

# Foster Parent Manual

# FOSTER CARE MANUAL

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# INTRODUCTION

THE ORGANIZATION AND STRUCTURE

OF

YORK REGION  
CHILDREN'S AID SOCIETY

# YORK REGION CHILDREN'S AID SOCIETY

## THE LOGO



Our logo was designed and donated to the Society in 1989 by artist Anthony Goodhoofd, a Toronto based graphic design consultant who resides in Richmond Hill, Ontario.

Paramount in its design is the reflection of the Society's protection of children. The individual symbols were chosen to indicate hope and convey the message that the agency is growth oriented, progressive and innovative.

### CHILD

The artist began with the figure of a child.

Protecting children is what the Children's Aid Society is all about.

MAN "Y" child shape is also the universal symbol for man

### YORK REGION

It also happens to represent the "Y" for York Region

### LOVE AND PROTECTION

The Society is legally mandated to protect children. That message is conveyed through the heart shape that represents both the emotional and physical sides of a child's development.

## ROOTS OF FAMILY AND COMMUNITY



We want to provide roots for all the children within York Region's unique cultural and socio-economic structure. Roots imply growth, nurturing, hope, stability and support. The child is central to all our work and is, therefore, placed in the centre of our symbol.

Children and Family Services for York Region and the Children's Aid Society, at 85 Eagle Street West in Newmarket, provides service to children and families throughout York Region.

The Children's Aid Society, under the authority of the Child and Family Services Act has a legal mandate to protect children.

The legislation requires that every person who believes that a child, a person under the age of 16 years, is or may be in need of protection must report to a Children's Aid Society. The legislation places an additional onus on people who work with children to immediately report suspicions of child abuse and the information to the Children's Aid Society; failure to do so could result in a fine up to \$1,000.00.

Services provided by the agency include: child protection, individual and family counseling, foster care, adoption, adoption disclosure, volunteer services, services to unmarried parents, and community education.

The office hours are 9:00 a.m. to 5:00 p.m., Monday to Friday, however, emergency services are available seven days a week, twenty-four hours per day. You can help Children and Family Services for York Region by becoming a foster parent, volunteer, member or donor. To make a referral or for further information, please call the agency at:

Telephone	-	(905) 895-2318
Toll Free	-	1-800-718-3850
Fax	-	(905)-895-8379

Website: [www.yorkcas.org](http://www.yorkcas.org)

## INTRODUCTION

### The Organization and Structure of the Children's Aid Society of York Region

The Society is divided into eight different departments so that each function can be performed by specialists who are experienced in the area of child welfare. This is most important for the foster care system, in that it ensures that social workers assigned to the foster home and the child in care have a regular involvement with the foster parents and also the children.

The eight departments are:

1. Administration
2. Public Relations and Volunteer Services
3. Intake
4. Family Services
5. Adoption/Foster Care
6. Children's Services
7. Legal Services
8. Financial Services

(See Organizational Chart)

#### 1. Administration

This department is headed up by the Executive Director who is responsible for:

- a) the overall day-to-day management of the entire Society;
- b) development of the Society's Service Plan and budget;
- c) monitoring monthly expenditures;
- d) the Society's execution of the Child and Family Services Act;
- e) reporting to the Board of Directors and Ministry of Community & Social Services.

#### 2. Public Relations and Volunteer Services

Although public relations is the responsibility of everyone connected to the agency, including Board and committee members, members, volunteers, foster parents and staff, the public relations department is responsible for the overall management of the agency's public relations program.

The Manager of Communications and Planning, working in conjunction with staff from all other facets of the agency, is responsible for planning, developing and implementing programs to create and maintain public recognition and confidence in the agency's services and to build community support.

The Manager of Communications and Planning is responsible for producing an agency newsletter, planning special events, communicating with the media, coordinating public speaking, fund raising, assisting in recruitment of Board and committee members, members, volunteers, staff and foster parents and for the supervision of the Volunteer Program.

The Volunteer Program is coordinated by a part-time Coordinator of Volunteer Services who is responsible for recruiting, interviewing, selecting, training, placing and supervising well over 100 volunteers.

Volunteers assist throughout the entire organization and their duties include: escort driving, babysitting, clerical assistance, supervising visits, public speaking, fund raising, administrative and public relations assistance, coordinating special events and representing the agency at malls and resource fairs.

### 3. Intake

Social workers in this department play a primary role in determining the level and extent of services provided by the Society. They are the first to take information concerning a referral or request for service.

The four primary functions provided by the Intake Department are:

- a) investigation;
- b) assessment;
- c) short-term crisis intervention;
- d) consultation and referral assistance.

They must be ready to travel anywhere in York Region to investigate reports of child abuse. Other, less serious concerns must also be handled quickly and followed up thoroughly. After assessing the situation, they will make a decision as to whether the family needs ongoing help, or whether the child should come into care, or whether another agency should be involved.

#### 4. Family Service

When it has been determined, at Intake level, that there are sufficient concerns about the care and protection of children in the family to involve the Society, the family case is transferred to the Family Service Department for ongoing service. They are also responsible for carrying out the provisions of Supervision Orders (legal orders requiring the Society to monitor a family situation). The Family Service Workers work with the families of children in care and continue to assist them when the child returns home.

#### 5. Foster Care/Adoption

This is the department in which the Foster Care Program is located. The workers recruit foster parents, complete homestudies, supervises the Foster Care Program, provide consultation, educational opportunities and professional support to foster parents.

##### a) Role of the Foster Care Support Worker

i) To provide ongoing consultation and support to foster parents who are the primary therapists for the child. This consultation and support is provided primarily through regular meetings between foster parents and foster care support worker, and through education. Secondly, the social worker is available on a more limited basis for consultation with the foster parents by telephone.

##### b) Relationship Between the Foster Care Support Worker/Child's Social Worker/Foster Parent

It is the policy of the Society to regard caring for the children as a joint responsibility of the Foster Parents and the Society. The Society is committed to creating a climate of honesty, openness, and mutual trust in which the foster parents feel free to share their opinions and attitudes.

The social worker is, to a large extent, dependent upon the foster parents for acquiring knowledge about the child, and the accuracy of his/her assessment will depend upon the honesty and strengths of the foster parent/social worker relationship.

It is through understanding and acceptance of the social worker's need to know the child through the foster parents, in addition to his/her own contact that the foster parent can contribute to a partnership with the Society in meeting the child's needs.

c) The following guidelines will assist in defining the partnership between foster parents and the Society:

- i) The social worker and the foster parents will discuss their expectations of each other and their preferred method of working together, to give the best possible service to the child.
- ii) The social worker and the foster parents will share their assessment of the child and ensure that both assessments are respected in making decisions regarding the child.
- iii) The foster parents will ensure that the child understands his relationship with the Society and the role of the social worker and assist him/her to view the social worker as a positive support.
- iv) The social worker and/or the foster parents will identify any problems in their working relationship and seek assistance, if necessary.
- v) The social worker will, in an ongoing way, share with the foster parents honestly, his/her assessment of the quality of care.
- vi) The foster parents will share honestly with the social worker their assessment of the service from the social worker and other Society personnel.

d) Role of Adoption Worker

The Adoption Workers complete adoption homestudies, arrange adoption placement of children, recruit adoptive parents for the Special Needs Children and supervise the children on adoption probation.

## 6. Children's Services

The social workers in this department are responsible for supervising all the children in the care of the Society including:

- children in foster homes
- children in outside paid institutions
- teenage wards who are living on their own

### a) Role of the Child's Social Worker

Each child who comes into care is assigned to one of the Children's Services Workers. Their role is defined as follows:

- i) To supervise the care given to the child, to ensure that legal and regulatory requirements are met and to ensure that the highest possible social work and foster care standards of practice are achieved.
- ii) To develop a Service Plan for the child in conjunction with the foster parents, the family social worker, the parents and other agencies and to ensure that the plan is carried out and revised as required.
- iii) To arrange for treatment services to children in care.

## 7. Legal Services

The Legal Services Department is responsible for legal matters under the Child and Family Services Act. They appear in Ontario Court (Provincial Division) for reviewing child protection issues under the Act. They must also go to court within five days if a child is brought into care by apprehension.

Foster parents who have cared for a child for six (6) months are entitled to receive a Notice of Hearing prior to the date set for the hearing. This is an invitation rather than a demand to attend the hearing. Foster parents may or may not be asked to give evidence.

Foster parents may receive a summons to appear in which case they must attend the hearing. They will be expected to give evidence. The Legal Department will arrange witness fees for the foster parents.

## 8. Financial Services

This department is responsible for administering the financial funds of the Society including:

- a) accounting and bookkeeping;
- b) monitoring department budgets;
- c) statistical data of agency services;
- d) payment of accounts including foster care per diems and expenses.

# ***Chapter 1 - SELECTION, DEVELOPMENT AND MANAGEMENT OF FOSTER HOMES***

## **RECRUITMENT**

### Philosophy

- foster care remains the primary intervention for a child who requires out-of-home care.
- a bank of homes is necessary to facilitate the potential match of child and family.
- recruitment and retention go hand-in-hand.
- recruitment must be an agency priority/integral part of Society's services.
- recruitment must be approached with a comprehensive strategy.
- recruitment must have the support of the entire agency.
- foster care recruitment is a community responsibility.

## **PRINCIPLES & STRATEGIES**

- Planning
- must be ongoing, long-term and strategic with clear measurable goals and tasks.
- documented as an annual recruitment plan and incorporated as an integral part of Society's service plan.
- must have a recruitment budget.
- utilize target marketing to meet specific needs.
- utilize a multicultural approach as per needs of service users.
- focus of message - child focused and positive image
- theme empathizing clear concepts of fostering.
- collaboration with neighbouring agencies, where feasible.

### Follow-up Process

- response must be timely conveying attitude of respect around enquiries and call-backs, screening, homestudy and orientation.
- provide/emphasize training available to meet the needs of foster parents to retain/develop homes.
- offer strong support to help foster parents deal with daily realities of fostering.
- encourage/support open communication to facilitate retention of homes.

## Who Should Be Involved in Recruitment

- recruitment Coordinator has the primary responsibility for coordinating, developing, facilitating and implementing recruitment efforts and initiatives.
- a foster Parent Recruitment Committee (agency workers, public relations, foster parents, Board members, volunteers) will assist in the planning, development and implementation of the recruitment efforts, initiatives, including public awareness.
- agency at large and Board of Directors should be oriented/updated regularly to keep recruitment on Society agenda.
- foster parents should be especially encouraged:
  - a) to make presentations at foster parent orientation/ preservice meeting;
  - b) to serve as buddies to applicants waiting for orientation/providing experiential information;
  - c) to participate in training workshops regarding recruitment.

## ASSESSMENT OF FOSTER PARENTS

The Society requires foster parent applicants to meet the following criteria:

- Reside in York Region\*NOTE.
- Be at least 18 years of age.
- Be of good general health.
- Be financially stable.
- Have stable family relationship of at least two years.
- Have consent of all immediate family members.
- Be of sound mental health, including the absence of significant history of mental illness or substance abuse.
- Have no criminal charges pending, and absence of a significant criminal background that may have impact on foster parenting.
- Have no verified incident of child abuse (see following page).
- Does not personally use or condone illegal substances.
- Have approved premises (See Part II)
- Does not have recent significant life event, i.e. death, birth, separation, divorce, etc.
- **NOTE:** Exceptions can be made for applicants living in adjacent counties, with the approval of the CAS of that county, and where the

residence is in reasonable proximity to the Society.

- In addition to the above criteria please refer to the following suggested guideline on the next page.

## PROCEDURE

Applicants enquiring about fostering will first be interviewed over the phone by the Foster Care Workers. Using the Society's criteria for Foster Care Applicants as a guide, it will be determined whether the family meets the necessary requirements and needs.

Once an applicant has been deemed an appropriate candidate following telephone conversation, the foster care worker will:

- Send foster care information by mail
- Subsequently set up an intake interview
- Have the family declare any criminal charges laid or pending.
- Receive a signed release to check with the local police department.
- Record in the foster parents' file either a positive or negative police check response (a positive response indicates a police record)
- Enquire with the police department about the nature and date of any positive response.
- Discuss with the Foster Care Supervisor the relevance and impact to fostering of any positive police record, and make note of this on the foster parents' file. The foster parents will be informed of the outcome and the reason for it.
- Have the family declare involvement with any social service agency.
- Have the family declare any suspected or verified incident of child abuse.
- Check the files of the Children and Family Services for York Region for any open or closed files.
- Require a release of information to other Societies that the family has had involvement with, and check for any open or closed files.
- Discuss the content of any previous file with the Foster Care Supervisor to determine the impact of this information on the foster parents' application. The outcome will be recorded on the foster parents' file, and the foster parents will be informed of the outcome and the reason for it.
- The social worker will complete a homestudy on all suitable foster parent applicants to further assess their ability to foster (See homestudy decision)
- Parenting questionnaires will be administered to the applicant.

## Procedure Regarding Child Abuse by Applicant

- Where an applicant has been registered on the Child Abuse Registry regarding the abuse of a child, the Society will terminate the foster care application.

## SUGGESTED GUIDELINES

In order to become a foster parent, the applicant must:

- Demonstrate the ability to carry out the essential duties of parenting.
- Be able to assure the child an appropriate developmental environment.
- Have adequate language and communication skills to relate effectively to the child and communicate with the Society.
- Be willing to learn new skills.
- Be willing to work with the Society and other professionals in providing a supportive system of care for the child.
- Have an adequate understanding of foster care and the circumstances under which children come into care.
- Be willing to work with and understand both the child and his/her own family and, where possible, help work towards the child's return home.
- Be sensitive to, and aware of, the cultural differences and backgrounds of children in care.
- Be willing to offer a commitment to a child for the duration of his/her stay in foster care.

## FOSTER PARENT ORIENTATION

- I THE FOSTER CARE SYSTEM
- II THE IMPACT OF FOSTERING
- III PHYSICAL ABUSE
- IV SEXUAL ABUSE
- V CHILD DEVELOPMENT / MANAGEMENT
- VI THE FOSTER CARE TEAM

Six sessions, two and a half hours each, are considered compulsory for both applicants.

## PROCEDURE

Foster parent applicants will be notified of, and invited to, the next orientation series. All orientation/pre-service sessions must be attended by both applicants. If applicants miss any one of the scheduled orientation sessions, they must attend that session during the next orientation series.

Under certain circumstances, foster parent applicants may be exempt from particular orientation/pre-service sessions at the discretion of the Foster Care supervisor.

## **HOMESTUDY DECISION**

The Society requires the completion of a homestudy prior to the approval of all foster homes. Applicants will be contacted to review the outcome of the homestudy within 10 working days of the final decision.

1. The homestudy consists of a written report plus the following mandatory requirements:

- a) The Society will have at least one planned interview with the foster parent applicant(s) in the applicant's home and will determine the premise's suitability for fostering.
- b) The Society must conduct an interview individually and together with each adult if more than one adult living in the home will be providing foster care.
- c) The Society will meet with all other family members who live with the applicant and all other persons living in the same home who may be involved with the foster child.
- d) The applicant will provide the Society with the names of 4 persons in the community as references. One must be a member of either extended family.
- e) The Society will contact the references mentioned in clause (d) by letter, telephone, or in person, and will make a record of their comments regarding the suitability of the applicant to provide foster care.
- f) The Society will obtain a statement from a doctor regarding the general health and specific illnesses or disabilities of the foster parent applicant(s), and all other household members who do not have separate living quarters.
- g) The applicant and all persons over 18 years of age resident in the home will be asked to sign a Release Of Information form to allow the Society to complete a records check with the police.
- h) The local police will be contacted by the Society in order to check for criminal charges pending against the applicant, and/or the absence of a significant criminal background.
- i) The Society will conduct a record check for any current or previous involvement.
- j) If the homestudy reveals any information which puts the applicant's suitability to foster in question, the Foster Care Worker will share this information with the applicant to explore the possibility of a positive resolution.

2. Families will be encouraged to withdraw their applications:
  - a) If an applicant is deemed unsuitable by the Society due to the fact that their skills and interests do not meet the needs of the children who require placement.
  - b) If the family wishes to foster a child who is unlikely to come to the attention of the Society.
3. A provisional homestudy is a study that is completed when a specific person comes forward to care for a specific child who is in the care of the Society. This is a special circumstance, and an abbreviated homestudy is completed according to the provisional homestudy outline.

## **FAMILY APPROVED FOR FOSTER CARE**

### **PROCEDURE**

1. Where the applicants are approved, the social worker will meet with them within ten (10) days to inform them of their approval. The following topics will be covered by the social worker with the approved applicant(s):
  - a) They will review The Homestudy. Applicants may read a copy (excluding the references section) if they wish, but do not retain a copy.
  - b) Together, the Worker and applicant(s) will review strengths and weaknesses and develop plans for further foster care development, including that they will be notified of the next Orientation.
  - c) The Worker must clarify the age, sex, number, and specific needs of the children to be considered for placement.
  - d) The Worker will provide the applicants with a Foster Parent Manual and they will ensure that the applicants have read, and are familiar with those sections of the Foster Parent Manual concerning:
    - 1) The Rights of Children in Care, Interpretations, Practice Implications.
    - 2) Foster Care Standards as they apply to foster parents.
    - 3) Unacceptable disciplinary practices.
    - 4) Serious occurrences which require immediate notification to the Society.
    - 5) Compliant procedure.
    - 6) Financial system.
  - e) The social worker will review with the applicants the contents of the

Foster Care Service Agreement form and have this document signed.  
f) The applicant(s) will sign the Statement Respecting Confidentiality.

2. The Worker will send a Letter of Approval to the applicant(s) with a copy of the Foster Care Service Agreement and Statement Respecting Confidentiality. A copy will be filed in the foster home file. The approval letter will advise that the foster parents are required to inform the Society if there is a change in:

Employment  
Family composition  
Number of children cared for.

3. Applicant(s) are now moved to approved section of the Monthly Statistics.
4. The Worker is responsible for making certain the file is complete.

### **CLASSIFICATION OF FOSTER HOMES**

1. All foster homes will be assigned a category at the completion of the homestudy, which will determine both the expectations of the Society for the foster home, and the type of child to be placed. Review of the category will occur annually, as part of the evaluation of the foster home, and may occur at other times at the request of either the foster parents or appropriate Society staff. The decision to recategorize a home will be made by the Foster Care Supervisor, in consultation with an appeals committee, Society staff and foster parents.
2. The category appropriate for a foster home will be decided on the basis of a combination of factors, which will include:
  - a) ability and willingness of foster parents to appropriately manage behaviour and meet the child's emotional needs
  - b) type of child requested by the foster parents, including desired length of placement
  - c) Participate in ongoing foster parent training

d) proven ability and receptivity to involvement with natural family.

3. It is expected that all foster parents, regardless of category, will possess the following qualifications:

- a) knowledge of Society mandate and function
- b) willingness to comply with Society policies and procedures
- c) knowledge of child or infant care
- d) knowledge of normal child development
- e) good parenting skills
- f) problem-solving skills
- g) awareness of effects of separation and the child's need for natural family
- h) strong, positive family structure
- i) willingness to devote extra time required, i.e. attendance at school meetings, case conferences
- j) willingness to cooperate with agency staff in planning together for the child.

Note: Every home enters the system at the regular level.

### REGULAR FOSTER HOME

A regular foster home provides the essential elements of family life a child needs on a daily basis

In a regular foster home a child can quite readily be integrated into the foster family and have his/her needs met by following the family's normal daily routines.

### Foster Parents' Role

- Provides food, clothing, shelter, physical care and nurturance conducive to the child's level of development and age
- Provides structure, routines, discipline and support which is consistent and reflects the child's level of understanding and development
- Responds to the child's developmental, educational, medical, physical and mental health needs and is able to liaise with the appropriate personnel
- Provides in-home and community leisure and recreational activities which are conducive to the child's physical and emotional development
- Responds effectively and appropriately to a crisis situation and will contact the appropriate personnel for direction and/or to inform
- Understands the importance of the child's relationship to the natural family

and wherever possible establishes a working relationship with the family as agreed to by the service team

- Is able to recognize and understand the effects of deprivation and neglect on the child's emotional, physical and social development and seek consultation as necessary
- Participates as an active team member in agency meetings including Plan of Care meetings

### Child

- The child placed in a regular foster home can benefit from close family relationships. He/she has an ability to form attachments and to identify with the foster parents and family.
- The child can be expected to move toward fitting into the normal daily living routine of the foster family during his/her placement.
- The child may initially require special attention and help dealing with the trauma of separation from his/her previous caregiver.

### Compensation

- The current daily rate of compensation for regular foster care is \$30.00.
- The benchmark for regular foster care was developed using the Federal Child Support Guidelines' equivalency scale. It includes:
- Basic Rate - \$25.71
- Skill/training - up to 3.00
- Respite/Relief - 1.52

\*+ \$0.17 which is placed into an agency account for emergency relief purposes.

### SPECIALIZED FOSTER CARE

- The specialized foster care home is designed to meet the needs of children with identified developmental, emotional, medical or physical exceptionalities.
- The program's primary objective is to accommodate the child within a foster home setting where his/her special needs are addressed on an ongoing basis and in a manner where the child is encouraged to function to his/her maximum potential.
- It is preferable to have one foster parent providing care and supervision on a full-time basis.

### Foster Parents' Role

- Provide a substantially higher level of care, attention, stimulation and, at times, supervision, than regular foster care.
- Distinguish between normal development and can develop strategies for those behaviours which may require further intervention.
- Identifies and implements a variety of effective management techniques which reflect the child's needs and development.
- Proactively plans for concerns and issues that may be affecting the child or the dynamics of the home and can implement such plans.
- Considers the impact of the child's experiences when planning for ongoing contact with the natural family and the building of family relationships.
- Appropriately responds to the child's medical, physical, mental health and educational needs and is able to independently liaise with the appropriate personnel.
- Obtains local community services (recreational, health, education, etc.) for the child.
- Responds effectively and appropriately to frequent crisis situations, contacting the appropriate personnel for directions and/or to inform.
- Anticipates and diffuses escalating situations which are potentially volatile.
- Independently identifies and relates relevant and significant information regarding the child on a regular basis either through direct consultation or formal meetings.
- In conjunction with the assigned social worker will attend necessary medical, clinic or other appointments required to maintain an appropriate plan of care for the child.

### Child

- Children and youth referred to specialized foster care would meet one or more of the following criteria:
- An identified developmental delay, emotional or cognitive deficit that requires a higher level of skill on the part of the caregiver
- Significant medical condition that requires ongoing monitoring and intervention
- Children with physical challenges
- Children with behavioural challenges

### Compensation

- The current daily rate of compensation for regular foster care is \$43.00
- The benchmark for regular foster care was developed using the Federal Child Support Guidelines' equivalency scale. It includes:
  - Basic Rate - \$37.91
  - Skill/training - up to 3.00
  - Respite/Relief - 2.24

\*+ \$0.25 which is placed into an agency account for emergency relief purposes.

### TREATMENT FOSTER CARE

- Treatment foster care is intended to provide placement for children who require community-based treatment to meet their needs. The children will require individual programs developed by their foster parents and worker to assist them in modifying their behaviour.
- The program is time-limited and requires foster parents who have the ability to provide programming as well as the family living experience for children.
- The goal is to address the treatment needs of the child and prepare them for permanent placement. The treatment needs of children require that the program utilize a mix of professional treatment staff and foster parents.
- It is expected that there is at least one foster parent providing care and treatment on a full time basis.

### Foster Parents' Role

- Provides a significantly higher level of care, attention, stimulation and supervision than regular or specialized foster care
- Provides parental support and modeling in high need situations by teaching and facilitating the attainment of social, life, independence skills and emotional development
- Provides structure, routines, discipline and support in highly complex and demanding situations which is consistent and reflects the child's level of understanding and development.
- Assesses and distinguishes between normal development and can develop strategies for those behaviours which may require further intervention.
- Integrates assessment of family functioning and impact of child's experiences into work with natural family.
- Proactively plans for concerns and issues that may be affecting the child or the dynamics of the home and can implement such plans.
- Consistently and independently manages high demand situations which require a repertoire of skills and interventions.

- Liaise with the appropriate personnel to collaboratively plan for the child's educational needs including behaviour plans.
- Works in full partnership with the case/treatment team and collateral professionals to ensure a timely response to the case plan.
- Provides direction to child care staff to ensure that the defined goals and objectives for each child are successfully met.

### Child

- The child's day-to-day needs require a greater degree of skill and intensive service which is not readily available through regular or specialized foster care.
- The child can benefit from a foster setting but is not ready for a "permanent family" and will benefit from intensive support to prepare for their permanent placement.
- The child's history could include multiple caregivers, neglect and deprivation in their formative years, physical/sexual abuse, behaviour that requires a high level of skill to manage on a day-to-day basis.
- The child is present with all/some of the following behaviours:
  - Difficult in attaching
  - Temper tantrums, aggressive verbally, difficulty with authority
  - Short attention span, anxious, poor self-esteem, limited self-concept
  - Bizarre behaviour due to emotional deprivation
  - Negative attention-seeking, poor peer relationships, limited socialization skills
  - Developmentally delayed due to deprivation, sexually acting out.

### Compensation

- The current daily rate of compensation for regular foster care is \$51.01
- The benchmark for regular foster care was developed using the Federal Child Support Guidelines' equivalency scale. It includes:
  - Basic Rate - \$45.43
  - Skill/training - up to 3.00
  - Respite/Relief - 2.68

\*+ \$0.30 Which Is placed into an agency account for emergency relief purposes.

### **SUPERVISION OF FOSTER HOMES**

The Society will provide a variety of support and supervisory services to foster homes. When a foster home has a placement, the Foster Care Support worker will provide supervision and support to the foster home. Supervision must occur within 30 days of placement, and every 3 months thereafter.

The child will have a Children's Services Worker assigned. who is responsible for the child in home.

Where no child is placed, the Foster Care Support Worker will contact the foster family at least every 3 months.

All foster parent inquiries must be responded to within 24 hours by a Society staff member.

#### PROCEDURE

The Foster Care Support Worker will ensure that foster parents with a placement receive the support and supervision as outlined above.

All calls from foster parents will be returned by the worker, team backup, co-worker or worker's supervisor within 24 hours.

It is important, when leaving a phone message, that foster parents state their name and phone number as well as the name of the worker they wish to contact.

## **ROLE OF FOSTER CARE SUPPORT WORKER**

1. Assess, evaluate and recommend the approval of foster parent applicants.
2. Visit a foster home 30 days following placement and every 3 months thereafter.
3. Foster homes with no placement will be contacted every three months. Where no placement has occurred for one year, the foster home may be closed.
4. Within seven days of a child leaving the foster home, the worker will visit to give constructive feedback on the placement and help foster parents deal with separation.
5. An annual written evaluation will be completed using Society guidelines.
6. Respond to requests for support from foster parents.
7. Supervise the foster home, while not having responsibility for individual children placed in the home.
8. Provide support and education to the foster home.
9. Act as a liaison between the foster home and the Society, and will be available when necessary to facilitate communication between the home and the child's worker.

## **FOSTER PARENT TRAINING AND DEVELOPMENT**

### Philosophy

The Society believes that foster care is a legitimate and essential support service to children in care.

As partners in the delivery of service to children in care and their families, foster parents are active, contributing participants of the helping Team and provide a familial setting necessary for the growth and development of the children. This supplemental care requires informed and skilled parenting.

The Society recognizes that to meet the changing demands of today's foster care system and the changing needs of the child welfare population, training programs need to be available to foster parents.

These training programs should provide knowledge and develop skills leading to a more effective service to the child, plus a greater sense of success and satisfaction for foster parents which, in turn, will lead to greater retention of foster homes.

### Principles

1. Training is ongoing and follows the principles of adult learning.
2. Training will consist of a combination of theory and practice skills.
3. Training will focus on the development of interpersonal and communication skills, mutual support systems, as well as the imparting of specific knowledge and skills.
4. Training will require active participation of the trainees through group activities, written exercises, sharing of knowledge/skills, role play, etc.
5. Orientation will be the initial phase of group training and is mandatory. It is the imparting of basic information to prepare new foster parents for their fostering experience.
6. In-service training is ongoing training that builds on existing strengths, parenting experiences and previous training and may be optional. However, specific training may be encouraged and recommended by the Society.
7. Foster parents will be involved in planning and implementation of training

and their contribution will be acknowledged.

8. Staff will be invited to attend selected training with foster parents. Foster parents and workers will be trained together where feasible. To build and strengthen the helping Team.
9. The agency will facilitate/support the joint training attendance of workers and foster parents.
10. A Training Committee comprised of foster parents, front-line staff, Foster Care Supervisor, Foster Care Training Coordinator and Thistleton will act as an advisory body to plan a comprehensive training program.
11. Training will utilize provincial standards, where practicable.

#### Reimbursement for Society Training

The Society will reimburse foster parents for costs incurred for their transportation, and babysitting costs for biological and foster children presently in the home.

Costs pertaining to registration, transportation and meals for training outside the agency which is relevant to fostering, may also be reimbursed upon prior approval of the Foster Care Supervisor.

#### Funding Framework Skill Enhancement

The Ministry's new funding framework recognizes foster parents' training and experience with a "skill enhancement" which is added to the base per diem rate.

Compensation for training is determined as follows:

TRAINING / LEARNED CREDITS EARNED	ADDED COMPENSATION
20 – 50 credits	0.50
51 – 75 credits	0.75
76 – 100 credits	1.00
101 – 125 credits	1.25
126+ credits	1.50

- Training credits may be earned toward enhancing per diem rates by either foster parent, if applicable, and claimed as credit by both parent(s) if they attend training together
- Taking “preservice” training is not credited for this compensation – but delivering a preservice training program as a trainer is eligible for credit.
- to be credited for informal (non-Children’s Aid Society-based) training, the subject matter must be considered relevant to the foster caregiver’s role in a Children’s Aid Society.
- One credit is to be given for each hour of the following:
  - formal foster caregiver training completed (prescribed program)
  - formal training given to staff and/or foster caregivers as trainer
  - orientation given to foster and/or adoptive applicants or new staff as trainer
  - presentation to community organizations about foster care
  - foster caregiver cluster group attendance
  - formal education taken or given in a foster care-related subject, i.e. course at a community college or university (maximum 50 cents for courses attained prior to fostering)
  - independent study/consultation with agency staff on a topic related to foster caregiver role , i.e. audio/visual or computer-based program completed and/or discussed with agency worker, or other alternatives to classroom-based learning
  - workshops attended at FPSO, OACAS and other conferences on child welfare and foster care.

## **ANNUAL REVIEW OF FOSTER HOME**

The Foster Care Support Worker will complete an annual written review following a minimum of one interview with the foster parents. The review will be signed by both foster parents and the Society (worker and supervisor) and will be kept in the foster family file. Foster parents are expected to make a reasonable effort to be available once yearly for a review interview during regular working hours. The Foster Care Support Worker may also reassess the foster home under the following circumstances:

- foster parents make a request for more children or for a different age or type of child
- foster home has been closed or inactive for more than 6 months
- foster family situation or location has changed
- Society or foster parents have identified difficulties in current use of the home
- worker or foster parents have proposed the home for a special program
- or a serious occurrence has taken place.

## **GUIDELINES AND PROCEDURES**

Evaluations are not, and are not intended to be, negative; nor are they to stress areas which are weak. Instead, evaluations are intended to give the foster parents an outside view of their strengths and skills. Equally important for the foster parents is the honest and candid feedback from the social worker in such an evaluation. This feedback will help foster parents feel greater security in their role.

The social worker will complete the Evaluation Form in draft form, and then will discuss the areas of the evaluation with the foster parents as a couple.

During the annual evaluation process, the Service Agreement will be reviewed and updated. It will be signed by the foster parents, foster care support worker and the supervisor and placed in the foster parent file.

If the foster parents disagree with part of all of the evaluation, they may make use of the Service Complaint procedure.

The Foster Parent Evaluation form is on the following pages.

