

Resource Work Policies

For use with Family Care Homes

Ministry of Children and Family Development

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INTRODUCTION

The purpose of the Resource Work Policies is to promote and enhance the safety and well-being of children in care by providing caregivers with high-quality services throughout the care giving process. The care giving process is intended to be temporary, with the goal of reuniting children with their families wherever possible. If this is not possible, alternative permanent living arrangements are made (e.g., adoption or transfer of custody under section 54.1 of the *Child, Family and Community Service Act*). Stability and continuity of relationships for children with special needs, who are in care, are often achieved through a child living with skilled caregivers on a long-term basis and maintaining frequent and ongoing contact with his or her family.

The policies provide the mandatory framework for those delegated to provide services under the *Child, Family and Community Service Act* (CFCSA) to caregivers, including those who provide temporary, long-term respite and/or relief care. The policies do not apply to the support of persons caring for children under a section 8 agreement (Extended Family Program (EFP) Agreement) or court orders granting custody to a person other than a parent under the director's supervision.

Key themes of the policies

In order to achieve excellence in the provision of support for caregivers and the provision of services by caregivers, the policies focus on key areas relating to care giving, including:

- Screening, assessing and approving caregivers;
- Supportive practice to retain caregivers;
- Inclusion of caregivers and resource staff in the child's team using integrated case management practices;
- Collaborative assessment and planning for children;
- Promoting and maintaining permanency for children; and
- Keeping Aboriginal children connected with their families and communities, and strengthening collaborative working relationships with Aboriginal communities.

Language of the policies

The policies use specific phrases to describe certain common concepts. These are defined in the glossary. The policies are written in the active tense throughout the procedures section and the procedures directly speak to the role of the Resource Worker.

Additional information sources

A number of sources of additional information are available on specific topics, and are referred to in the policies. These include:

- [Children in Care Service Standards](#)
- [Standards for Foster Homes](#)
- [Standards for Children's Staffed Residential Services](#)
- Structured Analysis Family Evaluation (SAFE):
<http://www.safehomestudy.org/>.

Putting the policies into practice

The policies have been written to allow flexibility in practice and service delivery to meet the best interests of children in care while promoting consistent, high-quality services in every service delivery area (SDA). The policies relate to caregivers of all children in care, including children with special needs. The policies apply to all persons who are involved in providing services under the *CFCSA* for children in care and as such who are part of a child's team.

In order to preserve and promote a child's Aboriginal heritage and connection to his or her Aboriginal community, the practice of placing an Aboriginal child with an Aboriginal caregiver is emphasized, as well as developing and maintaining the cultural planning in the child's Care Plan.

Where exceptions to the policies are required, it is important that they be based on the guiding and service delivery principles of the *CFCSA*, as well as the needs and circumstances of those served. Every exception to the policies is approved by the manager responsible for the oversight of the resource and is documented in accordance with the requirements set out in Resource Work Policy 8.8: Documentation.

A collaborative approach to assessment and planning, emphasized throughout the policies, is a solution-oriented process that is inclusive and respectful of a child and all those who play a significant role in the child's life. The strength of the process lies in the collective knowledge and input of the child's team members. The child's team discusses and determines each team member's roles and responsibilities, including sharing information about the child, seeing and interviewing the child, and following up with tasks and activities identified in the child's plan. Each team member plays a role in implementing the child's plan, reviewing their progress and updating their goals and priorities.

Chapter 8: Resource Work Policies	
Policy 8.1: Recruitment, Screening, Assessment and Approval	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy: October 16, 2018

Policy Statement: Recruitment, Screening, Assessment and Approval

Effective recruitment and retention strategies are in place to attract caregivers who meet the needs of children in care.

Approvals of caregivers for children in care under the *Child, Family and Community Service Act* are based on the required assessments and checks, which occur before a child is placed in a caregiver’s home.

Outcomes

- Children are safe and their rights under s.70 of the *Child, Family and Community Service Act* are respected.
- Children are cared for by caregivers who support the developmental, emotional, cultural, and physical needs of the child.
- Caregivers are screened, assessed and approved using a consistent, comprehensive, understandable, respectful and transparent process.

Standards

- 8.1.(1) All prospective caregivers undergo an initial screening including:
- Confirmation that the prospective caregiver is 19 years of age or older;
 - An Initial Record Review and Detailed Record Review for the prospective caregiver(s), anyone 18 years of age and over who resides or will be residing in the home, and anyone 18 years of age and over who has significant and unsupervised time with a child placed in the home;
 - The completion of criminal record checks for the prospective caregiver(s), anyone 18 years of age and over who resides or will be residing in the home, and anyone 18 years of age and over who has significant and unsupervised time with a child placed in the home;

- A medical assessment on the prospective caregiver(s) to ensure they are medically fit to care for children; and
- Reference checks on the prospective caregiver(s).

