that a child will have to be placed with a caregiver who is not familiar to the child.

When a child is placed on the basis of a preliminary assessment and approval, the final approval must be completed within thirty days. The final assessment provides additional supporting documentation that enables the social worker to complete a more thorough assessment of the

caregiver home and their ability to meets the expectations of the caregiver program. The following outlines the requirements for the preliminary and final approval process.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.1 PLACEMENT RESOURCES: RELATIVES/SIGNIFICANT OTHER APPROVAL PROCESS	
EFFECTIVE: MARCH 2007	PAGE: 2 of 3

Preliminary Approval:

A preliminary assessment must include:

- A home visit and an interview with all persons in the home;
- A *child, youth and family services record check- Form #14-609* from any area of the province or other jurisdiction where the family previously resided;
- Verbal police checks on all persons 12 and over from any jurisdiction where the applicants previously resided;
- Two verbal non-relative references;
- One verbal collateral reference (school if applicable); and
- A determination of the wishes of the child and of the relationship that exists between the child and relative or significant other being considered for approval.

In meeting with the prospective caregiver family it is important that they demonstrate to the social worker that they understand their role in supporting the child and are able to work as part of a team to ensure a child's physical, emotional and developmental needs are addressed. It is also important that they understand the expectations of the caregiver program and that they are willing/able to work with the child's birth family and support contact unless it is deemed not to be in the child's best interest.

The program supervisor must give a preliminary approval prior to a child being placed in the caregiver home. Caregiver placements must not be approved if there are outstanding child protection concerns or if a police or reference check indicates there is a history that may place a child at risk. A more detailed discussion regarding required documentation is provided in section 3.3 under approval of non-relative caregiver resources.

Final Approval:

When a child is placed on the basis of a preliminary assessment, final approval must be completed within 30 working days. The following additional documentation must be obtained before final approval can be given:

- Certificates of Conduct on any person residing in the home 12 and older from any jurisdictions where they may have previously resided;
- *Relative/Significant Other Caregiver Home Assessment-Form # 14-606*;
- Two written non-relative references, and one collateral reference using *Letter of Reference- Form # 14-687*.
- Medicals on all persons living in the home using the *Medical Report on Prospective*

Caregivers-Form # 14-644;

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.1 PLACEMENT RESOURCES: RELATIVES/SIGNIFICANT OTHER APPROVAL PROCESS	
EFFECTIVE: MARCH 2007	PAGE: 3 of 3

Final Approval Continued:

- An interview with the child; and
- Caregiver Home Safety Check-Appendix D.

If at any time throughout the final assessment process concerns are noted regarding the prospective caregiver that would impact the approval process, these should be brought to the immediate attention of the social work supervisor and a decision made regarding the child's continued placement.

When the final assessment is completed the social worker must make a recommendation to approve or not approve the placement on the basis of the documentation gathered and submit all documentation to his/her program supervisor. The program supervisor shall then determine if the placement will be granted final approval. If the placement is approved, the social worker will advise the caregiver family in writing within seven days of the approval. If the caregivers give consent their names must also be forwarded to the Newfoundland and Labrador Foster Families Association (see Appendix H).

Where the final assessment indicates a child should not remain in the placement, an alternative placement must be explored and secured. The social worker shall meet with the caregiver family to discuss the rationale for not granting final approval. This decision should also be provided in writing to the caregiver family.

Family and significant caregivers who are approved as caregivers are not required to complete the PRIDE pre-service program. However, they should be offered the opportunity to attend. Annual reviews are not required on family and significant other caregivers. However, there is an assumption that changes affecting the care of the child will be documented and assessed during the social worker's regular visits with the family.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.2 PLACEMENT RESOURCES: NON-CUSTODIAL PARENT APPROVAL PROCESS	
EFFECTIVE: MARCH 2007	PAGE: 1 of 2

STATUTORY PROVISION:

Section 62(3) Where a child is removed by a director or social worker from a custodial parent and the non-custodial parent is considered by the director or social worker to be suitable to provide care, the child may be placed with the non-custodial parent pending final determination of the application before the court.

Section 63(2) Where an agreement is made under subsection 63(1) with a non-custodial parent, the non-custodial parent is not entitled to financial support.

Section 63(3) A person who provides care under this Part shall be approved by a director or social worker.

STANDARD:

1. The non-custodial parent shall be considered as a placement option for a child removed from the care of the custodial parent, pending the protective intervention hearing and where it is determined to be in the best interest of the child.
2. A social worker must complete an assessment prior to placing a child with a non-custodial parent.
3. A supervisor or a director must approve the placement with the non-custodial parent prior to placement.
4. A non-custodial parent is not eligible for financial support from a director of child, youth and family services.

COMMENTARY:

When a social worker is considering placement options for a child and there is a non custodial parent that may be an appropriate it is important that this parent be assessed to determine if they are able to meet the child's needs. Placing a child with a non custodial parent can reduce the child's feeling of loss and help a child maintain a sense of family continuity. When considering the non-custodial parent, the social worker must complete an assessment that includes all the documentation required for the preliminary approval of relatives/significant other caregivers as well as the following:

- a home visit to determine the appropriateness of the living arrangement;
- a determination of the wishes of the child;

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.2 PLACEMENT RESOURCES: NON-CUSTODIAL PARENT APPROVAL PROCESS	
EFFECTIVE: MARCH 2007	PAGE: 2 of 2

- a determination of the relationship that exists between the child and the non-custodial parent; and
- a determination of the factors that led to the child being in the custody of the other parent.

It is also important to assess the relationship between the custodial and non-custodial parent and to discuss with the non-custodial parent their ability and willingness to support the child's relationship with the custodial parent. It is critical that the non-custodial parent understand that regardless of the fact that the custodial parent placed their child at risk that relationship may still be very important to the child. One parent talking in a negative manner about the other parent can be confusing for the child and impact on their sense of belonging and self-esteem.

When the assessment has been completed, the program supervisor must approve the placement of the child with the non custodial parent prior to a child being placed. When a child is placed with a non-custodial parent, the parent should be advised that if he/she makes application under the *Children's Law Act* for custody, the matter may be joined with the social worker's application under the *Child, Youth and Family Services Act*.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.3 PLACEMENT RESOURCES: NON-RELATIVE CAREGIVER HOME APPROVAL PROCESS	
EFFECTIVE: MARCH 2007	PAGE: 1 of 5

STATUTORY PROVISION:

Section 62(4) Where a child cannot be placed in accordance with subsection 62(2) or 62(3), the child may be placed with a caregiver.

Section 63(3) A person who provides care under this Part shall be approved by a director or social worker.

STANDARD:

1. All persons applying to be approved as non-relative caregivers must make application to the regional health authority (RHA) in which they reside.
2. All applicants must complete the PRIDE Pre-Service Sessions as part of the approval process.
3. A social worker must complete an assessment of the applicants using the PRIDE model.
4. All applicants must demonstrate in the assessment process that they can meet the five PRIDE competency categories.
5. The social worker shall make a recommendation regarding the applicant's suitability to become an approved caregiver.
6. A director shall be responsible for granting the approval of a caregiver home.
7. A caregiver home must be approved prior to a child being placed.
8. All non-relative caregiver home approvals shall be reviewed annually.

COMMENTARY:

When a child cannot be placed with either a relative, non-custodial parent or a significant other, the social worker will need to explore other available placement resources on the residential continuum. It is critical for health authorities to develop and support a continuum of placement resources to enable the social worker to match the child's needs with the least intrusive and most appropriate placement option.

For many children who cannot be placed with family or friends the preferred placement option is most frequently a family setting with an approved non-relative caregiver. All non-relative caregivers must be assessed and approved by a health authority prior to a child being placed in their home.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.3 PLACEMENT RESOURCES: NON-RELATIVE CAREGIVER HOME APPROVAL PROCESS	
EFFECTIVE: MARCH 2007	PAGE: 2 of 5

Intake & Screening:

The initial intake interview or phone call is very important in the selection of non-relative caregivers. The following basic criteria must be met:

- all applicants must be a minimum of 25 years of age;
- all applicants must satisfy the social worker that they are able to meet the requirements and standards outlined in the approval process; and
- at least one of the applicants must be able to read and write.

When an application has been accepted for processing the social worker must discuss the following issues with the prospective foster parents:

- motivation for applying
- applicants attitudes and views towards birth parents and their willingness to assist a child in his/her relationship with them;
- the applicants' views about working as part of a team with CYFS staff, other professionals, the child and the birth family, to reach a desired outcome;
- applicants preference regarding age, sex, and service needs of children to be placed in their home; and
- participation in PRIDE.

The social worker must check for previous CYFS involvement by the prospective applicants. Where there has been previous contact, the circumstances of it must be explored. All relevant information must be reviewed, contact must be made with any social worker previously involved, and there must be supervisory consultation before a decision is made to continue with the approval process. Applicants must not be assessed to become caregivers when there is:

- a previous conviction of a child related crime;
- unresolved child protection concerns;
- financial mismanagement; and
- a newly established family-unit relationship, i.e. less than one year duration.

In addition, if the applicants have had or have a psychiatric and/or psychological illness, are undergoing treatment for substance abuse and/or are involved in counselling, the social worker must carefully assess this to determine if their current circumstances would prohibit them from being able to provide care for a child placed in their home. If the applicant is currently involved with a therapist/counsellor the social worker must obtain, with the applicant's consent, a professional opinion from their therapist as to the progress of the counselling and whether or not

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.3 PLACEMENT RESOURCES: NON-RELATIVE CAREGIVER HOME APPROVAL PROCESS	
EFFECTIVE: MARCH 2007	PAGE: 3 of 5

the current problems would affect the ability of the applicant to fulfil the role of a caregiver. The social worker must ensure that the therapist is aware of the expectations for caregivers and the demands on the individual that caregiving may entail.

All applications should be deferred for twelve months from the time of the occurrence of a major illness or a traumatic event within the family or the applicant's personal life (e.g., death of a child, recent separation or divorce, serious illness). The purpose of this deferment is to allow the family time to cope with and adjust to their new situation.

If an application is not being recommended, the social worker must explain to the applicants the reason for not recommending that their application be processed. The program supervisor must confirm the decision in writing to the applicant within thirty days.

Approval process:

All applicants who apply to become approved non-relative caregivers must complete the PRIDE pre-service sessions and be assessed by a social worker using the PRIDE assessment model. PRIDE is a model used to develop and support caregiver families. It strengthens the quality of care provided to children by providing a standardized, competency based, framework for preparing and assessing caregiver applicants.

The PRIDE assessment process involves a mutual identification of strengths and needs pertaining to the applicants past and current functioning. The pre-service information sessions and the mutual assessment process result in both the applicants and the health authority making a better informed decision about the family's willingness and ability to meet the expectations of becoming a caregiver. It is important that all applicants participate in the assessment process as making a well informed decision based on understanding the complex needs of children and families can result in less placement disruptions for children as caregivers are bettered prepared for this role.

While compiling the home assessment information the social worker must also obtain the following supporting documentation which can further inform the assessment process by identifying strengths or concerns that may influence the applicant's ability to provide quality care to a child. Supporting documentation such as medicals, references, and collateral contacts provide insight into how friends, co-workers and other professionals in the community view the applicant's ability to become a caregiver.