YORK REGION CHILDREN'S AID SOCIETY

FOSTER CARE EVALUATION

Foster Parents

Name:

Address:

Telephone #:

Type of Foster Care Provided: Specialized                      Regular                      Rehab.  
Receiving/Assessment

Support Social Worker or Foster Care Worker:

Date of Evaluation:

To be completed by foster parent and social worker together

1. Reasons for Evaluation: Annual Review                      Closing                      Other

Contacts of Foster Care Worker:

(ph-phone call; hv-home visit; ov-office visit; poc-Plan of Care; pl-  
Placement Committee)

2. Placements Since Last Evaluation:

Child(ren)	D.O.B.	DATE OF	END OF	REASON FOR
PLACEMENT		PLACEMENT	TERMINATION	

3. Changes in Foster Home: (i.e. address, occupations, number in household, finances)

4(a). Education, Training and Experience Since Last Evaluation:

Remarks:

(b). Did you find these courses useful to your work as a foster parent?

Comment

©. Any suggestions for future training?

5. Performance Evaluation

Rating Scale Definitions

All staff are evaluated on the rating scale within the context of their educational background, previous professional experience and the requirements of their position.

1	Not Yet Observed (N.Y.O.)	Foster Support Worker does not have sufficient information to evaluate the skill area. This may be due to lack of opportunity for the staff member to exercise the skill or lack of supervisory opportunity to observe.
2	Unsatisfactory (U)	Performance or ability is at an unacceptable level and change must occur.
3	Improvement Required (I.R.)	Rating in this category indicates a need for improvement before consistently competent performance is achieved. While the individual may demonstrate the potential for competent performance of the skill, a rating at this level might indicate a requirement for additional experience, job training, acquiring of skills, etc. to perform competently.
4	Competent (C)	Overall performance of specific responsibility consistently meets expectations. By definition, this is a very satisfactory accomplishment in a specific function and meets the required high standard of performance.
5	Well Above Average (W.A.A.)	Performance is well above those accomplishments expected. This assigned responsibility is being performed at a level clearly in excess of basic job requirements or expectations.
6	Outstanding (O)	Demonstrates expertise which contributes to the organization at an

		exceptional level.
7	Not Applicable (NA)	The particular skill or knowledge area does not apply to this foster home.

Possible Sources of Information for Evaluation

The following is a list of possible sources of information available to the Supervisor in order to apply the criteria in the evaluation. This list is not intended to be all inclusive.

1. Foster parents' written records
2. Foster Parents' verbal reports of activity.
3. Observation of foster parents' performance
4. Observation of foster parents in joint interviews.
5. Observation of foster parents' activity in group meetings/conferences.
- 6.\* Client evaluations of foster parents' performance, where appropriate.
7. Other members of Service Team (notably the Children's Services and Family Services workers.
- 8.\* Other staff members, foster parents, volunteers.
- 9.\* Other professionals in the community.

Items marked with \* would be used only when appropriate and after discussion with the foster parents.

	N Y O	U	I R	C	W A A	O	N A
<b>1. THE CAREGIVER AS PART OF THE CHILD WELFARE TEAM</b>							
1. The caregiver knows the primary goals of child welfare services							
2. The caregiver knows the role of foster care							
3. The caregiver knows the various types of temporary substitute care							

	N Y O	U	I R	C	W A A	O	N A
4. The caregiver knows permanency planning options available to children							
5. The caregiver understands his/her role in permanency planning							
6. The caregiver has demonstrated how to work collaboratively with							
a) the caseworker							
b) other agency staff on the team							
c) other professionals in the community							
d) the child and his/her family							
7. The caregiver has participated effectively in case planning and case coordination activities with other service delivery team members							
8. The caregiver knows the agency's policies regarding:							
a) the reporting of difficulties with the child in the home							
b) the reporting of medical emergencies and serious occurrences							
c) health reports							
d) vacation planning							
e) relief policies							
f) the adjustment of the family and the child in care in on respite care							
g) other							
9. The caregiver has accessed needed services from community services providers, including school personnel, mental health workers, health care providers and others.							
10. The caregiver has worked collaboratively to obtain needed services for the child and the caregiving family.							
11. The caregiver has demonstrated an ability to advocate on behalf of the child's best interests during case planning with the agency, schools, mental health professionals and other social service providers.							
Please comment on every item above that has a rating of "U," "I.R." or "O"							

	N	U	I	C	W	O	N
	Y		R		A		A
	O				A		

<b>II. ABUSE AND NEGLECT</b>							
A. Dynamics							
1. The caregiver understands the dynamics of neglect and of physical, emotional and sexual abuse and							
can demonstrate the following:							
a) recognize signs							
b) identify symptoms							
c) identify types of family situations							
2. The caregiver has demonstrated a knowledge of services and strategies that can help children cope with the effects of abuse and neglect.							
3. The caregiver utilizes the following types of services and strategies that can help abused and neglected children and youth and their families (list)							
a)							
b)							
c)							
d)							

Please comment on every item above that has a rating of "U," "I.R." or "O"

<b>B. Impact on Normal Development</b>							
1. The caregiver demonstrates an understanding of the stages of normal physical, cognitive, social and emotional development from birth to adolescence.							
2. The caregiver can							
a) formulate a general assessment of the child's developmental functioning level identifying child's needs							
b) develop and carry out appropriate intervention strategies to deal with developmental needs (delay) including behaviour associated with these delays							
3. The caregiver demonstrates an understanding of							

	N Y O	U	I R	C	W A A	O	N A
the potential negative effects of child abuse on child's							
a) developmental delay							
b) behavioural impact							
4. The caregiver demonstrates an understanding of the factors of abuse that determines the degree of trauma to the child (i.e.)							
. age of victim at onset							
. duration of abuse							
. relationship between victim and perpetrator							
. types of sexual activity							
. clarity as to responsibility of offender							
. response of others to disclosure							
. support following disclosure							
5. The caregiver demonstrates the ability to							
a) advocate for intervention services							
b) support and follow through with specific interventions described in the plan							
Please comment on every item above that has a rating of "U," "I.R." or "O"							
<b>C. Caregiving for children who have been sexually abused</b>							
The caregiver demonstrates knowledge regarding the impact of sexual abuse and the ability to develop and implement strategies dealing with:							
1. Disclosures of sexual abuse							
. Knows what to ask and what not to ask							
. Provides a safe comfortable environment							
. Documents information							
. Reports appropriately							
. Knows how to respond							
2. The child's presentation							
. Provocative sexual behaviour							
. Feelings of anger							
. Low self-esteem							
. Guilt							

	N Y O	U	I R	C	W A A	O	N A
. Repetition compulsion							
. Relationship resistance (trust)							
. Victimization							
. Role reversals							
3. The impact on the foster family							
. House rules / interpersonal boundaries							
. Privacy rules							
. Establishing support system							
. Training							
. Maintaining accurate notes/daily log on child							
. Attending case conference/plans of care							
4. The aftermath of sexual abuse							
. The provision of sex education							
. Teaching "good touch-bad touch"							
. Modeling appropriate parent/child interaction							
. Demonstrating a comfort level with sexual issues							

Please comment on every item above that has a rating of "U," "I.R." or "O"

<b>III. SEPARATION &amp; ATTACHMENT</b>							
1. The caregiver							
a) demonstrates an understanding of how attachments are made							
b) can identify attachment problems (maladaptive attachments) and							
c) can develop and implement strategies to sponsor attachments in the child's life							
2. The caregiver demonstrates an understanding of the effects of separation on							
a) the child							
b) the primary parent							
c) own (foster) family							
3. The caregiver demonstrates an understanding of the impact of multiple placements on the child.							
4. The caregiver demonstrates an understanding of							

	N Y O	U	I R	C	W A A	O	N A
the stages of grieving by developing an implementing intervention strategies to							
a) help the child deal with separation							
b) help the child deal with resultant feelings							
c) participating in pre-placement visits							
d) cooperate in the completion of life books							
e) prepare child for moves/separations							
Please comment on every item above that has a rating of "U," "I.R." or "O"							
<b>IV. BEHAVIOUR MANAGEMENT AND DISCIPLINE</b>							
Understanding the Child The caregiver understands							
a) how a child's behaviour may be affected by their past experience, including their reactions to the stress of placement and the outcomes of previous maltreatment							
b) how a child's behaviour will reflect the child's value systems and cultural beliefs which may be different from your own							
c) the differences between control, punishment and discipline and their impact on attachment							
d) why physical discipline is detrimental to children and teens who have experienced abuse, neglect or dependency							
e) the possible reasons children and teens display negative behaviour							
Behaviour Management The caregiver knows							
a) current provincial statues regarding the use of corporal punishment for children in alternative care homes							

	N Y O	U	I R	C	W A A	O	N A
b) how to set clear and reasonable rules and limits that are appropriate for the age, cultural background and developmental level of children and teens							
c) how to determine which of the child's problem behaviours should be addressed immediately and is able to set short and long-term goals							
d) when and how to obtain a professional assessment to determine if problematic behaviour may be caused by a medical problem or psychological problem							
e) non-physical methods of behaviour management techniques such as positive reinforcement, selective reinforcement, time out, shaping of behaviour, use of natural and logical consequences and token economy							
f) how to choose the best method considering the child's age and developmental level and the situation							
g) when and how to seek support and help in coping with crises and in choosing or applying discipline strategies with a child or teen							
Role and Dynamics of Caregivers The caregiver understands							
a) how his/her own upbringing affects his/her behaviour management philosophies and practices							
b) that their partner/spouse may have different behaviour management philosophies and techniques and can negotiate those differences so that the child in care experiences appropriate levels of consistency							
c) how to use behaviour management strategies that build and strengthen attachment							
Please comment on every item above that has a rating of "U," "I.R." or "O"							
<b>V. PRIMARY FAMILIES</b> The caregiver demonstrates a non-judgmental understanding of the dynamics/needs of multi-problem families.							

	N Y O	U	I R	C	W A A	O	N A
1. The foster caregiver demonstrates an understanding of the role of the natural family in the child's life by:							
a) encouraging the development and maintenance of a positive relationship between the child and his/her family							
b) respecting and supporting cultural/ethnic differences							
c) respecting sensitively (non-judgmental) non-traditional families							
d) supporting/assisting contacts/visits							
i) in foster home							
ii) in primary family's home							
e) transporting child							
f) supervising visit, where appropriate and negotiated							
g) teaching families parenting skills where appropriate and negotiated							
h) supporting direct and active involvement with the natural family							
Please comment on every item above that has a rating of "U," "I.R." or "O"							
<b>VI. THE EFFECTS OF CAREGIVING ON THE CAREGIVER'S FAMILY</b>							
Blending of Foster Family and Foster Child							
The caregiver knows							
a) how parenting children and teens who have experienced maltreatment, separation and loss can affect both the caregiving family and their extended family members							
b) how their family's cultural background, values, beliefs and standards may be different from those of the child in their home and knows how these differences can affect the adjustment of both the child and the caregiving family							

	N Y O	U	I R	C	W A A	O	N A
c) how placement can affect parent/child, sibling, marital or other adult relationships within the family and extended family							
d) the types of children and teens that their family can most effectively manage and the types of children and teens who should not be placed with their family							
e) techniques to draw other family members into the caregiving process							
Stress Management The caregiver knows							
a) the signs of family stress and understands the effects of stress on family member's behaviour							
b) and can use effective coping strategies to constructively deal with stresses that can potentially affect familial relationships							

Please comment on every item above that has a rating of "U," "I.R." or "O"

<b>VII. LEGAL ISSUES</b> The caregiver							
1. demonstrates an understanding of these legal issues that effect child welfare and foster care practice							
a) protection issues (reasons child came into care)							
b) legal status and court (determination of child's status)							
c) duty to report							
d) their role/responsibility in Family Court							
e) their role in preparing testimony							
f) legal rights of foster parents							
g) legal rights of child							
h) legal rights of primary families							
i) the types of activities/situations that result in legal liability							
j) roles of court personnel							
2. applies this information to foster caregiving							
3. demonstrates an ability to make notes/daily logs that are							
a) objective, specific and observable (not							

	N Y O	U	I R	C	W A A	O	N A
interpretative)							
b) non-judgmental							
c) accurate							
d) timely (recording when they occur & dated)							
e) kept separately and privately							
f) appropriate to be seen by all parties involved in court action							
4. can convey relevant information as testimony under the direction of agency legal counsel.							

Please comment on every item above that has a rating of "U," "I.R." or "O"

<b>VIII. ADMINISTRATIVE AND FINANCIAL ASPECTS OF CARING</b>							
The caregiver							
a) arranges and follows through with medical appointments and treatments							
b) completes records of medical appointments and treatments for child's worker							
c) maintains school reports and records for child's worker							
d) provides adequate and appropriate clothing for child							
e) provides receipts and requests for payment to the accounting office on a monthly basis							
f) provides adequate and appropriate recreational activities for child							
g) has devised a system for allowance for children in their home							
h) provides timely notification for relief as per procedures							
i) has read and understands information contained in the foster parent manual							
j) is able to follow all administrative/financial guidelines in the foster parent manual							

Please comment on every item above that has a rating of "U," "I.R." or "O"

- 6. Areas Strengthened Since Last Evaluation:
  
- 7. Goals For The Coming Period:
  
- 8. Comments & Recommendations:
  
- 9. Foster Parents' Comments on Job Satisfaction and Support Services Provided by the Society:
  
- 10. Comments From Foster Family Children (may be returned at a later date):

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_  
Foster Care Support Worker

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_  
Foster Care Support Worker

\_\_\_\_\_  
Date

:sdl

## **RELIEF**

### **DEFINITION**

1. The Ministry's "Child in Care" Manual describes relief services as those services provided by the agency that temporarily free the foster parents from their duties in order to assist them and increase their ability to cope with the experience of fostering.

### **PURPOSE**

2. The responsibility for ensuring that relief is taken lies with the foster parent. The Society strongly believes that relief is essential to a healthy environment for foster children. The foster support worker will monitor this as it is vital that the foster family have some time away from fostering responsibilities. Relief enables the foster parents to cope better with daily demands placed on them by foster children. The foster support worker will assist in providing relief homes when required.
3. It is not a crime to ask for relief or help. It is not an admission of failure on your part, but rather a responsibility and reasonable plan of action for all of us, no matter what sort of "job" we have. Don't wait until you have a crisis to decide you could use a little help, a person to talk to, or some relief from a very demanding job.
4. Foster parents must notify agency staff whenever a child is placed outside of their home on relief. In addition, foster parents are required to advise the child's social worker two weeks in advance of any relief placement to exceed five days. Exceptions will be made for emergency situations.
5. It is preferred that you take your relief on a regular monthly basis as you earn it.

### **RELIEF PROVIDERS**

6. It is strongly recommended that foster parents use other foster parents from this agency for purposes of providing relief. Some foster homes provide relief only services. If this is not possible and other extended family or community resources must be used, the following requirements must be met by the relief provider:

- have an up-to-date police check on our file
- have a Children's Aid Society record check completed and on file
- not be a former or active protection client with any child welfare organization
- be known to the child
- be mature, responsible and reliable
- be aware of and comply with, the Society's policy regarding discipline
- be provided with a list of emergency phone numbers, including the Society's
- not have a criminal record

The Foster Support Worker will ensure that the above information is maintained in the foster home file.

#### EMERGENCY RELIEF

7. The worker who receives the emergency notification will relay this request to the foster support worker without delay.
8. The child's worker, foster parents and foster support worker will then plan for the emergency placement.

#### RELIEF BETWEEN PLACEMENTS

9. Foster parents may request a break between placements by notifying their foster support worker.

#### UNPAID PLANNED RELIEF

10. Additional relief days are available to foster parents. For these additional days, the foster parents do not receive the board rate. Notice of two weeks is required.
11. To apply for unpaid relief, the procedure for formal long-term relief will be followed. If foster parents arrange relief, the Society's approval is needed.

## CHILD CARE SUPPORT

12. In consultation with foster parents, the child's worker and supervisor, supplementary support may be provided on a time-limited basis at the time of the placement of the child, or later on in the placement. The foster family may be supported by the provision of training and counselling, by a behaviour management specialist or the foster support worker. This decision will be made by the child's worker in consultation with the Children's Services Supervisor and the Foster Care Supervisor.

## **CLOSING A FOSTER HOME**

Whether the foster parents have decided to close of their own volition, or whether the Society has determined that the home should be closed, both parties should ensure that the reasons for closing are clearly defined and understood.

### **PROCEDURE**

#### **Foster Home Closed by the Society:**

1. The social worker will discuss in ongoing service, the expectations of the foster parents related to the children in their home. Strengths and weaknesses will be identified. The Foster Care Support worker will be kept informed of this discussion. The Foster Care Support Worker may be invited to become involved in these discussions.
2. The social worker will clearly identify to foster parents any inadequate service, suggest methods of improving child-caring skills, and set realistic goals.
3. Foster parents will clearly identify areas where assistance is required or service is inadequate.
4. The Foster Care Support Worker will notify the foster parents where problems may necessitate closure of the home.
5. A conference involving the worker, Foster Care Supervisor, and other appropriate personnel should be held to determine the necessity for closure.

#### **Criteria for Closing a Foster Home:**

1. a) Verified or Suspected Child Abuse: Where it is determined that a foster child would be at risk.

Where appropriate, remedial and rehabilitative measures may be instituted with foster parents to ensure that a future foster child would not be at risk.

- b) Non-compliance with policies of the Society and refusal to change (eg. serious violation of confidentiality).

- c) Where a family or personal situation leaves a foster parent unable, in the opinion of the Society, to cope with foster child(ren).
  - d) Misuse of funds, misinforming the Society regarding significant foster care situation or other just cause for dismissal.
  - e) Demonstrated inability to work with children, parents, Society, or other social service providers in a reasonable, competent, professional manner.
  - f) The foster parents fail to report any serious occurrence events.
  - g) The foster parents fail to attend the required training, or upgrade their skills as outlined in their annual reevaluation.
  - h) The foster parent knowingly provides known false information to the Society.
2. The foster parents will be notified by couriered mail of the Society's decision within 5 working days of the decision being taken. Foster parents will be given an opportunity to meet with the Foster Care Support Worker and Foster Care Supervisor within 5 working days of that notification.
- The letter will be signed by both the Foster Care Support Worker and Foster Care Supervisor and will summarize succinctly the reasons for closure. A copy of the complaint procedure will be enclosed.
3. This letter will also indicate the termination of all agreements with the Society other than the confidentiality of information, and will request the return of all written material, eg. Society's Foster Care manual, as well as funds owing to the Society.
4. During the interview, foster parents will be advised of the reason for the closure, and of their rights to appeal the decision. The decision will be conveyed to the foster parents in a humane, sensitive manner in such a way as not to demean them as persons.
5. The social worker will complete a Termination of Service Report, summarizing the foster parents' service, the reason(s) for closure, and recommendations in case the family should apply in future to this Society or another.

### Voluntary Closing by a Foster Parent:

1. The foster parents will advise the Society of their intention to close at least one month in advance of closing so that adequate replacement plans can be made for children in the home.
2. The foster parents will be asked to complete a termination report.
3. The foster parents will be invited to meet with the social worker to review their foster care experience, to discuss any issues in fostering leading to their termination, and to make any suggestions for the improvement of the foster care program.
4. The social worker will send a letter to the foster parents confirming the closure of their home, indicating that any agreements they have entered into with the Society are terminated—other than those concerning confidentiality of information—and requesting the return of any written information, equipment and personal effects in their possession concerning foster children, and return of Foster Care Manual.
5. The social worker will dictate a Termination of Service Report, summarizing briefly the foster family's involvement, their reasons for leaving, and recommendations for future use in case the family reapplies.
6. The social worker will provide the family with a letter of reference, if appropriate, on request.
7. In certain circumstances, where the foster care service of the foster parents has been of high caliber and duration, a special recognition may be given to the foster parents. Consult with the Foster Care Supervisor.

## **SERVICE COMPLAINT BY THE FOSTER PARENTS**

There is a common understanding among Society staff and foster parents that unresolved problems/misunderstandings can adversely affect the working relationship, and may affect the care of the child. For these reasons, foster parents are encouraged to attempt to resolve problems in a spirit of openness and mutual respect. Complaints should be handled directly by the people involved in the matter wherever possible. If, for any reason, foster parents are unable to reach satisfactory resolutions of their problems, they may file a service complaint according to the procedure below.

\* Circumstances warranting complaint/investigation

If the Foster Parents disagree with:

- a) A service issue
- b) placement or re placement
- c) Appealing closure of their home.

Foster Parents are to be advised of the service complaint process at the time of orientation.

### **PROCEDURE**

Step 1. When foster parents have a complaint, they should first take the matter directly to the people involved and try to bring it to a mutually satisfying resolution. Complaints may be outlined in writing when the nature and complexity of an issue require this and shall be handled informally to the extent that the issue and circumstances permit.

Step 2. When direct person-to-person attempts at a resolution are unsuccessful, foster parents who have service complaints must use the following procedures:

- a) The Foster Parent must provide written notification to the Supervisor of your social worker outlining the nature of the complaint.
- b) The supervisor, upon receipt of the written complaint, will respond to the foster parent by the next working day to clarify the complaint verbally.

- c) An investigation will commence within two (2) weeks. The Director of Services and/or the social worker may also attend the meeting at the request of either the supervisor or foster parent. The foster parent may bring a representative of the Foster Parent Association or advisor to help solve the problem.

Step 3. If at Step II the problem is not solved to the foster parent's satisfaction, the foster parent writes a letter to the Executive Director requesting a meeting.

- a) The Executive Director will consult with the supervisor to find out the steps taken to solve the problem.
- b) An appointment will be arranged for the foster parent to meet with the Executive Director. The foster parent may bring a representative of the Foster Parent Association or advisor if that is helpful to the foster parent.
- c) Two (2) weeks after the meeting with the Executive Director the foster parent will receive a letter setting out any agreement reached or alternatively the Society's position if no agreement is reached.

Step 4. If Step III does not solve the problem, the foster parent writes a letter to the Executive Director requesting a meeting with the Board of Directors to review the complaint.

- a) Within two (2) weeks of receiving the foster parent's letter, the Executive Director will arrange a meeting with a committee of the Board.
- b) Where a person's complaint about services provided by the society is raised to the Board of Directors for review, the Board shall determine a date by which its review shall be completed and a report submitted to the Board of Directors. Within 30 days of the report being received by the Board, the decision of the Board shall be given in writing to the complainant.
- c) In conducting its review of the complaint, the Board of Directors shall examine all relevant source documents and materials and may interview individuals who are parties to the complaint as determined by the Board.

- d) The parties to be interviewed will be notified of the date, time and place of meeting with the committee of the Board. The foster parents may be accompanied by a representative of the Foster Parent Association or Advisor if that is helpful to the foster parent.
- e) The Society will ensure that its procedures regarding the decision to move a child between residential placements provides clear opportunity for employees and foster parents to address and resolve issues of conflict expeditiously, and in a manner that does not jeopardize the safety and well-being of the child in question.

Step 5. If the foster parent is not satisfied with the response from the Board of Directors, the foster parent may have the matter reviewed by a Director of the Ministry of Community & Social Services.

#### SUGGESTED GUIDELINES

1. If a foster parent lodges a service complaint, a record should be made including the following:
  - Date and nature of complaint
  - Source of complaint
  - Action taken
  - Outcome
  - Further action required.
2. If the service complaint lodged by the foster parents is in reference to a particular worker, the worker will be advised and a record made including:
  - Date and nature of complaint
  - Source of complaint
  - Date worker was advised of complaint
  - Action taken
  - Outcome

## **COMPLAINTS AGAINST AND INVESTIGATIONS OF FOSTER PARENTS**

### Investigation of Complaint Against Foster Parent:

All complaints against foster parents must be investigated and are to be made known, in writing, to the Foster Care Supervisor.

### PROCEDURES

1. Where a complaint is received regarding a foster home, the social worker will contact the complainant within 24 hours, to clarify the nature of the complaint. This will be included in the casenote recording.
2. The Foster Care Support Worker and the foster care supervisor will make a determination as to whether the concern is sufficiently substantial to warrant an inquiry, and will record the reasons for this determination.
3. Where no investigation is determined appropriate, foster parents will be notified of the nature of the complaint and the determination, but will not be advised of the identity of the complainant.
4. The complainant will be notified of the Society's determination that no investigation is warranted.
5. Where investigation is warranted, parties involved in the complaint, including the foster parents, will be notified of the complaint and the procedure for investigation. The following people may be interviewed as part of the inquiry: the complainant, the foster family, the foster child(ren), the natural children in the home, and any other witnesses. The investigation must commence within 5 working days of the receipt of the complaint.
6. Foster parents will be advised as soon as possible of the complaint and will be interviewed at the earliest time possible in the investigation. This appointment may be at the Society or the foster home, as long as privacy is ensured.
7. The Foster Care Support Worker or foster parent may request that the Foster Care Supervisor participate in the interview.
8. The foster parents may also request that a representative of the Foster Parent Association or another foster parent participate in the interview.

9. The interview will clearly set out the nature of the concern or concerns, but the anonymity of any complainant will be safe-guarded, where possible.
10. The interview will be a fact finding session, to record accurately the position of the foster parents. Complaints from whatever source must be balanced with the opinion and facts presented by the foster parents.
11. Regarding complaints of unacceptable discipline: After interviewing child, foster parents, complainant, and any witnesses, a Society conference will be held and attended by:
  - Social Worker
  - Foster Care Supervisor
  - Children's Services Supervisor
  - Director of Services, or
  - Executive Director

to review the facts and determine:

- a) Whether unacceptable disciplinary practice has occurred,
  - b) Recommendations where unacceptable discipline has been used.
12. The foster parents will be notified of the results as soon as is practical, and no later than 5 working days after the conclusion of the investigation.

In the case of complaints regarding unacceptable discipline, the Children's Services Worker, the foster parents, and the child will meet to resolve the issue and plan for appropriate handling in the future which may include extra support and/or training.
  13. The complainant will be informed of the results within five working days of the completion of the investigation. The complainant will be advised as to whether the disciplinary practice was or was not acceptable, and how the Society will handle any follow up.

14. A record of the investigation will be included in the child's file and the foster parent's file. This record will include:
  - Date
  - Circumstances of the complaint that warranted the investigation
  - Who was involved
  - The way in which the investigation was conducted
  - The recommendation
  - The action taken
15. A letter (and/or the above record with the source of the complaint deleted) will be sent to the foster parents within 10 working days of the end of the investigation.
16. Where the foster parents are in disagreement with the conclusions and recommendations of the final report, they may present a grievance according to the procedures outlined earlier in this chapter.

## **COMPLAINTS OF CHILD ABUSE**

When a complaint regarding discipline is received, the social worker and the Children's Services Supervisor will consult and determine whether the complaint involves abuse or not. If it is determined that abuse is not involved, the Children's Services social worker will investigate (as described in the previous section). If, during the course of the Children's Services Unit investigation there is evidence or indication of abuse, the matter will be immediately referred to the Intake Department.

### **PROCEDURES**

#### **Investigation of Alleged Abuse in Society Foster Homes**

Procedures will be the same as for the investigation of abuse in the community, i.e. it is the responsibility of the Intake Department to investigate concerns of physical and sexual abuse in Society foster homes, to plan for the investigation within one hour of receiving the complaint, and to proceed within 24 hours.

1. If any staff member hears of an alleged physical or sexual abuse incident in an Society foster home, however uncertain he/she is of its authenticity, the incident must be reported at once to the child's worker (or supervisor of the worker if the that worker is unavailable).
2. The child's worker will immediately inform his/her supervisor (or designated alternate) and the situation must immediately be brought to the attention of the Intake Department Supervisor prior to any intervention.
3. The investigation team will consist of an Intake worker experienced in child abuse cases, and the child's worker or other appropriate person, as well as the police.
4. The Director of Services, the Supervisor of the child's worker, the Intake Department Supervisor, and other relevant staff will provide consultation and/or service to enable objective and comprehensive assessment. A preliminary Serious Occurrence Report will be completed.

5. The Children's Services Worker will be involved in the investigation process and will ensure that support is provided to the child. Support for the foster parent will be provided by the Foster Care Support Worker under the direction of the investigating team.
6. The investigation team, after the initial contact, should use its discretion in deciding with the foster parents where the investigation will take place.
7. Foster parents are to be advised at the initial contact that the Society has a legal responsibility to investigate reports of alleged abuse. They should also be advised that they have the right to consult a lawyer.
8. The Intake Department Supervisor will monitor the investigation in consultation with the Director of Services, where available.
9. The Intake Department Supervisor is ultimately responsible for the decision to remove the child (or not), and to see that all the procedures are carried out. These responsibilities may be delegated to a Family Services Supervisor and Children's Services Supervisor.
10. A medical examination should take place when there is any suspicion of abuse
  - a) If physical injuries are of medical significance, the police must be notified.
  - b) In all cases of sexual abuse the police must be notified immediately and the police investigation may precede any Society investigation or be conducted jointly with the Society.
11. The natural parents must be informed by the appropriate worker in all cases involving non-wards, Society wards, and Crown wards with an Order of Access. The foster parents will be advised.
12. The investigating worker must notify the Director of Services of any allegations. (This can be a phone call). (See Serious Occurrences Procedures)

13. The investigating worker must take the abuse report to the Child Abuse Review Team. If the allegation is substantiated, the CART team will determine whether a report to the Registry is required. (See Serious Occurrences Procedures)
14. The investigating worker will inform foster parents of legal procedures if a serious complaint is substantiated, i.e. that their name will be submitted to the Provincial Registry.
15. The investigating worker will record circumstances of allegations and the process and outcome of the investigation on a Serious Occurrence Form. One copy will be placed in the foster home file and one will be given to the Executive Director.
16. The Supervisor of Foster Care is responsible for the decision concerning the continued use of the Society foster or group home following such an investigation.

## **ALLEGATION OF ABUSE AGAINST A FOSTER PARENT**

### **PROCEDURE FOR INVESTIGATION**

Whenever an allegation of abuse in a foster home including child-on-child abuse is made, the policies and procedures of the investigation will be consistent with the Revised Standards for investigation and Management of Child Abuse Cases.

A report to the Society that a child in its care and custody is or may be suffering abuse is confidential or privileged and no action for making the report shall be instituted against the person reporting unless the person reporting acts maliciously or without reasonable grounds for the belief or suspicion.

Support will be provided to the foster parents, foster children and youth during the abuse investigation. Both foster children and foster parents need to know and be informed about whom to call for information about the process and progress of the abuse investigation. Both also need to have someone to call for emotional support for themselves and family during the investigation.

### **REPORTING.**

1. The worker who receives the allegation shall report the information immediately to the Supervisor, Foster Care and Adoption Services and to a Supervisor, Intake Services.
2. Immediately following receipt of this information, the Supervisor, Foster Care and Adoption Services shall notify the Director of Services who will convene a meeting of the above two Supervisors to assess the allegation and develop a plan of action.
3. Where neither of the above supervisors is available, the worker receiving the allegation shall report the information directly to the Director of Services.
4. The Director of Services shall inform the Executive Director who will determine whether a Serious Occurrence Report must be submitted to the Ministry. Where that report is required, the Director of Services shall ensure that it is completed and submitted.

5. At the earliest moment, the Supervisor, Intake Services, shall convene and chair a case conference which will involve as many as possible of:
  - a) the Intake social worker assigned to investigate;
  - b) Supervisor, Foster Care and Adoption Services;
  - c) the child's social worker;
  - d) Supervisor of the child's social worker;
  - e) family service social worker, if available; and
  - f) Supervisor, Family Service Team, as applicable.
6. The case conference will determine the conduct of the investigation, and will assign specific responsibilities as necessary, including responsibility for notifying the foster parents of the allegation and of their status with the agency during the investigation.
7. Participants at case conferences shall have access to all available information from the agency's records, including the child's file and the foster care files.
8. Supervisor, Intake Services, is fully responsible for the conduct of the investigation through until its conclusion, and all other involved positions will participate in response to the requirements of the investigation.
9. The family service social worker shall be responsible to notify the child's parents or guardians where the child is in the agency's temporary care, whether by Agreement, Interim Order or Society Wardship Order.
10. The abuse investigation will be conducted in accordance with the Ministry of Community & Social Services Revised Standards for the Investigation and Management of Child Abuse Cases."

#### ROLE OF FOSTER CARE SUPPORT WORKER

11. The support worker will provide background information about the foster home to the investigating intake worker, as requested.