8.1.(2) If prospective caregivers meet the screening requirements, a thorough participatory assessment is conducted to verify the prospective caregiver's ability to care for children, including his or her strengths, capacities, resiliency, readiness, skills and experience with children.

8.1.(3) Consolidated Criminal Record Checks must be completed every three years, and Criminal Record Review Act checks must be completed every five years.

Procedures

Recruitment

- Develop recruitment strategies designed to attract caregivers who meet the needs of children in care, such as caregivers who:
 - Live in geographic locations where there will be the least amount of disruption to the lives of children in care (where it is possible for children in care to maintain contact with relatives and friends and continue in the same school);
 - Are able to support the cultural, racial, linguistic and religious heritage of children in care,
 - Are from the same Aboriginal communities of children in care.
- Utilize the [Recruitment Toolkit](#) for guidance in recruitment activities.

Initial Screening

- Ensure the prospective caregiver agrees to abide by the following requirements:
 - Caregivers must be 19 years of age or older,
 - is willing to undergo an Initial Record Review and a Detailed Record Review (also known as the Prior Contact Checks), and criminal record checks,
 - expresses an interest in caring for children as part of his or her motivation for becoming a caregiver,
 - is willing to provide temporary care while working with families to support the goal of returning children to the family, and/or to promote continuity and stability of lifelong relationships, including helping to support children in their permanency plans, and
 - is willing to attend and participate in mandatory training and ongoing caregiver education

- If the prospective caregiver agrees to these requirements, have the prospective caregiver complete an application.

Collecting criminal record information and reviewing records of prior contact.

- Verbally request voluntary disclosure from the prospective caregiver and anyone 18 years or older living in the home or anyone 18 years or older with significant and unsupervised access to children in the home.
- Confirm whether there are children under the age of 18 living in the prospective caregiver's home, ask the prospective caregiver(s) whether any child has been involved with the police, has been involved in any criminal activities, or has exhibited or currently exhibits behaviour that could pose a risk to children placed in the home.
- Ensure that any self-disclosed criminal record or record with the ministry does not indicate that he or she poses a risk to a child.
- Ensure the following have been completed for the prospective caregiver(s), anyone 18 years or older living or who will be living in the home, and anyone 18 years or older who will have significant and unsupervised access to children in the home:
 - Consent for Initial Record Review and Detailed Record Review ([Form CF0623](#));
 - Consent for Disclosure of Criminal Record Information ([Form CF0622](#)) to complete a consolidated criminal record check completed by the Ministry of Justice; and
 - Consent to a Criminal Record Check form to complete a *Criminal Record Review Act* check completed by the Criminal Record Review Program.
- Complete the following record checks for the prospective caregiver(s), anyone 18 years or older living or who will be living in the home, and anyone 18 years or older who will have significant and unsupervised access to children in the home:
 - A Prior Contact Check (both an Initial Record Review and Detailed Record Review), and
 - A consolidated criminal record check.
- If the prospective caregiver or anyone 18 years of age and over living or who will be living in the home or with significant and unsupervised time with a child has resided outside of Canada after the age of 18 years, he or she must provide a verified criminal record check from the jurisdiction in which he or she previously resided.
- If a relevant record exists for the caregiver and anyone in the home 18 years or older, refer to the *Criminal Record Check Policy and Procedures for Caregivers* for how to proceed.
- If concerns arise from the Initial Record Review, and/or the Detailed Record Review (Prior Contact Checks), refer to [Prior Contact Check Policy](#).

Medical assessment ([Form: CF0605](#))

- Obtain and review the medical assessment of the prospective caregiver(s).
 - If any health-related concerns arise with the prospective caregiver(s) or members of the caregiver's family, request further information from the prospective caregiver's physician and discuss the concerns with the prospective caregiver.
 - If concerns are still present, discuss the concerns with your supervisor and document the concern in the resource file to be further addressed at the assessment phase.

References

- Ask the prospective caregiver to provide four people to complete the reference form. One of the references must be from a current or previous employer, where possible, and one must be from a relative or extended family member.
- If the prospective caregiver has known their current employer for less than six months, ask the caregiver to provide a reference from a previous employer.
- Reference checks should include: How long the reference has known the person, the ability of the caregiver to care for the child, any concerns about the safety of any child placed in their care,

Completion of Screening

- Results of screening are recorded in an opened resource file and in the designated computer system.
- If a prospective caregiver meets the screening requirements and has agreed to proceed to the next stage, refer to pre-service training and assessment, as appropriate.
- If the screening requirements are not met, discontinue the process, and provide the prospective caregiver with reasons in writing, as well as verbally where appropriate.