The social worker must ensure all of the following supporting documentation is obtained as part of the approval process.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.3 PLACEMENT RESOURCES: NON-RELATIVE CAREGIVER HOME APPROVAL PROCESS	
EFFECTIVE: MARCH 2007	PAGE: 4 of 5

Child, Youth and Family Services Record Check:

A child, youth and family service record check-Form # 14-609 must be completed on the applicants from all areas of the province and/or other jurisdictions in which they resided. If there has been previous or if there is current CYFS involvement, the circumstances and nature of involvement must be explored. All relevant file information shall be reviewed and there must be supervisory consultation before a decision is made to continue with the approval process. Applicants shall not be approved if there are unresolved child protection concerns.

Criminal Record Checks:

All persons residing in the home who are over the age of 12 must provide Certificates of Conduct from each area of the province or other jurisdiction in which they resided.

If a prospective caregiver or other individual residing in the home has been charged with a criminal offence, the social worker must carefully assess the relationship of any criminal activity to the safety of a child placed in the home using the following criteria:

- time elapsed since past criminal activity;
- number and type of charges/convictions;
- conduct and circumstance of the individual since the offence;
- relevance of criminal record activity to the provision of care for a child;
- age and circumstances of individual at the time of the offence; and
- applicant(s) shall not be approved if any person residing in the home has been charged or convicted of a crime against children.

Medical Reports:

A Medical Report-Form # 14-644 must be completed on the applicant(s). All children or other adults living in the home should be examined by the family doctor who should provide a letter outlining their general health and any significant findings or concerns. If concerns are documented by the physician the social worker must contact the physician directly to discuss how this may impact on the applicant's ability to provide care to a child placed in the home.

References:

References-Form # 14-687 are to be obtained from three individuals who are not related to the applicant(s) and have known them for at least three years. In addition, there must be a verbal reference from a collateral community contact (minister, community leader, teacher) If applicant(s) have school age children, the teacher is the preferred collateral reference.

Financial Assessment:

The social worker must review with the applicant(s) their current financial circumstances. The purpose of this to ensure that the applicant(s) are not under financial stress and/or that they will not rely on the remuneration they receive as caregivers to meet their own financial commitments.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.3 PLACEMENT RESOURCES: NON-RELATIVE CAREGIVER HOME APPROVAL PROCESS	
EFFECTIVE: MARCH 2007	PAGE: 5 of 5

Home Safety Check:

A thorough check of the applicant's home must be completed by the social worker to determine if they have the physical space to accommodate a child and to ensure that the home meets all physical requirements outlined in the Caregiver Home Safety Checklist-Appendix D. Social workers must consult the local Government Services Center, Department of Government Services and/or appropriate community resources if questions are raised about the safety of the home.

Birth and Marriage Certificates:

The social worker will obtain a certified copy of the marriage certificate as well as certified copies of birth certificates on all persons living in the home. The birth dates should be cross referenced with the dates given on the certificates of conduct.

Declaration of Confidentiality:

The caregivers are required to sign a *Declaration of Confidentiality-Form # 14-502* at the time of approval. The social worker will discuss with the applicants the importance of maintaining confidentiality and outline the circumstances when it is appropriate to share information relating to children in care and custody and their families.

Caregiver Agreement:

A copy of the *Caregiver Agreement-Form # 14-839* must be signed by the social worker and the caregiver at the time of approval. A copy must be given to the caregiver.

Approval:

When the social worker has completed the PRIDE assessment process a copy of the home assessment must be shared with the applicant(s) and signed by the applicant(s) and the social worker. The social worker must make a recommendation about whether the prospective applicant(s) should be approved and the final decision regarding approval shall be made by the program supervisor. Approval shall not be granted if any person residing in the home has been charged or convicted of a crime against children or if the family is currently involved in a protective intervention program.

If approval is granted the caregiver home must be notified in writing. Also, if consent is given, the names of the approved caregiver(s) shall be forwarded to the Newfoundland and Labrador Foster Families Association.

If approval is not granted the social worker shall meet with the applicant(s) to discuss the reasons for this decision. This should also be provided in writing within 30 days.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.4 NON-RELATIVE CAREGIVER HOME APPROVAL: EMERGENCY APPROVAL	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. A caregiver home can only be issued one temporary approval.

COMMENTARY:

In an emergency situation, the program supervisor can approve placement of a child in a home that is in the process of being approved. The following must be completed before a child in care can be placed in any home:

- A *Caregiver Application- Form 14-607*;
- Criminal record checks on all persons over 12 years of age in the home;
- Three non-relative references and one community reference using the *Letter of Reference- Form 14-687*;
- A signed *Caregiver Home Agreement-Form 14-839*;
- A *Child, Youth and Family Services Record Check-Form 14-609*;
- Two interviews to be held with the prospective caregiver. There must be at least one interview with all other persons living in the home; and
- One home visit.

The full approval process must be completed within 60 days of the date of placement. The caregiver should be advised in writing of the temporary approval and asked to cooperate in the completion of the full approval process within the time period specified.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.5 NON-RELATIVE CAREGIVER HOME APPROVAL MAXIMUM NUMBER OF CHILDREN PLACED IN A HOME	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. A caregiver family shall be approved to care for up to two children.
2. A director of child, youth and family services may grant approval to allow more than two children to be placed in a caregiver home where there is an exceptional circumstance.

Children placed in caregiver homes often require a high level of support to ensure their developmental needs are addressed and family and significant other connections are maintained. Children who are separated from their birth families experience a range of intense emotions and behaviours and need nurturing caregivers who have the time, skills and ability to provide this support. If too many children are placed in a caregiver home, this can diminish the caregiver's ability to meet their needs. When caregivers are overextended added stress is placed on the family. This can lead to a decrease in caregiver satisfaction, an increase in caregiver frustration with service delivery, a heightened probability of allegations against the caregiver; with the end result being more placement disruptions for children.

Keeping this in mind, caregiver families should only be approved to care for more than two children in exceptional circumstances. This approval may be granted to accommodate a sibling placement or to facilitate the placement of a child who already has an established relationship to the caregiver family. However, even in an exceptional circumstance, the social worker must still assess if the caregiver family has the time, ability and physical space to accommodate more than two children and the impact this will have on children currently in the home.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.6 PLACEMENT RESOURCES – RESPITE PLACEMENT	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STATUTORY PROVISION:

Section 62 (1) The placement of a child shall be conducted in a manner which is least disruptive to a child and recognizes the importance of placement with siblings and contact with family or other persons who are significant to the child.

Section 62(2) A director or social worker shall first consider placement of a child with a relative or person with whom the child has a significant relationship.

Section 63 (3) A person who provides care under this Part shall be approved by a director or social worker.

STANDARDS:

1. Respite must be provided by an approved caregiver family

COMMENTARY:

Respite is approved to provide a brief period of overnight care to a child to alleviate stress on the fulltime caregiver. When it is identified that a caregiver requires respite support, the social worker should explore if a suitable relative or person significant to the child can be approved as a significant caregiver home for that child. If a relative or significant other is unavailable then a child can be matched with an approved non relative caregiver who has the availability to provide respite. However, if an approved caregiver home is receiving respite services themselves, they should not provide respite to another child during that same period.

When considering a potential respite placement for a child the social worker must also consider the needs of the child in relation to the skills and ability of a caregiver and the needs of other children already residing in that home. If caregiver families require ongoing respite services every attempt shall be made to match the child with a consistent respite home to minimize the number of disruptions for a child.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.7 PLACEMENT RESOURCES: GROUP HOMES	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. A provincial director of child, youth and family services must grant approval for the operation of a Group Home.
2. A child between 12 and 16 years of age may be admitted to a group home.

COMMENTARY:

Group homes are another placement option for children along the residential continuum. Group homes are facilities for children in the care and custody of a director who require a level of residential service that cannot be provided through a less structured, family setting.

A group home must be approved by the provincial director. All inquiries related to the operation of group homes shall be directed to the health authorities. Before establishing a group home, there shall be consultation with the municipality and the neighbourhood to discuss any concerns they may have about having a group home in their area. It is important that these concerns be addressed to decrease the likelihood that children placed in the home will feel labelled or discriminated against by the community. This is also an opportunity to link with the local community to identify ways that they can support the safety, health, and well being of children.

A group home shall be operated by a community based incorporated board. It can be either a parent-model or a staff model residence for up to five children.

Children between the ages of 12 and 16 may be placed in a group home setting if a caregiver home environment cannot meet their current service or treatment needs. As the least intrusive and the preferred placement option for a child is typically a caregiver home setting, the social worker must demonstrate in the child's plan of care the reasons why a more structured group home environment is in the child's best interest. The plan must be reviewed monthly to ensure that the needs of the child are being met and to identify when a child is ready to return to a less restrictive setting.

The same policy requirements that relate to supervision of a child in a caregiver home also apply where a child is in a group home setting.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.8 PROVINCIAL/TERRITORIAL PROTOCOL ON CHILDREN AND FAMILIES MOVING BETWEEN PROVINCES AND TERRITORIES	
EFFECTIVE: MARCH 2007	PAGE: 1 of 3

STANDARD:

1. When a child in the care and custody of a director is being placed outside the province, the *Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories* shall be followed.
2. Social Workers shall comply with *Schedule B* when a child in care & custody is moving to another province or territory.

COMMENTARY:

A decision to move a child outside the province must be approved by a director of child, youth & family services. It is the responsibility of the social worker in consultation with the child, birth family, and other participants involved in the Plan of Care for the child, to assess if this type of placement is in a child's best interest. Out of province placements may be considered when the treatments needs of the child cannot be met in the province or if a child is being placed with:

- a relative or a person with whom they have a significant relationship;
- a family affiliated with their cultural, racial or religious community;
- a sibling in another jurisdiction;
- the caregiver who the child has a significant connection to is moving to/from another jurisdiction; and

When a decision is made to move a child to another province or territory the *Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories* must be followed. This protocol provides a framework for consistent, quality services to children and families moving between jurisdictions. *Schedule B* of the protocol provides direction regarding:

- children who are in the care of a child welfare authority or who have entered into a support agreement with a child welfare authority.
- young adults who are or were in the care of, or who have entered into a support agreement with, a child welfare authority, and who continue to receive services from a child welfare authority.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.8 PROVINCIAL/TERRITORIAL PROTOCOL ON CHILDREN & FAMILIES MOVING BETWEEN PROVINCES AND TERRITORIES	
EFFECTIVE: MARCH 2007	PAGE: 2 of 3

Section B2 of *Schedule B* outlines procedures to be followed by the originating and receiving province when a child or young adult is:

- moving with their family;
- moving to a family in the receiving province;
- being placement in residential care facility; and
- will be visiting a receiving jurisdiction

Sections B3-B7 of *Schedule B* provide direction in regard to the following areas:

- Case Planning and Management
- Required Documentation
- Placement Disruptions
- Financial Arrangements
- Visitation

Schedule B also contains a *Case Transfer Agreement* that shall be used when a child in care or a young person receiving services is moving with or to a foster family in another province/territory. An agreement is required for each child or young person who is moving to a receiving province under subsection B2.1 or B2.2 of *Schedule B*. The instructions for completing this *Case Transfer Agreement* are included in *Schedule B* of the protocol.

After the receiving jurisdiction agrees to accept supervision of a placement, it is important for the social worker to prepare the child. Children often have mixed feelings at the time of transition and will need to be supported around the losses they will feel in regard to family, friends and their community. It is important for children to have established ways to stay connected with people who are significant in their lives as well as receive support in forming new connections once they relocate.