12. Contact with the foster parents will be guided by directions from the case conference and the requirements of the investigation.
13. The support worker will continue to work with the foster parents during the investigation, and provide support to them without taking a position about the merits of the allegation or the conduct of the investigation.
14. The support worker will continue to be available to the foster parents and will ensure that they understand their rights, all the while making it clear to the foster parents that, in the event of a conflict, the worker's first responsibility must be to the agency.
15. The support worker will ensure that the foster parents understand the seriousness of the allegation and that any statements they make will be noted and could be used in reaching conclusions about the case, or even in a court of law.
16. The support worker will determine whether the foster parent wishes to notify the F.P.A. of the allegation and request the Association's support and assistance.

#### ROLE OF THE FOSTER PARENT ASSOCIATION

17. Where requested by the foster parents, the F.P.A. may become involved to assist, and it shall be up to the foster parents to decide how much information they will provide to the Association's representative.
18. The F.P.A. representative shall not be involved in case conferencing nor in meetings which occur while the investigation is ongoing.
19. The F.P.A. representative, with the foster parents' permission, may be involved in the final meeting which gives the report and decision on the investigation.

#### ROLE OF THE CHILD'S SOCIAL WORKER

20. The child's social worker will give the foster child information regarding the process of the abuse investigation.
21. The child's social worker will give the foster child emotional support during the abuse investigation if the child is the victim.

22. The child's social worker will give the foster child emotional support during the abuse investigation if the child is the alleged perpetrator.
23. The foster child should be given the names and telephone numbers of social worker or other persons he/she may call for additional support during the investigation.
24. The social worker will ensure the foster child understands the seriousness of the allegation and that any statement they make will be noted and could be used in reaching conclusions about the case or even in a court of law.

#### OTHER CHILDREN IN THE HOME

25. At the initial case conference, a decision shall be made regarding other children who are in the home at the time, including natural children of the foster parents, to assess their safety and determine whether they will be allowed to stay or should be removed during the investigation.
26. The child who is the subject of the allegation shall be removed from the home unless it is clearly in the child's best interests not to be removed.
27. Other children in the home shall stay in the home unless it is clearly in their best interests, examined individually, not to remain in the home.

#### CONTINUING USE OF THE HOME

28. There shall be no new placements of children in the home while the abuse investigation is ongoing.
29. The final report on the investigation should contain recommendations regarding continuing use of the home as a foster care resource, where these can reasonably be made.
30. The Director of Services and the Supervisor, Foster Care and Adoption Services, shall decide whether to continue using the foster home or to close it to service, taking into consideration the recommendations of the abuse investigation.

## REPORT ON THE INVESTIGATION

31. The foster parents will be invited to attend the final case conference where the conclusions of the abuse investigation will be presented. At the request of the foster parents, the F.P.A. representative may be invited to attend that meeting as a support to the foster parents.
32. The report shall address the events leading up to the allegation, the nature of the allegation, the circumstances surrounding the disclosure, and any other information that may be relevant to future actions, decisions or recommendations.
33. The report shall describe the manner in which the investigation was carried out, noting the extent of the interviews and who took part in the investigation.
34. The report shall detail what has been determined to be fact and what has not been verified, outline what evidence has been corroborated and how this was done, and explain why any remaining items could not be corroborated.
35. The report shall include any information that cannot be established as a fact, but which is considered by the Supervisor, Intake Services to be important in putting the event(s) into context.
36. The report will synthesize what the investigator(s) believe occurred in relation to the allegation, and whether it is believed that the child was abused and, if so, by whom.
37. The report shall indicate:
  - a) whether legal action has been or will be initiated;
  - b) what other action has occurred;
  - c) whether any children were replaced as a result; and
  - d) any other significant outcomes.
38. The report shall include details about the specific disclosure that was made by or about the child, and about specific statements that were made by the alleged offender.

39. The Supervisor, Intake Services shall determine in consultation with the child's social worker and his/her supervisor the nature, extent and manner in which the child will be informed about the results and conclusions of the investigation.
40. The Supervisor, Intake Services shall ensure that the investigating Intake social worker and the family service worker, where applicable, arrange to meet with the child's natural parent(s) or guardian to report on the results of the investigation.

#### RECOMMENDATIONS FROM THE INVESTIGATION

41. The report shall contain recommendations about the child and any other children where there are serious concerns about the future safety of children in the home, and shall suggest courses of action to address any safety issues.
42. The report may make recommendations regarding program issues which may have an impact on the capacity of the foster home to provide care for children in future, including suggestions regarding the number of children and the age/sex mix of children in the home.

#### OTHER AGENCIES' FOSTER HOMES IN YORK REGION

43. Except where special arrangements and protocols have been established with another agency, investigations of allegations of abuse involving another agency's foster home in York Region shall be conducted as required by the "Revised Standards for the Investigation and Management of Child Abuse Cases."

## ***Chapter 2 - PHYSICAL REQUIREMENTS OF FOSTER HOMES***

### **HOUSING**

#### General Requirements:

Home approved for foster care must be maintained in a safe condition and free of hazards to the health and safety of the child. The proposed living and recreational environment should be suitable and appropriate for the type of children that may be placed in the foster home.

#### Sleeping Requirements:

The Society will only approve foster care families whose homes meet the following requirements:

- a) No room without a window is used as a bedroom for foster children.
- b) No bedroom used for foster children is in a building detached from the foster home, an unfinished attic, unfinished basement, or a stairway hall.
- c) Each foster child has a bed and clean mattress suitable for his/her age, together with bedding that is appropriate to the weather and climate.
- d) No foster child shares a bed or sleeping room with an adult couple or a adult of the opposite sex. This does not apply to an infant, or when a child is ill, and the needs are such that he/she sleep in the same room.
- e) No foster child over 6 years of age shares a bedroom with another child of the opposite sex.

NOTE: Exemptions from these requirements may be granted by the Ministry Director or his designate in special circumstances.

## PROCEDURES

Procedures for inspection of home:

1. The Foster Care Support Worker will inspect the applicant's home to determine whether it meets all housing requirements. Special emphasis will be given to the common living areas, the proposed sleeping area for foster children, the grounds surrounding the home, the play space for children inside and outside the home, and the recreational areas within walking distance.
2. The Foster Care Support Worker will determine whether the home is suitable for the placement of a foster child, and whether it complies with all Foster Care Standards. The social worker will complete Foster Care Standards: Housing Requirements.
3. The applicants may be asked to arrange an inspection by their local fire department.

## FOSTER CARE STANDARDS

### Housing Requirements Checklist

Date:

Foster Parents:

Address:

#### Inspection of Home

- |    |                      |    |     |
|----|----------------------|----|-----|
| 1. | Has telephone?       | No | Yes |
| 2. | Weapons in the home? | No | Yes |

Firearms, air rifles, bows, and hunting sling shots shall be made inoperable when not in use and inaccessible to children at all times.

3. Poisons, Medications: Procedures to ensure that these are inaccessible to children:
4. Fire Safety:
  - a) Number of SMOKE DETECTORS in home?  
Installed and Inspected?
  - b) FIRE EVACUATION PLAN AND MAP COMPLETED AND FILED?
  - c) Includes Exterior Meeting Place?
  - d) Map Posted in Foster Home?
  - e) Foster parents undertaking to inform children, both at admission and currently, of how to get out of the house in case of fire?
  - f) Fire Drill completed?
  - g) Undertaking for Fire Drill after each admission?  
and every 3 months?

5. Designated space in home for:

Informal Living

Dining

Food Preparation

Food Storage

Bathing

Free of hazards to physical safety?  
and to health?

All rooms in use are heated?

6. Description of sleeping arrangements, grounds surrounding the home, play space on the premises or within walking distance:

7. Foster child's bedroom:

a) The foster child's bedroom has window(s)? No Yes

b) The foster child's bedroom is in a:

detached building No Yes

unfinished attic No Yes

unfinished basement No Yes

stairway hall No Yes

c) Appropriate bed for foster child? No Yes

d) Foster child does share bedroom

with adult couple No Yes

or adult of opposite sex No Yes

If yes, explain:

e) Foster child over six does share bedroom with child of opposite sex?  
No Yes

#### OTHER ITEMS

1. Foster parents have Foster Parent Manual? No Yes

2. Foster parents familiar with contents of Manual? No Yes

3. Languages spoken: (Person, languages, degree of fluency)

Housing Requirements

The worker shall determine that the home:

- a) has specifically designated spaces for informal living, dining, food preparation and storage, and separate rooms for sleeping and bathing
- b) is equipped with a means of providing and maintaining a supply of heat to habitable rooms
- c) is in a condition free of hazards to physical safety, and garbage, refuse and other wastes are disposed of in such a way as not to constitute a health hazard.

ACTION REQUIRED

STANDARD	ACTION REQUIRED	PERSON RESPONSIBLE	TARGET DATE	REVIEW
----------	--------------------	-----------------------	----------------	--------

Foster parents have received and signed a copy of completed Foster Care Standards - Housing Requirements?

Date of Inspection or final inspection:

All Standards met?

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_  
Social Worker

## **CAPACITY OF FOSTER HOME**

No more than 4 children, and 2 children younger than 2 years of age, will be placed in a foster home by the Society.

Where all the children in the foster home are related, groups larger than 4, or with more than 2 under 2 years of age, may be placed in a foster home with the approval of a Director of the Ministry of Community & Social Services.

In determining the maximum capacity of each home, the following must be considered:

- The ability of the foster parents to meet the physical, emotional, social and intellectual needs of the children in the home
- The special needs of any children placed in the home.
- The physical space.
- The ability of the foster parents to evacuate all the children in an emergency.
- The stated preferences of the foster parents.

## **SAFETY**

### **EMERGENCY, FIRE, SAFETY, HEALTH**

In order to provide for the safety and protection of foster children, every foster home **MUST**:

- Have access to a telephone.
- Make all weapons including firearms, air rifles, bows, and slings inoperable when not in use, and inaccessible to the children at all times. Ammunition is to be made inaccessible.
- Foster parents must inform the Society/child's worker of the presence of existing or additional new firearms in the home.
- All knives (e.g. camping, fishing, etc.) should be kept secure by the foster parents and only be used with proper supervision.
- Have at least one single station smoke detector with alarm device, approved by Underwriters' Laboratories of Canada, between the bedrooms and the remainder of the house.
- Have an evacuation plan and procedure in case of fire, including which exit to use and how to use it. Each child must be informed of this procedure at

the time of placement.

- Have well water used for drinking tested annually, and forward the results to the Society to be recorded in the file.
- Have woodstoves inspected for proper installation and the results placed on file. Chimneys should be cleaned at least annually.
- Store all hazardous goods out of reach of children.
- Maintain safe swimming pool areas by complying with all local by-laws and public health requirements.
- Dispose of garbage, refuse, and other wastes in a safe manner.

## PROCEDURE

Foster parents should refer to the Housing Requirements Checklist . It is strongly advised that the foster parents consider the suggested guidelines below when developing their fire evacuation plan and procedure. Other guidelines are also included to assist in general home safety and infant equipment safety inspections.

## SUGGESTED GUIDELINES

### Fire Evacuation Plan and Procedure

The Fire Department suggests that you:

**PLAN** your escape and get out safely.

**GET** everyone out!! Don't waste time grabbing belongings.

**KNOW** how to escape from every room in the house. Each room should have two escape routes.

**ESTABLISH** a floor plan diagram. It may aid in planning an escape. Remember to plan for children and disabled persons. They may need help in escaping. Ladders may be difficult for them.

**BE** aware that stairways may become chimneys for gases, heat, and smoke.

**ESTABLISH** a danger signal, e.g. whistle or horn, in addition to the smoke alarm.

**CHECK** that all windows are large enough to crawl through, and easily opened from the inside.

**ESCAPE** from a non-operable window may be accomplished by using a heavy object to break the glass. Remember to shield the face from shattering glass and to remove jagged pieces with a chair or shoe.

**HAVE** access to an escape ladder with which to descend from upper storey windows. Roof refuge points can be established for upstairs windows.

**WAIT** by an open window for rescue if escape is impossible. Remember to close the door.

**SLEEP** with all doors closed as they help to delay the spread of fire while escape is made.

**TEST** every door first before opening. If the door is cool, cover mouth and nose with a wet cloth and keep low (heat, smoke, and gas rise). Crawl, if necessary, to the nearest exit.

**DESIGNATE** a meeting place outside the house. Do not re-enter the house.

**CALL** the fire department once you are outside the house.

**SEEK** immediate medical attention for burns and exposure to smoke.

**INSPECT** your premises at least twice a year and eliminate all fire hazards.

**HAVE** an approved A.B.C. fire extinguisher available.

## GENERAL HOME SAFETY

### SUGGESTED GUIDELINES:

Some considerations are outlined below to assist foster parents in maintaining a safe environment for children. (This is not an all-inclusive list.)

#### Bathroom

Friction stickers or a rubber mat should be affixed to tubs to avoid slipping.

#### Kitchen

- Special care should be taken in the kitchen to ensure that sharp implements and electrical appliances are inaccessible to young children.
- Chemicals should not be stored in the kitchen or in food containers. Conventional kitchen chemicals should be kept out of reach of young children.
- Microwave ovens should be inaccessible to young children.

#### Household

- Unused refrigerators should be stored with the doors removed.
- Plastic bags should be inaccessible to young children.
- High dressers, book cases and other furniture should be checked for stability.
- Cigarette butts, matches, and other dangerous objects should be kept out of the reach of children.
- Cords from blinds and drapes should be inaccessible to young children.

### Windows and Sliding Doors-

All windows, screens, and sliding doors should have the capability of being secured.

### Electrical

Electrical appliances and cords should be kept out of young children's reach. Electrical outlets should be covered and not overloaded.

### Storage of Hazardous Goods

- All cleaning materials and other chemicals should be properly identified and labeled. Empty containers with permanent labels and descriptions should not be reused for other substances or as toys.
- Cleaning fluids and chemicals should not be accessible to children. They should not be left at floor level in utility rooms or washrooms.
- Alcoholic beverages should be inaccessible to minors.

### Poisonous Plants

The following house plants are poisonous, and appropriate precautions should be taken:

Hyacinth (bulbs)	Caster Bean
Elephant's Ear	Philodendron
Oleander	Daffodil (bulbs)
Mistletoe	Rosary Pea
Dieffenbachia	Arnica
Calla Lily	Poinsettia
Narcissus (bulbs)	

This is not an all-inclusive list.

In addition, caution should be taken when applying herbicides, fungicides, and/or insecticides since they may render normally harmless plants toxic.

## Safety in High-rises

### Elevators

- Young children should not be allowed to use elevators unattended.
- Children should not be allowed to play around elevators unsupervised.

### Balconies and Windows

- No child(ren) should be allowed to play on a balcony unsupervised.
- Windows, screens, and sliding doors should be secured.

### Laundry or Garbage Chutes

- Children should not be left unsupervised around laundry or garbage chutes that do not have safety guards.

## Safety in Rural Areas

Special caution should be taken to secure agricultural equipment and machinery so that children will not get hurt. All children placed in rural areas should be cautioned.

## Swimming Pools

Foster parents should comply with all local by-laws and public health requirements and pools should be inaccessible to children's normal play areas where children are unsupervised. Children should never be allowed to use the pool unsupervised.

Pool chemicals should be stored out of the reach of children. Children should be supervised when in the pool area.

## INFANT EQUIPMENT SAFETY

### SUGGESTED GUIDELINES

#### Cribs and Cradles

Each foster child must have a bed appropriate to his/her age.

Infant bedding and equipment requires regular inspection and maintenance to ensure safety.

Cribs or cradles must comply with regulations under the Hazardous Products Act. Please check that they meet the following requirements:

All openings must be too small for a child's finger to become caught.

All small parts must be firmly attached and able to withstand a 20 lb. pull or push.

Threaded bolt ends must be either inaccessible or covered by acorn nuts.

The finish must be non-toxic.

Devices used to rock the cradle must be safe and designed to be operated by an adult or older child only.

Sturdy overall construction - no missing hardware, no missing or broken slats, and no cracks or sharp edges.

Mobiles should be too far to be reached by a baby standing in the crib.

Children should never be tied or harnessed in a crib. Slack cords or elastics should be avoided because they can lead to strangulation. See last page in this section.

### Mattress Support Mechanisms

The mattress support mechanisms, or hangers on some cribs, may not be secure. Check them by rattling the mattress support, thumping the mattress from the top and repeating the thumping on the support from the bottom. If the support dislodges, the child's life could be in danger. To prevent this, obtain approved hangers from the manufacturer.

As soon as the baby is able to stand, ensure the mattress is at its lowest position and remove the bumper pads from the crib as well as any large toys that could serve as steps for climbing out.

When the baby is old enough to climb out of the crib or is taller than 90cm (35"), it is time to stop using the crib.

If you have further questions after checking your crib or cradle, you should contact your local office of Consumer and Corporate Affairs Canada.

Check your crib or cradle for the safety features, as illustrated in the diagram on last page of this section, especially if it was made before regulations came into effect in 1974.

### Playpens

- It is illegal to sell a playpen, new or used, mesh or wooden, which does not meet the following requirements:
- The mesh should be mosquito-type netting to prevent clothing, buttons, or hooks getting caught.
- No playpen should have more than two wheels or castors to reduce playpen movement.
- All playpens should be stable and sturdy with walls at least 48 cm. (19 in.) high.
- All parts must be free from rough or sharp edges, and hinges should be designed to prevent pinching.

Take additional steps to protect the foster child by following these safety hints:

- Check the playpen regularly, and either repair or discard a damaged product.
- Check for loose parts.
- Check for tears in vinyl rails or mattress pads. Small pieces, if bitten off by the child, could cause choking or suffocation.
- Do not leave large toys in a playpen, because they can be used as “steps” in attempted escapes.
- Avoid scarves, necklaces, or long pacifier cords that might catch or entrap the child.
- Once the child can climb out, the playpen no longer serves its purpose and should not be used.
- Never leave a child in the playpen if the sides aren’t fixed securely in the fully raised position.

### Waterbeds

Since young children may suffocate while on waterbeds, they should not be used for young foster children.

### Change Tables, Beds

Babies should never be left alone when you're in the middle of dressing or changing them. If you're interrupted by the doorbell, the telephone, or for any other reason, the baby should be picked up and taken with you.

### Collapsible Gates

When gates are necessary, examine them carefully to ensure that they are sturdy, reinforced, and small enough that a child's head will not get trapped.

### Baby Walkers

Foster parents are discouraged from using baby walkers because they have been responsible for many serious and fatal accidents.

### Baby Strollers

Baby strollers are safest when:

- Extra loads are not added that could upset the stroller's balance (e.g. shopping bags).
- Proper restraining straps or harnesses are always used.
- The braking system is reliable. Secondary locking or braking mechanisms can provide additional security.
- A reliable locking mechanism is in place which will prevent accidental folding or collapsing.
- Sharp edges are not exposed because of ripped upholstery.
- Checks are made regularly to ensure good repair.

### Pacifiers

Even the seemingly harmless baby's pacifier has been the cause of infant deaths.

Because of these deaths and several other "near misses" reported, the Product Safety Branch of Consumer and Corporate Affairs Canada developed the following pacifier safety regulations:

- The pacifier should be designed with sufficient strength and durability to withstand reasonable force, even after repeated boiling, and it should not break down into easily swallowed components.

- The guard or shield should be large and rigid enough to prevent children from inserting the nipple too far into their mouths.
- Any cord attached to the pacifier should be short enough to prevent the pacifier from being hung from the neck.
- All material used in the pacifier should be non-toxic and, at the time of sale, sterile.
- Any ring or handle should be hinged, collapsible, or flexible so that the pacifier can't be forced into the mouth if the baby should fall or roll on his/her face.

Although these regulations prevent most hazards caused by pacifiers, parents should check the condition of their child's pacifier regularly.

### Baby Rattles

Under the Hazardous Products Act, rattles must meet strict safety requirements. Foster parents should avoid giving rattles made of breakable or toxic material to the foster child. Some rattles are small enough to be taken completely into the throat and can block air passages and cause death by suffocation; these must, therefore, be avoided.

## ***Chapter 3 - RECORDS***

### **FOSTER CARE SERVICE AGREEMENT**

#### **PREAMBLE**

The Children's Aid Society of York Region, because of its legal mandate, has the ultimate and overall legal responsibility for the children entrusted to the Society's care. However, foster parents play a vital a role through the provision of a familial setting necessary for the growth and development of the child. This shared responsibility requires a unique partnership in order to be of the greatest benefit to the child. This partnership must be based on openness, respect and trust, with foster parents and Society staff working together as members of a team, and as partners in the delivery of service to children in care and their families.

#### **THE SOCIETY AGREES:**

- 1) To share openly and continuously, and in a spirit of mutual trust with the Foster Parents, all information relevant to the care of the child, and to work constructively with them in determining the meaning and application of that information.
- 2) To make every attempt to present for placement a child whose needs the Foster Parents can reasonably meet, and to involve them in the decision to place or remove a particular child.
- 3) To assign a staff who will visit the foster home and consult with the Foster Parents within seven (7) days of the placement, within thirty (30) days of the placement and ongoing as required by the Plan of Care, and at least once every three (3) months.
- 4) To provide, through the child's assigned worker, consultation and direction to the Foster Parents consistent with the needs of the situation, and to make such consultation available through the worker, back-up staff or emergency duty staff in crisis situations.
- 5) To prepare and implement, with the involvement of the Foster Parents, a Plan of Care specific to the needs of each child placed in the home, which will set realistic goals for the educational, social and emotional development of the child; and to review this plan on a quarterly basis.
- 6) To provide skilled help or referrals should problems arise, either through Society services or through appropriate community services.

- 7) To guide and regulate contacts between the child and his natural family.
- 8) To provide medical and dental care for children in Society care, and to monitor on a regular basis the health and dental status of each child in care as required by legislation.
- 9) To recognize the Society has a responsibility to assist the Foster Parents at times of illness or when relief is required.
- 10) To arrange a meeting, as soon as possible, and within five (5) days of a requested change in placement by either child or Foster Parents, to determine if a change is required.
- 11) To provide training opportunities to Foster Parents to enhance their skills and expertise in carrying out their role.
- 12) To keep Foster Parents aware of all Child and Family Services Act and Society policy and procedural changes which affect Foster Parents and the child in care.
- 13) To reimburse the Foster Parents for costs related to children in their care, by cheque, on a monthly basis, according to the Foster Parent Financial Information.
- 14) To provide a Foster Care Support Worker for each foster home, whose responsibility is to provide support and supervision, and to assist Foster Parents in their role.
- 15) To participate in a process of written mutual evaluation of the foster home and review of this service agreement on at least an annual basis.

The Foster Parents Agree:

- 1) To provide, in cooperation with the Society, for the child's physical, medical, dental, social, developmental, emotional and educational needs.
- 2) To actively participate in the development, implementation and review of the child's individual Plan of Care.
- 3) To share with the Society any changes occurring in their home and family which might affect the child placed in their home, including informing the Society of the criminal conviction of any adult resident of the foster home during their tenure as Foster Parents.
- 4) To create a climate of cooperation so that matters relating to the placement and care of the child can be discussed, and assistance sought when concern first arises.
- 5) To respect the child's ties with his natural family, including support of visiting arrangements and helping the child in a positive manner to deal with the conflicts which arise as a result of being separated from his/her natural family.
- 6) To respect the child's cultural, religious, racial, linguistic and socio-

economic background.

- 7) To cooperate in all matters necessary to fulfill the Society's legal obligations to the child and his/her natural family.
- 8) To recognize responsibility for continued training to assist in the development of skills as Foster Parents and to participate in appropriate training programs.
- 9) To respect the confidential nature of the Society's work and to ensure that information shared with respect to the child, his/her family and background is shared only with the permission of Society staff.
- 10) To ensure that any confidential information made available in written form is safely stored in a manner that respects the confidentiality of the child and his/her family.
- 11) To make themselves and the child available to the Society for pre-arranged visits and/or interviews and to share with the worker details of the child's significant relationships and behaviour.
- 12) To facilitate and support the attendance of children in their care at medical and dental appointments, community resources, conferences and court appearances.
- 13) To acquire and maintain adequate home owners or tenants insurance, and motor vehicle insurance (including a minimum of one million dollars (\$1,000,000.00) public liability and property damage coverage).
- 14) To conform with written policies which may be implemented by the Society related to the well-being and supervision of children in care.
- 15) To participate in the annual foster home evaluation and development of goals for the foster home. The evaluation to be signed by both parties.
- 16) To work together with the Society towards discharge of a child from the Foster home; other than in exceptional circumstances, to allow a minimum of thirty (30) days notice for the Society to make alternate arrangements for the child.

In addition to the above, the Foster Parents have received, and agreed to comply with, the following Society policies:

1. Discipline Policy
2. Serious Occurrences
3. Weapons Agreement
4. Financial Package
5. Rights of Children Checklist
6. Agency Grievance Procedure
7. Fire, Safety, Emergency Procedures

This Agreement shall be reviewed at least annually and may be terminated by mutual consent of both parties or by either party as the result of any violation of the terms of the Agreement. In situations involving conflict over the terms of this Agreement, Foster Parents are encouraged to use the Society Grievance Procedure.

I/We fully understand and accept the nature, conditions and effect of this Foster Care Service Agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Print Foster Parent Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Print Foster Parent Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Care Support Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Care Supervisor

## **STATEMENT OF CONFIDENTIALITY FOR FOSTER PARENT(S)**

The following statements are specifically for the foster parent(s), and are part of the Foster Care Service Agreement.

As a foster parent, I understand that I will have information about the children and families with whom I am working in conjunction with Society workers. I understand that much of this information is private and confidential. I agree to treat all such information as confidential, subject to the provisions outlined below.

I agree that I will not disclose, without express written consent of the Society, information of a personal nature regarding the child's family history, reasons for being in care, or ongoing social/psychological supports.

It is understood that information related to the child's day-to-day activities and school performance may be shared with the appropriate educational resource personnel. In the time of an emergency, pertinent medical information may be shared with hospital or emergency medical personnel. Information necessary for a child's ready assimilation into the family environment (i.e. name, age, number of siblings, likes and dislikes) may be shared with one's family, but other information, as outlined above, shall be kept confidential from relatives and friends.

a) Confidentiality with the child's social worker:

All information you receive from the child must be available to the social worker and the Society. Sometimes a child may say they want to tell you a secret and that you are not to tell anyone else. The only professional response is to say that you will keep it a secret, but that if it is important, you must tell the social worker.

b) Confidentiality between foster children, and between the foster child and your children:

If a foster child reveals confidential material to one of the other children in your home, the foster child must take responsibility for that sharing. However, the foster parents should have their children understand that any information about foster children should not leave the house.

c) Confidentiality among foster parents:

Program Support meetings are designed to give foster parents a chance to draw on each other's experience, wisdom and skill. As such, it is necessary to discuss the child's situation and/or background. The foster parents can feel free to discuss these issues, but it is best to confine your conversation to the relevant facts of the situation and place reasonable limits on disclosure of the child's past.

d) Confidentiality in General

If one of your foster children gets into trouble in the neighborhood, it may be necessary to speak with you neighbor about this.

This is where confidentiality becomes important, but perhaps difficult. Confine your discussion to the current problem and perhaps the manner in which you will handle it, without any mention of the previous experiences of the foster child.

e) Confidentiality in public

It is important also to be aware of confidentiality when you are in a e and have some need to discuss the situation with a spouse, another foster parent, or other appropriate person. Without you knowledge or intent, your remarks may be picked up by someone else and cause difficulties. Before embarking on "shop talk", ensure that your privacy and conversation will not be disturbed.

If it is felt by the Society that there has been a breach of confidentiality by the foster parent(s), the Society will investigate the circumstances of the alleged breach. Should the concerns be substantiated, then the Society will discuss the breach with the foster family in an open and honest fashion, to clarify for the family what information should and should not be deemed appropriate for sharing with others. Should the substantiated violation be of a significantly serious nature, the Society may decide that it can no longer place children in that home, and the home shall be closed. The foster parents who question this decision may appeal by following the regular channels.

As a foster parent, by virtue of my signature I acknowledge that I have read and fully understand this Statement of Confidentiality, and am committed to adhering to its provisions. I further recognize that it is my responsibility, if I am unsure

about the appropriateness of sharing specific information, to check with the child's worker prior to such disclosure.

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

As the Society representative, I have fully explained this document to the foster parent(s) noted above, and the implications it has for his/her/their role as part of the treatment team.

\_\_\_\_\_  
Signature of Foster Care Support Worker

\_\_\_\_\_  
Date

## **SECURITY OF INFORMATION**

The Society must provide for the security of all confidential information. All files and records pertaining to foster children and foster families must be kept in a locked container when not in use by authorized personnel. This includes information provided to foster parents on or about children in their care.

### **PROCEDURE**

All Society workers and foster parents who are responsible for file information must ensure that they are LOCKED in appropriate desks, drawers, chests, or cabinets, when not in use. Foster parents will return all child specific documents to the Society upon termination of placement.

The Society is responsible for securing foster family records and insuring no unauthorized use.

Security procedures (sign in/out) will be followed by all authorized persons when removing or replacing foster care records.

## **FOSTER CHILD FILES**

### **Contents of Foster Child Files**

Every child in foster care must have a file maintained by the Society. This written case file will include at least the following:

1. Admission and Placement Documentation
  - Identifying information and family background
  - The assessment report
  - Health care, medical and dental history and reports
  - School information including copies of all school reports
  
2. Care Plans and Reviews Where Applicable
  - Psychological, psychiatric, educational, and other reports pertaining to the functioning and/or care of the foster child
  - A copy of evaluations and plans provided by schools, clinics, hospital services, or professionals
  - Child's plan of care and quarterly revisions
  - Plans made with natural parents
  - Placement reviews.

### 3. Serious Occurrence

- The recording of any serious occurrences, reported by the foster parents or other persons/agencies involved with the care of the child, including a description of the incident, who reported it, and the date and time.

#### Access to Information

The contents of a child's file, which specifically relate to the child, and the child only, will be made available to the following individuals:

- The child, 12 years of age or older
- The person(s) having lawful custody of the child
- Authorized persons in the employ of the Society
- The child's foster parents, when they have signed a statement of confidentiality
- Other agencies, professionals or hospitals, when authorization has been given, following written consent to release the information, by the child that is 16 years of age or older, or the legal guardian of a child under 16 years of age.

#### PROCEDURE

The child's worker will ensure that all required and relevant documents are maintained and kept up-to-date in the child's file.

All records must be held in confidence, and workers will provide information to those who have proper authorization only. The worker must screen file material to ensure that only information on the child is released.

Consent to disclosure of records must be in writing and should specify:

#### 1. Information to be Disclosed

The consent may specify which part, or parts of the record may be shared. The implication is that any information not so specified is intended to be withheld and may not be disclosed by the Society.

#### 2. Purpose of the Disclosure

This element ensures that the Society has considered the need for the reasons for disclosure.

3. Period of Time During Which the Consent is Operative

This ensures that the information will be transferred within a specified time period, and that consent to disclosure is not valid for all times.

4. Counselling Records of a Child 12 Years of Age or Older

If the child has received counselling, then the child's written consent is required for the release of this portion of the file.

CONSENT TO OBTAIN/DISCLOSE INFORMATION

I/we, \_\_\_\_\_ parent(s)/guardian(s)/child 16  
years of age or older of \_\_\_\_\_, consent to the  
release/transfer of all pertinent information: \_\_\_\_\_

To: \_\_\_\_\_ From: \_\_\_\_\_

This information is required for the following purposes(s): \_\_\_\_\_

\_\_\_\_\_ This  
consent is valid from \_\_\_\_\_ until \_\_\_\_\_

I/we \_\_\_\_\_ consent to further  
release/transfer of this information by \_\_\_\_\_ to

\_\_\_\_\_ for the purpose of: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

CHILD(REN) OVER 12 YEARS, BUT UNDER 16:

I, \_\_\_\_\_, fully understand and agree with the release of information as outlined above;

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Child

I, \_\_\_\_\_, fully understand and agree with the release of information as outlined above;

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Child)

(See reverse side for Procedure to Cancel Consent)

Note:

1. Procedure for Cancelling Consent:  
Complete and sign a cancellation form and mail or bring to the agency. Your consent is cancelled when we have received written notice of your desire to cancel your consent.
2. The social worker will give you a copy of this consent.
3. Child(ren) Between the Ages of 12 and 16:  
Children between the ages of 12 and 16 should be made aware that although they have, in the interest of keeping them informed about their involvement with the Society, been asked to sign this consent and acknowledgement, such a consent/acknowledgement is not a legal prerequisite to disclosure. Consequently, should a child between 12 and 16 refuse to consent, or should such child attempt to cancel the consent after it is signed, the child's legal guardian would still be authorized legally to consent to the disclosure of information. The only possible exception to this is where the child has sought a voluntary counselling service under s.28 of the Child and Family Services Act.