If, after a child is placed outside the province, a disruption in placement occurs, it is the responsibility of the child's social worker to assess what alternative placement options are in the best interests of the child. The following factors must be considered and consultation undertaken between the receiving and guardian jurisdiction in determining if a child shall remain in the receiving jurisdiction or be returned to the guardian jurisdiction:

- the child's preference;
- the child's needs;
- the length of time the child has been in the receiving jurisdiction;

- the proximity of significant family members to the child's residence; and
- the child's right to access his/her Band or aboriginal community.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.8 PROVINCIAL/TERRITORIAL PROTOCOL ON CHILDREN & FAMILIES MOVING BETWEEN PROVINCES AND TERRITORIES

EFFECTIVE: MARCH 2007

PAGE: 3 of 3

When a social worker is notified of a placement disruption for a child living outside the province, the Director who has custody must be notified.

If it is requested by another jurisdiction that a child transfer into this province the *Provincial/Territorial protocol* also applies. A director must approve this transfer. If the child is going to be placed with a family in this province who is not already approved they must be approved in accordance with provincial standards prior to placement. If the child is moving into this province with a caregiver family that is already approved in another jurisdiction, please refer to section 3.14 for direction.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.9 SUPERVISION OF PLACEMENT RESOURCES: SOCIAL WORK CONTACT	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. A social worker shall have a minimum of one monthly in person contact with the caregiver home.

COMMENTARY:

Caregivers play a significant role in the life of a child placed in their care. They are entrusted with the responsibility of nurturing and protecting a child, addressing and meeting the child's developmental needs, keeping a child connected to their birth family and working a part of a professional planning team.

Regular contact allows the social worker to assess the strengths and needs of the caregiver family, to identify supportive services that be needed, monitor the quality of care being provided to the child and address factors that may impact on the caregiver's ability to meet needs of a child or children placed in their home.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.10 SUPERVISION OF PLACEMENT RESOURCES ANNUAL REVIEW OF CAREGIVER HOME APPROVAL	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. A caregiver home approval shall be reviewed annually.
2. The social worker shall complete a home visit as part of the annual review process.
3. A new *Caregiver Home Agreement-Form 14-839* shall be signed every five years.

COMMENTARY:

The social worker must compile a written review of the competencies demonstrated by the caregiver family as part of the annual review process. This review should address the following:

- the names of children placed in the home and the dates when they entered or left the home since the previous review;
- quality of care being provided;
- strength and needs of the caregiver family;
- the families ability to meet the PRIDE competencies;
- ensure the home continues to meet the physical requirements of the caregiver home safety checklist (Appendix D); and
- identify and document support services required, including training.

The review should also be completed in consultation with other social workers and/ or professionals working with the caregiver family as part of the child's team. If concerns arise during the review the social worker may request that any supporting documentation outlined in the approval process for non-relative caregiver homes be updated. Updated medicals, references, certificates of conduct, etc can assist the social worker in compiling a thorough review of the caregiver's current strengths and needs and may identify issues impacting on the caregiver's ability to provide care to a child.

This written review must include the social workers recommendations regarding the continued approval of the home and be submitted to the program supervisor who shall decide if the caregiver home approval will be renewed for another year. If the annual review indicates that the caregiver home should be closed the social worker shall follow the procedure for caregiver home closure.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.11 SUPERVISION OF PLACEMENT RESOURCES: DISCIPLINE	
EFFECTIVE: MARCH 2007	PAGE: 1 of 2

STANDARD:

1. Physical punishment shall not be used with a child in the care and custody of a director of child, youth and family services.

COMMENTARY:**Discipline verses Punishment:**

The terms discipline and punishment are often used interchangeably. However, it is critical for caregivers to understand that discipline and punishment are two very different concepts. Discipline offers structure and guidance and is instilled in children. It encourages desired behaviour by promoting positive behaviour, promoting self control and when necessary responding to a child's lack of self control. The intent of discipline is to be preventative and teach children the right way to prevent or solve problems.

Punishment on the other hand is imposed on children and deals with problems after they occur. Punishment imposes sanctions on children that may stop undesirable behaviour but it often does not teach the right or expected behaviour. Punishment also includes the infliction of physical pain for the purpose of disciplining. The use of physical or corporal punishment increases a child's feelings of fear and avoidance and violates a child's right to feel safe. The social worker must explain to caregivers that physical punishment is not acceptable. The goal of placing children with a caregiver family is to provide a safe, nurturing environment where the children are able to experiences physical and emotional growth because they feel safe and secure.

It is also important for caregivers to understand that children who are removed from their family have often experienced trauma and inconsistencies in their lives which can make it difficult for them to understanding or accept rules and expectations. This coupled with behaviours associated with feelings of loss and anger at being separated from their family can make discipline a challenge for caregivers. If caregivers are uncertain about the best strategies for approaching discipline with children placed in their home the social worker shall connect them with the appropriate resources and/or supports. This is critical as ineffective discipline techniques often escalate behaviour which places increased stress on the child and the caregiver family and can lead to placement breakdown.

Physical Restraint:

The use of physical restraint may only be used as a **last resort** under two specific circumstances:

1. to protect a child from self injury or other people from physical harm.
2. to ensure that a child receives immediate medical attention when a serious health condition

exists.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.11 SUPERVISION OF PLACEMENT RESOURCES: DISCIPLINE	
EFFECTIVE: MARCH 2007	PAGE: 2 of 2

When a child is supported by a behaviour management specialist and is placed in a caregiver home, the social worker will ensure the behaviour management plan that has been developed is shared with the caregiver and the program is implemented for that child.

If physical restraint is utilized as part of the behaviour management program the caregivers **must** be trained in Non Violent Crisis Intervention. Social workers will assist caregivers in obtaining the appropriate training.

A caregiver who uses physical restraint must provide a written report to the social worker documenting the incident. This report must include efforts made to resolve the problem up to and including the final stage of implementing physical restraint. The social worker must also compile a written report on the incident. Both reports are to be submitted to a director within one working day of the incident. The report shall be copied to the behaviour management specialist.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.12 SUPERVISION OF PLACEMENT RESOURCES: CAREGIVER HOME CLOSURE	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. The social worker must meet with the caregiver and explain the reason(s) for the decision to close their home.
2. A caregiver must receive written confirmation of reasons for closure within 10 days of verbal notification.
3. The Newfoundland and Labrador Foster Families Association shall be notified when a caregiver home is no longer active, if they had been previously notified of the approval.
4. Caregiver(s) homes that are closed for a period exceeding one year must re-apply for approval.
5. If a caregiver home reapplies the assessment must be in completed accordance with provincial standards.

COMMENTARY:

Closure of a caregiver home can occur for a number of reasons which include but are not limited to the following:

- inactive for more than a year;
- illness;
- financial instability;
- at request of caregiver;
- criminal conviction for child related crimes;
- concerns regarding abuse/maltreatment of children in their care;
- failure to adhere to Departmental policy regarding the standards of care; and
- changes in family composition which affects their ability to care for children.

When a caregiver home is closed, the reasons for closure must be documented in the caregiver home file. This documentation is important as a caregiver may reapply at a later date and the reasons for closure will then help the social worker determine if the home should be reassessed. Also, if a child is moved as a result of a caregiver home closure, they may inquire at a later date about the reason(s) they were moved.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.13 SUPERVISION OF PLACEMENT RESOURCES: CAREGIVER HOME INVESTIGATIONS	
EFFECTIVE: MARCH 2007	PAGE: 1 of 3

STATUTORY PROVISION:

Section (65) A director or social worker may remove a child from the care of a caregiver with whom a director or social worker has placed a child, without notice, if necessary.

STANDARD:

1. All referrals regarding allegations of maltreatment in a child, youth and family services placement must be investigated by a social worker.
2. The social worker completing the investigation shall be not be the social worker who is responsible for the caregiver home.
3. If allegations of physical and/or sexual abuse are received the matter must also be referred to the police.
4. The investigation must be completed within thirty days.
5. When the investigation report is completed the director, program manager, the investigating social worker and the social worker(s) for the child and caregiver home shall meet to review the outcome of the investigation.
6. A director shall make the final decision regarding the continued approval of the caregiver home.
7. The social worker must notify the caregiver(s) of the outcome and recommendations of the investigation.
8. The caregiver must be provided a written decision within two weeks of a decision being made.
9. The social worker must place a copy of the referral and report of the investigation in the caregiver, child and parent file.
10. The social worker responsible for the caregiver home shall conduct an assessment regarding the suitability of the placement for continued use in the context of quality of care issues.

COMMENTARY:

When a referral is received alleging that a child residing in an approved placement has been maltreated the investigation is to commence immediately and be completed within 30 days. The child's social worker will provide a supportive role for the child during the investigation and the social worker supervising the placement will assume a supportive role for the caregivers. The social worker conducting the investigation must immediately assess the risk to the child by:

- interviewing the child; and

- interviewing the caregiver(s).

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.13 SUPERVISION OF PLACEMENT RESOURCES: CAREGIVER HOME INVESTIGATIONS	
EFFECTIVE: MARCH 2007	PAGE: 2 of 3

The social worker(s) in consultation with the program supervisor must make a decision regarding whether the child will remain in the caregiver home while the investigation is being completed. The decision should be based on the safety and well being of the child/children.

The social worker for the caregiver home must notify the caregiver(s) immediately that an investigation will commence unless the safety of the child or the integrity of the investigation will be jeopardized. The social worker for the parents must also be advised that an allegation has been made and in turn must advise the child's parents of the allegation and of the plan for their child.

The investigating social worker shall interview all persons (including the social worker for the home) who may have information which will assist in the completion of a thorough, conclusive and impartial assessment. The completed assessment must include but may not be limited to:

- a description of the nature of the maltreatment of the child (risk to the child, precipitating factors, parent(s)'s explanation of the occurrence);
- an assessment of the caregiver(s), including present emotional health; ability to cope with stress; relationship with spouse, children in the home, family, siblings, extended family, friends and neighbours of the child in care and custody;
- significant information about the child, and the child's role in the family (emotional state, relationship with caregivers, siblings, school, other children and adults and observed behaviours);
- home, environment/neighbourhood assessment (condition of home; support systems available to the family; current family stresses that could put the child at further risk, employment, financial situation, use of alcohol or other drugs, caregivers reaction to the report and social worker's intervention, past contact with and reaction to CYFS);
- information and assessments from all involved professionals;
- the identity of the alleged offender, relationship to the child, previous history of abusive behaviour;
- outcome of risk assessment instrument used, if applicable; and
- decision and rationale (worker's evaluation of the child and family situation, including the degree of risk to the child, family's ability to protect the child, family's potential to seek and use help.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.13 SUPERVISION OF PLACEMENT RESOURCES: CAREGIVER HOME INVESTIGATIONS	
EFFECTIVE: MARCH 2007	PAGE: 3 of 3

The completed assessment report must be forwarded to the director, program manager, the investigating social worker and the social worker(s) for the child and caregiver home and a case conference must be held to review the outcome of the investigation. The director shall make the final decision regarding the continued approval of the caregiver home. If the home is not closed but there are specific conditions associated with its continued approval it must be documented and agreed to by the caregiver(s).

The caregiver(s) must be notified immediately of the completion of the investigation and of the outcome and recommendation. A written confirmation must also be provided to the caregiver(s) within two weeks of the decision being made. A copy of the referral and the report of the investigation and its outcome must also be placed on the child's and the parent file. The child and the child's parent(s) must also be notified of the outcome of the investigation.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.14 SUPERVISION OF PLACEMENT RESOURCES: CAREGIVER RELOCATION	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. Caregivers approved in another Canadian jurisdiction using the PRIDE Assessment process may be accepted as approved caregivers in Newfoundland and Labrador.

COMMENTARY:

Caregivers who re-locate to Newfoundland and Labrador from another provincial/territorial jurisdiction and have completed PRIDE may be accepted as approved caregivers in Newfoundland and Labrador. The social worker will have the caregiver's sign a release of information to have their file transferred from one jurisdiction to another.

The social worker will complete a thorough review to ensure that the caregiver(s) meet the provincial standards for caregiver approval. The following shall be included as part of the review:

- The original approval prior to the move to this province;
- Interview child in care if applicable;
- Interview caregivers; and
- Physical requirements of the new home.

If a child in the care and custody of another jurisdiction is transferring with the caregiver(s), the *Provincial/Territorial Protocol For Children And Families Moving Between Provinces* (Appendix C) shall be followed.

SECTION 3: CHILDREN IN CARE & CUSTODY PLACEMENT SELECTION: OVERVIEW	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

When a child is placed in the care and custody of a director and it has been determined that a placement with relatives or a significant other is not available every attempt shall be made to match the child's needs with an approved residential placement option. There are a number of factors that must be considered when selecting a placement for a child. These factors include:

- an understanding of the child's views and wishes;
- the caregiver's ability to meet a particular child's needs;
- the ability to place siblings together if necessary;
- the proximity to the child's family, school and community;
- the caregiver's ability to support a child's religious and cultural background;
- the match between the child and other children already in the home being considered;
- and
- the availability of a caregiver to be at home with a preschool child.

The most frequently selected placement option for a child that cannot be placed with a relative or significant other is an approved non-relative caregiver home. When a child is being placed with caregivers it is important that the social worker prepare and support the child, the child's family and the caregiver. If possible pre-placement visiting should be facilitated. The social worker shall ensure that the child and the child's parent(s), be provided with relevant information about the caregiver family unless it is not deemed in the child's best interest. It is also important for the social worker to provide as much relevant information as possible about the child to the caregiver.

At the time of placement the social worker may also ask a parent, family member or another person significant to the child to accompany the child to the caregiver home. This person will not only be a support to the child but may also be able to provide valuable information to the social worker and the new caregiver about the child.

If a group home or another residential placement is selected instead of a caregiver home for a child, it is equally as important to prepare and support the child and the child's family and to ensure the residential setting is given all relevant information about the child.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.15 PLACEMENT: CONSULTING & INFORMING THE CHILD	
EFFECTIVE: MARCH 2007	PAGE: 1 of 2

STATUTORY PROVISION:

Section 7 (h): that in the absence of evidence to the contrary, there shall be presumption that a child 12 years of age or over is capable of forming and expressing an opinion regarding his or her care and custody.

Section 8(c): Wherever possible, having regard to a child's age and level of development, the views and wishes of the child shall be sought and considered in providing services.

Section 9(d) All relevant factors shall be considered in determining a child's best interests, including where possible, the child's views and wishes.

STANDARD:

1. A social worker must consult with and inform a child, where developmentally appropriate, regarding significant decisions affecting his or her care and custody.
2. A social worker must maintain monthly in person contact with a child in care and custody.

COMMENTARY:

When children are removed from their family they can experience many losses including the loss of control over what is happening in their life. One way we can support children around this is to provide them with an opportunity to share their views and wishes and to involve and them to the extent possible in decisions regarding their care and custody. It is important for the social worker to maintain regular in person contact with the child in order to develop and maintain an open, trusting relationship in which the child feels comfortable and secure in sharing his or her view and opinions.

Also, where developmentally appropriate, all children 12 and over shall not only be consulted regarding their views and wishes but must also receive a copy court hearing documents. It is important that the social worker be available to review these documents with the child and respond to any questions or concerns he or she may have.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.15 PLACEMENT: CONSULTING & INFORMING THE CHILD	
EFFECTIVE: MARCH 2007	PAGE: 2 of 2

Children should be informed of or involved in decisions that affect their care or custody including, but not limited to the following:

- significant decisions affecting their life and plan of care;
- reasons why they were placed in care and custody;
- access and visitation arrangements;
- details and duration of placement; and
- legal matters.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.16 PLACEMENT OF CHILDREN: SHARING OF INFORMATION WITH CAREGIVER	
EFFECTIVE: MARCH 2007	PAGE: 1 of 3

STATUTORY PROVISION:

Section 64(1) A director or social worker shall provide information relevant to the care of a child or a youth to a person providing care to or entrusted with the care of the child or youth.

STANDARD:

1. The social worker shall provide written information relevant to the care of the child at the time of placement and when required thereafter.

COMMENTARY:

The director or social worker is responsible to ensure that the caregiver and other persons entrusted with the child's care, including schools, are provided with information relevant to the care of the child. Information must be provided on an ongoing basis and updated as the need arises. All information given to the caregiver or persons entrusted with the child's care must be documented in the child's file.

Information to Caregivers:

The following information must be provided to caregivers on the day that the child is placed with them and updated as soon as new information becomes available:

- the child's full name, date of birth and legal status;
- the name of the social worker, location, telephone number and the name and telephone number of the social worker's supervisor, as well as information on how to reach a social worker out of hours;
- MCP number, hospital cards, and Social Insurance Number;
- reasons for removal and relevant history;
- information that will assist the caregiver in ensuring the health and safety of any other person in the home, including any health and safety risks posed by the child towards the caregiver or any person in the home;
- the child's medical history, including the name and telephone number of the child's family doctor and other physicians/health professionals involved with the child's medical care;

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.16 PLACEMENT OF CHILDREN: SHARING OF INFORMATION WITH CAREGIVER	
EFFECTIVE: MARCH 2007	PAGE: 2 of 3

- addresses and/or contact numbers for both parents, siblings, and any other family or friends;
- the child's immediate health needs such as allergies (particularly life threatening), required medication, and medical conditions like diabetes, and epilepsy;
- special needs of the child;
- school information;
- information that will assist the caregiver in ensuring the child's safety, including the need to protect the child from contact with another person;
- information about the day to day care of the child, including sleeping habits and bed time routine, food preference and meal time routines;
- description of the child's personality and behaviour, including coping strategies, fears, likes / dislikes;
- history of abuse or maltreatment in regard to previous placements; and
- what to do and who to notify if the child is lost or runs away.

The following information will be provided to the caregiver as soon as possible after the child is placed:

- current care and /or custody status and plan of care;
- family visiting/contact schedule cultural heritage;
- cultural heritage;
- any family nicknames;
- interests and hobbies;
- habits, extra-curricular and special interests;
- the child developmental information including physical, social and emotional development;
- specific child management approaches that will benefit the child's development based on the child's individual needs;
- any allegations of abuse or neglect involving the child in previous placement settings, whether or not the allegations were investigated and the outcome;
- dental information and outstanding dental needs;
- list of upcoming appointments and name of family physician, dentist, specialist, counsellors;

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.16 PLACEMENT OF CHILDREN: SHARING OF INFORMATION WITH CAREGIVER	
EFFECTIVE: MARCH 2007	PAGE: 3 of 3

- the child's placement history, including any prior placement and the circumstances that led to their disruption or breakdown;
- previous experiences in care or in the child's home that may explain the child's attitude towards the caregiver or that may explain personal habits that cause concern or seem unusual;
- information on how the child's family has reacted to the child's placement, including feelings, attitudes and opinions about the child being removed; and
- any other information that will assist the caregiver in responding to the individual needs of the child.

Information to be provided to other entrusted with the child's care (e.g. schools and child care centres):

- health information;
- school record from previous school;
- care/custody status;
- information that will assist in ensuring the child's safety, including the need to protect the child from contact with another person;
- the name of the social worker, location, telephone number and the name and telephone number of the social worker supervisor; and
- information that will assist in ensuring the health and safety of any other person, including any health and safety risks posed by the child towards any other person.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.17 PLACEMENT OF CHILDREN: INFORMATION TO THE CHILD AND PARENT	
EFFECTIVE: MARCH 2007	PAGE: 1 of 2

STATUTORY PROVISION:

Section 64(2) A director or social worker shall provide relevant information concerning the caregiver of a child or youth to the child or youth and the parent of the child or youth but may withhold information where, in the opinion of the director or social worker, doing so is in the best interests of the child or youth.

STANDARD:

1. A child in the care and custody of a director of child, youth and family services must be provided with relevant information regarding the caregiver(s) with whom they are being placed.
2. The parent(s) of a child in the care and custody of a director must also be provided relevant information concerning the caregiver(s) unless the provision of this information is not in the child's best interest.

COMMENTARY:

The placement of a child outside of their home is a very significant event. The more information that the child and parent can receive about the caregivers, the easier the transition. Information should be shared in a manner appropriate to the age and developmental stage of the child. In situations where the age or capability of the child is a barrier, the process should be undertaken with a relative or a person who knows the child and has the capability of acting on the child's or youth's behalf. Pre-placement visits by a child and parent where appropriate and possible should be held.

On the day in which the child is placed the following must be provided to the child and parents:

- the name, address and telephone number of the caregiver, unless there are safety concerns;
- rules in the caregivers home;
- attitudes, feelings regarding children and families needing out of home care;
- when and where the visits will take place and if the visits will be supervised;
- role of the caregiver;
- names, ages and occupation, of all members in the family, including other children in care;

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.17 PLACEMENT OF CHILDREN: INFORMATION TO THE CHILD AND PARENT	
EFFECTIVE: MARCH 2007	PAGE: 2 of 2

- cultural heritage of the family;
- religious affiliation and practice of the family and any considerations for the child, youth in this area;
- school and grade of the caregiver's children/youth and general school information about other children in care;
- interests and hobbies in which the family regularly participates;
- description of the caregivers personality and behaviour;
- pets;
- if placement is a group home or treatment facility all information regarding location, phone numbers, the mandate of the facility, staffing arrangement and contact person, policies regarding visiting/contact, and rules;
- the acceptable standards of care in residential settings;
- what the child can expect regarding personal belongings and privacy;
- any other information that will assist the child and family in adjusting to the placement; and
- whether the caregivers are smoking or non-smoking.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.18 PLACEMENT OF CHILDREN: PLACEMENT PROCEDURES	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. A social worker shall meet with the child placed in the care or custody of a director on the day of placement and again in seven days.
2. The social worker shall ensure a child placed in the care or custody of a director is medically examined within 3 days.
3. The social worker shall have the child medically examined by a physician immediately if a child has a physical injury, an apparent medical condition, or there may be medical evidence that the child has been physically or sexually abused.
4. The social worker must complete the *Social/Medical History-Form # 14-640(B)* within thirty days of a child being placed in the care or custody of a director.
5. The social worker shall complete an application for the *Children's Special Allowance* when a child is placed in the care or custody of a director.

COMMENTARY:

When a child is removed from a parent or another person who is caring for them, the emotional impact on the child can be significant. The child may not understand why he or she is being removed and may experience a range of feelings including shock, denial, anger, and/or depression. It is very important that the social worker and the new caregiver(s) be aware of the stages of loss and grieving so they are able to understand and support the child's emotional and behavioural reaction to being placed in a new home. The social worker and the caregiver(s) also need to be cognisant that the child may be too emotionally upset at the time of removal to fully comprehend information being provided and this discussion may need to reoccur when the child is more settled.

After a child is removed from their home it is critical that they be medically examined as quickly as possible to ensure that any medical conditions and/or injuries are identified and treated. The completion of a comprehensive medical and social history can also provide additional information about factors that may have impacted on the child's development and well being.