CANCELLATION OF CONSENT TO RELEASE OF INFORMATION

I/we \_\_\_\_\_ the Consent to Release of  
Information dated \_\_\_\_\_. That consent authorized  
disclosure to: \_\_\_\_\_

Date Cancellation mailed: \_\_\_\_\_

Received by Children's Aid Society of York Region: \_\_\_\_\_

Date: \_\_\_\_\_ Person Receiving \_\_\_\_\_

Delivered to Children's Aid Society of York Region: \_\_\_\_\_

Date: \_\_\_\_\_ Person Receiving \_\_\_\_\_

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Person Cancelling Consent)

\_\_\_\_\_  
Witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Person Cancelling Consent

## **FOSTER FAMILY FILES**

### Contents of Foster Family Files

The Society will maintain written files on all foster families. This file will contain at least the following:

- The assessment of the foster family and their home, including physical inspection of the premises.
- A copy of an active Service Agreement.
- A copy of every annual foster home review, including a list of all placements.
- A record of any formal complaint made in writing by the foster parents.
- A record of any investigations regarding a complaint or serious occurrence against the foster family (see Complaints Against and Investigation of Foster Parents).
- Medical reports on all immediate family members.
- Four references.
- Police and Society record check.
- A record of all training courses, seminars, etc., relevant to fostering, that foster parents have attended.
- Correspondence regarding the foster family.

### Access to Information

The Society will provide supervised availability of the file held on a foster family to the following:

- The foster parents (except for references and other information given to the Society in confidence).
- Authorized persons in the employ of the Society.
- Other agencies, professionals, or hospitals, only when authorization has been given, following written consent by the foster parent, to release the information.

Files may not leave the Society. Copies, however, may be requested.

### PROCEDURE

The Foster Care Team will be responsible for maintaining current and accurate foster family files. Only Foster Care Support workers may add to, or delete, documentation contained in the foster family file.

Copies of annual evaluations will be forwarded to the foster parents for signature and/or comments before filing.

### Access to Information

#### 1. In the Case of Outside Release

The Foster Care Support Worker must be notified, in writing, and have proper authorizations on file before releasing, or making available, the contents of the foster family file. The Foster Care Support Worker will be responsible for screening information for appropriate release.

#### 2. In the Case of Release to Foster Parents

Foster parents may apply to the Foster Care Team to read, at the office, all file material (except for references and other information given to the Society in confidence). A staff member must be present.

## ***Chapter 4 - THE PLACEMENT PROCESS***

### CRITERIA FOR PLACEMENT SELECTION

A child's placement should be matched to the child's background and specific needs, as closely as possible, within the resources available.

The Society will make every attempt to apply the following criteria when placing children in foster care:

- The child's cultural, racial, linguistic, and socio-economic background and kinship ties.
- The child's religious background.
- The child's developmental, emotional, social, medical and educational needs, including the degree of supervision required.
- The child's interests, abilities, strengths and problems.
- The child's wishes, if they can be reasonably ascertained and wishes of any parent who is entitled to access.

### CHILD'S NEEDS

As part of the placement selection process, the needs of the child that can, or cannot, be met by the foster parents must be listed. The concerns and/or reservations of the foster parents about the placement have to be noted by the Foster Care Support Worker. The methods of meeting the child's needs outside of the placement must be developed and listed.

### PRE-PLACEMENT VISIT

The child's worker will arrange pre-placement visits. This will facilitate the transition of the child from his/her present home to the foster home and give the child's worker an opportunity to discuss and resolve concerns either party may have prior to the actual placement.

NOTE: the Society will not place a child with a foster family unless they have been assessed and approved to foster. Sometimes, however, the most suitable resource for a child is a home for which the homestudy has not been written and approved. Use of such homes would be considered where:

- All the assessment interviews have been conducted, the family questionnaire is completed and all references have been received and are positive.

- The foster parents have attended, or agreed to attend, orientation sessions.
- Police record checks have been completed.
- Personal references have been checked and found to be in order.
- Medical references have been received and are positive.
- Foster home meets the physical requirements.

The approval of the Foster Care Supervisor is required in such cases. The written assessment must be completed as soon as possible after placement of the child.

## PROCEDURE

### PLACEMENT SELECTION

1. The cooperation and productive involvement of the natural parents and child should be sought in the admission process. The admitting worker should discuss with the parents and the child their options concerning placement:

- a) location
- b) lifestyle of foster family
- c) size and composition of foster family
- d) religious preferences
- e) other factors important to the child and family

Reasonable efforts will be made to place the child in a foster home as similar to the parents and child's wishes as possible.

2. The admitting worker discusses available home criteria and available homes with the Foster Care Support Worker who will take details of the child from the admitting worker and discusses the child with appropriate foster parents.

3. The Foster Care Support Worker discusses the placement with appropriate Assessment/Receiving foster parents and confirms with the admitting worker the designated placement for the child.

4. In cases where it will help the child, consideration must be given to parents being involved in placing the child. Parents may travel, with the admitting worker, to the foster home during initial placement. Admitting workers should never use this option if the child would not gain comfort or support from parents, or if parents are volatile or likely to be a threat to the foster parents at the time of placement or later. This option must always be negotiated with foster parents in advance.

5. If a child is not going to be admitted immediately, a pre-placement visiting schedule should be arranged.

6. Following identification of possible homes for the child, Foster Care workers will contact each potential foster home in the order of preference identified at the case conference and the following written background information is to be given to the foster parent:

- identifying information on child: full name, sex, birth date, address;
- child's family background: size, birth order, cultural, racial, linguistic, religious and socio-economic background, parental and family relationships;
- school information: name and address of school, name of teacher, grade in school, current performance level;
- medical data: name and address of family doctor and/or hospital used, medical problems of the child including physical handicaps or limitations on physical activity, allergies, current medication, history of illness and immunization records as available;
- a description of the child's interests and any hobbies or recreation activities the child enjoys;
- a statement of the child's strengths and problems and known psychological or psychiatric information available including behaviour problems, youth record or unusual habits;
- a statement of the child's needs in care;

the probable duration of foster care and the plans for parental contact and visiting the child.

If this information is not available at the time of placement, the information is to be obtained by the time the assessment report is completed. If the information cannot be obtained, this is to be noted with the reason in the child's file.

7. Foster parents will be given all of the above information by the Society and it will be reviewed with the foster parents by the Foster Care Support Worker. The contents of the completed assessment report will be discussed specifically with regard to the following:

- a) the needs of the child
- b) the needs of the child that can be met in the foster home
- c) the needs of the child that cannot be met in the foster home
- d) how the needs of the child will be met outside the foster home

- e) the concerns and/or reservations the foster parents may have regarding the placement
  - f) the pre-placement visit, if it is desirable and/or possible.
8. Foster parents will be encouraged to ask any further questions and to obtain the information they need.
9. Foster parents will be encouraged to discuss the proposed placement with their family before confirming the placement, based on the above information.
10. Foster parents have full access to written assessments and the child's file when considering placement and during the duration of a placement. The child's file must not, however, be left with foster parents and should preferably be reviewed at the office. The full Family and Child Assessment may be left with foster parents overnight for review, but an undertaking must be received from the foster parent that the document will be locked when not in their immediate possession, and return to the Agency the next working day.
11. The foster parents must be in agreement with the placement. Foster parents may wish to speak with the child's Assessment/Receiving foster parents and/or the child's worker in considering the child for placement.
12. Following review by selected foster parents, the Foster Care Team provides feedback to the Child's Worker regarding available placements and the Child's Worker decides which placement to use.
13. The needs of the child that can, or cannot, be met by the foster parents must be listed by the Child's Worker. The concerns and/or reservations of the foster parents about the placement have to be noted by the Foster Care Worker. The methods of meeting the child's needs outside of the placement must be developed and listed by both the Foster Care Worker and Child's Worker. These plans will be detailed in the child's Plan of Care (see section 04-06) Plans of Care).
14. The Child's Worker will document the reasons that the specific foster home was chosen for that child and file this in the child's file. A copy of this rationale will be provided for the foster family file.

## PRE-PLACEMENT VISITS

The child's worker will arrange pre-placement visits. This will help the transition of the child from his/her present placement to the new foster home, and give the child's worker an opportunity to discuss and resolve concerns either party may have before the actual placement.

### PRE-PLACEMENT VISITS - SUGGESTED GUIDELINES

Where appropriate, a member of the child's natural family will be involved in pre-placement visits, as negotiated with the foster parents.

The foster parents must be in agreement with the placement.

It is advisable for the foster parents to be as relaxed as they can and not set up any special situation for the child. It certainly is helpful if all members of the foster household can be present, at least for a few minutes, to introduce them to the foster child and him/her to them. They should show the child around the house, especially to his/her future room and introduce the family pet(s). They should discuss with the child their role as foster parents, indicating that they have no wish to take the place of his/her own mother and father.

It is a good idea, during the second visit, to acquaint the child with the routine of the house: bedtimes, work around the house, spending money, etc. However, this is not the time to outline strictly the possible consequences for failing to follow the routines and rules. The best attitude is one of confidence and optimism that the child will be able to do what he/she is reasonably expected to do. It is also a good idea to discuss with the child the kinds of things he/she may like to do while at the foster home—join cubs, scouts, the Y, music lessons, sports, etc.

## INITIAL PLACEMENT

### ASSESSMENT/RECEIVING FOSTER CARE

When a child first comes into care, he/she is usually placed in a home that can provide Assessment/Receiving services. This allows the child's needs to be identified, after which the child is moved to a home carefully matched to these needs.

Although this system ensures that children are transferred to placements most suited to their needs, moving children from Assessment/Receiving homes to

longer term homes creates a break in continuity for these children. Thus, when a child's longer term needs are known when they first come into care, placement should take place directly into a home able to meet the child's longer term needs.

#### PROCEDURE: PLANNED ADMISSION

If a child is not going to be admitted immediately, consideration should be given to completing a full child and family assessment before admission takes place. This may enable the child to be placed directly into an appropriate setting, without the need to pass through a temporary assessment receiving home.

Even if a full assessment has not been completed, if the child's placement needs can be clearly identified at the time of admission, the child should be placed direct in a foster home meeting these needs.

If a child is being readmitted to care, his/her longer term placement needs can often be identified at the time of readmission. These children may not, therefore, need to be placed in a temporary Assessment/Receiving home. Where the longer term needs of these children cannot be identified at the point of readmission, consideration should be given to placing them directly in their previous foster home.

As infants and preschoolers are particularly vulnerable to the emotional impact of placement change, placement in Assessment/Receiving homes should always be avoided. Infants and preschoolers should be placed in homes that are willing to receive and assess these children and to also continue caring for them following the assessment phase.

Where readmission is taking place of a child previously placed in care, consideration should be given to avoiding assessment/receiving care by basing placement on information already known about the child. If this is not possible, consideration should be given to replacing the child in a foster home previously known to the child.

## PROCEDURE: EMERGENCY PLACEMENT OUTSIDE OFFICE HOURS

The Placement Coordinator maintains an emergency beds list that details:

- homes available for emergency placement
- address and telephone number of homes
- number of beds available
- age and sex of children eligible

This list is available to the night duty workers who call foster parents on the list direct when a placement takes place.

## **ACTUAL PLACEMENT**

Every child, on the actual date of placement, shall be accompanied by an adult known to the child. When unable to provide a known adult, the Society will determine who will make the placement and note it in the child's file.

All medical, dental and health information must be provide, in writing, to foster parents at the time of placement, or as soon as possible, by the child's worker.

## **PROCEDURE**

The child's worker shall arrange for a person known to the child to escort the child to the placement and will note in the child's file if he/she is unable to provide a known adult.

The following health care information will be listed on the Placement Information Form and Child's Medical History:

- a) doctor's name and phone number
- b) history of illness, allergies, etc.
- c) dietary needs
- d) physical or developmental handicaps, current medications and restrictions
- e) date of last medical and dental check-up and if appointment is required
- f) a copy of this information will be given to the foster parents at the time of actual placement.

## **ROLE OF THE ADMITTING SOCIAL WORKER**

When placement occurs, the admitting worker must inform the foster parents of:

- a) who to call and what steps to take in case of any emergency concerning the child
- b) what the short term plan for the child is
- c) what relevant known information concerning the child is available.

The admitting worker must complete and leave with the foster parent, a Placement Information Form.

The admitting worker completes the Admission to Care Checklist.

## **ADMISSION TO CARE CHECKLIST**

THIS CHECKLIST IS COMPLETED BY THE ADMITTING WORKER AND ATTACHED TO THE PRELIMINARY PLAN OF CARE FOR SUPERVISORY SIGNATURE

NAME OF CHILD:  
DATE OF ADMISSION:  
CHILD AND FAMILY

Rights of children checklist reviewed, signed and placed in C.S. file

Schedule for family visiting arranged

Consent for psychological assessment for child complete

Consent to Release of Information completed (as required)

Consents for Medical Treatment completed

(if not signed as part of Care by Agreement)

Child's immunization record requested / obtained

Complete Care by Agreement (if voluntary placement)

Parents given copy of Care by Agreement: Notes for Parents

### INTERNAL PROCEDURES / FORMS

Admission procedures and per diem (foster care placements only) discussed with Foster Care Supervisor

Notification of Admission (Form) completed

Foster Care Placement Information (Form) completed (given to foster parents at time of placement)

Child Clothing Inventory (Form) completed (copy to placement and to child's file)

Application completed for birth verification (team secretary)

Complete Information on Routines (see Forms Room), given to foster parents at time of placement

### AT TIME OF PLACEMENT

Provide all available information (including medical, routines and special needs) to caregivers. If the child is on any medication, ensure that both medication and instructions are conveyed to caregivers. Complete psychotropic drug forms. Determine family visiting schedule

Determine role of placement in visiting arrangements  
(i.e. location, transportation arrangements)  
Determine if placement agrees to release of telephone #  
to parents  
Copy of Care by Agreement and Medical Consent to Residential  
Staff and Child's File

N.B. The admitting worker is requested to allow sufficient time at the residence  
of foster home at the time of placement in order to assist the child to settle and  
to complete necessary documentation.

#### FOLLOW-UP TO PLACEMENT

Preliminary Plan of Care will ideally occur at the time of  
placement and must occur within 5 calendar days of admission.  
Invite Child (12 and over), parents, foster parents,  
Children's Services Supervisor, Family Services Supervisor,  
Children's Services Worker  
Schedule mandatory 7 day visit with child  
Ensure that past and new schools are informed of admission  
Ensure that admission medical and dental appointments scheduled  
Developmental assessment scheduled for infant placements  
Schedule psychological testing  
Complete Transfer of Children's Services Checklist (Form)  
to ensure that all required documentation is placed on file  
prior to transfer

Where admission arrangements are revised (i.e. withdrawn, changed), the  
Admitting Worker advises the placement directly of the change in plan.

\_\_\_\_\_  
Admitting Worker

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## ROLE OF ADMITTING SOCIAL WORKER (Cont'd)

Upon placement, the admitting worker discusses with the foster parent and child, the reasons for admission, guidelines for family contact and any known strengths or constraints of the child. If the child has suffered or alleges abuse, the worker should openly acknowledge this with the foster parent in front of the child so that the child knows his situation is fully understood by the foster parent.

The admitting worker is responsible for the child until a complete file is opened to a Children's Services Worker. If a night duty worker admits the child, an intake worker will be assigned the first working day following admission. The foster parents should contact this worker for any guidance or information they require concerning the child, including:

- a) decision regarding the amount and kind of contact between the child and his family
- b) the choice of doctor or dentist, since the child is in need of an admission medical, or dental examination
- c) arrangements for a clothing advance to purchase necessary clothing for the child
- d) provision of medical or family information required
- e) consultation over unusual incidents, or behaviour of the child in the foster home.

The Society's worker will contact the foster family on the next working day after an emergency placement.

## **ASSESSMENTS AND PLACEMENT COMMITTEE**

While in Assessment/Receiving foster care, a full assessment is completed of the child and his family in which a longer term casework plan is formed and if the child is to remain in care, the child's long term placement needs are identified.

The assessment is completed by the Family Services Worker and Child's Worker with input from the child and child's family and foster parents. The child may be assessed by a psychologist during the assessment and additional information is gathered from a variety of other sources.

The assessment shall be completed within 21 days of admission. Once complete, the assessment is presented to Placement Committee.

## **PLACEMENT COMMITTEE**

### **MANDATE**

The mandate of the Planning Committee is as follows:

- i) ensure that all alternatives to admission to care have been thoroughly explored and that no less intrusive alternative is available for the child
- ii) to determine the level of care required
- iii) to priorities the major components of the ideal placement for the child
- iv) to ensure that children placed in External Resources are appropriately placed and benefiting from the program offered.

The date of presentation of a child to the Placement Committee is set at the Preliminary Plan of Care meeting. This presentation occurs within 60 days of the child's admission to care. All assessment reports are presented to the committee at that time.

The Foster Parents will be notified of the date of the meeting as soon as this is set. Their participation in planning will be of assistance to the committee. The staff and foster parents will spend a few minutes prior to the arrival of other guests in order to plan the meeting and update the committee.

The Family Services Worker will introduce the case and give a brief summary of the major case issues, the reasons for the child remaining in care and any disagreement with the family.

The Children's Services Worker will review the placement recommendations, focusing on the components of an ideal placement. The foster parents will give specifics re the child's behaviour and personality, in order to support the recommended level of care.

The only children who are not reviewed by the Placement Committee are infants who are placed on adoption probation within one month of admission and children discharged from care prior to the completion of the assessment period.

It is expected that children in care and their families will be involved throughout the assessment process and will play a significant role in the formulation of the recommendations for placement.

When considering the attendance of families and/or children in care, the following questions may be useful guidelines:

- a) are the individuals capable of understanding or contributing to the committee process?
- b) is their attendance likely to be disruptive to the committee's focus on placement (i.e. parents who are not in agreement with their child's admission will find it difficult to focus on placement issues)?

The Placement Committee is responsible for reviewing:

- a) All recommendations for placement contained in the Child and Family Assessment report at the conclusion of the assessment period.
- b) Any child for whom replacement is requested, with the exception of children moving within the same level of foster care.
- c) All children placed in External Resources.
- d) As requested by staff, situations where there is community pressure to admit a child to care.
- e) All situations where a child has not been placed within ten weeks of the presentation of the initial recommendations as in part (i) above.

The length of time between review periods will vary depending on the needs of the child.

## **FOSTER CARE PLANNING**

A Foster Care Plan or Case Plan is established with the participation of the natural parents, the foster parents and the child, if he/she is twelve (12) years of age or older. Prior to the thirty (30) day plan of care being completed, a preliminary plan of care must be completed by the admitting worker within seven (7) days of the child's admission to care.

### **PROCEDURE**

The Admitting Worker will complete the Preliminary Assessment and document it in the child's file. The Preliminary Assessment will contain the following information about the child:

- a) immediate needs of the child
- b) opinion as to whether or not the child is likely to be returned to his/her home (in situations where this can be ascertained)
- c) legal status of the child
- d) additional information that is relevant to the immediate care of the child
- e) reasons for foster care

NOTE: Available identifying information of the child will be documented in the Foster Parent Information Form.

The child's Admitting Worker will be responsible for the completion of the Assessment Report within 21 calendar days of the placement and include it in the child's file. This report will outline the following:

- a) special needs of the child
- b) the child's legal status
- c) available identifying information concerning the child
- d) the child's family history
- e) the circumstances requiring out-of-home care for the child.

The following should be included in the foster care plan:

- a) description of fostering goals (specific, reasonable, attainable)
- b) criteria to indicate when goals are achieved
- c) who will be responsible for what
- d) involvement of community resources when the child's needs cannot be met by the foster family

- e) access to, and involvement with, natural family
- f) an individual program for developmentally handicapped children
- g) an educational program that is developed for the child in consultation with the local school boards
- h) a life-skills plan with the time-limited measurable objectives for children with physical handicaps
- i) a plan for supports to the foster parents and methods to be used when there is indication that the child is emotionally disturbed
- j) anticipated discharge plan
- k) reasons for non-involvement of natural parents, foster parents or child over 12 (where applicable)

### FOSTER PLAN OF CARE

A Foster Plan of Care must be completed by the admitting worker or Children's Services Worker within 30 days after a child comes into care. The "assessment" completed within 21 days after admission is used as a basis for the Plan of Care.

### PROCEDURE: FOSTER PLAN OF CARE REVIEW

The child, foster parents, natural parents and workers must be involved in the review. The date of each review and all changes and revisions must be recorded and placed in the child's file. Notation of who was involved, or why non-involvement occurred, must be entered in the child's file.

The worker's supervisor must examine and sign the child's Foster Plan of Care at the time of every review. This is to ensure that the required recording and documentation have been carried out.

The child's worker will coordinate the review process. This will include arranging the involvement of the child and his/her foster parents. The social worker for the family is responsible for the family's involvement in the Foster Plan of Care.

The supervisor for the child's worker will examine and sign the Foster Plan of Care which will be placed in the child's file. The Plan will be provided to the foster parents, parents and child over 12 years of age, for review and signature and placed in the child's file and a copy will be provided to each participant.

CHILDREN'S AID SOCIETY OF YORK REGION  
CHILD'S PLAN OF CARE

CHILD'S NAME:

FILE NUMBER:

TYPE OF REVIEW:

PERIOD COVERED:

INFORMATION and/or CHANGES:

Present Placement:

Replacement - Reasons for Change:

Legal Status:

Access Conditions:

WORKER CONTACTS:

	DATES	# OF PERSONAL CONTACTS	# OF PHONE CONTACTS
Child:			
Preplacement			
7 Day Visit			
30 Day Visit			
Replacement 7 Day visit			
Replacement 30 Day Visit			
Other			
Caregiver:			
Collateral:			

FAMILY:

Dates of contact:

Family Worker:

Family situation:

THE CHILD:

Rights of Child:

MEDICAL:

	DATE	PURPOSE OF EXAM	REPORTS ON FILE
Admission Medical			
Admission Dental			
Last medical examination			
Last eye examination			
Last dental examination			

Medical Summary:

COMMUNITY/RECREATION:

GEOGRAPHICAL AND CULTURAL INTEGRATION:

SCHOOL:

Name of present school:  
Grade:  
Type of programme:  
Dates school reports received:  
Comments:

ASSESSMENTS:

SPECIALIZED SERVICES REQUIRED:

PROGRESS OF PERMANENCY PLANNING:

REVIEW OF GOALS:

Goals Carried Forward/New Goals:

1. Goal

(If carried forward) Achieved?  
Method/Person Responsible  
Success Indicators  
Target Date

2. Goal

(If carried forward) Achieved?  
Method/Person Responsible  
Success Indicators  
Target Date

3. Goal

(If carried forward) Achieved?  
Method/Person Responsible  
Success Indicators  
Target Date

4. Goal

(If carried forward) Achieved?  
Method/Person Responsible  
Success Indicators  
Target Date

LIFEBOOK

Date Started:

Location:

Have all consents been signed?

If no, who has not signed and why?

Progress to date:

New areas of responsibility:

Please check if yes/Specify who if required

PARTIES INVOLVED IN P.O.C.	ATTENDED (please check if yes)	DISCUSSED WITH (please check if yes)	COPY SENT TO (please check if yes)
Child (12 years and over)			
Children's Services Worker			
Children's Services Supervisor			
Parent/Guardian			
Resource/Care Provider			
Family Service Worker			
Family Service Supervisor			
Foster Care Support Worker			
Foster Care Supervisor			
Treatment Provider			
Other			

Explain why any of the above persons were not present at the P.O.C., were not given a copy of the P.O.C. or are not in agreement with any of the above goals: (eg. N/A, On vacation, Regrets, etc.)

DATE OF NEXT PLAN OF CARE:

\_\_\_\_\_  
SIGNATURE OF WORKER:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR:

\_\_\_\_\_  
DATE:

## **PLACEMENT CHANGE**

It is in the child's best interest to have continuity of placement with as few separations as possible. It is, therefore, important to keep placement changes to a minimum.

If the child or foster parents request a change in placement, the child's worker will meet with all the concerned parties as soon as possible within five working days. This will be done in order to find a mutually agreeable solution and determine the need for a placement change.

NOTE: Foster parents should not talk to the child about leaving before talking to the social worker.

### **PROCEDURE: INITIATING PLACEMENT CHANGE**

The worker will meet the foster parents and child within five working days and try to resolve any existing conflicts and to determine whether other resources and supports could be offered to maintain the placement.

The Foster Care Supervisor and Children's Services Supervisor should be consulted in order to establish availability and/or feasibility of any additional resources.

Possible additional resources may include, but are not limited to, counselling, training and foster care relief (see section on Relief).

If a change in placement cannot be avoided, a new placement will be sought for the child and a placement will be made in the least disruptive manner.

The child's worker will document the request and any subsequent meetings and place the results in the child's file. A record of the process by which the child and the foster family are prepared for the placement change will be included in this documentation. If the placement change is requested by the foster parents, a copy will be placed in the foster family file.

If the child is objecting to the placement, the child's worker will remind the child of his/her right to a review by the internal complaints procedure and Child and Family Service Advocacy.

The best practice after a child has left a foster home is for the foster family to take a rest for a short period (four weeks). This gives the foster parents time to

put the last placement into perspective, to learn from this experience and to prepare the foster family for another child. However, the waiting period may be shortened by the needs of a new child coming into the foster home.

NOTE: Ten days written notice from the foster parent is required to end the placement of the child, unless it is decided to be in the child's best interest to move him/her earlier. See Service Agreement.

## **SEPARATION**

Upon the child's separation from the natural family, all foster parents should be made aware of the effects of separation on children and themselves.

When a child is admitted to care or undergoes a change in placement, the child's worker will help the child with issues of separation. The Foster Care Worker will also assist the foster parents in handling the separation process.

If a placement change is planned, as soon as a decision to relocate has been made, the child's worker will arrange at least one meeting before placement change to deal with separation issues. A record of the process must be placed in the child's file.

## **PROCEDURE**

Orientation and training programs will include information on the subject of separation.

Whenever possible, separation should be a carefully planned process that prepares the child, the child's family and the foster family for separation.

The child's worker is to meet with the child and foster parents and support a positive separation process and then note the process on the child's file.

The foster care worker will assist the foster parents to help each child deal with his/her feelings about separation during placement or replacement.

Foster parents and staff will cooperate in appropriate ways to reduce the anxiety produced by separation for each child placed or replaced.

Foster parents are encouraged to discuss their own feelings around separation from the child with their worker and support groups.

Staff members are also encouraged to initiate contact with foster parents who may need support at the time of separation.

The suggested guidelines should be followed whenever possible to help in the separation process.

### SUGGESTED GUIDELINES

A realistic picture of foster care should be given to the child, including a description of the foster family, the home, and the expectations that will be placed on the child. Information about the foster family's interests and activities should also be made available. The worker should prepare the child for his/her separation from the natural parents, and discuss with the child the changes in his/her feelings and behaviour as these occur. The worker should explain to the natural parents the process of placement. This will include describing the foster family and placement selected for their child, and reviewing the circumstances that have led to the choice of foster care. The worker should assist the parents in understanding their own feelings as well as the behaviour of their child, and the emotions the child experiences.

The foster family should be prepared for the emotions and behaviour displayed by the child. They should also be given a description of the natural parent's attitude, emotion and behaviour at separation. This will enable them to understand and adjust to the needs of the child and respond appropriately to the reactions of the child's natural family.

## **PERMANENCY PLANNING**

Once a child is in the permanent care of the Society, there are three directions in which the Society seeks permanence for the child: Adoption, Subsidized Adoption, and Permanent Foster Care.

The Society is under intense moral and professional pressure to develop a PERMANENCE PLAN for the child: a setting where the child can fully expect to remain until a normal age for independent living. This is the child's most urgent psychological need and must be pursued rigorously, thoroughly, and responsibly.

### **ADOPTION**

Adoption is the permanence plan which ensures the greatest degree of permanence for the child after his own family, since the entire focus, from the initial inquiry to placement, is based on the expectation of a life long commitment.

However, it is not the best plan for some children who are Crown Wards. Older teenagers, 14 years and over, are rarely in a position to join a new family in an adoption status. Some children under 14 years have been so damaged in their ability to relate, that they refuse any idea of adoption planning, or they are seen as sufficiently damaged that they would inevitably sabotage any adoptive family.

Frequently, when a child becomes a Crown Ward, the foster parents who have cared for that child make a deep personal commitment to apply to the Society to adopt the child and add him permanently and legally to their family.

In such cases, it is the Society's responsibility to help the foster parents examine this decision carefully and thoroughly, and to decide whether this is the best plan for the child. For these reasons, it is necessary to speak to the child's social worker before the idea is brought up with the child.

When foster parents do ask to be approved as adoptive parents for the child, they are given first consideration. However, the Society must also look at other approved adoptive families who may be appropriate.

### SUBSIDIZED ADOPTION

In cases where a family (whether foster parents or other adoptive applicant) is prepared and committed to providing a permanent and full participation in their family, but is unable to because of financial considerations, the Society may help in the financial costs associated with the care of the child. The amount and duration of such subsidy will be arrived at through discussions with the family. This may be an option for consideration for foster parents who have signed a Permanent Foster Care Agreement.

### PERMANENT FOSTER CARE AGREEMENT

If a child is unable to cope with an adoptive family, the Society must seek an alternate placement which will offer psychological security and belonging for the entire duration of his/her childhood and adolescence.

At this point, the Society would discuss with the foster parents whether they would feel comfortable and committed to providing a permanent home for this child on a foster parent basis, with the financial and support services of the Society.

Again, it is very important to be open and honest when considering such a plan and discussing it with the social worker. If it does not feel like a positive and welcome plan for the Foster family, they should not feel obligated.

This agreement, while not legally binding, is a written commitment by the Society, the family, and the child that they intend for this placement to continue until the child is independent at age 16 or 18. Although the Society retains guardianship, it has less need to influence the placement.

After the foster child turns 18, the Society no longer supports him/her at foster rates. In this case, the adolescent is given his own finances and may wish to continue living at the foster home on a "boarding" basis.

## PERMANENT FOSTER CARE AGREEMENT

Between: Children & Family Services for York Region

And Mr. and Mrs. \_\_\_\_\_  
(foster parents)

And \_\_\_\_\_  
(Child)

This agreement recognizes and supports

- a) the legal guardianship of \_\_\_\_\_(child) by Children and Family Services for York Region.
- b) the parent-child relationship between Mr. & Mrs. \_\_\_\_\_  
(foster parents) and \_\_\_\_\_(child).
- c) the need to protect the continuity of this parent-child relationship.
- d) the commitment of all parties to the permanence of the placement of \_\_\_\_\_(child) with Mr. & Mrs. \_\_\_\_\_(foster parents).

In doing so, the parties agree to the following:

Mr. & Mrs. \_\_\_\_\_(foster parents)

1. agree to provide a permanent placement and continuous parent-child relationship with \_\_\_\_\_(child).
2. to consult, as required, with the Society regarding the care of \_\_\_\_\_(child).

I, \_\_\_\_\_(child)

1. agree to the placement with Mr. & Mrs. \_\_\_\_\_ (foster parents) on a permanent basis.

The Children's Aid Society of York Region agrees to provide:

1. maintenance payments as required in accordance with Society foster care rates.
2. consultation and supervision of the placement as required by the legislation and Society policies, and as outlined.
3. or arrange for the following additional services.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Child 12 years and over \_\_\_\_\_

Foster Father \_\_\_\_\_

Foster Mother \_\_\_\_\_

Executive Director \_\_\_\_\_

## A) AFTER SIGNING A PERMANENT AGREEMENT

If the child has been in the foster home for a lengthy period of time before the Permanent Agreement, this agreement may have little or no effect on the normal daily life of the foster home.

Sometimes, however, the child will have a need to test the limits of the foster parents' commitment to see if they "really mean it". Patience and tenacity may be stretched at this point, but in most cases a firm and understanding discipline will convince the child that the commitment is real. If the situation becomes difficult, the foster parents should tell the child's social worker, not the child. Together, the Society and foster parents can develop a plan to explain the limits of the child's placement, and help the child to settle again.

## B) PERMANENT FOSTER CARE AND ADOPTION

If a foster family generously makes the decision to accept a foster child on a permanent basis, but is unable emotionally to decide to adopt the child (whether by regular or subsidized adoption), it would usually not be possible to pursue the adoption of another child.

The concern is for the foster child in the home, who sees the additional adoption commitment to a new child, and feels threatened and rejected. Thus, in most cases, the Society could not approve a new adoption placement if the home has a permanent foster child.

Exceptions may be made when it is very clear that the foster child has no wish to be adopted, and it is clear that he/she would not feel slighted by the new adopted child.

### PROCEDURE: Initiating Adoption

The Child's worker requests adoption placement by memo to the Supervisor of Adoption (further procedures are to be developed in the near future).

### PROCEDURE: Permanent Foster Care Agreement

The development of a permanent Foster Care agreement should be achieved through cooperative involvement of the foster parents and the child.

The rationale for, and contents of, a permanent foster care agreement should be discussed with the worker's supervisor before completion of discussion with the parties involved.

Permanent foster care agreements should be considered for all Crown Wards in foster care who are not proceeding to an adoption placement.

When all parties are emotionally committed to sign such an agreement, an appointment will be made with the Executive Director when all the parties will sign together. The social worker, the child, and all members of the foster family should be present. A group picture will be taken; a copy of this photo will be sent to the foster parents and the child.

Copies of the completed agreement should be given to both the foster parents and the child (if 12 years or older). One copy should also be placed in the child's file.

Where an agreement is completed involving a child under 12 years of age, and where the child subsequently becomes 12 years of age, a revised agreement, including the child's signature, should be obtained.

## **ONTARIO COURT (PROVINCIAL DIVISION)**

The Ontario Court (Provincial Division) is responsible for reviewing child protection issues as defined in the Child & Family Services Act.

The Children's Aid Society must go to court within 5 days if the child is brought into care and the placement is not voluntary.

Foster parents who have cared for a child for 6 continuous months prior to a court hearing will receive a Notice of Hearing prior to the date set for the hearing. This notice is an invitation to attend the hearing, rather than a demand, and does not necessitate the foster parent's presence in court. He/she may or may not be asked to give evidence.

### **PROCEDURES**

The Society worker will notify foster parents in advance of a court hearing and will inform foster parents, if not present at court, of the results as soon as possible.

The Child's or Family Worker will approach the foster parents if their evidence is required in court. The Worker will fully explain the Society's position and discuss the kind of evidence required from the foster parents. This request may be made of foster parents without Notice of Hearing. Foster parents will be invited to a Court Planning Conference prior to the hearing. If the foster parent supports the Society's stance, the Society lawyer will represent the foster parents. The foster parent may contact the Society's Solicitor for assistance when required.

Foster parents who have a right to a Notice of Hearing may, if they desire, retain at their own expense their own lawyer. This would normally occur if the evidence to be given by the foster parent is in conflict with that presented by the Society.

The worker may request the foster parent to accompany the child to court, whether or not evidence is required, in order to diminish the child's anxiety. The foster parents can charge mileage and request reimbursement for babysitting expenses from the Children's Services Worker.

The foster parents who receive a subpoena must attend the hearing. Reimbursement will be arranged through the Society's Solicitor, and witness fees are available if the foster parent loses income because of the court appearance.

The foster parents will notify the worker of any information or opinions expressed by the child regarding court hearings.

Any child 10 years of age or older has a right to be notified and to attend a hearing, unless his/her emotional or physical condition precludes his/her attendance. Any child under 10 years of age may be requested to attend, and be asked to testify, either in the court room or in the judge's chambers.

Under some circumstances, children may be seen or represented by an Official Guardian. Legal Aid, on behalf of the Official Guardian, will appoint a lawyer to represent the child. The child's worker will arrange the meetings between the child, the lawyer, and the foster parents. The foster parents should inform the Worker of the times and places that are convenient to them. The Worker and/or the Society's lawyer should be informed by the foster parents if they are having any problems with the child's lawyer. Where the foster parents feel that the child is not being adequately represented by the Official Guardian, a complaint, in writing, should be made to the Executive Director.

## **YOUTH COURT - CHILDREN CHARGED UNDER THE YOUNG OFFENDERS ACT**

When police pick up a child for questioning about involvement in a criminal offense, it is an established rule that the parent, guardian, or Foster parent has a right to be present, unless the child makes it clear that he/she does not want this.

### **PROCEDURE**

When the foster parent knows that a child in care is about to be questioned by the police, they should inform the police that the legal guardian has a right to be present and that an Society representative will attend. The foster parent should request firmly that the police not begin until the representative is present.

The foster parent should call the social worker, the Children's Services Supervisor or another supervisor, or the Emergency Worker to determine who will be the Society's representative attending the interrogation, the social worker, the supervisor, or the foster parent.

The appropriate representative will attend the interrogation unless the child specifies that he/she does not want this.

Foster parents are requested to accompany the child to court and give emotional support.

The foster parent must notify the Emergency Duty Worker when a child is charged or placed in detention outside regular hours.

## ***Chapter 5 - FOSTER CHILD-BASIC CARE AND RESPONSIBILITIES***

### **THE RIGHTS OF CHILDREN IN CARE**

The Child and Family Services Act specifically ensures the protection of the rights and responsibilities of children in care and the Society's complaint procedure. These must be discussed with and a copy given to the child upon admission to care and reviewed every six (6) months thereafter. A copy is available to all foster parents. This pamphlet states the right of the child to make a complaint and how to go about it. The following is intended to serve as an overview of the legislation.

#### 1. Basic Rights

Every foster child has the right to be free from corporal punishment.

No foster child may be detained in locked premises. Nightly lock-up of homes is an obvious exemption!

#### 2. The Right to be Informed

- The child has a right to know the rules of the household, including disciplinary measures.
- He/she has the right to be informed of his/her responsibilities while in care.
- The child has the right to know the internal complaints procedure for dealing with a violation of his/her rights.
- He/she has a right to know of the existence of the Office of Child and Family Service Advocacy (1-800-263-2841 / 1-416-965-9282).
- A child, 12 years of age or older, may apply for a review of his/her placement to the Residential Placement Advisory Committee (R.P.A.C.). The earliest date that the review may take place is 14-21 days after admission. All placements reviewed by R.P.A.C. will be re-reviewed every months for the remainder of the placement. If the child is not satisfied with the recommendations of R.P.A.C., he/she may apply for a further review by the Children's Services Review Board.

#### 3. The Right to Regular Visits With Family

- Unless prohibited by Court Order, the child has a right to visit with his/her family and speak with them privately. This does not apply to Crown Wards without access.

#### 4. The Right of Access to Counsel

- The child has a right to speak privately with the following officials:
  - a) His/her lawyer
  - b) Any other person representing the child
  - c) Any advocate appointed by the Office of Child and Family Service Advocacy
  - d) The Ontario Ombudsman (or staff)
  - e) A member of the provincial or federal parliament.

#### 5. The Right to Privacy of Mail Communication

- The child has the right to receive unopened, unread, uncensored mail or packages (unless it is believed on probable grounds that the contents may cause the child physical/emotional harm).
- Correspondence from a lawyer cannot be opened by anyone but the child.

#### 6. The Right to Reasonable Privacy and Possession of Personal Property

- Respect for a child's privacy is shown by:
  - a) Knocking on the child's door before entering
  - b) Providing private access to bathing
  - c) Allowing child to remove self from group for quiet moments.
- The right to possession of his/her own personal property includes:
  - a) Having a place to store his/her belongings
  - b) Respecting the child's ownership of his/her possessions

#### 7. The Right to Participate in Significant Decisions Affecting Him/Her

- The child should be consulted and allowed to express his/her views, given his/her understanding, in significant decisions concerning him/her. His/her rights include decisions regarding medical treatment, education, religion, and decisions affecting his/her discharge and change in placement.

#### 8. The Right to Freedom of Religious Practice

- The child has the right to religious instruction and participation in religious activities of his/her choice. The child's parents retain the right to direct the child's religious upbringing, unless the child is in the care of a Society by order of the court.

9. The Right to a Plan of Care and the Right to Participate in It

- The child has a right to be consulted and express his/her views to the extent that is practicable.

10. The Right to Appropriate Clothing and Nutrition

11. The Right to Regular Medical and Dental Care

12. The Right to Appropriate Educational Opportunity

13. The Right to Participate in Recreational and Athletic Activities

For additional information, clarification, etc., please discuss with your Children's Services Worker.

### RESPONSIBILITIES OF FOSTER CHILDREN

Children have fewer responsibilities than adults for all of the obvious reasons. However, children are not to be seen as free of all responsibility for themselves, their life, their own family, foster family, and school.

The following responsibilities belong to the child, although they do change with the age of the child. This statement is from the Proposed Standards and Guidelines of the Ministry of Community and Social Services' Foster Care.

Each foster child is responsible for:

1. Respecting the rights of others in the foster family.
2. Expressing sincerely his or her own point of view in day-to-day matters in the foster home and in the major decisions affecting his or her life.
3. Contributing to the success of the foster home placement. Cooperation, discussion, and accommodation are required to achieve a stimulating and satisfying foster home placement.
4. Accepting reasonable rules, expectations, and discipline imposed by foster parents and teachers.
5. Attending school until the age of 16, or after 16, seeking and securing employment or full-time volunteer involvement in the community.
6. Residing in the foster home in which the Society has placed him/her at least until the age of 16.

## **ACCEPTABLE DISCIPLINE**

The Society does not believe that corporal punishment is an effective way of helping children modify their behaviour, and prohibits its use with all children in care.

It is important when you discipline a child that you make it very clear to him/her it is the behaviour you are correcting.

The Society believes that acceptable disciplinary practices are based on these principles:

Consequences for behaviour are logically or naturally related.

### Discipline is:

- Related to the undesired behaviour.
- Administered timely to the undesired behaviour.
- Consistent and positive in the manner it is administered.
- Predetermined where possible.
- Designed to teach appropriate behaviour.
- Appropriate to the developmental level of the child.

Foster parents will be provided with instruction on acceptable methods of discipline as part of foster parent orientation, before placement of a child.

Disciplinary practices should be consistent with good child care practice and appropriate to the child's age and stage of development. The Society approves and supports the following disciplinary practices:

1. Praise/Positive Reinforcement
  - Catch children doing something good and praise them for it.
  - Describe the specific behaviour you like.
2. Encouragement/Challenge
  - Encourage children to live up to their capabilities.
  - Appeal to their desire to do better.
3. Rewards
  - Reward them, when appropriate, for desired behaviour.

#### 4. Routines

- Establish regular routines.
- Children are happier when there is structure, order, and regularity in their lives.

#### 5. Limits

- Set and maintain limits on the behaviour of children.
- Limits give security to a child provided there is an appropriate balance between control and affection.

#### 6. Modeling

- Model appropriate behaviour.
- Set an example for the child to imitate.

#### 7. Clear Expectations and Follow Through

- Be clear and specific about your expectations for a child and consistent in helping him/her meet them.
- Help the child to make sure he understands what you expect of him/her.
- Be realistic about your expectations in keeping with the child's abilities.

#### 8. Persuading

- Point out the positive aspects of desired behaviour.
- Rather than feeling pushed, the child may be pulled toward the desired behaviour on its own attractiveness.

#### 9. Prompting

- Give a verbal/non-verbal cue or signal for desirable behaviour.

#### 10. Redirection/Distraction

- Redirect a child's activity or distract him/her from inappropriate behaviour.
- Remove the source of temptation temporarily, suggest another activity, provide an alternative or ask a question.
- Channel the child's energies into more socially acceptable behaviours.
- Modify the environment or remove the child.

11. Contracting/Negotiating
  - Spell out the specific desired behaviour and the specific rewards or consequences.
  - The “contract” may or may not be in the form of a written agreement between the child and caregiver.
12. Disapproval
  - Indicate your disapproval of inappropriate behaviour.
  - Talk with the child about misbehaviour, explain what happened, its causes, and how he/she might have controlled himself/herself in a more appropriate manner.
  - Such discussion also conveys adult concern and desire to protect a child.
13. Confronting
  - Tell the child clearly how his/her behaviour is causing a problem and how you feel about his/her misbehaviour.
14. Problem Solving/Resolving Disagreements
  - Focus on explaining what needs of the child’s are not being met as well as explaining the needs and views of others.
  - Stimulate more effective problem solving/alternatives.
15. Choices
  - Provide choices to a child and indicate the consequences of different choices of behaviour.
  - Some particular undesirable behaviours may/should be ignored if they are not harmful to the child or others.
16. Ignoring
  - Some situations require purposeful nonintervention.
  - Some particular undesirable behaviours may/should be ignored if they are not harmful to the child or others.
17. Distancing
  - Know when you are too upset to handle a situation appropriately, remove yourself and make no emotional response until you are ready.

18. Time Outs

- For a short, time limited period, remove a child and place him/her in a safe, neutral place.
- Give him/her time to consider his/her behaviour for short periods and with adult supervision.
- The purpose of this activity is to focus on helping the child to gain control.

19. Logical Consequences

- Impose consequences that are linked logically to misbehaviour.
- The purpose is to attempt to correct the behaviour using an approach that is fair, consistent, timely, realistic, understandable, related to the incident, and of short duration.

20. Granting/Limiting/Loss of Privileges

- Granting or withholding of privileges can be used as a preventive measure to increase desirable behaviour.
- This technique should never be used in conjunction with meeting the child's basic physical needs for food, shelter, sleep, and clothing.

21. Grounding

- This is a form of a loss of privilege as a logical consequence for inappropriate behaviour.
- Grounding for short periods teaches the child that outside activities are related to responsible behaviour.

22. Chores/Assignments/Restitution

- Assign reasonable and appropriate tasks that are logical and related to the incident.
- A child who earns money may be expected to pay for or repair damaged or destroyed property.

PROCEDURE

All foster parents will have notification of, and instruction for, acceptable disciplinary practices at their pre-service training. The child's worker will discuss with the foster parents appropriate methods of behaviour management for the individual child. During regular home visits, the child's worker will continue to assist the foster parents in monitoring any disciplinary problems. If the foster parents are unsure whether a particular discipline or consequence is appropriate, it is their responsibility to contact the child's worker, or the Children's Services Unit, and seek some guidance and/or feedback.

### READINGS FOR FOSTER PARENTS

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Dinkmeyer, Don and Gary D. McKay. The Parent's Handbook, Systematic Training For Effective Parenting (STEP. Of Teens. Circle Pines, Minnesota: American Guidance Service, 1982.

Dodson, Fitzhugh. How to Discipline With Love. New York: New American Library, 1978.

Dodson, Fitzhugh. How To Father. Los Angeles: Nash, 1974.

Dreikurs, Rudolf. Children: The Challenge. New York: Hawthorn Books, Inc. Publishers, 1964.

Felker, Evelyn. Raising Other People's Kids. Grand Rapids: Eerdmans Publishers, 1981.

Frailberg, Selma. The Magic Years. New York: Charles Scribner's Sons, 1959.

Gordon, Sal and Judith Cohen. Raising a Child Conservatively in a Sexually Permissive World. New York: Simon and Shuster, 1983.

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Scharlatt, Elizabeth. Kids: Day In And Day Out. New York: Simon and Schuster, 1979.

Simon, Sidney B. and Sally Wendkos Olds. Helping Your Child Learn Right From Wrong. New York: McGraw-Hill Book Company, 1976.

Wagonseller, Bill R. and Richard L. McDowell. You and Your Child: A Common Sense Approach to Successful Parenting. Champaign, Illinois: Research Press, 1979.

## **UNACCEPTABLE DISCIPLINARY PRACTICES**

Unacceptable disciplinary practices include, but are not limited to, the following:

- a) Deliberately harsh or degrading responses that could result in the humiliation of a child or the undermining of a child's self-respect, including insults, name-calling, put-downs, shame, ridicule, cursing, swearing, negative prophecy or negative comparison, belittling or making a joke of the child, his family or any of the values or ideas that he cherishes or holds dear.
- b) Deprivation of basic needs including food, shelter, clothing, bedding, and sleep.
- c) Extensive and prolonged withholding of emotional response or stimulation after the undesirable behaviour of the child has stopped.
- d) Placing or keeping a child in a locked room.
- e) Threatening removal of the foster child from the foster home in an attempt to control behaviour.
- f) Corporal punishment by foster parents or by another person or group condoned by foster parents.
- g) Threatening denial, withdrawal or restriction of communication, access, or visits with the child's family in retaliation for undesirable behaviour.

NOTE: For further discussion of practices A-G, see discussion on the following page. The following practices are self-evident and cannot be justified in a foster home.

- h) Punching, shaking, shoving, or other forms of aggressive physical contact.
- i) Requiring or forcing a child to repeat physical movements or to assume an uncomfortable position, e.g. squatting, bending, or standing rigidly in one spot.
- j) Forcing a child to consume food.
- k) Interfering with, or interrupting, a child's sleep for the purpose of punishment.

- l) Any form of threatening or intimidating behaviour.
- m) Deliberate destruction of a child's property in retaliation for undesirable behaviour.

## DISCUSSION REGARDING UNACCEPTABLE DISCIPLINARY PRACTICES

Except for the policies regarding physical punishment, which cannot and will not be condoned under any circumstances, the other disciplinary practices require discussion.

### a) Harsh or Degrading Responses

Insults, name calling, or such obvious extremes as "dunce cap" or other humiliating dress are naturally unacceptable.

### b) Deprivation of Basic Needs

This is a matter of intensity and common sense as to what is fair. If a child is constantly late for breakfast, it is appropriate to tell him ahead of time that breakfast will not be served after a certain time. If the child then misses breakfast, you have not deprived him of food. In any case it is always a good idea to send along with the child an alternate food such as a piece of fruit; this can be applied to other meals also.

### c) Prolonged Withholding of Emotional Response

It is very important to "make up" with the child as soon as possible after a disagreement, consequence, or punishment.

This is one reason why punishments should be short and immediate.

Your praise can and should begin as soon as the child shows co-operation in accepting and carrying out the punishment or consequence. You can and should praise him for doing the consequence.

You must continue to be very firm about the expected behaviour and consequence, but you can show your desire to have things back to normal, and the fact that you do care about and for the child despite the behaviour.

### d) Placing or Keeping a Child in a Locked Room

This is self-evident and cannot be justified in a foster home.

e) Threatening Removal of the Foster Child from the Foster home in an Attempt to Control Behaviour

It is unacceptable for a foster parent to initiate discussion of the termination of a foster placement with the child as a means of enforcing discipline before this has been discussed with the social worker. The social worker will want to be of assistance in clarifying your needs and demands in this matter and in relating them to the child with you.

This does not mean that you must put up with any behaviour, or that the child must remain in your home no matter what he or she does. It means that behaviour should not be managed by resorting to this threat. If you feel that a continuation of a certain behaviour or behaviours would result in your family being unable to continue the placement, contact the child's social worker immediately. If the worker is not available, ask to speak to the supervisor.

f) Corporal Punishment

As outlined at the beginning of this section, corporal punishment is not ever permitted; it is neither useful nor a proper teaching method at any time.

The reasons for this absolute ban on any form of corporal punishment are as follows:

- i) Even for the most mild and reasonable of us, there is a danger of abuse, especially during bouts of legitimate anger.
- ii) Significantly, many children in foster care come from a background where physical, corporal discipline was a regular pattern. Any minor repetition in the foster home recreates these fears and deters from relationship building.
- iii) Any physical assault, no matter how mild, is a violation of the body, of the person and an assault charge could be laid.
- iv) To use physical punishment to enforce rules and to teach appropriate behaviour sets an expectation that rules are made on the basis of who is bigger and stronger rather than on the basis of what is proper behaviour.

(The most blatant example of this contradiction is the parent who slaps or hits a child saying, "How many times have I told you not to hit your brother?".)

- v) The Society disapproves of corporal punishment, and as a public Society we cannot allow the use of physical discipline with the children entrusted to our care. Corporal punishment is not therapeutic, and leaves foster parents and the Society legally liable to criminal or civil lawsuits.

Allowable Exceptions to Physical Restraint of a Foster Child:

During a temper tantrum a child may become dangerous to himself, you, your family, or your significant possessions.

Under such circumstances you are authorized to restrain the child's attack with the least amount of force required. Try to move the child to an open space where he can do little damage and release him.

During such rare occurrences it is important to remember that the child is out of his own control and in most cases does not know what he is doing. Your role is to add the missing control, not to escalate the conflict. The amount of rage and hatred expressed at these times may have nothing to do with you or the immediate situation. The situation provokes the rage, but is not the cause.

The situation has simply opened the door to a massive hurt and hatred which has been bottled up and is related to previous disappointments in relation to his natural family. A "holding session" is only useful if the adult is comfortable in holding onto the child's rage. If the child/adolescent is stronger or larger than the adult, any holding session will develop into a fight. Give the child, in a non-threatening manner, some time and space to overcome the onrush of feelings.

A calm control and a soothing voice on your part are the most important elements in helping the child to regain his own control. However, such physical restraint should only be used to ensure the safety of all concerned. Such a "holding session" should be as short as possible, until the child can control himself.

Some foster parents may wish to learn proper therapeutic techniques for handling, physically and emotionally, the process of the temper tantrum (inter personal crisis.. Such training can be available through our foster parent education program, and should only be practiced with such training and the approval of the child's social worker. Inform the social worker following such an occurrence.

g) Using Visits and Other Contact with the Natural Family as a Disciplinary Consequence or Punishment

It is an essential belief and philosophy of this Society that visits and other contacts with a foster child's family are rights of the child, and necessary for his emotional health and ultimate return to his family. This right, like others, is subject to reasonable exceptions and sufficient cause, but is not to be seen as a reward for good behaviour.

## **DAILY CHORES, EMPLOYMENT, AND USE OF MONEY**

### 1) Daily Chores

In order to be clear between children in care, foster parents, natural parents, and the Society as to the kinds and extent of household chores seen as advisable in a foster home, the following guidelines are suggested.

#### In-house Chores

We believe it is a normal and healthy part of family life that all members share in some of the day-to-day chores of keeping the house safe and sanitary. Thus foster children can, and should, be expected to:

- a) Keep their own room and belongings clean and neat; (not laundry: foster children's laundry should be attended to in the same manner as the rest of the household.. Foster children can share in general laundry tasks, rather than be responsible for their own individual laundry.
- b) Dishes, shoveling snow, raking leaves, and taking out the garbage are daily chores which are perfectly normal and acceptable as long as the foster child or children are expected to take an equal share of such duties with the foster parent's own children. Such routine chores should normally not to require more than 20 minutes or half an hour at most. (The child may take longer due to dawdling, defiance, etc.. Such chores are, of course, assigned with respect to the child's age, ability, and need for supervision.
- c) General house cleaning: some families are organized to do a periodic thorough house cleaning, on a Saturday for example. Again, it is perfectly normal and healthy for the foster child to share in these activities with the other members, but this should be a specific, time limited task not requiring more than a half hour or work for a child of that age and ability.
- d) Family Business or livelihood: Some families have their own business, or have a family project to save money (i.e. extensive gardening, keeping livestock for personal use, household alterations, etc..

In such families, the natural children most often are expected to take part in, and help with these activities, which is an excellent practice. The Society, however, does not permit compelling foster children in

the home to participate in these activities as they do not have a stake in the financial projects of the family.

If the child is interested in such work, would like to learn how to do a certain process, or perhaps enjoys it, this is certainly acceptable if the foster parents agree.

Also, if the foster child and parent agree upon payment for work in these family enterprises, this is acceptable and encouraged, again depending on the child's age, ability, and need for supervision. The social worker should be consulted in these situations prior to making arrangements with the child.

- e) If foster children have caused damage to the property of the foster parents or have stolen money it is permissible, within the bounds of common sense, to have, as a consequence, the child perform useful work in compensation. Such arrangements must be with the knowledge and concurrence of the social worker and the child.
- f) Specific chores which are a regular expectation in the foster home should be discussed and agreed upon by foster parents, social worker, and foster child before or soon after admission and such agreement written into the Placement Agreement or Child's Service Plan.
- g) Opportunity should be available for the child and/or foster parent to reopen negotiations in a mature manner thereafter.

## 2. Employment

### Policy:

- a) It is a normal developmental task for children to become involved in paid employment on a graduated basis, and the Society and foster parents highly encourage this activity.
- b) Where children are employed or about to be employed, the Society and foster parents will ensure that the tasks involved are appropriate for the child's age and abilities, and do not interfere with other commitments, such as school.
- c) The Society and foster parents will also ensure that the work situation is appropriate to the child, mentally, physically, and emotionally.

- d) Children who are employed will report all of their earnings to the foster parents or social worker, and will discuss the use to which this income will be put.

### PROCEDURES

- a) The foster parent or the child will notify the social worker when the child is employed.

The decision to approve the employment rests with the child and the social worker.

- b) The child will report all income to the foster parents and the social worker, and will give earnings to foster parent or social worker prior to spending it, except as agreed otherwise.

### 3. Use of Money

#### Policy: Preferred Practice

- a) The Society provides, through the foster parents, a spending allowance to the foster children, and believes that all children over 6 should have some discretionary money to spend, regardless of behaviour.
- b) The foster parents and social worker may agree to hold back part of a child's allowance due to behaviour or to pay for theft or damage. Monies held back will be placed in a bank account for the child.
- c) The foster parents and social worker should encourage the child to spend his money in a useful fashion.

The foster parents and social worker should encourage the child to take responsibility for planning purchases of clothes, recreational expenses, and Christmas gifts according to the child's age and maturity.

Teenagers should be given increasing responsibility for clothing purchases, personal care items, and recreational funds.

- d) Where children earn money from employment, the Society believes in the following principles:

The child should have more disposable income than allowed by the Society's spending allowance.

There should be a maximum amount available to the child as disposable income, based on age.

There should be an agreement on what purchases will be the child's responsibility, based on his/her disposable income.

The child should begin to pay for some of his/her expenses, as his/her income increases.

Children should be encouraged to save money for the short term as well as the long term.

The Society and foster parents must make sure that excess income is used appropriately and that savings are secure from impulse purchases.

## PROCEDURES

### Children Earning Money

Before employment or shortly thereafter, the foster parents, social worker, and child will meet to discuss the dispersal of money according to the following categories:

Income:            i) Total Take Home Pay \_\_\_\_\_  
                         ii) Total Allowance \_\_\_\_\_  
                         iii) Total Money Available \_\_\_\_\_

Dispersal Guidelines:

- i) Money for the child to spend.
- ii) Where the child earns net \$100.00 or more per week, 15% of the net earnings will be used by the child for self care items such as recreation, clothing, and long distance calls.
- iii) The balance of earnings are to be placed in a joint bank account.

## Guidelines for Access to Joint Bank Account

The foster parents or social worker will open an account in the name of the child and adult. The bank will be advised of its responsibility not to dispense funds without two signatures.

Where a child accumulates funds, he/she may access these funds as follows:

a) Unemployment:

When the teen does not work, he/ she can draw money from the account, with the foster parent's permission and signature, to add to their disposable income equal to the maximum take-home pay when employed.

b) Significant Purchase:

The foster parents/social worker may authorize withdrawal of up to \$250.00 for significant worthwhile purchases. Supervisors approval is required for withdrawals over \$250.00.

c) Leaving Care:

When a child leaves Society care, the funds held in the joint bank account will be provided to the child. In the case of children under 16 years at the time of discharge, natural parents will be notified of the amount of money given to the child.

## **INVOLVEMENT OF THE CHILD'S OWN FAMILY**

The Society's philosophy of least intrusive care can best be reflected through this policy. It encourages the contact and participation of natural parents, where possible, with their child in care. Unless restricted by court order, the parent retains any right that he or she may already have. This includes the right to direct education, religious upbringing, and medical treatment.

### **Pre-Admission:**

3. Parents are encouraged and expected to take part in the decision to admit the child, except where the child is apprehended.
4. The parents' and child's views are taken into consideration when selecting a placement for the child.
5. Placement selection is geared to proximity of family, school and neighborhood where foster care resources permit.
6. Parents are encouraged and expected to be with the child on the day of placement as well as during pre-placement visits.
7. Parents are expected to provide medical and social information required to care for the child.
8. Visiting and contact schedules are arranged with the parents prior to admission.
9. Parents take part in developing a plan of care for the child and family.
10. Parents are provided with a booklet entitled *While Your Child is in Our Care*, orienting the parents with their role while the child is in care.
11. Whenever possible, the parents are expected to contribute to the costs of maintaining the child in care.

### Post-Admission:

1. Regular, meaningful contact with the child is expected and encouraged.
2. Parents meet regularly with the family's social worker to review the child's progress, and to deal with marital or parenting difficulties.
3. Parenting courses, support services, and group programs are made available to parents.
4. The Plan of Care is revised at three month intervals with the opinions of the child and parents taken into consideration.
5. In the case of major Society decisions such as Court application or a change in the visiting pattern, the parents are expected to attend a Society Planning Committee meeting.
6. The parents are notified of medical emergencies or other serious occurrences.
7. The parents are notified of a need to replace the child, and their wishes are taken into account in the placement selection.
8. Family sessions can be held between parents, child, and social worker to resolve family problems.
9. Where visiting is deemed harmful to a child, a meeting will be held with the parents to assist in restructuring visits to be helpful.
10. Where necessary, the frequency, length, and circumstances of visits will be altered.

### PROCEDURE

When a child comes into care, the worker will make sure that the Visiting/Contact Arrangements with parents, siblings, or other persons section of the Foster Parent Admission form is filled out.

If these arrangements are unknown, the foster parent should be informed by the time of the 7 day visit.

In their training, foster parents will be made aware of the importance of natural

family contact for a child in care. The child will be prepared for the family visits and be given the appropriate support afterwards. The foster parents will discuss with the child's worker any relevant information as a result of the child's visit with the natural family.

After consultation with the child's worker, foster parents are encouraged to have frank and honest communications with the child about his/her family's strengths and limitations, the role of family members and the reasons he/she is in care. However, it is important to follow the lead of the child and not force him/her to talk about this subject if he/she is not ready.

### Guidelines for Arranging Visits Between Parents and Children in Care

1. All visiting arrangements should be jointly determined in consultation between the Family Worker, the Children's Services worker, foster parents, natural parents, and where appropriate, the child involved.
2. Involvement of a social worker in the visiting process should be shared between the Family Service Worker and Children's Service Worker. It is recognized that in certain situations it may be important for the family worker to be involved and be present at a particular home visit. On the other hand, the child in care may require the support and assistance of his own social worker during the potentially stressful home visit.
3. The primary responsibility for arranging transportation and supervision of children's visits to their parents rests with the Children's Services Unit. However, the Family Worker should also be actively involved in the process if reconciliation between the parents and child is a goal. The degree of involvement will vary from case to case.
4. The Children's Services Worker may utilize, whenever appropriate, the services of Volunteer to assist in coordinating visiting arrangement between parents and child. The natural parents should be encouraged whenever possible to provide the transportation.
5. With the approval of the social worker, foster parents may make the actual visiting arrangements.

## **CORRESPONDENCE AND COMMUNICATION**

All children in foster care have a right to receive and send mail that is NOT read, examined, or censored. Mail to, or from, the child's lawyer is NOT to be opened by anyone but the child.

### Mail To/From A Child in Care

Mail shall not be censored or withheld from the child. In certain circumstances, it may be opened by the child's worker, however, in the child's presence to search for articles prohibited by the Society. Such articles may be removed and withheld from the child.

### Prohibited Articles

The following articles are not allowed to be received by mail by children in care without inspection by the social worker and foster parents. After examining the articles, the social worker and foster parents will decide whether the child is allowed to keep them.