At the time of placement the social worker must apply for *Children's Special Allowance* (section 3.36) for the child on behalf of the director. The social worker is also responsible for setting up the caregiver rate and working with the child, the caregiver, the child's parent(s) and other individuals working with the child to identify other needs that a child may have at the time of placement (e.g. clothing, school transportation, drug card, etc.).



SECTION 3: CHILDREN IN CARE & CUSTODY PLANNING FOR THE CHILD: OVERVIEW	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

Permanency planning is the framework for providing services to children and their families. This framework reflects the basic assumption that all children have a right and need to have a family environment which will be permanent. All activities must be directed toward every child in care having a permanent family capable of providing them with nurturance and protection. Permanency planning goals may include family reunification, relative/significant other care, adoption by the caregiver or adoption by another person.

Permanency planning must be done in partnership with children, their families, significant others and the community to develop the best plan for the child. As part of the permanency planning process the child's social worker must ensure that plan for the child in care is reviewed on a monthly basis. The purpose of the review is to assess if the plan of care is being followed, if decisions are being implemented and to ensure the plan is meeting the needs of the child.

The social worker for the child shall also ensure that there is an Individual Support Services Plan (ISSP) developed for the child. The ISSP process is used to coordinate the services provided to a child when the child is receiving one or more services from a government funded agency. The purpose of the ISSP process is for agencies, parents, children, caregivers and other professionals involved with the child to work collaboratively to develop a plan to address and meet a child's overall service needs.

A social worker must also provide ongoing support to the child and the caregiver home. The social worker will need to assess the child's adjustment to the caregiver home and the match between the child and the caregiver family. Regular in person with the child outside as well as within the caregiver home will enable the social worker to develop a relationship with the child and also provide opportunities to observe the interaction between the child and the caregiver family.

It is also important that the social worker involve the child to every extent possible in the planning process and keep them informed about decisions affecting their care and custody. Regular contact with the child and involving the child, where age and developmentally appropriate, in ISSP and Plan of Care meetings are some important ways to include the child in the planning process.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.19 PLANNING FOR THE CHILD : COUNSELLING	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STATUTORY PROVISION:

Section 66. A child who is removed from a person caring for the child shall be entitled to counselling.

STANDARD:

1. The social worker must ensure that when a child is removed from a person, including a parent or caregiver, the child is provided with counselling.

COMMENTARY:

When a child is removed from their parent or guardian, the emotional and developmental effects on the child can be significant. At the time of removal the child may not understand why he or she is being removed and may experience a range of emotions. It is very important that the social worker explain to the child why their removal from the care of the person was necessary. Every effort must be made to ensure that the child's questions are answered keeping in mind their age and developmental level. The child's social worker must also provide supportive counselling to the child and then determine any further counselling needs and how they can be best met.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.20 PLANNING FOR THE CHILD: ACCESS	
EFFECTIVE: MARCH 2007	PAGE: 1 of 3

STATUTORY PROVISION:

Section 9 (f) All relevant factors shall be considered in determining a child's best interests, including the continuity of a child's relationship with his or her family, including siblings or others with whom the child has a significant relationship.

Section 33(6) When a judge makes an order under this section, the judge may grant a parent, or a person significant to the child, access to the child.

Section 34(2) Where a judge finds that a child needs protective intervention, the judge shall so declare and order;

2)(b) that the child be placed in the custody of a person other than the parent from whom the child was removed, with the consent of the other person and under a director's supervision, for a specified period in accordance with section 36;

2)(c) that the child be placed in the custody of a director on a temporary basis for a specified period in accordance with section 36;

2)(d) that the child be placed in the continuous custody of a director;

34(4) Where a judge makes an order under paragraph 2(b), (c) or (d), the judge may grant a parent or a person significant to the child access to the child.

STANDARD:

1. A director or social worker shall determine the level and type of access between the child in care and custody and his or her family based on the best interests of the child. The developmental age and needs of the child must be considered when determining access for a child in care and custody of a director.

COMMENTARY:

Children in care and custody experience disruptions in the continuity of relationships with family members and other significant people in their lives. These connections provide children with a sense of belonging and permanence, personal identity, self-esteem and an understanding of their culture. Supporting and maintaining significant relationships that are deemed in the child's best

interest is an important role of the child's/family's social worker regardless if access is court ordered or left to the discretion of a director.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.20 PLANNING FOR THE CHILD: ACCESS	
EFFECTIVE: MARCH 2007	PAGE: 2 of 3

Access may occur through court order or by an agreement reached between the social worker, family and child, where appropriate. When deciding access, the following must be considered:

- whether it is in the best interest of the child;
- whether it is consistent with the plan of care; and
- whether it is consistent with the wishes of the child.

All children coming into care will experience feelings related to separation and loss of parent(s)/significant other(s) to whom they are attached. Even when children are neglected and abused an attachment usually exists with the parent. A child's response to separation and loss will be affected by a number of factors including:

- age of child;
- degree of attachment;
- number of previous separations;
- duration of separation;
- child's ability to understand why there was a separation;
- nature of loss; and
- support given in new environment.

Maintaining a child's attachments through visiting is the best indicator for a successful reunification of the child and family. Children who visit family have a better sense of well being and have a greater chance of maintaining safe, nurturing relationships intended to last a lifetime.

There are many ways to support and maintain children's attachments when they enter care. Family visits, telephone contact, letters and sharing family history information with a child are all means of maintaining attachments.

The younger the child, the more important it is for them to have ongoing contact with their family. Family visits should occur in the most normal and least restrictive setting for the child. The order of preference should be:

- parent's home;
- relative's home;
- caregiver's home; and
- community location (i.e.: park).



SECTION 3: CHILDREN IN CARE & CUSTODY 3.20 PLANNING FOR THE CHILD: ACCESS	
EFFECTIVE: MARCH 2007	PAGE: 3 of 3

As a result of these considerations the social worker may:

- reach an agreement on access that does not require an order; or
- decide that access is not in the child's best interest.

Where it is determined that access will occur, the social worker must decide the frequency of access, based on the above noted factors with particular emphasis on the child's age and promotion of attachment.

All plans which are provided to the court must address access, and where an agreement has been reached a copy of the agreement must be attached to the plan. Where an agreement has not been reached, the director's recommendations regarding access must be included in the plan.

The judge will consider access based on the plan of the social worker and parent.

Supervision of Access:

Where it is believed that access between a child and his or her parent needs to be supervised, a determination must be made regarding who can most appropriately and effectively provide supervision.

In some circumstances, this may be a person significant to the child and/or family, a caregiver or a social worker. Where the plan is reunification, the social worker should find opportunities to observe child/parent interactions during access.

All decisions related to visiting and observations from supervised access must be documented on the parent's and child's case file.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.21 PLANNING FOR THE CHILD: PLAN OF CARE	
EFFECTIVE: MARCH 2007	PAGE: 1 of 3

STATUTORY PROVISION:

Section 31(1) Not later than 10 days prior to the protective intervention hearing, a director or social worker shall file with the court a written plan of care for the child and provide a copy to those persons to whom the notice of hearing has been given.

Section 31(2) Not later than 3 days before the protective intervention hearing those persons to whom a copy of the plan has been given under subsection (1) may respond to the plan and file an alternate written plan with the court and provide a copy to the director or social worker.

STANDARD:

1. A plan of care shall be developed for a child in the care and custody of a director.
2. The plan of care for a child in the care and custody of a director shall be reviewed by the child's social worker on a monthly basis.
3. The plan of care for a child in care and custody of a director must be updated when an order is being reviewed by the court.
4. The plan of care for a child must be updated before a child leaves the care and custody of a director of child, youth and family services.

COMMENTARY:

Planning for a child must be comprehensive, action based and continuous throughout the social workers intervention with the child and/or family. Planning for a child who has been removed from a parent, is a component of the Individual Support Service Plan and must be conducted in partnership with children, parents, significant others, other service providers and the community.

When developing a plan, the social worker must identify a goal which may include one or more of the following:

- return to his or her parent;
- placement with extended family;
- placement within his or her own community;
- adoption;

- caregiver or residential care; or
- independence.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.21 PLANNING FOR THE CHILD: PLAN OF CARE	
EFFECTIVE: MARCH 2007	PAGE: 2 of 3

Plan for the Court:

The Plan of Care provided to the court for a child who has been removed from his/her parent(s) must include the following:

- factual summary of circumstances which necessitated the child being removed from the parent (risk assessment);
- interventions provided to the family to prevent the child coming into care (risk reduction planning);
- the goal for the child, e.g., reunification, continuous custody and/or placement with relatives;
- interventions to be provided to the child and/or family to facilitate the goal and meet the needs of the child;
- access arrangements;
- previous court order; and
- views and wishes of a child.

A copy of the plan must be provided to the parent (s) and a child over 12 years of age. The parent may chose to file an alternate plan.

Planning to meet the child's needs while in care and custody:

While the child is in the care and custody of a director, the social worker must review the plan of care on a monthly basis to ensure the plan is being implemented and that the child's needs are being addressed and met. The following areas need to be considered when assessing and planning for the child:

- the goal for the child;
- the current legal status of the child;
- current and future placement;
- health, including any special health care needs;
- education, including social and recreational activities;
- identity, including the child's cultural, spiritual and linguistic heritage;
- family and social relationships, including visits and ongoing contact with parents, relatives and friends;
- emotional and behavioural development, including self care skills;
- outstanding needs that have not been resolved and a plan to resolve them;

- a director's plan to meet the needs of the child;

SECTION 3: CHILDREN IN CARE & CUSTODY 3.21 PLANNING FOR THE CHILD: PLAN OF CARE	
EFFECTIVE: MARCH 2007	PAGE: 3 of 3

- the child's involvement and the child's views about the plan of care;
- the parents involvement in the development of the plan and their views;
- a schedule for review of the plan of care; and
- an advocate or support person for the child, if the child wishes.

Participants in the plan of care meeting:

- members of the child's family including an advocate, chosen by the family;
- the caregiver;
- a person who has access to the child, as ordered by the court or set out in an agreement;
- a person with whom the child has a significant relationship; and
- any person, including service providers, who are supporting the child or the child's family.

Reviewing the child's plan of care:

A plan of care may need to be reviewed at various decision making stages while the child is in the care and custody of a director. However, when a social worker is having an order reviewed by the court, the court must be provided with a revised Plan of Care which must include an assessment of the child's needs and how those needs have been met. Reviewing the child's plan of care includes:

- ensuring the plan of care is being followed;
- ensuring the decisions made at the previous plan of care meeting or review are implemented;
- assessing whether or not the plan of care is effective in achieving the overall goal, especially in relation to the need for stability and attachment with a permanent caregiver or parent;
- assessing whether or not the plan of care is meeting the child's needs;
- revising the child/youth's plan of care; and
- establishing review dates.

A copy of the revised plan must be provided to the parent (s) and child over 12 years of age.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.22 PLANNING FOR THE CHILD: MODEL FOR THE COORDINATION OF SERVICES TO CHILDREN AND YOUTH	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. Where one or more services are being provided to a child by a government funded agency, the social worker must ensure that an ISSP is developed.

COMMENTARY:

The *Model for the Co-ordination of Services to Children and Youth* is a collaborative process endorsed by the Departments of Education; Health and Community Services; Human Resources, Labour and Employment; and Justice. The model requires that services to children and youth from birth to 21 years be delivered through an integrated and collaborative approach. The model recognizes that services are more effective if provided collaboratively rather than in isolation. Integral to the delivery of the model are the requirements that children/youth and parents shall be active participants. Informed parental consent, except in cases of children in the continuous custody of a director of child, youth and family services, shall be obtained for the process to be implemented. Children/youth shall receive services within the context of their families, their communities, and participating departments.