1. Drugs: whether prescription drugs, non-prescription medical drugs, or street drugs.

Contents will be inspected and a decision made as to the disposition.

2. Money, Cash or cheque: the foster parents and social worker should be aware of money being provided to the child and decide on its disposition.
3. Weapons or articles that could be weapons.
4. Pornography or other "obscene" or dangerous printed or audio visual material.

This is a difficult area since no one agrees on the definition of pornography or obscenity.

Where foster parents and/or social workers are concerned about printed material mailed to the child, they will examine the material in the presence of the child.

The decision of the disposition of such material must be based on the following:

a) The content of the material

Differentiate between sexual or erotic material and material which is degrading to a person. Degrading material will be withheld. Material which is not sexual, but is excessively violent may also be withheld.

Other material may be withheld where it may be dangerous to the child: (eg. 20 Ways of Committing Suicide; How to Make Your Own Nuclear (or Non-Nuclear. Bomb.

b) The age, level of understanding, and emotional health of the child

c) The intended use of the material:

Some items may be allowed where the child in care uses them privately and does not inflict them on others in the house or community.

d) The tolerance of the foster parents:

Foster parents have a right to determine material allowed in their house. The foster parents and social worker will consult and reach an agreement to avoid an overly restrictive, censoring attitude.

Any withholding or removal of prohibited articles from the child's mail is to be recorded in the child's file.

Mail may be read or examined in the child's presence by the child's worker if there are reasonable grounds to believe that the contents may cause the child physical or emotional harm. This clause does not apply to mail from the child's lawyer, which only the child is allowed to open.

Foster parents may not open or inspect the child's mail.

- It is the responsibility of the Society to inform the child and family about what articles are prohibited (MCSS Training Manual p. 87. This will only be done by Children and Family Services for York Region where there is a perceived need.
- Letters will not usually be examined. Indications that a letter may need to be examined include the following:
  - a) A letter from a person whose access to the child has been restricted by the court.
  - b) A letter from a perpetrator of abuse on the child.
  - c) A letter from a peer of the child, or other person, whose interaction with the child has caused harm in the past.
  - d) A letter from a person, usually a parent or relative who is involved in a serious disagreement with the Society regarding the child's care.
- Where a letter has been examined and found to contain emotionally harmful material, the consent of the child is required to take a copy of the letter. The social worker will make case notes when the child declines consent. In any case, the letter is to be given to the child.
- Letters to and from official persons who can assist the child will not be opened or examined without consent of the child; eg. Lawyer, Advocacy Office, Member of Parliament, Ombudsman, Residential Placement Advisory Committee, the Children's Service Review Board, and the Ministry.

### Telephone Calls

Children in care have a right to reasonable access, to make and receive telephone calls in accordance with foster family standards. They have the right to private telephone calls with their lawyer and worker.

In general, the Society permits and encourages phone contact between a child in care, family, and friends.

Such phone use will be allowed on the basis of reasonable privacy in the home.

An adult will not listen in to calls without the knowledge and consent of the child, and the other party.

Restrictions to the above general statement would be made in one or more of the following situations:

1. Reasonable convenience of the foster parents where a child has used the phone continuously for an undue length of time.
2. Cost: Where the child is contacting a family member by long distance, approval of the foster parents and social worker is required as to the time of day, length of time of the call, and frequency of calls.

Planned long distance calls will be approved ahead of time by social worker and may be to persons who are not family members.

3. Misuse of phone privileges: where the child has misused the phone; eg. unapproved long distance phone use or other inappropriate behaviour, foster parents and social workers may restrict phone privileges, refuse to accept calls for the child, and/or supervise phone use personally.
4. Calls from persons whose access to the child has been restricted by court order or where, in the opinion of the social worker and foster parents, such calls could lead to elopement or other inappropriate behaviour, may not be permitted.
5. Where foster parents believe that specific phone contacts are harmful to the child, they will consult the social worker and a decision will be made to:
  - continue to permit calls
  - prohibit calls
  - supervise calls

The foster parents and social worker will discuss their decision with the child and the other party, where possible; where appropriate they will revise the decision through negotiation.

The decision and reasons for it will be recorded in the child's file in the quarterly report and the foster parent's Behaviour Log.

Where phone calls are supervised, both the child and caller will be informed at the beginning of the conversation . They have the option of terminating the call.

No Society initiated supervision of phone calls will be authorized where the other party is the child's lawyer, an M.P., M.P.P., Ombudsman, appropriate MCSS representative, member of Advocacy Office, or RPAC member.

## **CHILD'S PURCHASE AND POSSESSION OF GOODS**

The Society believes that personal possessions are important to each child. Every child should be encouraged to bring from home those articles that they feel are important. Possessions and goods that are deemed hazardous to the health and safety of the child are restricted.

### **PROCEDURE**

When a child wants to bring, purchase, or have purchased for him/her, an item that is deemed by either the foster parents, natural parents, or worker, to be hazardous and a threat to the safety of the child or foster family, the item may be held until the worker's supervisor has been consulted. A decision as to whether or not the item should be given to the child will be made. A notation on the child's file about the issue and its resolution must be made.

It is important to respect the child's ownership of his/her personal belongings by providing him/her with a private place to store possessions in.

The following points should be considered:

1. When determining the suitability of a particular item:
  - Amount of instruction required
  - Degree of supervision required when in use
  - Potential risk to others
  - Age and maturity of the child
  - Parental wishes and concerns
  - Child's level of responsibility, compliance, and ability to follow directions
  
2. When purchasing toys for children:
  - Toys and art supplies for young children should be made of non-toxic materials
  - Toys for young children should not have pieces which are small enough to be swallowed or stuck in the eyes, nose, or ears
  - Toys for young children should not be made out of brittle plastic which may be dangerous when broken
  - Pull cords on toys should be short enough to prevent their getting caught around a child's neck. (Children in playpens or cribs should never be left with toys with pull cords.)
  - All toys should be periodically checked for loose or broken pieces, sharp edges, or faulty wiring

- Toys with batteries should be checked regularly for corrosion  
"Button" size batteries should not be used in toys for young children
3. When purchasing hobby supplies for children:
    - Poisonous or corrosive substances should only be used when there is proper supervision
    - Proper storage, inaccessible to young children, should be provided for poisonous or corrosive materials or any other hobby supplies that could be dangerous if misused (e.g. razors).
    - Where substances such as paint and glue are being used, working areas should be ventilated according to the instructions by the manufacturer
    - All chemicals should be properly identified and labeled.
  4. Children admitted to care will be encouraged to bring with them personal belongings or will be allowed to purchase these except as noted below. The policy guidelines below refer to ownership or the use of such items.

## PERSONAL POSSESSIONS

### Policy

1. The use of weapons by the foster child will not be permitted unless enrolled in an organized program approved by the Society.

Written approval must be obtained from the Children's Services Supervisor for the child to participate in such a program.

All weapons including

- firearms
- air rifles
- bows and arrows
- hunting sling shots

must be made inoperable when not in use and inaccessible to children at all times.

2. Children in care will not be permitted to purchase or operate the following motorized equipment unless previously authorized by the

Children's Services Supervisor and closely supervised by the foster parent:

- a) motor vehicle
- b) motorcycle
- c) snowmobile
- d) tractor

In certain circumstances, a ward may be allowed to purchase a motor vehicle if he/she meets the following criteria:

- a) need for a vehicle;
- b) availability to the adolescent of financial resources to purchase and maintain the vehicle and pay for insurance;
- c) completion of a driver's training course;
- d) possession of a valid driver's license.

## CLOTHING

Every child in foster care must have available an adequate supply of clean clothing that is suitable to his/her size, age, activities, weather conditions, and community norms. Suitable storage for clothing must be available at the foster home.

## PROCEDURES

### 1. The Child's Basic Wardrobe

- a) Upon arrival into foster care, each child is entitled to Basic Wardrobe which is to be paid for by the Society. The Society believes that the foster child should be dressed similarly to the natural children of the foster parents, and/or according to community standards. The Society requests that foster parents purchase the necessary clothing and submit receipts for reimbursement. A cheque may be advanced if large purchases of clothing are made.

The clothing list has been developed jointly by a group of foster mothers and Society representatives. These lists are for initial clothing, infants in long-term care, boys in long-term care and girls in long-term care.

The Society will ensure that each child admitted to care has a reasonable and basic wardrobe appropriate for the season at the time of admission. Where a child admitted to care does not bring with him/her a basic wardrobe, the foster parent and social worker should establish

- i) what clothing the child brings to the placement
- ii) what clothing is needed to ensure a basic wardrobe for the child.

### Initial Clothing List

#### Pre-School Age Child

3 tops	3 pair socks
3 bottoms	6 underwear
1 pair of shoes	3 doz. diapers (if needed).
1 pair of slippers	6 rubber pants (if needed).
3 pair of pajamas, (double, if not trained)	2 sweaters
	outer seasonal wear

#### School Age and Teens

3 pair of jeans or outfits	2 pajamas
3 tops	1 pair of running shoes
1 dress outfit	5 pair of socks or pantyhose
6 pair of underwear	1 pair of slippers
1 housecoat	3 bras (if needed)
outer seasonal wear	

The initial clothing is usually purchased by the foster parents. However, some children will come directly into a foster home on a planned basis and in that case, the foster parents will necessary purchase clothes in advance with the approval of the social worker and in line with the above amounts.

## 2. Maintenance/Replacement of the Child's Wardrobe

The clothing allowance of \$500.00 per year is intended to add to, maintain, or purchase replacement for the child's wardrobe. The attached wardrobe guidelines, developed in consultation with foster parents, provides a guide for foster parents who have children in long

term placement as to the development of the child's wardrobe while in care.

The clothing component is to maintain the child's wardrobe at the initial level, and is to cover all clothing needs of the child from year to year including seasonal necessities such as winter boots, coats, back to school needs, summer items, etc.

Thus, the money must be budgeted for year-round planning.

CLOTHING GUIDELINES  
FOR CHILDREN IN LONG-TERM CARE (INFANTS)

ARTICLE	0-1	2-3	CURRENT WARDROBE	REQUIRED
<u>OUTERWEAR</u>				
Dress Outfit	2	2		
Stretch	6	5		
T-Shirts	5	5		
Sweater Set	2	-		
Shorts	-	3		
Jeans/Pants	3	3		
Sun suit	3	3		
Jacket, light	1	1		
Snowsuit	1	1		
Mitts	2	3		
Hat	2	2		
Scarf	1	1		
<u>UNDERWEAR</u>				
Diapers	3	24		
Rubber Pants	6	3		
Underwear	-	6		
Leotards	2	2		
Socks/booties	3	5		
<u>FOOTWEAR</u>				
Running Shoes	-	1		
Boots - Winter	-	1		
Rain boots	-	1		
<u>MISCELLANEOUS</u>				
Bib	3	-		
Sun Hat	2	2		
Blankets	2	-		
Receiving Blankets	5	-		

CLOTHING GUIDELINES  
FOR CHILDREN IN LONG-TERM CARE (BOYS)

ARTICLE	3-4	5-7	8-11	12+	CURRENT WARDROBE	REQUIRED
<u>OUTERWEAR</u>						
Suit	-	-	-	1		
Dress Slacks	1	1	1	1		
Casual Pants	3	3	3	3		
Dress Shirt	1	1	1	1		
Sweater	2	2	2	2		
T-Shirts	3	3	3	3		
Bathing Suit	1	1	1	1		
Shorts	3	3	3	3		
Light Jacket	1	1	1	1		
Snowsuit	1	1	1	-		
Heavy Jacket	-	-	-	1		
Dress Coat	1	1	1	1		
Summer Hat	1	1	-	-		
Winter Hat	1	1	1	1		
Mitts or Gloves	3	3	2	2		
Scarf	1	1	1	1		
<u>UNDERWEAR</u>						
Underwear	6	6	6	6		
Undershirts	3	3	3	3		
Socks	6	6	6	6		
PJs (double for	3	2	2	2		
Housecoat	1	1	1	1		
Slippers	1	1	1	1		
<u>FOOTWEAR</u>						
Shoes	1	1	1	2		
Running Shoes	1	1	1	1		
Rubber/Winter Boots	1	1	1	1		
<u>MISCELLANEOUS</u>						
Tie	1	1	1	2		
Belt	1	1	1	1		

CLOTHING GUIDELINES  
FOR CHILDREN IN LONG-TERM CARE (GIRLS)

ARTICLE	3-4	5-7	8-11	12+	CURRENT WARDROBE	REQUIRED
<u>OUTERWEAR</u>						
Dress, summer	2	2	2	2		
Dress, Winter	2	2		2		
Blouse/T-Shirt	3	3	3	3		
Sweater	2	2	2	2		
Jeans	3	3	3	3		
Shorts	3	3	3	3		
Bathing Suit	1	1	1	1		
Lightweight Jacket	1	1	1	1		
Snowsuit	1	1	1	-		
Heavy Jacket	-	-	-	1		
Dress Coat	1	1	1	1		
Summer Hat	1	1	-	-		
Winter Hat	1	1	1	1		
Mitts or Gloves	3	3	3	2		
Scarf	1	1	1	1		
<u>UNDERWEAR</u>						
Underwear	6	6	6	6		
Bra - Undershirts	3	3	3	3		
Slip	1	1	1	1		
Leotards	2	2	2	2		
Pantyhose	-	-	-	2		
Socks	5	5	5	5		
PJs (double for wetter's)	3	2	2	2		
Housecoat	1	1	1	1		
Slippers	1	1	1	1		
<u>FOOTWEAR</u>						
Dress Shoes	1	1	1	1		
Running Shoes	1	1	1	1		
Rubber/Winter Boots	1	1	1	1		

## **FOOD AND NUTRITION**

Foster parents will provide a well balanced, nutritious diet to the children in their care. Foster children may have food preferences related to their cultural and social background. This should be considered in order that there is continuity for the child, particularly at the time of placement. This recognition of cultural preferences will facilitate the integration of the child into the foster family.

Foster parents will provide the same quality and quantity of food to foster children as is available to their own family.

Special diets for children, eg. diabetic, must be issued by a licensed physician, and explained thoroughly to the foster parents, including special preparation methods.

Foster parents must inform the child's worker of any unusual changes in a child's eating habits.

### **PROCEDURE**

The child's worker will complete the food preference and dietary needs section of the Foster Parent Information Form, where this information is available.

A copy of the Foster Parent Information Form, plus any prescribed diets, including special preparation methods, will be provided to the foster parents. This information will be placed in the child's file.

Foster parents will inform the child's worker of any unusual changes in a child's eating habits.

It is recommended that the Canada Food Guide be followed in order to provide for a well balanced, nutritious diet.

## **HEALTH CARE RESPONSIBILITIES**

### **NATURAL PARENTS**

The health care responsibilities of the Natural Parents are as follows:

- To provide a comprehensive, accurate medical history of the child from birth to admission.
- To provide the Society with a valid medical consent, permitting the society to consent to medical treatment

or

- To be available for consultation and to give medical consent when required.
- Except for parents of Crown Wards with no parental involvement, the Society will notify natural parents of required medical treatment, and the parents will sign the medical consent
- Natural Parents may be involved in accompanying the child to medical and dental appointments. This is usually negotiated on an individual basis depending on:
  - Parents interest and availability
  - Responsibleness of parent
  - Distances involved
  - Needs of the child
  - Regulatory requirements

Note: The Natural Parents will be notified periodically of the medical status of their child, by the child's worker, during the child's time in care, and at the time on any emergency medical treatment, when time and access permit.

### **SOCIETY SOCIAL WORKER**

With supervisory approval, each Social Worker is authorized to sign a medical consent, on behalf of the Society, for surgery, blood transfusions, or psychotropic medications (refer to Society policy under appendices. as follows:

#### **Temporary Care Agreement**

The child's parents must give informed, signed consents for any medical treatment or surgery.

#### **Society Ward**

Parents of Society Wards are to be involved in signing the necessary consents for any medical treatment or surgery. The Society Social Worker will ordinarily cosign such consents.

### Temporary Care and Custody

As per Society wards.

### Crown Wards

If the parents remain legally involved with the child, they should, where practicable, be advised of the need and type of surgery. Their consent is not required. The Society Social Worker will also sign all necessary medical consents.

See - Parental Refusal/Unavailability

### SOCIETY SOCIAL WORKER IS RESPONSIBLE:

- To ensure that mandatory medical and dental appointments are carried out by the foster parents.
- To ensure that medical follow-ups suggested by, or prescribed by, the doctor are carried out by the foster parents.
- To ensure that foster parents seek medical consultation for the child when appropriate, on both emergency and non-urgent bases.
- To ensure that the natural parents are notified of hospitalization or pending surgery.
- To ensure that the natural parents are informed of non-urgent medical needs of the child.
- Parents of Crown Wards may be notified where there is meaningful access, whether court ordered or not.
- To ensure that foster parents have a copy of the child's medical history and any medical consent signed by the natural parent.
- To ensure that foster parent medical logs are kept up to date on a monthly

basis and that copies of all medical reports are filed in the child's file.

- The child's social worker must accompany the child when the child is being medically examined as a result of an allegation of sexual abuse.
- To authorize a medical doctor to examine, diagnose, and recommend a course of treatment.
- The natural parents should be informed routinely of the doctor's recommendations.

### Psychotropic Prescriptions

In the case of a child over 16, his/her consent is required. See Appendix A for further details.

### Other Prescription Drugs

Foster parents are authorized to administer other prescription drugs according to the dosage, frequency, and timing prescribed.

The social worker and natural parents are to be notified.

### FOSTER PARENTS ARE RESPONSIBLE:

- To ensure that the child is seen by the doctor within 30 days of admission and annually thereafter. If the child has not been to a doctor 30 days prior to the admission, the medical should be completed as soon as possible, preferably within 72 hours.
- To ensure that the child is seen by a dentist within 30 days of admission and at least annually thereafter.
- To provide normal in-home medical care for minor discomforts.
- To ensure that the child is seen by a physician when medical condition is serious.
- To provide immediate first aid in case of an accident, and to seek immediate medical attention.
- The foster parent is not authorized to admit the child to hospital, nor

authorized to consent to surgery, blood transfusion, or use of psychotropic drugs.

- To notify social worker immediately of any serious occurrences including any serious injury to the child, death of a child, illness, or hospitalization.
- To notify the social worker immediately of the recommendations of a physician regarding surgery, blood transfusion, or psychotropic drug prescription.
- To record in the foster parent medical log each visit to the family doctor, dentist, or other specialist, its date, the reason for the appointment, and the doctor's recommendations.
- With the consent of the doctor, natural parents, and the Society supervisor, the foster parents are authorized to administer psychotropic drugs as recommended by the doctor. Each administration will be noted in the Medical Log.
- To obtain from every physician or dentist who sees the child a medical/dental report form. This report is noted in the child's Medical Log and the original is forwarded to the Society.
- In an emergency situation where a physician recommends immediate administration of psychotropic drugs, the doctor will obtain consent from the Society Worker, or he/she may administer the drug on his/her own authority.
- Foster parents should not be asked to consent to such drugs and are not authorized to give it.
- Where the emergency administration of a non-psychotropic drug is involved, foster parents may authorize administration.
- Foster parents are responsible for the safe and secure storage of all drugs in their home.

## PROCEDURES

### MEDICAL EMERGENCIES

- If a child in care has an accident or becomes ill, requiring a doctor, the foster parent should follow this procedure:
- Apply First Aid as needed.
- Take the child to the nearest medical facility (doctor, hospital, etc.)
- Once the child is seen by a doctor, etc., call the social worker at one of the Society numbers, 85 Eagle Street (895-2318 or 1-800-718-3850) or 25 Millard (954-0090 or 1-877-377-2460)
- Tell the switchboard operator that:
  - a) You are a foster parent and give name
  - b) That it is a medical emergency
  - c) The name of the child's social worker

If the child's Worker is not available, ask for the Worker's supervisor, or any other supervisor.

### After Hours:

Call the same number and give the same information to the Answering Service. The after hour worker will call you back immediately.

- If necessary, tell the doctor, hospital, that you, as foster parents, are not authorized to admit the child to the hospital, nor do not have the authority to authorize treatment, surgery, or blood transfusions.
- If permission is needed for surgery or treatment, a Social Worker will be available at all hours to complete the necessary consent procedure.
- Such permission can be secured quickly.
- However, if the medical people say that it is imperative that you sign immediately you must explain that it is their responsibility to act on their own authority if a life-endangering situation occurs.
- If you remember, in the rush, bring along an Society Medical Form and ask the doctor to complete it. Send original to the Society.

### PARENTAL REFUSAL/UNAVAILABILITY

1. In situations involving children in care under Care by Agreement, where the parents cannot be located, the social worker must immediately discuss the following options with the Supervisor:
  - a) Utilizing previously signed consent for medical treatment/ surgery.
  - b) Delaying medical proceedings until the parents are located.
  - c) Apprehension of the child.
  - d) Advise the doctor to proceed on his/her own judgment (doctors have the authority under the Criminal Code to initiate life saving activities without the necessary medical consents..)

2. In situations involving children in care through Society wardship or temporary care and custody, where the parents cannot be located or refuse life saving treatment/surgery, the social worker must immediately discuss the following options with the supervisor:
  - a) Delay medical proceedings until the parents are located.
  - b) The Supervisor signs the necessary consent forms.
  - c) Advise the doctor to proceed on his/her own judgment (doctors have the authority under the Criminal Code to initiate life saving activities without the necessary medical consents.
3. In situations where parents refuse life saving treatment/surgery:
  - a) The Executive Director must be notified.
  - b) The Society legal counsel must be consulted.
  - c) A second medical opinion must be considered.
  - d) Refer to COMSOC Directive PD 0007/81 in the COMSOC Protection and Care Manual.

### MEDICAL NON-EMERGENCIES

For the initial admission physical routine, annual physical examinations, and in other situations where the child needs to see a doctor, but not on an emergency basis:

1. The children may be seen by your own family doctor or their family doctor.

The child's social worker should clarify which physician to use at the beginning of placement and thereafter.

## 2. Immunization

The foster parents and social worker will determine the date of the last inoculation before giving consent to such medical procedures being carried out at school.

The foster parents and social worker will ensure that any school immunization is recorded on the child's Society Medical Record.

## 3. Eye Problems

The foster parent, the social worker, child, or school may recommend/request an eye examination for a child in care.

The foster parents and social worker will arrange for any prescriptions for glasses to be filled.

The foster parents and social worker will, if the child loses or breaks his lenses, ensure that an up-to-date eye examination has been done before replacing the lenses.

The Society pays for the cost of prescribed lenses, and will pay up to a certain amount for frames. If the child or foster parents want more expensive frames, the additional cost will be paid by the child or foster parent, as appropriate.

## 4. Discharge

The foster parents and social worker are responsible for arranging a discharge medical examination to access within 4 days prior to discharge to the natural parents, and within three months before discharge at age of majority.

## 5. Adoption And Discharge Medical

The foster parents and social worker are responsible for arranging for a medical within a month of placement of a child on adoption.

## DENTAL CARE

The child shall have a dental examination as soon as possible after admission, and thereafter at intervals of at least once a year. Dental services should begin routinely at three years of age. The foster parents and social worker may arrange a dental examination prior to this if a need is recognized by a pediatrician, foster parent, or social worker.

1. The foster parent or social worker can make an appointment by contacting the dentist.
2. The foster parent and social worker are responsible for ensuring that the child attends the scheduled dental appointment.
3. Where the child requires lengthy orthodontic work, an estimate must be submitted and approved before work can proceed.
4. Approval for such orthodontic work requires consultation with the Children's Services Unit Supervisor and the approval of the Executive Director.
5. A record of the child's dental care should be placed in the child's file.

## PRESCRIPTIONS DRUGS

1. Take prescription to any pharmacy in York Region and instruct them to bill Children and Family Services for York Region, 85 Eagle Street West, Newmarket, Ontario, L3Y 4X7.

Instruct the pharmacist to put your name (foster parents' and child's first name only on the invoice.

2. These funds for prescriptions do not come out of the foster care rates.

However, non-prescription drugs are covered in the all inclusive rate, and are payable by the foster parents.

An extraordinary amount of non-prescription drugs ordered by a physician may be partially, or fully, reimbursed by the Society. See your social worker.

3. If you happen to be out of the country and need to purchase prescription drugs for a foster child, the Society will reimburse you. Please submit the receipt.

### ADMINISTRATION OF MEDICINE

At the time of placement of a child on medication, the worker will provide the foster parents, in writing, with all the necessary information regarding drug administration. (i.e. drug name, dose, time of administration, and storage of drug.

All prescribed medications are to be administered by the foster parents. When the foster parents are administering medication to the foster child:

- The label must be read THREE (3) times.
- The foster parent must check that the medication was swallowed.
- Medication should never be given when the child is upset.
- If the child refuses prescribed medication, he/she should be counseled by the foster parent. The child's worker should be notified immediately if the situation continues.
- Alternate plans for administration of medicine must be approved by the worker in conjunction with the child's foster parents and/or doctor.

It is recommended for the safety of the child that the foster parents:

- Return drugs to a secure location immediately after administering.
- Avoid administering to foster children any drug containing A.S.A. (acetylsalicylic acid. i.e. aspirin, because of the risk of Reye's Syndrome (See Appendix D for further details.
- Have basic First Aid training.
- Counsel their foster child with respect to good health practices including substance abuse.

## ALCOHOL, DRUG, OR SOLVENT ABUSE

Suggested procedures if a foster child is found under the influence of alcohol or another drug:

1. Decide whether the child's state is dangerous to you, your family, or the foster child, using normal common sense.

Try to determine what drug he/she has taken. If you feel quite sure that there is no danger in the situation, carry on as usual; send the child to bed if that seems like a good idea. Report this to the Society the next day.

Record, in the Medical Log, the incident, name of the drug, and monitor the child through the night.

2. If the child is acting in a strange way, if you have anxieties about whether the child may be aggressive and/or unmanageable, or if the child is becoming ill:
  - take the child to the emergency ward
  - call the social worker or the after hours worker
3. If the child resists going to the hospital, becomes more aggressive, etc., call an ambulance and/or police.

NOTE: In most cases of substance abuse there will not be a need to go to the hospital or to call the police. Help the child settle and sleep it off. Let the social worker know the next day. Call the Society if you are unsure.

## **EMERGENCY SERVICE TO FOSTER PARENTS**

### **REPORTING SERIOUS OCCURRENCES**

The foster parents will report any of the following circumstances to the Society immediately:

- a) All deaths of children in foster care.
- b) Serious illness, serious injuries, or unplanned hospitalization of the child.
- c) All allegations and accusations of abuse\* or mistreatment of a child in care.
- d) Abuse\* or mistreatment of a child.
- e) Absences of the child from the home without permission for a significant\*\* period of time.
- f) Apprehension by the police and/or a charge under the Young Offenders Act or Provincial Offenses Act (Foster Care Standards SDMS 14.1.
- g) Significant\*\* alcohol or drug abuse.
- h) Fire or any other serious occurrences concerning a foster child.
- i) A threat made by a natural parent by phone or in person to interfere with the child's placement or in any other way to do damage to the child.
- j) Behaviour situation which is out of control for which the foster parent needs assistance.

\* An abused child is any child who has been physically harmed, seriously deprived of nutrition, care or affection, or sexually molested.

\*\* Significance is based on the age of the child and his/her need for supervision.

### **PROCEDURE**

## FOSTER PARENT RESPONSIBILITIES:

In the event of a serious occurrence, the foster parent should follow the steps outlined below:

1. Determine if the child requires a medical evaluation or attention. If so, call the appropriate emergency response number (ambulance, hospital, etc..) and request assistance.
2. Once the child has received the appropriate assistance, contact the Society and report:
  - The child's name
  - Nature of the occurrence
  - Time of the occurrence
  - Location of occurrence
  - Action taken
  - Current status of the child
3. If an accident occurs involving a child who is expected at school, contact the school to advise them of the child's expected absence.

## PRELIMINARY INQUIRY:

### FOSTER PARENTS

When the crisis is over, foster parents will report the following facts to the social worker:

- What happened: describing details as accurately as possible, including equipment involved;
- When it happened: date, time of day, etc.;
- Who was involved: name of the individual;
- Where crisis occurred: In the foster home? Which room?
- When occurrence was reported;
- What action was taken immediately;
- The current status of the child;
- Who was notified: licensee, school, parent, etc.

## SOCIAL WORKER

Completes a Preliminary Serious Occurrence Report and forwards it to his/her supervisor. The social worker will ensure that the natural parents and other relevant parties are notified.

Within 5 days, the social worker completes a Follow-up Serious Occurrence Report and forwards it to the Supervisor.

These reports are forwarded to the Executive Director.

## DEATH OF A CHILD

Foster parents will notify the Society immediately in the event of a death. The Society will ensure that prompt support is provided to the foster parents. Where the child involved is in temporary care, Society ward or interim care and custody, the Society will notify the natural parents.

The Society will determine if there are any special requests regarding the funeral arrangements from the natural or foster parents as well as authorize all financial and burial arrangements.

The Society will call the coroner and we will request an autopsy.

## REPORTING SERIOUS OCCURRENCES TO A PLACING SOCIETY

This is applicable to the Children and Family Services for York Region only when Wards from other Societies in the care of Children and Family Services for York Region are involved.

## CHILDREN IN CARE ON THE RUN

### PROCEDURE

1. The worker should ensure that the police are notified immediately, preferably by foster parents, if a very young child is missing.
2. The worker should ensure that the police are notified the same evening that a child of older age is missing. If a child is living with foster parents, they should make the call.

3. The worker should complete an After Hours Alert as soon as the police are called.
4. The worker will ensure that the parents of Society wards and non-wards, as well as those of Crown wards with access, are notified that the child is missing. The worker will ensure that the parents are notified, under any circumstances, within 12 hours.
5. The worker will complete a Child Data Form, indicating the child's whereabouts as unknown.
6. The foster parent must notify the After Hours Worker before 11 p.m. or the following morning of the child's return. The police must also be notified if the child returns on his/her own.
7. The worker will notify the Director of Services via a Serious Occurrence Report if the AWOL is extended or special circumstances are involved.
8. The worker will apply for a status review if a Society Ward is on the run for seven calendar days or longer.
9. The worker will ensure that the police are notified when a child returns.
10. If the child is in care by agreement, notice of termination of the agreement should be made to the parent in cases where the AWOL is extended.
11. It is the practice of this Society that a child who runs must be brought back to the place from which he/she has run. It is important for the child to face the situation and to see if the foster care placement can be preserved. The child will not be pressured into staying in the foster situation if he/she does not wish to do so. Neither will the foster parents.

It is extremely important, however, for the child and foster parents to meet as soon as possible after a run, to discuss what has happened, why it has happened, and to make plans for the child's return, or an alternate placement.

Even if the child is to be placed elsewhere after a run, it is essential that the "unfinished situation" at the foster home be resolved one way or another.

## **EDUCATION AND LEARNING**

A child who is a ward of the Crown or of a Society will receive “an education in accordance with the laws of Ontario and in keeping with the child’s intellectual capacity”, and may be offered appropriate occupational training.

### **PROCEDURES**

1. The foster parent will ensure that the child is registered in school as soon as possible after admission to care. However, the child’s Social Worker will assume responsibility for resolving problems related to school enrolment.
2. The social worker may be required to write a letter to the school principal stating the child’s name, verification of birth-date, status, and the name and address of the foster parents. The letter is signed by the Supervisor. The child’s worker will provide documents and arrange transfer of records if required.
3. The social worker must sign all school forms, which require the signature of the guardian, in respect to Society and Crown wards.
4. The social worker may, after discussion with the Supervisor and Director of Services’ approval, arrange for the child to receive an educational program outside the public school system, and for which there is a fee. This includes nursery school, community college, professional college, university, private vocational schools, and tutoring. The social worker arranges for payment of fees and/or transportation by completing a requisition signed by the Supervisor and submitted to the Executive Director.
5. The child’s worker shall contact the school teacher or principal on a minimum quarterly basis to assess the child’s adjustment and progress in school.
6. The foster parent and social worker will advise the child’s present school of any school change, giving the name and address of the new school so that the child’s record can be transferred. If the child requires special education services, these should be discussed with the Board of Education prior to the move.

7. Copies of the school reports should be obtained and placed in the child's file.
8. Foster parent will relate to the teacher, and the school in general, in the same way as they would for their birth children—attending conferences, consulting and co-operating with the school in relation to behaviour, attendance, activities, etc.

NOTE: The child should use his own legal name on school documents (not the foster parents' name. If the child prefers to use the foster parents' name, and this is agreeable to the foster parents, this arrangement must be approved by the Executive Director.

#### LEGAL NAME CHANGE

Following an adoption breakdown and the child comes into care and becomes a Crown Ward, he/she may request that he/she may have his/her name legally changed back to his/her original name. The child should be referred to legal services to process his/her request.

## **ADOLESCENT AND PRE-ADOLESCENT SEXUALITY**

Foster parents are encouraged to provide foster children with sex education and support as needed, and in conjunction with, the efforts of the school board and the child's social worker.

It is especially important for children to be prepared for bodily changes associated with the onset of puberty and adolescence, especially the beginning of menstruation or nocturnal emissions.

Foster parents should deal with matters of sexual curiosity, knowledge, and advice in the same manner as they would with their own children. If they have doubts as to what to say, or feel uncomfortable, they should discuss the situation with the child's social worker.

### **GUIDELINES**

1. Sexual activity by adolescents should not become an issue of discipline or punishment if it is carried out in privacy, without the use of force, and outside the foster home.

This does not mean that the Society approves or encourages adolescent sexual activity, but that it is simply not a behaviour subject to our control.

2. Sexual activity by pre-teens requires discretion and understanding in terms of the reaction by foster parents or other adults.

The Society's policy is to avoid giving the child the message that sex or sexual activity is evil, or that he/she is evil. However, it should be explained why that activity is inappropriate, and stated that it is not allowed.

3. Common sense guidelines should be in place to restrict opportunities for sexual activity by teenagers in the foster home, i.e.
  - No friends of the opposite sex permitted in bedrooms;
  - Adolescents of mixed sexes should not be allowed to visit in the absence of adult supervision
  - Also, normal expectations would state that adolescents must have a reasonable curfew, and are not allowed to visit a friend's home without adult supervision.

4. Consequences or punishment for breaking curfew or having a friend over in the absence of foster parents should be directed to the breaking of the rule, not to any suspected or known sexual activity.
5. Masturbation is seen as a normal sexual activity for children of any age or either sex, provided this is done in privacy and does not inconvenience others.
6. If an adolescent is known to be, or presumed to be sexually active, the social worker or the foster parents should discuss birth control with the adolescent (male or female) and his/her parents and assist them in obtaining appropriate knowledge and medical advice. Also, information should be made available by the foster parents, social worker, or medical personnel regarding sexually transmitted diseases (STD's).
7. When discussing birth control, it is necessary to point out the advisability of abstaining from sexual relations at this age, not only for reasons of birth control, but also the resulting complications to relationship building, self-confidence, and maturity.

However, the Society highly encourages birth control measures, if the adolescent decides on a sexually active lifestyle, for the following reasons:

- a) To safeguard the mental and emotional health of the adolescent in the Society's care;
- b) To prevent the trauma of a decision on abortion;
- c) To prevent the trauma of an unwanted pregnancy and an unexpected child;
- d) To avoid the unnecessary life difficulties that would be projected on to such a child—e.g. life with a relatively immature, unprepared, single parent; adoption; possible physical neglect or abuse; potential admission to care of this or other Children's Aid Society.

## 8. BIRTH CONTROL

If the foster parents are aware that an adolescent in their care is sexually active, it is essential to inform the adolescent's social worker. It will also be necessary for the foster parents or the social worker to discuss the issue with the adolescent's parents.

Birth control for Crown Wards (the specific form to be determined by medical advice. may be consented to by the worker following supervisory approval.

Birth control for Society Wards (the specific form to be determined by medical advice. may be consented to by the worker following supervisory approval and the written consent of the child's parents.

Birth control for children in care by agreement requires parental consent.

## 9. PREGNANCY

If a foster child becomes pregnant, the Society asks that foster parents consider remaining available as foster parents to the girl and her child, if it is her wish to care for the child herself.

Foster parents' support of the girl is very important during the early stages of her pregnancy as she copes with the very important decisions around this event.

Later in the pregnancy, foster parents' help, knowledge, experience, and support are crucial to a good plan of care for the adolescent and her child.

The foster parents should notify the social worker as soon as possible after learning of the pregnancy.

## 10. ABORTION

If a child in the care of this Society desires to have an abortion, and this is agreeable to the parents, the Society will not, under ordinary circumstances, refuse to give any required medical consent. However, in exceptional circumstances the Executive Director reserves the right to refuse such consent with proper and sufficient cause.

## 11. AIDS

Refer to Society Policy - see appendix

## **TRAVEL AND TRANSPORTATION**

Foster parents must notify the Society and receive authorization for traveling with foster children outside of York Region for periods beyond 24 hours. All travel outside of Ontario must have prior approval. When foster families spend leisure time on a regular basis at one alternate location such as a cottage, trailer park, etc., long term approval of such travel arrangements may be obtained.

If foster parents plan to leave the Canada temporarily, it is necessary for the Society to provide them with a letter permitting such travel for their ward, and giving the foster parents authorization to sign for emergency medical services. A letter giving foster parents authorization to obtain emergency medical services will also be provided in cases where the child does not have an Ontario Health Card number.

### **SEAT BELTS, CAR SEATS**

Under Section 61 of the Highway Traffic Act (O.Reg.485/80.

- a) All infants (nine kilograms/twenty pounds or less. must be secured in a rearward-facing child restraint system when being transported;
- b) All toddlers (nine kilograms/twenty pounds or more but less than eighteen kilograms/forty pounds. must be secured in an approved child restraint system when being transported;
- c) All preschoolers (eighteen kilograms/forty pounds or more but less than twenty-three kilograms/fifty pounds. must be secure by the pelvic restraint of a seat belt when being transported.

The driver of the motor vehicle is responsible for ensuring everyone under the age of sixteen is properly secured.

The safety of children is the Society's central concern.

All car safety seats and seat belt assemblies will be securely fastened and installed according to the manufacturer's instructions.

This policy is seen as sufficiently serious that infractions can lead to disciplinary action including termination from fostering.

## PROCEDURE

Foster parents will contact the child's worker to discuss travel plans and to obtain travel authorization. Whenever possible, ample advance notice of travel plans is preferred. Starting and return dates will be specified for all travel plans. The Society will be made aware of the mode of transportation and destination in the case of long distance travels.

Whenever possible, foster parents will provide a telephone number where they can be reached.

## **DRIVER'S LICENCES FOR WARDS**

As a rule, the Society does not give a signed consent for a ward to obtain a driver's instruction permit. It is illegal for foster parents to give signed consent.

### **PROCEDURE**

The social worker will comply with Society policy but may make an exception after consulting with the supervisor, under the following conditions:

- a) The worker judges the ward to be a responsible person.
- b) The foster parents agree to the consent being given and will allow the ward to drive their car.
- c) The ward must be declared a driver of the car for insurance purposes.
- d) Driving required for employment.

## **CONSENT FOR MARRIAGE OF A WARD**

Consent for marriage of a Crown Ward under 18 years of age must be obtained from the Ministry Director of Child Welfare.

### **PROCEDURE**

1. The worker will process the request giving the following information:
  - a) Ward's name.
  - b) Date of birth.
  - c) Address.
  - d) Date of Crown Wardship.
  - e) Name and date of birth of intended marriage partner.
  - f) Future accommodation.
  - g) Source of financial support.
  - h) Any special circumstances.
2. The Executive Director will forward request to the Ministry Director of Child Welfare.
3. The Ministry Director of Services will give signed consent if request approved.
4. The Ward is given consent.
5. Wardship terminates automatically on the marriage of a ward.

## **GEOGRAPHIC AND CULTURAL ISOLATION**

When foster children and youth who are placed in a foster home where they are isolated by virtue of language, culture or distance from their own home and communities, the following must be instituted:

- regular contact with own family, unless otherwise ordered by the Court, by way of visits, telephone contact, audio or videotape;
- maintain the connection to the child's or youth's own community by having a person known to the child as a contact;
- he/she will be able to communicate concerns and complaints in his/her language and in the context of his/her culture through an interpreter if required;
- incorporate ways and means of reducing geographic and cultural isolation into the plan of care;
- to reduce isolation from peers have him/her participate in local youth support group;
- volunteer from the child's culture or religion may be of assistance;
- make child aware of provincial "Youth in Care Connections Across Ontario" and any local youth in care networks, and should be helped to participate in these organizations if they express an interest in doing so.

## **LEARNING ABOUT PLACEMENT AFTER A CHILD LEAVES**

Every child that leaves a foster home must be interviewed for an opportunity to discuss the foster care experience. The content of the interview must be recorded in foster family and child's file. The information can be shared with the child or youth and foster parent, as appropriate.

The information may be obtained from the child or youth in person, by telephone or by questionnaire or some combination of these. The child or youth has the right to refuse a contact after placement. Their refusal is to be recorded in the file.

The purpose of the interview:

- provides a sense of closure and continuity for the child;
- provides an opportunity to talk about the experience and why the child was moved from the foster home;
- may give the agency useful information in selecting future placement or planning for the child;
- offers the foster parents an opportunity to review the placement and discuss consideration for future placements.

## **PRIVATE INTERVIEWING OF CHILDREN**

Both the child's worker and foster care worker must hold private interviews regularly with each child or youth in a foster home. These visits are to be held during regular visits the frequency of which are outlined in the Ministry directive to Children's Aid Societies. The frequency of visits may also reflect the wishes and needs of the child and outlined in the plan of care.

The setting for the interview should:

- offer privacy and be comfortable for the child;
- offer protection for the social worker and be selected, if possible, in a public location while maintaining privacy.

Should the child refuse to meet privately with the worker, this should be recorded on the child's file.

Note:

Regulation 70s 121      This regulation specifies that visits by a social worker to children in foster care must be made within seven (7) days of admission, at least within thirty (30) days after admission and at least every three months thereafter.

## **LIFEBOOKS**

A lifebook is a type of scrapbook that records as many significant events in a child's life as possible, and forms a permanent history of the child's upbringing. Collecting and sorting this information and material that goes into his/her lifebook with the child's worker can provide an opportunity for the child to discuss his/her feelings about circumstances recorded. It also provides the child with something of his/her own, and something that is a stable factor in what may be a constantly changing environment.

The lifebook is the property of the child and should accompany him/her on all moves. The decision of whether he/she will share the book, when, and with whom, should also be the child's.

The lifebook should contain:

- birth information;
- any descriptive infancy/toddler growing experience;
- any pertinent health facts;
- a description of the child's own parents (physical, personal interests, skills);
- an honest and sensitive description of the situation that precipitated the child's separation from his/her family;
- visits and letters from family;
- names of foster parents, residents, etc. (eg. when child lived there, for how long, a sensitive description of the reason for moves and other relevant information);
- any feelings or observations the child wishes to include;
- positive achievements, records or mementos (eg. sports or club activities, school certificates, stories);
- records of important anniversaries (eg. birthday cards, Christmas memories);
- photographs (of child at various ages, or natural parent(s), of places lived and people lived with, of friends and groups, etc.);
- anything else the child feels is important.

## Chapter 6 - Financial Matters

### FOSTER CARE FINANCIAL INFORMATION

July 1, 2006

#### PER DIEM RATE

	REGULAR FOSTER CARE	SPECIALIZED FOSTER CARE	TREATMENT FOSTER CARE
Basic Rate	\$28.85	\$40.58	\$56.71
Respite / Relief	\$1.52	\$2.49	\$3.49
Skill	Up to \$6.00	Up to \$6.00	Up to \$6.00

#### ALLOWANCES

	0-6 yrs	7-12 yrs	13-17 yrs
Spending Allowance—Weekly/Daily	\$2.31/\$.33	\$5.08/\$.73	\$11.54/\$1.65
Birthday Allowance	\$40.00	\$45.00	\$50.00
Christmas Allowance	\$75.00	\$100.00	\$125.00

#### REIMBURSABLES

	0-6 yrs	7-12 yrs	13-17 yrs
Clothing Guidelines (Annual)	\$500.00	\$650.00	\$900.00
Recreation Allowance (Annual)	\$250.00	\$400.00	\$500.00
Vacation Assistance	0-5yrs	6-17yrs	
Maximum Allowance—2 weeks	\$50.00/wk	\$100.00/wk	
Birthday Gifts for Peers / Family	Limit of 3 gifts at \$15.00 per gift		
Photographs	Maximum allowance is \$20.00 per year		
Mileage Rate	\$0.35per kilometer		
Witness Fee	\$50.00 plus mileage		
On-Call Retainer	\$8.00/day when on call for emergency placements		

## **FOSTER PARENT FINANCIAL INFORMATION**

Foster parents may call any of the following with any questions regarding financial matters:

- 1st - Child's worker
- 2nd - Foster Care Support Worker
- 3rd - Society accounting staff

### **BASIC BOARD RATES**

During the term of the placement, the Society will pay the current per diem board rate for each child placed. Monthly board rates are paid retroactively for the preceding month. The board cheques will be mailed (unless Society pick-up is requested) by the eighth (8) working day of each month. Feedback will be provided in all cases to foster parents whenever expenses have not been approved.

Expenses that are considered to be included in the per diem board rate include the following:

1. Food:
  - groceries, meals away from home.
2. Personal care items:
  - toothpaste, shampoo, hairbrushes, combs, razor blades, health supplies, sanitary napkins, over-the-counter medication and infant needs.

Note: Foster parents are not expected to purchase cosmetics for the child in care from their per diem rate. Children in care will be expected to use their allowance to cover the cost of personal cosmetics.

3. Lodging:
  - provision of appropriate furniture, bedding, towels, face cloths, including normal wear, tear and replacement.
4. Transportation:
  - normal transportation for purposes of schooling, family outings, shopping, recreation, bus fare, etc.
5. Clothing maintenance:
  - normal cleaning and maintenance
6. Entertainment and Leisure Activities:
  - movies, family outings, books, etc., including admission fees and

normal transportation.

7. Record book:  
log book to record child's progress.
8. Babysitting:  
normal babysitting costs.
9. Haircuts  
The board rates will be paid on the following basis:
  - i) Per diem rates will be paid for the day a child enters a foster home but not for the day the child leaves the home.
  - ii) Full foster care per diem rates will continue for up to seven (7) days when a child is absent from the home on planned visits, vacation or camp (including Society-sponsored outings) and when the child is engaged in a planned transfer. A 60% per diem rate may be paid for a further 7 day period upon supervisor's approval.
  - iii) When a child visits a foster home for overnight (or longer) on a pre-placement visit, the per diem rate will be paid to the foster home.
  - iv) Full foster care rates will continue for up to seven (7) days when a child is in hospital for treatment, including crisis placements in Mental Health facilities. A holding rate of 60% of the per diem may be paid for a further seven day period. The decision to pay will be made by the supervisor.
  - v) Full per diem rates will continue for up to seven (7) days when a child has eloped (A.W.O.L.) unless it is clearly decided within the seven day period that a child will not be returning to the foster home placement. In these situations, the rate will be discontinued at the time of the decision. Should the child be AWOL beyond seven (7) days and the plan is for the child to return to the foster home, a 60% per diem may be paid for up to another seven (7) day period upon approval of the supervisor.

For information relating to foster parent relief payments, see Relief Section.

## **REIMBURSABLE ITEMS**

### **FOSTER PARENT REQUEST FOR REIMBURSEMENT**

A "Foster Parent Request for Reimbursement form" will be forwarded with the monthly board cheque for each child in the foster home. To ensure payment in the current month, the form should be returned to the Accounting Office by the 20th of the month; expense cheques will then be mailed to foster parents within a week.

A separate form must be completed for each child placed in the foster home. In most instances, receipts must be provided in order for eligible expenses to be reimbursed.

Unless otherwise indicated, expenses for the following items should be claimed on the "Foster Parent Request for Reimbursement".

### **MEDICATION**

The cost of prescription medication for a child in care will be reimbursed. If a physician has recommended a non-prescription medication for a child in care, foster parents should request either a written verification or a prescription form from the physician. (This will serve as a receipt to claim the expense.)

### **CLOTHING**

Foster parents are responsible for the purchase of appropriate, seasonal clothing for the child in care and for ensuring that adequate, clean clothing is available at all times.

Annual clothing expenditure guidelines will be prorated based on the portion of a calendar year that a foster child resides in a foster home.

Costs for initial clothing will be considered as exceptional if guidelines are exceeded. Adolescents are expected to cost share when annual clothing expenditures exceed the guidelines, unless there are extenuating circumstances.

All exceptions will require prior supervisory approval.

The purchase of good quality used clothing is encouraged.

Monitoring of clothing expenditures for children will be provided to the appropriate supervisor on a quarterly basis.

### Infants Admitted from Hospital

Foster parents who are caring for a newborn admitted from hospital will be supplied with a layette for the child. The child's worker may supply other clothing, such as sleepers, from the Society's clothing room.

### Adolescent Clothing

On an individual basis, the Society may negotiate payment of a clothing allowance directly to an adolescent in foster care. The child's worker will negotiate this agreement directly with Accounting staff and the foster parent will be advised.

### Ongoing Maintenance of Clothing

The foster parents will claim for ongoing clothing purchases for the child on the "Foster Parent Request for Reimbursement form". Receipts must be attached.

## GUIDELINES RE CLOTHING

Annual guidelines are set for clothing expenditures based on the age of the child. (See Financial Sheet for amounts.) Foster parents are strongly encouraged to maintain a record of the child's clothing expenditures, so that they may plan for major purchases; eg. winter clothing.

Society Accounting staff will monitor each child's clothing expenditures throughout the year. When approximately 75% of the annual guideline has been spent, Accounting staff will notify, in writing, both the foster parents and the child's worker. If it appears likely that clothing expenditures will exceed the annual guideline, foster parents are requested to discuss the situation with the child's worker. It is understood that, in some situations, the child's clothing needs may exceed the guideline.

The foster parents, child's worker, his/her supervisor and the Foster Care/Adoption Supervisor will be notified by Accounting, in writing, when the annual guideline has been exceeded. Any expenditures over the annual guideline must have the prior approval of the child's worker and his/her supervisor.

It is expected that there will be no advances for ongoing clothing purchases.

Foster parents are expected to exercise financial discretion when purchasing clothing.

### INFANT NEEDS

Foster parents may claim for the cost of diapers, formula and baby food. Receipts must be attached.

### TRANSPORTATION

The Society will reimburse foster parents, at the approved Society rate of \$.30 per kilometer, for transportation costs for driving on Society-related business, such as meetings at the Society, medical appointments, school appointments, home visits, case conferences and foster parent training.

Reimbursement will be paid for mileage driven to daycare/nursery school when the child's attendance has been a Society treatment decision.

The Society may cover school, recreation and other transportation costs (eg. employment search) in special circumstances, with the following procedures:

1. Prior written agreement between the child's worker and foster parent as to the special circumstances and payment. The agreement is to be approved, in advance, by the worker's supervisor. Both the foster parent and the child's worker have a responsibility to ensure that these agreements are clean and discussed in advance.

Transportation will not be provided to a child not in care of the Society unless ordered by the Court or unless non-provision of such transportation would clearly result in the child's admission to care. In such exceptional circumstances, documentation is required to include appropriate Management approval and reasons why alternative forms of transportation are not possible.

Volunteer drivers will be required to wait up to 2 hours when scheduled to return a child to the original (or other) location.

Social Workers are responsible to notify the Volunteer Drive Coordinator as soon as they become aware that a drive has been cancelled.

Appropriate approval must be obtained for ongoing drives and any extension of these arrangements.

The Request For Transportation form to be revised to incorporate recommendations as applicable.

### MILEAGE RATE

The mileage rate will be \$.30 per kilometer, effective July 1, 1996.

Drive requests that indicate an accumulated cost estimate of over \$500. Will be considered exceptional. These requests will be reviewed by the Director of Services to determine the appropriateness of a negotiated or flat travel rate.

Single drives involving out-of-York Region travel may also be subject to a flat rate.

### BABYSITTING

The Society will pay for babysitting costs of foster parents when the expense is directly related to the child in care, such as attending meetings at the Society, case conferences or court.

A maximum rate of \$5.00 per hour (\$25.00 per day) will be provided for the reimbursement of babysitting costs.

Exceptions to this rate may be allowed, subject to prior supervisory approval. Such exceptions will be provided to a maximum rate of \$10.00 per hour (\$40.00 per day).

### LONG DISTANCE TELEPHONE CALLS

The society will pay the cost of long distance telephone calls made by the foster parents on society-related business. Copies of the appropriate telephone bills must be submitted for reimbursement.

### PHOTOGRAPHS

The society will pay for the cost of school (or equivalent) photographs of children in care within allowable limits (See financial page). Receipts must be attached.

## **SPECIFIC PAYMENTS**

### **ON-CALL RETAINER**

Foster parents who agree to provide on-call back-up are entitled to the payment of a retainer. While on call, foster parents must be available at all times, by telephone.

The worker responsible for the on-call foster homes will notify the Accounting Department, on a monthly basis, of foster parents who have been on call during the month. Accounting will process and mail cheques for the retainer fees based on the number of days of back-up provided during the month. (See Financial Sheet for retainer fee.)

### **SCHOOL EXPENSES**

There is provision in the per diem rate for school expenses; therefore, foster parents are requested to exercise discretion.

Foster parents are entitled to claim reimbursement of the cost of school supplies for the child in care. Receipts must be attached.

#### a) School Trips

The Society will reimburse foster parents for the cost of special school trips for the child in care, including both day and overnight outings. Receipts must be submitted.

The cost of over-night school trips will be considered a part of each child's recreation allowance. (See Financial Sheet.)

#### b) Educational Fees and Tutoring

The Society is responsible for the cost of educational fees and tutoring required by a child in care. Any extra educational expenses incurred on behalf of a child in care must have the prior approval of the child's worker and his/her supervisor. The educational institution or tutor should submit claims directly to the child's worker for payment.

## RECREATION

Within the allowable guidelines, the Society will reimburse foster parents for the cost of sports equipment, registration fees, music lessons, dance lessons, theme parks (eg. Canada's Wonderland), special high cost events (eg. Blue Jay game, Disney on Ice) and other special interests and programs for the child in care. (See Financial Sheet.) Receipts must be submitted.

Clothing, sports and leisure equipment that has been purchased by the Society for the child in care should accompany the child or be returned to the Society.

Annual recreation expenditure guidelines will be prorated based on the portion of a calendar year that the foster child resides in a foster home.

It is acknowledged that recreational activities are seasonal in nature and proration of costs is not always possible. Any exception to the prorated guidelines will require prior supervisory approval.

Additional or special recreational activities for a child should be applied to the Children's Fund for funding consideration.

Monitoring of recreational expenditures for children will be provided to the appropriate supervisor on a quarterly basis.

## VACATION

The Society will assist foster parents with vacation expenses for the child within the allowable guidelines (see Financial Sheet). The assistance will be for a maximum of two (2) weeks, provided that a vacation or suitable alternative is taken. If foster parents do not take a vacation, they are required by the child's worker to outline the alternate arrangements (eg. day trips) being provided. Vacation expenses may be claimed on the "Foster Parents Request for Reimbursement form".

Time spent by the child in Society-sponsored overnight camps will be deducted from the time for which vacation allowance is paid.

In special circumstances, foster parents may claim for additional expenditures, such as travel fares and accommodation. Foster parents must submit estimates for expenditures to the Foster Care/Adoption Supervisor prior to departure, for approval. Receipts must be submitted for payment of a claim.

## COURT APPEARANCES

A foster parent who is requested by the Society to attend Child Welfare Court is entitled to payment of a witness fee. Society counsel is responsible for requesting payment of the witness fee.

If the foster parent receives a subpoena requiring their presence in court and will lose wages as a result of the request, by the Society, the foster parent is entitled to compensation for the lost wages. The foster parent must submit to Accounting a statement from their employer indicating the amount of the wages lost. Accounting staff will subtract the witness fee from this amount and pay the foster parent the difference.

All foster parents who attend Child Welfare or Young Offenders Court are entitled to payment of mileage and babysitting costs.

## INCOME TAX

Generally speaking, foster parent payment is not taxable. However, consult with your tax advisor regarding this issue.

## ALLOWANCES

Allowance rates are outlined on the Financial sheet. A spending allowance for each child based on the age of the child will be forwarded monthly with the board cheque. Unless approved by the child's worker, the foster parents will give the designated spending allowance to the child. When it is inappropriate to give the child the allowance, foster parents should save the allowance for the child or for his/her special needs. The foster parents should assist the child to make appropriate use of the spending allowance.

The spending allowance is to be paid by the week. If a child is discharged from care four days or later in a week, he/she will be entitled to a full week's allowance. If it is less than four days since the last allowance was paid, there would be no allowance given.

## BIRTHDAY ALLOWANCE

A birthday allowance, based on the age of the child, will be forwarded to foster parents with the board cheque for the month prior to the child's birthday; eg. if child's birthday is in March, birthday allowance will be mailed with February board payments, which are mailed in early March.

Birthday gifts purchased on behalf of a foster child for a sibling or a peer's birthday may be claimed on the monthly expense form. There is a limit of three gifts per year at \$15.00 per gift.

### CHRISTMAS ALLOWANCE

A Christmas allowance, based on the age of the child, will be forwarded to foster parents with the October board cheques, which are mailed in early November. This allowance is paid to foster parents for the purpose of purchasing gifts for the child. The foster parent may, dependent on the age and maturity of the child, give him/her a portion of the Christmas allowance to enable the child to purchase gifts for his/her natural family.

If the child is moved from the foster home after receipt of the allowance but prior to Christmas, the foster parents are expected to forward the remainder of the allowance, to the child's new placement.

### THEFT AND DAMAGE BY FOSTER CHILDREN

The Society will consider claims from foster parents involving theft or damage to their property or premises committed by foster children, placed in their home, according to the following guidelines:

1. A claim for theft or damages will only be undertaken in cases where the foster parents' own insurance coverage does not cover the cost of the theft/damage.
2. The claim for damage must be a consequence of the foster child's deliberate action and not the result of normal wear and tear, an accident, or of lack of adequate supervision.
3. The foster parents have previously sent the letter on the following page to their insurance company.
4. Foster parents are required to take reasonable precautions in ensuring that valuables or breakable items are kept beyond the reach of children.
5. Foster parents are encouraged to protect all property maintained in the home by acquiring adequate Household Insurance.

6. Valuable items, such as jewelry, coins, should be insured separately. These items and large amounts of money should be kept in a locked cupboard. Keys should be kept in a place unattainable to children.
7. If a child has a history of theft or destruction, the foster parents will be advised and should take extra precaution.
8. It is expected that the child will make a contribution toward the payment of restitution, in all situations of confirmed malicious damage or theft.

Dear

Re: Policy No. \_\_\_\_\_

We are foster parents for the Children's Aid Society of York Region and we are authorized to care for no more than four unrelated foster children.

We understand that our foster child(ren) will be considered as insured person(s) as defined in the policy.

Sincerely,

Foster Parent  
Children's Aid Society of York Region

## PROCEDURE

1. Foster parents must inform the child's worker immediately (or as soon as aware) of any incidents involving theft or malicious damage by foster children.
2. Foster parents must check with their own insurance agent before submitting a claim to the Society.
3. A claim for replacement, accompanied by receipts or estimates, must be given to the child's worker within 30 days of the incident.
4. The final decision re payment of a claim will be made by the Executive Director in consultation with the Foster Care/Adoption Supervisor and the Accounting staff.

FINAL RELEASE

IN CONSIDERATION of the payment or of the promise of payment to me/us of \_\_\_\_\_(amount of payment)

Dollars (\$\_\_\_\_\_), I/we, hereby release and forever discharge \_\_\_\_\_(name of placement Society)

from any and all actions, causes of actions, claims and demands, for damages, loss or injury, howsoever arising, which heretofore may have been or may hereafter be sustained by me/us in consequence

\_\_\_\_\_ (description of loss)

AND FOR THE SAID CONSIDERATION I/we further agree not to make any claim or take any proceedings against any other person or corporation who might claim contribution or indemnity under the provisions of The Negligence Act and the Amendments thereto from the person, persons, or corporation discharged by this release.

IT IS UNDERSTOOD AND AGREED that the said payment or promise of payment is deemed to be no admission whatever of liability on the part of the said \_\_\_\_\_(name of placement Society)

IN WITNESS WHEREOF I/we have hereunto set my/our hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_.

IN PRESENCE OF

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Individual Receiving Payment

\_\_\_\_\_  
Individual Receiving Payment

Witness

## **EXPENDITURES FOR WHICH SOCIETY APPROVAL IS REQUIRED**

### 1. NON-EMERGENCY MEDICAL COSTS NOT COVERED BY O.H.I.P.

The Society is prepared to defray any indicated medical costs over and above OHIP coverage. However, it is necessary that such costs be approved beforehand by the supervisor of the Children's Unit.

Chiropractic services: Such costs, as well as the consent for such treatment, must be approved by the supervisor. In most cases, the Society would require that a medical doctor make the referral to the chiropractor, based on his/her assessment of the need for such treatment.

### 2. DAY CARE SERVICE

If the foster parents feel that a preschooler in their home could benefit from a specialized Day Care Program to help the child's developmental behaviour or emotional difficulties, they should discuss this with the child's worker. Approval is required from the Children's Services Supervisor before the Society is committed to such expenditures.

### 3. EDUCATION (FOSTER PARENT TRAINING)

The Foster Care Unit has an annual budget to provide foster parents with educational opportunities, as well as specific funds for some foster parents to attend the annual Children's Aid Conference (OACAS - Ontario Association of Children's Aid Societies). Requests for these funds should be channeled through the Foster Care/Adoption Supervisor.

### 4. PRIVATE SCHOOL

In most cases, the Society would determine that a child in its care be enrolled at the most appropriate public school.

However, if the foster parents feel that a child in their care should attend a private school with their own children, they may request consideration of this plan. Approval must come from the Executive Director prior to the child's enrolment at such a school.

## **FOSTER CARE INSURANCE**

Foster parents and foster families are named as Additional Insured's within the Society's general liability policy but only in respect to liability arising from operating on behalf of the Children's Aid Society. The Society's property insurance policy is not intended to cover property for which the Society does not have an insurable interest (eg. foster family property). The liability policy covers only the actions performed by a foster parent on behalf of the Children's Aid Society. Therefore, foster parents should carry personal insurance on anything that they would cover by insurance under normal circumstances. This includes personal liability insurance, property damage insurance on their home, cottage, furniture, jewelry, car, boat, motorcycle, livestock, etc.

Foster parents are required to maintain motor vehicle insurance with a minimum of one million dollars public liability and property damage coverage (\$1,000,000.00).

In order to have foster children included under their current insurance policy, it is necessary for foster parents to inform their insurance company advising them of their role as foster parents approved by the Society. The Insurance Bureau of Canada has indicated that the foster parents' Homeowner/Tenant Insurance carrier should be able to include foster children within the regular Homeowner/Tenant Insurance Policy.

The Society's general liability policy also offers protection for all reasonable costs and expenses incurred directly in the defense of criminal charges made against an Insured which arise in connection with an occurrence insured by the policy, providing that:

1. an acquittal verdict is rendered by the courts, or
2. charges are dropped before getting to court, or
3. charges are withdrawn in the courts.

There is no indemnification if the accused is found guilty.

In addition, the policy would also respond to the defense of a civil action brought against any Insured alleged to have caused property damage or bodily injury while performing their duties on behalf of the Children's Aid Society.

## ***Chapter 7 - Appendices***

### **PROCEDURE FOR THE ADMINISTRATION OF PSYCHOTROPIC DRUGS**

For definition of psychotropic drugs, see attached schedule of drugs.

#### 1. Children Under 16

Children under the age of 16 must have a valid consent signed by the parent or guardian of the child before permission can be given by the agency to allow the administration of a psychotropic drug to a child in its care. The parent or guardian will sign Form 1 - Consent to Administer a Psychotropic Drug (Parent/Guardian).