The integrated model is designed to meet both the individual and service needs of the child/youth. It builds on existing services, enhances the role of children/youth with their parents/guardians and requires collaboration between service providers.

The development of an Individual Support Services Plan (ISSP) ensures continuity of service at all developmental stages in a child's/youth's life. The ISSP is a provincially approved process that assists agencies, service providers, parents/caregivers, and children/youth to collaborate with each other when one or more agencies are involved with a child/youth. When a child/youth is unable to access the required services or after the first ISSP meeting, a profile of the needs of the child/youth is completed and submitted for inclusion, anonymously in a provincial database. This profile captures information on children/youth in order to determine community, regional and provincial service needs and statistical data for analysis and resource planning.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.23 PLANNING FOR THE CHILD: PERSONAL PRIVACY	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. Every child in the care and custody of a director of child, youth and family services is entitled to personal privacy.

COMMENTARY:

The social worker in meeting with the child and caregiver shall ensure that the child's need for privacy is met. The child's right to privacy can be demonstrated by:

- knocking before entering a child's room;
- providing storage space for his/her belongings;
- requesting permission to have access to his/her space;
- allowing the child to remove himself/herself from the group living situation for quiet moments in his/her room;
- permitting and encouraging the child to have personal belongings in the home that reflect his/her individuality and continuity with his or her past;
- allowing the child privacy when making/receiving telephone calls. The child has the right to know any limitations placed on telephone usage by the caregiver family in their home. This may include times when routine telephone calls cannot be made, (e.g. after 10:30 pm) and the frequency and time for long distance telephone calls;
- allowing the child to send and receive mail that is not read or examined by another person unless there is reasonable grounds to suspect prohibited articles or material are being sent/received through the mail. In this situation it may be opened by the caregiver or the child's social worker in the child's presence; and
- opening mail from the child's solicitor shall only be done by the child.

When social workers and caregivers demonstrate to children that have a right to privacy, children are given a strong message that they are respected and their personal rights are valued. Children who have been physically or sexually abused have had their personal space and privacy seriously violated and they are often confused about appropriate personal boundaries. When caregivers role model appropriate boundaries and are respectful of the personal privacy of everyone living in the home, it allows children to feel safe and provides with them an opportunity to learn more about privacy and personal boundaries. Helping children develop a good understanding of personal boundaries and the importance of privacy can improve their interaction with the caregiver family as well as their interaction with peers and other adults.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.24 PLANNING FOR THE CHILD: LIFE BOOK	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. A social worker must ensure that a Life Book is maintained for every child in the care and custody of a director.
2. All Life Books are the property of the child and must remain with the child.

COMMENTARY:

Life Books are important for children in the care and custody of a director as they provide a tangible way for children to maintain a record of important people and life events. A Life Book can take many forms (i.e. scrapbook, video, album) but it should be something that a child can hold on to, carry and look at freely.

A Life Book shall contain, when and where available, the following:

- birth information;
- infancy/toddler developmental and milestone information;
- any pertinent health facts;
- a description/picture of the child's birth parents;
- an honest and sensitive description about why the child came into care;
- record of significant family visits;
- names/pictures of caregivers and residences;
- feelings/observations that child wants to include;
- positive achievements, records or mementos;
- records of important anniversaries;
- photographs,(school and others); and
- anything the child feels is important.

The process of compiling a Life Book is also important as it can provide children with an opportunity to share their thoughts and feeling about their past and current experiences. It also helps children understand their life story and can provide continuity during periods of transition.

The Life Book is the property of the child and shall accompany the child if there is a change in placement and when returning home or exiting care. The child must be permitted to make decisions about when and with whom the Life Book is shared.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.25 PLANNING FOR THE CHILD: CHILD ABSENT WITHOUT PERMISSION	
EFFECTIVE: MARCH 2007	PAGE: 1 of 2

STANDARD:

1. A caregiver must report immediately to the social worker or after-hours social worker that a child is missing.
2. A social worker or the caregiver must contact the police immediately when a child is missing and provide relevant information to assist in establishing priority action.
3. The social worker shall notify the birth parents immediately that the child is missing, and determine if they have knowledge of the child's location.
4. The social worker shall inform the birth parent(s) of the action that has been taken and if information will be released to the media.
5. The social worker must complete and submit a report outlining the incident and the action taken to a director the next working day.
6. The social worker, in consultation with a director shall give permission to release information to the media.
7. The media release must not indicate that the child is in care and custody of a director.
8. The social worker shall inform the director immediately when the child is located.

COMMENTARY:

When a caregiver is concerned that a child in his/her custody is absent without permission, it must be reported immediately to the child's social worker and the police. Outside regular working hours, the on-call social worker must be contacted. Prior to calling the police the caregiver may want to do a short local search but this should not exceed more than 30 minutes.

The police shall be provided a picture and full description of the child. Any other information that will warrant a high priority for police action shall be given to the police (e.g. medical needs, suicidal ideations, aggressive behaviour, level of required supervision and/or other concerning personal characteristics). The social worker must give permission, if requested by the police, to release information to the media. Information which may be released includes name, description, age, and last known address of the child. The media must not indicate that the child is in the care and custody of a director.

It is also important that the birth parents and other individuals significant to the child be contacted as they need to be aware the child is missing and also may be able to provide information that will be helpful in locating the child. The parents shall also be notified if the media will be contacted.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.25 PLANNING FOR THE CHILD: CHILD ABSENT WITHOUT PERMISSION	
EFFECTIVE: MARCH 2007	PAGE: 2 of 2

If the child returns to the caregiver home on their own accord the caregiver should notify the social worker and police immediately. Otherwise when the child is located the social worker shall advise the birth parents and the director who has care and custody of the child.

After the child is located it is important for the social worker to talk with the caregiver to ensure that this incident has not impacted on their willingness or ability to care for the child. It is also essential for the social worker to meet with the child to discuss the incident and provide support. If it is a situation where the child ran away the social worker may want to work with the child to try and identify other, less risky, ways to get their needs met.

SECTION 3: CHILDREN IN CARE	
3.26 PLACEMENT: PLANNING FOR A CHILD IN CONTINUOUS CUSTODY	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. When a child is placed in the continuous care and custody of a director, the social worker must ensure a plan is developed with an identified goal of providing a permanent home for the child with a consistent parent or caregiver.

COMMENTARY:

When a child is in the continuous custody of a director every effort must be made to identify a safe, permanent home for the child with a consistent caregiver or parent. Priority must always be given to keeping siblings together.

In keeping with the principles and the philosophy of the *Child, Youth and Family Services Act*, adult members of the child's extended family are carefully considered and given priority when seeking an adoptive or permanent home for the child.

When a child has significant ties to a caregiver who applies to adopt, the caregiver should be considered as a potential adoptive parent for the child, subject to approval.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.27 CONSENTS: MEDICAL CONSENT	
EFFECTIVE: MARCH 2007	PAGE: 1 of 3

STATUTORY PROVISION:

Section 27(1) Where a child is removed under section 23, a director has interim care of the child until (a) the child is returned under section 47 to the parent from whom the child was removed; or (b) a judge makes an order at a presentation hearing under section 33.

Section 27(2) While a child is in a director's care, the director or social worker may (a) authorize a qualified health practitioner to examine the child; and (b) consent to necessary routine health care for the child where the parent cannot be contacted if, in the opinion of a qualified health practitioner, the health care should be provided without delay.

Section 27(3) On consenting to health care for the child, a director or social worker shall notify the parent from whom the child was removed.

Section 41(1) Where a director has been granted a temporary order under section 34, the director has custody of the child for the specified period and the director or a social worker has the right to make all decisions regarding the child during the specified period.

Section 41(2) A director or social worker shall not consent to medical treatment, other than to necessary medical treatment unless a parent consents or the director is granted an order under section 32.

Section 42(1) When an order for continuous custody is made under paragraph 34(2)(d), the director named in the order becomes the sole custodian of the child and the director may consent to the child's adoption in accordance with the Adoption of children Act.

Section 42(1.1) The director or social worker may consent to the provision of medical treatment to the child.

STANDARD:

1. Where a parent cannot be contacted, medical consent for necessary routine health care for a child in interim care of a director may be given by a director or social worker if a qualified health care practitioner indicates health care should be provided without delay.

2. If a director or social worker signs medical consent for a child in interim care the parents must be notified as soon as they can be contacted.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.27 CONSENTS: MEDICAL CONSENT	
EFFECTIVE: MARCH 2007	PAGE: 2 of 3

3. A social worker may consent to necessary medical treatment for a child in the temporary custody of a director but prior to signing consent all reasonable efforts must be made to obtain consent from the parent.
4. A director or social worker may provide medical consent for a child in the continuous custody of a director.
5. Caregivers must never give medical consent for a child in the care or custody of a director.

COMMENTARY:

Prior to a social worker providing consent on behalf of a child in the care or custody of a director they shall ensure they do not exceed their authority outlined in the *CYFS Act*.

When a child is in interim care a social worker may authorize a qualified health practitioner to examine a child and may consent to necessary routine health care where the parent cannot be contacted and the child requires health care to be provided without delay. However, given the legal status of the child and the need to involve parents in critical decisions affecting their child, it is important that every effort be made to contact the parent. Those efforts must be documented in the case file. Where the parent cannot be contacted to give consent, the social worker must advise the parent as soon as he/she is located that consent was provided.

When a child is in the temporary custody of a director, the social worker may consent to necessary medical treatment. However, given that the child is in temporary custody and the need to involve parents in critical decisions affecting their child, it is important that reasonable efforts be made to contact the parent to obtain consent. Those efforts must be documented in the case file. If consent is given by the social worker the parent must be notified as soon as possible.

Medical consent for children in continuous custody shall be given by the director or social worker, as the director is the sole custodian. If the child in continuous custody has maintained contact with their birth family, the parents are to be advised of any medical treatment their child requires.

Prior to signing consent for medical treatment, the social worker must be fully informed about the child's medical situation. Informed consent requires that the health care provider explain the nature and form of the treatment, its gravity, the risks related to the treatment and to the failure of receiving treatment. Where age and developmentally appropriate, the health care provider

preferably, assisted by the social worker as necessary, shall discuss the risks and benefits of the treatment with the child. Section 8(c) of the *CYFS Act* states that wherever possible, having regard to the child's age and level of development, the views and wishes of the child shall be

SECTION 3: CHILDREN IN CARE & CUSTODY 3.27 CONSENTS: MEDICAL CONSENT	
EFFECTIVE: MARCH 2007	PAGE: 3 of 3

sought and considered in providing services.

The social worker must inform and reinforce with caregivers that they must never give medical consent for a child in the care or custody of a director.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.28 CONSENTS: PERMISSION TO TRAVEL	
EFFECTIVE: MARCH 2007	PAGE: 1 of 2

STATUTORY PROVISION:

Section 41(1) Where a director has been granted a temporary order under section 34, the director has custody of the child for the specified period and the director or a social worker has the right to make all decisions regarding the child during the specified period.

Section 42(1) When an order for continuous custody is made under paragraph 34(2) (d), the director named in the order becomes the sole custodian and the director may consent to the child's adoption in accordance with the Adoption of Children Act.

STANDARD:

1. A social worker must give permission for a child in temporary or continuous custody of a director to travel within the province.
2. A program supervisor or a director must give written permission for a child in temporary or continuous custody to travel to another province or territory of Canada.
3. A director must give written permission for a child in temporary or continuous custody to travel internationally.