In the case of Society or Crown Wards under the age of 16, the Children's Services Supervisor can provide approval for the administration of a psychotropic drug. The Supervisor will sign Form 2 - Approval to Administer a Psychotropic Drug, prior to the administration of the drug.

In all cases where a child is under 16 or does not have the capacity to consent, the child's social worker will document in the child's file the process of "considering the child's views and preferences" when the service provider is considering administering psychotropic drugs.

#### 2. Children Over 16

A valid consent must be signed by the child over the age of 16, before the agency can give permission for the administration of a psychotropic drug to a child in its care. The youth will complete Form 3 - Consent to Receive a Psychotropic Drug (Person Over 16).

#### 3. Taking Consents

The child's social worker should take note of the guidelines under the CFSA which state that a person's consent (or revocation of consent) is valid if, at the time the consent is given or revoked the person:

- a) has capacity;
- b) is reasonably informed as to the nature and consequences of the consent or agreement, and of alternatives to it;

- c) gives or revokes the consent or executes the agreement or notice of termination voluntarily, without coercion or undue influence, and;
  - d) has had a reasonable opportunity to obtain independent advice [s.4(2)].
4. Whenever possible all consent forms regarding the administration of psychotropic drugs should be signed in the presence of a physician, as they are the only ones capable of ensuring the consent is valid. At the very least, consultation with the physician must take place prior to the signing of the consent.
  5. Psychotropic drugs can be administered, without consent to children 16 or over who apparently do not have capacity or children under 16 where the parents or a Society are not immediately available when the service provider believes, on reasonable grounds, that delay would cause the child (or another person) serious mental or physical harm and there is no less restrictive course available. This emergency administration may continue for seventy-two hours. The service provider must seek consent as soon as possible during the seventy-two hour period.

#### NOTES REGARDING GIVING CONSENTS FOR PSYCHOTROPIC MEDICATION

Information which should be obtained from the doctor:

- Are there any plans to increase the dosage - what would be the maximum dose?
  - Are they able to keep us informed of dosage increase?
  - What would the risks be of a toxic dose? \*
  - Does the patient have any conditions or tendencies which might adversely affect the medication?
- \* If the risks are high regarding toxic dose, insist on being informed of increases in dosage.

CHILDREN'S AID SOCIETY OF YORK REGION  
**FORM 1**  
**CONSENT TO ADMINISTER A PSYCHOTROPIC DRUG**  
**(PARENT/GUARDIAN)**

I am the parent / legal guardian of the child \_\_\_\_\_

I understand that Dr. \_\_\_\_\_ has recommended that (name of doctor) \_\_\_\_\_ (medication) \_\_\_\_\_ be given to \_\_\_\_\_ (name of child) \_\_\_\_\_ (dob.)

Dr. \_\_\_\_\_ has explained the following things to me:

1. The medication will \_\_\_\_\_ (purpose of medication)
2. Each dose will contain \_\_\_\_\_ (amount of medication)
3. The risks and side effects are \_\_\_\_\_
4. The medication will be given \_\_\_\_\_ (frequency) for a period of \_\_\_\_\_. (length of time)

I have had a chance to get advice about this from someone else besides Dr. \_\_\_\_\_ and the Children's Aid Society of York Region.

I give my permission for \_\_\_\_\_ (name of child) to take this medication.

I give permission for the Children's Aid Society of York Region to give this medication to \_\_\_\_\_ (name of child)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Relationship to Child)

I, \_\_\_\_\_ am a duly qualified medical practitioner, licensed to

practice medicine in Ontario. By affixing my signature to this document, I acknowledge that the information contained is accurate, and that I am satisfied that before executing this consent, the person executing it had capacity to provide a valid consent.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Medical Practitioner

Name of Medical Practitioner (Please Print)\_\_\_\_\_

CHILDREN'S AID SOCIETY OF YORK REGION  
**FORM 2**  
**APPROVAL TO ADMINISTER A PSYCHOTROPIC DRUG**

I, \_\_\_\_\_, consulted with Dr. \_\_\_\_\_  
on \_\_\_\_\_, regarding the administration of  
\_\_\_\_\_ a psychotropic drug listed in the Regulations under  
the Child and Family Services Act to \_\_\_\_\_(Name)  
\_\_\_\_\_ (Date of Birth) Who is:

(Check appropriate box)

- a Crown Ward  
 a Society Ward  
 a child committed to the care and custody of the Society under Section  
51(2)(d) of the Child and Family Services Act.

Dr. \_\_\_\_\_ has advised me that administration of this  
medication is intended to alleviate the condition of \_\_\_\_\_ that  
the dosage is \_\_\_\_\_, that the frequency of and length of time for the  
administration is \_\_\_\_\_. Dr. \_\_\_\_\_ has also  
advised me of the following risks and possible side effects of administering this  
medication:

The wishes of the child in this matter have been considered.

On behalf of the Children's Aid Society of York Region, I approve of the  
administration of to \_\_\_\_\_ by \_\_\_\_\_.  
Date: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

CHILDREN'S AID SOCIETY OF YORK REGION

**FORM 3**

**CONSENT TO RECEIVE A PSYCHOTROPIC DRUG (PERSON OVER 16)**

I, \_\_\_\_\_, understand that Dr. \_\_\_\_\_ has recommended that be given to me. \_\_\_\_\_ (medication)

1. The medication will \_\_\_\_\_ (purpose of medication)
2. Each dose will contain \_\_\_\_\_ (amount of medication)
3. The risks and side effects are \_\_\_\_\_  
\_\_\_\_\_
4. The medication will be given \_\_\_\_\_ (frequency) for a period of \_\_\_\_\_ (length of time)

I have had a chance to get advice about this from someone else besides Dr. \_\_\_\_\_ and the Children's Aid Society of York Region.

I agree to take this medication.

I give permission to the Children's Aid Society of York Region to give me this medication.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_, am a duly qualified medical practitioner, licensed to practice medicine in Ontario. By affixing my signature to this document, I acknowledge that the information contained is accurate, and that I am satisfied that before executing this consent, the person executing it had capacity to provide a valid consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Medical Practitioner

\_\_\_\_\_  
Name of Medical Practitioner(Please Print)

## MEDICAL LOG INSTRUCTIONS

The Medical Log is utilized to maintain up-to-date records of the medical progress of children in care. The Log is to be used to record medical activity which occurs during placement.

A copy of the Medical Log must be given to the child's parents at the time of discharged.

The Medical Log is to be given to foster parents who will maintain it during the child's placement. The Log is to be given to the social worker at the time of discharge or replacement.

Details from the Medical Log must be incorporated into the Plan of Care.

## MEDICAL LOG

CHILD'S NAME: \_\_\_\_\_

### PREVENTIVE MEDICINE Record of Immunization

	Date	Booster	Booster	Booster
Smallpox Vaccination				
D.P.T.				
Polio				
Red Measles				
Rubella				
Mumps				
Other				

**MEDICAL/DENTAL TREATMENT RECORD**

CHILD'S NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

DATE OF VISIT	DOCTOR SEEN	REASON FOR VISIT (DESCRIPTION OF PROBLEM/SYMPTOMS)	TREATMENT GIVEN INCLUDING TYPE & DOSAGE OF MEDICATION

**APPOINTMENT SCHEDULE**

DATE	TIME	PLACE	PERSON



**9-07**

**0413(7/79)formerly 20-00-108**

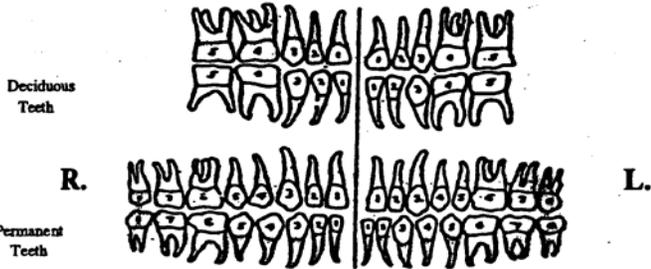
**YORK REGION CHILDREN'S AID SOCIETY**

**DENTAL CHART**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_



(Indicate of chart Fillings x; Extractions a.)

Condition of Mouth:

No. of Fillings:

No. of Extractions:

Other Necessary Work:

Remarks:

9-02

\_\_\_\_\_  
Signature of Dentist DDS.

## NEWS RELEASE - REYE'S SYNDROME

1968-63  
October 15, 1986

### CAMPAIGN WARNS OF SUSPECTED LINK BETWEEN ASA AND REYE'S SYNDROME

OTTAWA—A national campaign to inform parents and teenagers about Reye's syndrome and its possible link with acetylsalicylic acid (ASA) is underway.

Almost five million copies of the pamphlet, "Reye's Syndrome, All Parents and Teenagers - Be Informed", will be distributed by Health and Welfare Canada with October Family Allowance cheques, through all pharmacies in cooperation with the Canadian Pharmaceutical Association, and through doctors' offices and hospitals. The Canadian Pediatric Society collaborated in the preparation of the text.

It notes that children and teenagers who take salicylates for flu or chicken pox may be at greater risk of contracting Reye's syndrome, a rare but potentially fatal disease. A total of 11 cases has been suspected or confirmed in the first six months of 1986.

Manufacturers of ASA are now printing warnings on product labels advising consultation with a physician before giving ASA to children or teenagers with chicken pox or the flu.

Provincial health officials, medical practitioners, the Consumers Association of Canada and the Reye's Syndrome Foundation of Canada have also been asked to cooperate in informing the public.

This is the second cheque insert related to this subject. A leaflet "Treating Fever in Your Child" was issued with Family Allowance cheques in 1983.

30 -

Ref.: Joan Eddis  
Tel.: (613) 957-1803

Aussi disponible  
en français

## INFORMATION REGARDING REYE'S SYNDROME

Reye's syndrome is a rare but often fatal disease that may follow the flu or chicken pox. It can strike just when the victim of flu or chicken pox seems to be recovering. The early symptoms include:

- Persistence of a viral illness for longer than in other children in the home or school.
- Any alteration in the personality of the child, such as confusion, agitation or combativeness.
- Frequent or persistent vomiting, particularly when the vomiting becomes worse, not better, through the day or night.

### Who Can get Reye's Syndrome?

Although it has mostly occurred in younger children, it can also affect teenagers and young adults.

### What should I do if symptoms of Reye's syndrome appear?

Call a doctor immediately or seek emergency medical treatment.

### What causes Reye's Syndrome?

The cause is not known, but some studies suggest a possible link between the development of Reye's Syndrome and the use of ASA (Acetylsalicylic acid) and other salicylates in treating the flu or chicken pox.

### Is anything being done?

Manufacturers of ASA products are now putting a warning on their labels which says that a physician should be contacted before ASA is given to children, including teenagers, who have the flu or chicken pox.

### What can I do if my child has a fever?

Remember that fever is often a normal response that may actually help your child to fight off illness. If you feel you must do something, there are a number of non-drug actions that may be taken:

- Remove excess covers and clothing.

- Sponge or bathe the child with warm water - never alcohol or cold water.
- Keep the room temperature at 18°C (64°F).
- Liquids, such as water, diluted apple juice, sugared drinks or “flat” soft drinks should be given.

If the fever doesn't respond to these measures, check to see what your doctor or nurse recommends. Remember that fever in children under 12 months of age should not be treated without medical advice.

#### What else can I do?

Make sure your teenage son or daughter reads this pamphlet.

#### As a teenager, what should I do?

If you are ill with the flu or chicken pox, you should think twice before taking medicine. Check with your parents or doctor. Fevers are generally not long-lasting. This symptom is not life threatening, but Reye's Syndrome can be.

## **INFORMATION REGARDING HIV AND AIDS**

In recent years, AIDS has become a serious public health concern. The rapid increase of our knowledge of the disease has enabled us to establish how AIDS is transmitted and how it is not transmitted, what precautions are required to prevent transmission in those few situations when accidental transmission may occur, and very recently, to develop life-prolonging treatments. The continual growth of knowledge requires the Society to scrutinize this policy at frequent intervals. In keeping with this spirit of vigilance, the following preamble and guidelines are written in the light of the latest medical and epidemiological evidence.

AIDS is caused through infection with a virus called the Human Immunodeficiency Virus (hereafter called simply HIV).

HIV is spread by:

- a) Sexual intercourse with an infected person (through blood-to-blood, semen-to-blood, and vaginal secretion-to-blood exposure).
- b) Blood-to-blood exposure through sharing IV drug needles.
- c) Other quite uncommon forms of blood-to-blood exposure to infected blood (through blood transfusions and blood produce infusions pre-November/85, rarely in "needlestick" accidents in health care settings).
- d) An infected mother to her infant in the womb or as part of the birth process, or perhaps through breast milk.

No other form of contact has been shown to spread the virus. Individuals in close non-sexual social or family contact with an infected person are not exposed to HIV.

The straightforward precautions for infection control of blood-borne diseases which prevent contact with blood, semen, and vaginal secretions are sufficient protection from HIV.

The test used to determine infection with HIV:

- a) Measures the blood's antibody response to the virus, not the presence of the virus itself. HIV-infected people take six weeks to several months to develop these antibodies; some take even longer. Until these antibodies develop, detection of HIV infection is impossible using standard testing techniques.

- b) Will, if initially positive, be followed by at least two more tests before the confirmed result is conveyed to a physician or lab and the Medical Officer of Health. The tested person is then considered infected with HIV (and is now known as HIV+).
- c) Is very effective in screening blood and tissue donations.
- d) Does not show that an individual has AIDS or will necessarily develop AIDS.
- e) If confirmed as positive, does indicate that the individual must be considered capable of transmitting the HIV through recognized routes of transmission (as listed above).

As of July, 1988, there had been but 33 cases of pediatric AIDS in the history of the disease in Canada. Over 60% of these cases have already resulted in death.

Nonetheless, it is possible that a child who becomes infected with HIV, or who has been diagnosed with AIDS will require admission to the care of the Society. Even less likely, but also possible, is that a child already in care will become infected or diagnosed.

In light of these possibilities, the Society has developed the following guidelines for staff, foster parents and volunteers:

#### GUIDELINES RESPECTING: AIDS AND HIV POSITIVE CLIENTS

1. Children who are HIV+ or who have been diagnosed with AIDS continue to require dignity, respect and confidentiality from the Society, foster parents, and the community.
2. The Society's mandate of care and protection of children is unaffected by a diagnosis of AIDS or evidence of HIV infection.
3. Suspicion and fear of AIDS, based in ignorance and in misinformation, are not fit grounds for decisions regarding child care and protection. As with other health issues, decisions of care will be made in the child's best interests.
4. Decisions regarding counselling, testing and treatment will be taken in the best interests of the child and on the basis of sound medical advice regarding protection of the public health
5. A child with AIDS or who is infected with HIV will be placed in a Foster Home only with the voluntary agreement of the foster parents

themselves. They will receive all the information relevant to the care of the HIV+ child that is known to the Society, both prior to and during placement.

6. The confidentiality of a person and his/her family who is HIV+ or who has AIDS, must be strictly maintained.
7. It is the legal right of every child and person to have a private medical history. The HIV+ child, his/her parents or guardian, doctor and the Medical Officer of Health are the only individuals with rights to this information
8. Information about AIDS will be presented to all teens in care, either in group programs or individually by the social worker and foster parents.
9. Children who have been sexually abused by a male will be evaluated medically for evidence of sexually transmitted disease, including AIDS.
10. A child in care or about to be admitted to care who has a history of sexual activity or abuse or illicit intravenous drug use will be evaluated medically for evidence of sexually transmitted disease and AIDS.
11. When a child has been A.W.O.L. from a placement overnight and where there are reasonable grounds to believe the child has been sexually active or abused, or has used illicit intravenous drugs, the child will be evaluated medically for evidence of sexually transmitted disease and AIDS.

#### GUIDELINES FOR STAFF, FOSTER PARENTS & VOLUNTEERS

1. All persons who are authorized to serve or be involved with the Society's clients are responsible to be informed about the risks associated with Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency syndrome (AIDS), and to conduct themselves in keeping with that information.
2. The Society is responsible to ensure that persons employed by or involved in services to clients are made aware of the latest

information and prevention practices regarding HIV, AIDS and other blood borne, infections diseases.

3. On the advice of a pediatrician or other qualified medical practitioner, the Society will ensure that instruction regarding reasonable precautions for avoiding blood borne infection is conveyed to employees, foster parents and volunteers.
4. The agency will provide foster parents with all available and relevant information that is known to the Society about a child who is HIV Positive or has AIDS, both prior to and during the child's placement with them.
5. The pediatrician, in consultation with the Medical Officer of Health, will determine whether the child poses a risk of communicating HIV. Laws and regulations designed to prevent the spread of communicable diseases will be rigorously followed.
6. If there is a risk, seek medical advice to determine reasonable precautions which can be taken to prevent transmission.
7. All social work staff, foster parents and volunteers will receive instruction and literature with regard to HIV, AIDS and other life threatening infectious diseases. This training will include the techniques for handling blood and body fluids in a non-health care setting. Such training may be made mandatory where circumstances warrant, in the opinion of the Executive Director.

## **INFORMATION REGARDING HEPATITIS B**

Hepatitis B is a virus that infects the liver. Once infected the virus spreads very quickly causing loss of appetite, nausea, fever, local tenderness in the region of the liver and enlargement of the liver. Jaundice becomes evident as the disease progresses and there is a rapid loss of weight and strength.

Hepatitis B is spread by:

- a) Contact with blood, semen, vaginal secretions or saliva of an infected person or items contaminated by these body fluids;
- b) sexual intercourse with an infected person;
- c) sharing needles.

Hepatitis B can be passed through a mother's blood to her unborn child.

For those persons who contract Hepatitis B, 90% develop antibodies and recover, 9% carry the virus forever and 1% do not survive the first attack.

Vaccine for Hepatitis B is more than 90% effective. The vaccine is safe and to be protected you need three treatments. The first at one month, the second at two months and the third at six months.

- a) People who should not get vaccinated for Hepatitis B are:
- b) people who have allergies to yeast, mercury (thimersol), or aluminum;
- c) people who have had Hepatitis B do not need the vaccine;
- d) people who have the flu or a cold;
- e) pregnant women.

If you are infected with Hepatitis B here is how you can protect yourself and others:

- a) cover sores and cuts;
- b) do not give blood;
- c) do not share toothbrushes, razors, nail files, etc.;
- d) wash your hands often;
- e) soak blood stained clothing in cold water and bleach mixture or boil in water for ten minutes before washing;
- f) wash dishes in hot soapy water or use a dishwasher;
- g) clean up blood spills yourself, using a paper towel. Wipe the area with a

- mixture of water and bleach. Leave for ten minutes to kill the virus;
- h) put blood stained articles into a sealed plastic bag for disposal (eg. bandages, sanitary pads, tampons, dental floss);
  - i) tell your sexual partner(s) and the people you live with to get a Hepatitis B vaccine.

## **INFORMATION REGARDING HEPATITIS C**

Hepatitis C is a disease of the liver first identified in 1989. The Hepatitis C virus - or HCV for short - is spread by direct blood to blood contact with an infected person.

Hepatitis C differs from Hepatitis A, which is spread through eating or drinking contaminated food or water; and Hepatitis B, which can be spread through blood contact with any fluid of an infected person.

Some people infected with Hepatitis C often experience no symptoms and may feel quite healthy. Others may develop fatigue, jaundice - or yellowing - of the eyes and skin, and nausea.

Most people with HCV are unaware they have it and can carry it unknowingly for decades. Only a blood test can detect the presence of Hepatitis C infection.

Hepatitis C is spread by:

- a) blood to blood contact;
- b) sharing needles or any equipment through drug injection, even if only once and years ago;
- c) through blood transfusion from donor who carries the virus (the risk in this way is very low);
- d) activities such as tattooing and body piercing which may occur under less than sterile conditions;
- e) sharing toothbrushes, razors or scissors with an infected person can also spread the virus;
- f) transmission of virus through sexual intercourse is very low. However, the virus is found in menstrual blood of infected women.

To avoid spreading the virus:

- a) do not give blood or donate your organs;
- b) if you use drugs, do not share needles or other equipment;
- c) do not share razors or toothbrushes;
- d) inform health professionals who care for you and may be exposed to your blood that you have Hepatitis C;
- e) although sexual transmission is rare, inform your sexual partner(s) that you have Hepatitis C.

**POLICY & PROCEDURES REGARDING THE FINANCIAL & EMOTIONAL  
SUPPORT OF FOSTER FAMILIES WHO ARE INVOLVED IN LEGAL  
PROCEEDINGS AS A RESULT OF AN ABUSE ALLEGATION**

POLICY STATEMENT

Children's Aid Society of York Region shall conduct an investigation into an allegation of abuse where a Foster Parent is the subject of the complaint, in accordance with policies and procedures related to all child abuse investigations. In recognition of the special relationship between the Society and a Foster Parent, the Society will also have in place, procedures which address the support needs of the Foster Parents and members of their family during such investigations.

**PART I**

FINANCIAL ASSISTANCE WITH LEGAL COSTS

The Society will provide insurance coverage for Foster Families to assist with the cost of legal fees in successfully defending against a criminal charge.

The following financial assistance is provided to our foster families.

- a) FOSTER FAMILIES WILL BE COVERED UNDER OUR LEGAL PROTECTION POLICY FOR 100% OF THEIR LEGAL COSTS REGARDING CIVIL OR CRIMINAL ACTION, WHERE THEY ARE FOUND TO BE NOT GUILTY. THERE IS A MAXIMUM CEILING OF \$50,000.00.

Please note that our insurance specifically covers the costs for the legal representation of the foster families, as well as the costs of damages awarded for any negligence on the part of the foster parent(s) in civil liability cases (eg. damages related to bodily harm caused by the son or daughter of the foster parent(s)). (Refer to Appendix I attached).

- b) IN ADDITION TO THE ABOVE INSURANCE COVERAGE, THE SOCIETY WILL PAY FOR THE 4,2500.00 NOT COVERED BY INSURANCE.

## ELIGIBILITY CRITERIA FOR INSURANCE COVERAGE

1. Any individual who is currently a Foster Parent of the Society at the time of the complaint and who is in an official caretaking role of the foster child in question.
2. Any individual who was an active Foster Parent (eg. open file) with the Society at the time of the alleged incident. The person must have been acting as an approved Foster Parent with the sanction of the Children's Aid Society and the child in question was in the care of the Society.
3. The legal protection policy does not take effect until charges are laid.

## **PART 2**

### **EMOTIONAL SUPPORT TO A FOSTER PARENT OR FOSTER FAMILY MEMBER WHO IS THE SUBJECT OF AN ABUSE ALLEGATION**

#### **A) WHEN SUPPORT SHOULD BE AVAILABLE**

Support to be of value must be available immediately to the Foster Parent or family member (this also applies when the foster parents' child is the one being accused).

Also, it is very important that the Society support worker indicate his/her inability to discuss the allegation in question prior to the completion of the Court proceedings. (For details of the type of support the staff person can provide, see section on The Role of the Children's Aid Society Support Worker).

It should be noted that from a legal point of view, it could be detrimental to the foster parent to discuss the allegation with anyone prior to the completion of the Court proceedings. Any person the foster parent has discussed the matter with could be subpoenaed as a witness. The foster parent runs the risk of making contradictory statements which could be used as evidence.

#### **B) PERSONS WHO SHOULD BE AVAILABLE TO PROVIDE SUPPORT**

Foster parents or agency staff will contact the Foster Parent Support Worker or when that person is unavailable, the Foster Care Supervisor who will ensure the required support is provided. That person will offer the support themselves or help the foster family to select a person from one of the following:

- Member of the F.P.A.
- Other Foster Parents known to the family
- Family members and personal friends
- An advocate selected by the foster parents for the purpose of support.

#### **C) THE ROLE OF THE CHILDREN'S AID SOCIETY SUPPORT WORKER**

Inform the Foster Parent of his/her right to legal council.

Advise the Foster Parent that anyone providing support could be required to testify in Court and may be required to repeat anything the Foster Parent has said to that worker.

Listen, in a non-judgmental, caring manner.

Provide general information about the investigation process.

Give the Foster Parent a copy of policy 01.14 which outlines the investigation process.

Help Foster Parent to understand the systems involved.

If requested by the Foster Parent and allowed by the Police, to be present during interviews with the Police and during subsequent interviews with the investigating Children's Aid Society Workers. The Support Worker will need to be silent during any interviews connected with the criminal investigation.

Discuss with the Foster Parent any decision regarding their status as a Foster Parent, during and following the conclusion of the investigation and Court proceedings.

NOTE: The above guidelines are also applicable when the accused is a son or daughter of the foster parents.

In such cases, the Support Worker will provide information and explanations to both the foster parents and the accused family member. The Support Worker would also attend Police or Children's Aid Society investigation interviews if allowed by the Police and only if requested by the Foster Parents.

THE CHILDREN'S AID SOCIETY SUPPORT WORKER SHOULD NOT:

Indicate their own personal view as to the validity of the allegation and/or the likely outcome.

Answer specific questions about the investigation process as these should be addressed by the investigating worker.

## **ALLEGATION OF ABUSE AGAINST A FOSTER PARENT**

### **PROCEDURE FOR INVESTIGATING**

Whenever an allegation is made that a foster parent has abused a child, or has permitted a child to be abused, whether the child is or was placed in the foster home, the following procedures will apply.

### **REPORTING**

1. The worker who receives the allegation shall report the information immediately to the Supervisor, Foster Care and Adoption Services and to a Supervisor, Intake Services.
2. Immediately following receipt of this information, the Supervisor, Foster Care and Adoption Services shall notify the Director of Services who will convene a meeting of the above two Supervisors to assess the allegation and develop a plan of action.
3. Where neither of the above supervisors is available, the worker receiving the allegation shall report the information directly to the Director of Services.
4. The Director of Services shall inform the Executive Director who will determine whether a Serious Occurrence Report must be submitted to the Ministry. Where that report is required, the Director of Services shall ensure that it is completed and submitted.
5. At the earliest moment, the Supervisor, Intake Services, shall convene and chair a case conference which will involve as many as possible of:
  - a) the Intake social worker assigned to investigate;
  - b) Supervisor, Foster Care and Adoption Services;
  - c) the child's social worker;
  - d) Supervisor of the child's social worker;
  - e) family service social worker, if available; and
  - f) Supervisor, Family Service Team, as applicable.
6. The case conference will determine the conduct of the investigation, and will assign specific responsibilities as necessary, including responsibility for notifying the foster parents of the allegation and of their status with

the agency during the investigation.

7. Participants at case conferences shall have access to all available information from the agency's records, including the child's file and the foster care files.
8. Supervisor, Intake Services, is fully responsible for the conduct of the investigation through until its conclusion, and all other involved positions will participate in response to the requirements of the investigation.
9. The family service social worker shall be responsible to notify the child's parents or guardians where the child is in the agency's temporary care, whether by Agreement, Interim Order or Society Wardship Order.
10. The abuse investigation will be conducted in accordance with established protocols and procedures.

#### ROLE OF FOSTER CARE SUPPORT WORKER

11. The support worker will provide background information about the foster home to the investigating intake worker, as requested.
12. Contact with the foster parents will be guided by directions from the case conference and the requirements of the investigation.
13. The support worker will continue to work with the foster parents during the investigation, and provide support to them without taking a position about the merits of the allegation or the conduct of the investigation.
14. The support worker will continue to be available to the foster parents and will ensure that they understand their rights, all the while making it clear to the foster parents that, in the event of a conflict, the worker's first responsibility must be to the agency.
15. The support worker will ensure that the foster parents understand the seriousness of the allegation and that any statements they make will be noted and could be used in reaching conclusions about the case, or even in a court of law.
16. The support worker will determine whether the foster parent wishes to notify the F.P.A. of the allegation and request the Association's support and assistance.

## ROLE OF THE FOSTER PARENT ASSOCIATION

17. Where requested by the foster parents, the F.P.A. may become involved to assist, and it shall be up to the foster parents to decide how much information they will provide to the Association's representative.
18. The F.P.A. representative shall not be involved in case conferencing nor in meetings which occur while the investigation is ongoing.
19. The F.P.A. representative, with the foster parents' permission, may be involved in the final meeting which gives the report and decision on the investigation.

## OTHER CHILDREN IN THE HOME

20. At the initial case conference, a decision shall be made regarding other children who are in the home at the time, including natural children of the foster parents, to assess their safety and determine whether they will be allowed to stay or should be removed during the investigation.
21. The child who is the subject of the allegation shall be removed from the home unless it is clearly in the child's best interests not to be removed.
22. Other children in the home shall stay in the home unless it is clearly in their best interests, examined individually, not to remain in the home.

## CONTINUING USE OF THE HOME

23. There shall be no new placements of children in the home while the abuse investigation is ongoing.
24. The final report on the investigation should contain recommendations regarding continuing use of the home as a foster care resource, where these can reasonably be made.
25. The Director of Services and the Supervisor, Foster Care and Adoption Services, shall decide whether to continue using the foster home or to close it to service, taking into consideration the recommendations of the abuse investigation.

## REPORT ON THE INVESTIGATION

26. The foster parents will be invited to attend the final case conference where the conclusions of the abuse investigation will be presented. At the request of the foster parents, the F.P.A. representative may be invited to attend that meeting as a support to the foster parents.
27. The report shall address the events leading up to the allegation, the nature of the allegation, the circumstances surrounding the disclosure, and any other information that may be relevant to future actions, decisions or recommendations.
28. The report shall describe the manner in which the investigation was carried out, noting the extent of the interviews and who took part in the investigation.
29. The report shall detail what has been determined to be fact and what has not been verified, outline what evidence has been corroborated and how this was done, and explain why any remaining items could not be corroborated.
30. The report shall include any information that cannot be established as a fact, but which is considered by the Supervisor, Intake Services to be important in putting the event(s) into context.
31. The report will synthesize what the investigator(s) believe occurred in relation to the allegation, and whether it is believed that the child was abused and, if so, by whom.
32. The report shall indicate:
  - a) whether legal action has been or will be initiated;
  - b) what other action has occurred;
  - c) whether any children were replaced as a result; and
  - d) any other significant outcomes.
33. The report shall include details about the specific disclosure that was made by or about the child, and about specific statements that were made by the alleged offender.

34. The Supervisor, Intake Services shall determine in consultation with the child's social worker and his/her supervisor the nature, extent and manner in which the child will be informed about the results and conclusions of the investigation.
35. The Supervisor, Intake Services shall ensure that the investigating Intake social worker and the family service worker, where applicable, arrange to meet with the child's natural parent(s) or guardian to report on the results of the investigation.

#### RECOMMENDATIONS FROM THE INVESTIGATION

36. The report shall contain recommendations about the child and any other children where there are serious concerns about the future safety of children in the home, and shall suggest courses of action to address any safety issues.
37. The report may make recommendations regarding program issues which may have an impact on the capacity of the foster home to provide care for children in future, including suggestions regarding the number of children and the age/sex mix of children in the home.

#### OTHER AGENCIES' FOSTER HOMES IN YORK REGION

38. Except where special arrangements and protocols have been established with another agency, investigations of allegations of abuse involving another agency's foster home in York Region shall be conducted as required by the "Revised Standards for the Investigation and Management of Child Abuse Cases."

## GUIDING PRINCIPLES

The Guiding Principles adhered to in developing this draft are as follows:

1. The primary responsibility of the Society is to conduct investigations to determine any risk to children and to firstly ensure the protection of children.
2. The Society also has a responsibility to deal with its foster parents in a fair and impartial manner during any investigation. Because of the existing relationship between the Society and the foster parent, special consideration shall be given as to how the foster parent will be dealt with during the time in which the investigation is ongoing.
3. By virtue of their special role, foster parents are at risk of allegations, and therefore, are entitled to the same protection and assistance with legal costs, associated with defending against a false accusation of abuse, as staff.
4. Foster parents are also entitled to any emotional support the Society can provide during the investigative process and this support is to extend to all foster parents whether abuse is verified, unverified, or suspected but unsubstantiated.
5. An allegation of abuse, where a foster parents is accused of being the perpetrator, must be investigated in accordance with the Society's abuse policies and procedures, thus ensuring protection for the child and credibility of the investigation.
6. This policy should work in conjunction with all other related policies and procedures dealing with abuse investigations in general and those which pertain to children in the care of the Society specifically.