COMMENTARY:**Provincial Travel:**

A child in the custody of a director who travels within the Province (i.e. school trips, vacation) requires the permission of a social worker. Permission may be given verbally but must be documented on the child's file.

Interprovincial Travel:

A child in the custody of a director who travels out of the province requires a Letter of Permission which must be provided by the program supervisor or the director who has custody of the child. The letter shall state the child's name, address and date of birth and the name(s) and address(es) of the person(s) with whom the child is authorized to travel. The letter shall also state the name of the director who has custody, their address, telephone and fax numbers in case of an emergency or if consent needs to be obtained for medical treatment.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.28 CONSENTS: PERMISSION TO TRAVEL	
EFFECTIVE: MARCH 2007	PAGE: 2 of 2

International Travel:

A child in the custody of a director who travels out of the country requires a Letter of Permission which must be provided by the director who has custody of the child.

The letter shall state the child's name, address and date of birth and the name(s) and address(es) of the person(s) with whom the child is authorized to travel. The letter shall state the name of the director who has custody, their address, telephone and fax numbers in case of an emergency or if consent needs to be obtained for medical treatment. All letters must be given to the person who will accompany the child. Where a child is in the temporary custody of a director, the consent of the parents should be sought, but is not necessary in order for the child to travel.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.29 HEALTH SERVICES	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

Children in the care and custody of a director are entitled to full coverage of the cost for medical treatment. These services are provided through the following;

- Medical Care Plan: MCP;
- Drug Prescription Program: Drug Card; and
- Regional Health Authority direct payment for services.

The social worker must make application to the medical care plan on behalf of any child who enters the care and custody of a director and who has not been previously registered. Applications for new or replacement MCP cards can be accessed through the Department of Health and Community Services web site: www.health.gov.nl.ca/mcp/html/forms.htm The MCP card should be provided to the caregiver. The MCP card should accompany the child should they change residence. If the child is placed for adoption the MCP card will be returned to the director. The adoptive parent must apply to register the child in their adoptive name.

Caregivers must be advised that if a child becomes ill, they should be taken to the nearest medical facility. If specialist services are required, the doctor will make the necessary arrangements. Where proximity allows, the services of the Janeway Children's Health Centre should be utilized.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.30 HEALTH SERVICES: IMMUNIZATION/PUBLIC HEALTH	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. The social worker shall refer all infants in the care and custody of a director to the local Public/Community Health Nurse.
2. The social worker shall make application with the Medical Care Plan on behalf of any child entering the care of a director who has not previously been registered.

COMMENTARY:

It is essential that a child's immunization record be kept up to date and that it accompanies them when they move residence. The social worker shall obtain the immunization record when the child comes into care and ensure that the birth parent receives a record of any immunizations completed while the child was in care. A copy of the immunization record is available from the local community/public health nurse. The social worker shall ensure that a referral is made to the local community public health nurse when an infant or pre-school child comes into care or moves residence while in care.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.31 HEALTH SERVICES: DENTAL CARE	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. The social worker shall ensure all children in the care of a director receive annual dental services.

COMMENTARY:

Children have the right to receive dental care when required to ensure their health, safety and well being. The social worker must ensure that all children under their supervision receive regular dental care. Commitment for the payment of costs to have dental work completed must not exceed the period of time the child will be in care, e.g., if a child is in care for six months and a three year orthodontic treatment is prescribed, the social worker can only commit to costs incurred while the child is in care. Any dental services not covered by MCP will be covered by the regional health authority.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.32 HEALTH SERVICES: VISION CARE	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. The social worker shall ensure all children in the care of a director receive annual vision care services.

COMMENTARY:

All children in the care of a director are eligible for services under the Vision Care Program. Services provided under the program include eye examination/testing, eye glasses, and repairs to eye glasses. Contact lenses may be provided if they are available at the same cost as eye glasses or prescribed to correct a specific problem.

The guidelines for payment of the provision of services are:

Eye Examination:	50.00
Eye Glasses	150.00

Efforts shall be made to determine if the services are available at these rates. If it is determined that norm rates for regional services exceed the guidelines additional monies may be issued. Repairs shall be provided as determined to be reasonable and practical. Costs of repairs shall not exceed the amount allocated for eye glasses.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.33 HEALTH SERVICES: HOSPITALIZATION	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

STANDARD:

1. The social worker shall notify birth parents, regardless of their level of contact with the child, when a child in care and custody has a life-threatening illness.

COMMENTARY:

In situations where children in care have a life threatening illness, birth parents are to be advised. This would include parents of children in care and custody and also parents who have signed a *Voluntary Custody Agreement* or a *Consent to Adoption* where a child has not yet been placed for adoption.

Caregivers should be advised to notify the social worker immediately when a child in care and custody is admitted to hospital. The social worker shall maintain regular contact with the hospital to monitor the progress of the child and make any necessary plans for discharge. The social worker shall ensure the hospital staff is provided with any special instruction related to who may visit with the child and /or any special conditions related to visits.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.34 HEALTH SERVICES: OTHER	
EFFECTIVE: MARCH 2007	PAGE: 1 of 2

STANDARD:

1. Children in the care and custody of a director are eligible to receive coverage for prescription drugs through the Newfoundland and Labrador Prescription Drug Program.
2. Children in care and custody of a director who may require mental health services are to be referred to the appropriate psychological or psychiatric services for assessment and follow up.

COMMENTARY:**Prescription Drugs:**

A drug card will be issued on behalf of the child and provided to the caregiver. The caregiver is responsible for the purchase of over the counter drugs and medication not covered by the drug card. In cases where the costs are excessively high on a continuing basis, provision can be made to compensate the caregiver for part of the costs incurred or to arrange direct provision of the costly item(s). An amount has been included in the caregiver monthly rate for the purpose of assisting caregivers with these costs.

Mental Health Services:

The child's parent(s), social worker and caregivers should be involved in assessing and determining the child's needs. Consultation may also be required with other professionals to determine the services required. When the child is in the continuous custody of a director and where parental contact has not been maintained, the involvement of the parents is not required.

In cases where public mental health services are not available or not appropriate, the social worker may consider fee-for-service.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.35 FINANCIAL SERVICES – CAREGIVER HOME RATES	
EFFECTIVE: MARCH 2007	PAGE: 1 of 2

STATUTORY PROVISION:

Section 63(1) A director or social worker may make an agreement for services including financial support, with a person providing care or entrusted with the care of a child.

Section 63(3) A person who provides care under this part shall be approved by a director or social worker.

STANDARDS:

1. A social worker must provide the basic caregiver rate to an approved caregiver on behalf of a child when the child is placed in the caregiver home.
2. A social worker shall complete a *Special Needs Assessment-Form 14-627* on behalf of the child to determine if a child has special needs that require a higher caregiver rate.
3. The special caregiver home rate may be determined after the child has lived in the caregiver home for thirty days.
4. If a special caregiver rate is approved it can be paid up to three months retroactive to the date it was requested.
5. The *Special Needs Assessment* must be reviewed every six months.
6. When a child's placement in a caregiver home ends the social worker must ensure that caregiver home payment is cancelled.

COMMENTARY:

A child in care and custody shall be provided with the basic maintenance rate as follows:

0 - 12 years of age	-	\$498.40/month
12 years and over	-	\$575.80/month

SECTION 3: CHILDREN IN CARE & CUSTODY 3.35 FINANCIAL SERVICES – CAREGIVER HOME RATES	
EFFECTIVE: MARCH 2007	PAGE: 2 of 2

The purpose of the basic rate is to cover the basic costs associated with the care of a child. The caregiver is responsible for the management of monies issued on the child's behalf and for ensuring the day to day needs of the child are being met. The social worker is responsible for working with the caregiver to ensure the rate provided is sufficient to meet the child's needs. If it is identified that the child has special needs and the caregiver requires additional financial or supportive services to meet the level of care associated with these needs the social worker may, in consultation with the caregiver and other professional working with the child, complete a *Service Needs Assessment Form - 14-633*. If this form does not adequately address the special needs of a child a narrative report may be attached to support a more appropriate rate or level of service. Medical documentation is required for the following key areas to support an increase in the rate or to maintain an increased rate: 1) eating; 2) communication; 3) health; and 4) emotional/psychiatric/psychological. The social worker is responsible for obtaining the required documentation. Any required documentation must be attached to the special needs assessment and retained in the child's file. For further explanation of the form, please see guidelines at the back of *Form 14-633*.

The child should reside in the home for thirty days prior to the social worker completing the needs assessment. This gives the caregivers and the social worker an initial opportunity to observe the child's strengths and needs which will better inform the assessment process. The *Special Needs Assessment-Form 14-633* shall be then reviewed every six months. If the review indicates that increases are required in the rate, increases shall become effective on the first day of the month of the following month.

If a review indicates an improvement in any of the key 12 areas, the caregiver rate should not be reduced accordingly. An improvement in the child's functioning will likely reflect the work of the caregiver family and the child in addressing issues. The caregiver family will need to continue to work with the child in order to maintain the child's level of functioning. However, if a service is reduced (i.e., respite), that is included in the rate, then the special caregiver rate should be reduced by that amount.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.36 FINANCIAL SERVICES: CHILDREN'S SPECIAL ALLOWANCE	
EFFECTIVE: MARCH 2007	PAGE: 1 of 2

STANDARD:

1. A child in the care or custody of a director must be provided with the *Children's Special Allowance* in the amount set by the provincial director.
2. The social worker must apply for the *Children's Special Allowance* within three days of a child coming into care or custody.
3. The social worker must cancel the *Children's Special Allowance* application when the child leaves the director's care or custody.
4. The social worker must cancel the *Children's Special Allowance* application when a child is sentenced to a secure custody facility for more than 30 days.
5. The social worker must reapply for the *Children's Special Allowance* if a child returns to the director's care or custody after leaving a secure custody facility.

COMMENTARY:

The *Children's Special Allowance* (CSA) is provided by the Canada Revenue Agency (CRA) on behalf of all children who are in the care or custody of a director of child, youth and family services.

The social worker initiating the child's placement must make application for this allowance on behalf of the regional health authority. *The Children's Special Allowance application (Form RC-64)* must be submitted within 3 days of the child coming into care. Applications can also be filed electronically at www.ccra.adrc.gc.ca on the **Child and Family and Benefits** page. The child's parent(s) should also be advised by the social worker that they will be making application for the CSA and that this money will go toward the cost of caring for the child. It is important that the parent(s) understand that payments of the Child Tax Benefit and/or the child component of the GST/HST credit for their child will automatically cease to them on the receipt of an application for CSA.

For qualified children, the CSA payment may also include the Child Disability Benefit (CDB). The CDB is a supplement to the CSA for a child under 18 years of age with a severe and prolonged disability. *Form T2201, Disability Tax Credit Certificate*, explains the eligibility criteria for the CDB. If it appears that a child may be eligible for this benefit *Form T2201* must be completed and signed by a qualified practitioner. Additional information regarding the Child Disability Benefit can be obtained at www.ccra.adrc.gc.ca.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.36 FINANCIAL SERVICES: CHILDRENS SPECIAL ALLOWANCE	
EFFECTIVE: MARCH 2007	PAGE: 2 of 2

When the child returns home, the social worker must cancel the CSA application. The social worker must advise the parent that they have to reapply for the *Child Tax Benefit* and may assist them in obtaining the appropriate forms.

If a child in care or custody is sentenced to a secure custody facility for more than 30 days, the social worker must also cancel the CSA and then reapply if the child is still in the director's care or custody upon release from the secure facility.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.37 FINANCIAL SERVICES: RESPITE	
EFFECTIVE: MARCH 2007	PAGE: 1 of 2

COMMENTARY:

Respite is a service designed to provide temporary relief and reduce stress levels for caregivers who are providing care for a child with complex needs. If it is identified that a caregiver family requires respite services the social worker should develop a respite plan with the family. The need for respite should be assessed individually for each caregiver family. The assessment shall include but is not be limited to:

- age and developmental abilities/needs of the child;
- number of persons with special needs within a home (there must not be more than two individuals);
- the degree of family stress;
- the number of respite hours that the family feels is adequate;
- medical considerations such as seizures;
- dependency of the child in the area of self help;
- requirement of the child for constant or intensive supervision; and
- behavioural difficulties exhibited by the child, i.e. self abusive, destructive, and aggressive behaviour).

Respite can be approved on an hourly, daily, weekend, weekly or monthly basis. Individuals or families providing overnight respite services in their own home must be approved under the respite home approval guidelines (refer to section 3.6). Remuneration of approved respite homes providing overnight care is not considered reportable income by Revenue Canada and is treated in the same manner as caregiver home payments.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.37 FINANCIAL SERVICES: RESPITE	
EFFECTIVE: MARCH 2007	PAGE: 2 of 2

Rate of payment:

These are currently the maximum rates for payment of respite established by the provincial office:

- | | |
|----------------------------------|----------|
| • Monthly Respite | 1,038.00 |
| • Weekly | 280.00 |
| • Weekend | 135.00 |
| • Extended weekend (3 nights) | 180.00 |
| • Daily overnight (max.2 nights) | 40.00 |
| • Hourly | 8.04 |

If residential respite extends beyond an extended weekend than the weekly rate should be used to calculate the daily amount. The rate paid to respite providers on a monthly basis shall not exceed that paid to the child's caregivers.

The recruitment of respite providers who will be providing hourly respite is the responsibility of the social worker and the caregiver with whom the child resides. Respite providers should have experience in working with children with behavioural problems and or developmental challenges. They must provide three references from non relatives who they have known for three years and a certificate of conduct. It is also important for the respite provider to have an understanding of their role with the child as well as the importance of maintaining confidentiality in relation to information about the child and the child's family. The caregiver should review and evaluate the respite workers ongoing performance. The caregiver family is considered to be the employer of the respite provider and they must contact Revenue Canada to open an account. Information regarding contributions and deductions can be obtained directly from Revenue Canada. The caregiver or an individual/agency they have contracted with to keep payroll records shall be reimbursed for the approved respite rate, including employer contributions. All earnings must be reported to Revenue Canada. Caregivers are required to provide a T4 to the respite provider at the end of the year.

Caregiver families must ensure that when contracting with individuals or agencies to keep payroll records that the respite workers are not placed on the agencies/individual's payrolls. The respite provider is employed by the caregiver family and all records are to be in the family's name. Employer contributions are also to be made in accordance with existing regulations.

Workers' Compensation (WBC) coverage is not covered. Where the employer (the caregiver family) wishes to provide the support worker with WCB, this must be done from their own resources and involves the completion of the *Householder's Application*.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.38 FINANCIAL SERVICES: CHILD CARE	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

COMMENTARY:

The following child care requests may be assessed and approved for payment:

- Child care costs for caregivers employed outside the home; and
- Child care costs for caregivers away from the home on child related matters (e.g. ISSP meetings, training and workshops)

If a caregiver is requesting that child care be provided by a licensed child care centre or provider the social worker shall make contact with the Child Care Services Subsidy program within their health authority. If a child requires one on one support this should also be discussed with the social worker responsible for the child care subsidy program.

When child care is being provided by an individual who is not a licensed child care provider, the caregiver will be responsible for obtaining two references and a certificate of conduct on the care provider.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.39 FINANCIAL SERVICES: TRAVEL	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

COMMENTARY:

Transportation costs for travel is included in the basic rate. However, additional monies may be approved based on an assessment of the purpose of travel, frequency of the travel and or the distance travelled. The types of transportation that may be considered include:

Placement Transportation:

Approval may be granted to cover costs associated with the initial placement of a child, the movement from one placement to another, or return home.

Medical Transportation:

Approval may be granted to cover costs associated with medical transportation depending on the distance to be travelled and the frequency of the travel.

School/Child Care Transportation:

Transportation to school/day care is provided to children in care only in exceptional circumstances (e.g. the child is attending a special program or is in a short term or emergency placement). Children with physical or mental disabilities who require special transportation may qualify for assistance from the Department of Education. Social workers should refer these cases to the local school board.

Other Transportation:

Approval may be given to assist birth parents to attend court hearings when they are unable to arrange their own transportation.

When additional monies are approved for transportation by a regional health authority, and caregivers use their own vehicles, they should be reimbursed for mileage at the government rate.

Meals:

The following must be considered when assessing requests to cover the cost of meals for caregivers travelling outside the region with a child:

- Frequency of such travel;
- Appointment time and location; and
- Departure and return time

SECTION 3: CHILDREN IN CARE & CUSTODY 3.41 FINANCIAL SERVICES: EDUCATION	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

School books/supplies:

Text books provided through the School Supply Division of the Department of Education are made available free of charge to children in care and custody. The certificate of *Inability to Pay - Form # 14-709* must be provided to the caregiver(s) for presentation to the school. This form is computer generated and included with the August payment for caregivers. Social worker shall provide manual inability to pay form when necessary. Caregivers should be asked to deliver the form to the school tactfully and discreetly so as not to embarrass the child in care and custody.

The basic caregiver rate includes a monthly amount that is intended to cover the annual costs of school supplies. The caregiver is responsible for payment of these costs. If the caregiver rate does not reasonably provide for the costs associated with supplies, additional funding may be approved by the regional health authority (RHA), following an assessment of the costs by the social worker.

Tutoring:

Some children may need additional help with subjects/homework to the extent that the caregivers are not able to meet the child's needs in this area. The RHA shall approve monies to provide the child in care and custody with tutoring services in these cases.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.42 FINANCIAL SERVICES: DAMAGES	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

COMMENTARY:

Situations may occur in which a child in care and custody has accidentally or wilfully caused damage to the caregivers' property or to the property of other persons in the community. As the child's guardian, a director is responsible for reimbursing the individual for the loss if it is determined that the child is at fault. It is recommended that if the child is of the age to accept responsibility for their acts, then they shall have some accountability for the damage. The social worker and the caregivers shall involve the child in determining how they can contribute financially or otherwise for any damages.

The program supervisor may approve up to 2500.00 dollars per year per child. Monies exceeding this amount require the approval of a director.

When monies are being paid by the regional health authority, a release should be obtained from the party receiving funds. The release (Appendix F) is a document which acknowledges the giving up, discharge or renunciation by one person of a right or a claim against another person.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.43 FINANCIAL SERVICES: CULTURAL/SOCIAL/RECREATIONAL EXPENDITURES	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

COMMENTARY:

The child in care should be encouraged and may choose to participate in events considered to be of a cultural, social, or recreational nature. Such participation and involvement is important to the overall personal growth and development of the child. The caregiver rate includes monies for the child's participation in family outings, day or weekend trips, treats, tickets, and activities such as music/art/swimming lessons. The costs of skates are included in this category.

Depending on the child's choice of activities it may be necessary for the social worker to consider approval of additional funds for social/recreational activities. The social worker shall assess the request to determine if the request is reasonable and approval of the funds warranted. Such additional funding would include the costs of bikes.

Christmas Allowance:

A Christmas Allowance is available for children in care, to be issued annually during the month of November. This allowance is in addition to the amount noted above. The provincial rates are as follows:

- Birth - 11 years - \$180.00
- 12+ years - \$200.00

SECTION 3: CHILDREN IN CARE & CUSTODY 3.44 FINANCIAL SERVICES: ONE-ON-ONE SUPPORT	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

COMMENTARY:

One-on-one support may be provided to children in care who have very exceptional needs and require a high level of supervision and support, e.g., personal care, respite, behavioural aid services, etc.

SECTION 3: CHILDREN IN CARE & CUSTODY 3.45 FINANCIAL SERVICES: ACCESS	
EFFECTIVE: MARCH 2007	PAGE: 1 of 1

COMMENTARY:

When it is deemed in the best interest of the child and consistent with the plan of care, the social worker may arrange visitation or contact between a child in care and custody and the child's family members and/or significant others. The social worker should first assess if the family/significant other person is able to pay all or a portion of the cost related to access. If the family/significant other is unable to cover the cost related to visiting, monies may be approved by the regional health authority to cover the cost of transportation, accommodations, meals, and recreational activities.

SECTION 3: CHILDREN IN CARE & CUSTODY	
3.46 FINANCIAL SERVICES: VACATION	
EFFECTIVE: MARCH 2007	PAGE: 1 of 2

Caregivers are encouraged to include children in care and custody in family holidays. Whenever plans are made for a child in care to travel, it must be first discussed with the social worker.

The monthly caregiver rate includes the child's share of a family vacation. If an unusually expensive trip (out of the province) is being planned, additional monies may be approved. The following is a guide for assessing requests for additional monies:

- location of vacation;
- mode of transportation;
- accommodations;
- activities planned;
- number of vacations taken by the child in the past two years;
- difference in cost of travel for the family with the child versus without the child;
- amount of monthly caregiver rate that will be used toward trip; and
- birth parent's ability to contribute to the costs of the child's trip.

Additional monies may be issued to pay for actual expenditures such as air fare or ferry fees and costly items such as a pass to Disneyland and Canada's Wonderland.

It is not appropriate to contribute towards the costs of gasoline, car rentals, and fees for campgrounds. The caregiver family would be assuming such costs whether or not the child was accompanying the family.

If bringing the child means incurring additional expenses such as extra hotel accommodations the request may be considered. Children should be encouraged where appropriate to share a room. Where a child of the caregiver parent is sharing the room, then a percentage of the cost of the room can be paid on behalf of the child in care.

Approval may be given to supplement the caregiver rate to cover expenses such as meals while on vacation and other miscellaneous expenses (eg. souvenirs, entertainment). The maximum allowable amounts are:

Within Country Vacation

0-12 years: \$10 per day up to a maximum of \$100
 12 years +: \$12 per day up to a maximum of \$120

Out of Country Vacation

0-12 years: \$15 per day up to a maximum of \$150
 12 years +: \$20 per day up to a maximum of \$200

SECTION 3: CHILDREN IN CARE & CUSTODY 3.46 FINANCIAL SERVICES: VACATION	
EFFECTIVE: MARCH 2007	PAGE: 2 of 2

Passports:

When arrangements are being made for a child in care and custody to travel outside of Canada the social worker must ensure a passport is obtained. The caregiver may complete the application on behalf of the child and have the passport pictures taken. It is the responsibility of the social worker to submit the following to the passport office:

- application;
- passport pictures;
- a copy of the child's birth certificate;
- a letter of approval from the director;
- a cheque to cover the cost of the passport; and
- any other documentation that may be required.

The passport is the property of the child and must accompany the child should the child be moved or returned home.

Summer Camp:

Approval may be given to cover the cost of camp fees and camping equipment (if required) for the child.

It is the responsibility of the caregivers(s) and the social worker to make sure that any wilderness or other outdoor activities for children in care are organized and conducted in a manner that will reduce risks of personal injuries.