Assessment

Caregiver Requirements

- Ensure the prospective caregiver agrees to abide by the following requirements:
 - agrees to work with an Aboriginal child's community to maintain the child's connections and traditions, as would be described in the cultural planning in the child's Care Plan,
 - is willing to comply with relevant ministry standards (e.g., Standards for Foster Homes),

- is willing to provide a home that has adequate space and privacy for a child in care,
- accepts and supports the practice of providing an environment free of abuse and physical punishment, and,
- accepts and supports the practice of providing a smoke and vapor free environment. Smoke and vapour free environment includes but is not limited to tobacco, cannabis and e-substances.

Participatory Assessment and Home Study

- Begin the comprehensive participatory assessment and the pre-service training once the screening phase is complete.
- Conduct a participatory assessment with the prospective caregiver of the prospective caregiver's ability to care for children through a series of questionnaires, interviews, and visits to the prospective caregiver's home. This includes the completion of an environment of care checklist and home study.
- Interview the prospective caregiver, his or her children, and any other person residing in the caregiver's home, using the Structured Analysis Family Evaluation (SAFE) assessment framework.
- When making the assessment, consider the caregiver's ability to:
 - protect and nurture children;
 - meet children's developmental needs and address developmental delays;
 - support relationships between children and their families;
 - connect children to safe, nurturing relationships intended to last a lifetime;
 - work collaboratively as a member of a professional team;
 - provide a safe, nurturing, respectful and healthy environment for the child;
 - provide an environment free from harm and physical discipline;
 - promote a child's physical, intellectual, cultural and spiritual development;
 - work with an Aboriginal child's community by supporting the child in maintaining cultural connections and traditions, as described in the cultural planning in the child's Care Plan;
 - work with a child's cultural community by supporting the child in maintaining cultural connections and traditions, as described in the child's Care Plan;
 - promote a child's and family's wishes, strengths, goals, identity, views, and cultural and ethnic heritage;
 - respect and promote the rights of a child in care as outlined in s.70 of the CFCSA;
 - respect and be open and respectful towards other beliefs and cultures;
 - understand the challenges associated with care giving;
 - assess his or her own strengths and limitations;
 - initiate and access formal and informal learning and development opportunities; and
 - make use of support networks.

- Once information has been acquired through SAFE interviews, assess the prospective caregiver's ability to care for a child, and to provide a safe home environment considering the other individuals residing in the home.

Written home study report

- Prepare a written home study report documenting all of the information acquired, including results of reference letters, criminal record checks, medical assessment, home visits, and interviews.
- Review the home study with the applicant and obtain his or her signature on the document.

Approval

- Ensure all elements of the assessment are satisfied and the caregiver has completed the pre-service training prior to approval and placing a child in their care.
- Decide whether to recommend to the relevant supervisor:
 - approval of the applicant, and
 - the children for whom the prospective caregiver is best suited to care.
- Consider delaying an approval decision to accommodate the time that the prospective caregiver may need to complete the required work if the assessment shows the potential of a prospective caregiver once he or she has made further efforts to resolve feelings and change negative behaviour resulting from traumatic or significant emotional events.
- The supervisor reviews the completed home study, discusses the recommendation with the resource worker and makes the final decision about approval.
- If the prospective caregiver is approved, change the status of the pending resource file to open in the designated computer system.
- Document the decision and reasons for the decision in the relevant resource file and in the designated computer system.
- Advise the prospective caregiver, as soon as possible, both verbally and in writing, about the decision to approve.

- Once a caregiver has been assessed and approved by the supervisor, request a *Criminal Record Review Act* check on the caregiver. The results of the check must be received and reviewed before any children are placed in the home and before an agreement or contract is signed.
- Advise prospective and approved caregivers of their ongoing responsibility to disclose any criminal charges or convictions regarding themselves or anyone 18 years or older living in the home or with significant and unsupervised access to children in the home.
- Consolidated Criminal Record Checks must be completed every three years, and Criminal Record Review Act checks must be completed every five years.
- If at any time the director becomes aware that a person who was previously approved has an outstanding charge for, or has been convicted of, a crime that might affect the person's ability or suitability to care for children, conduct a new consolidated criminal record check.
- Once a caregiver is approved:
 - review the agreement with the caregiver,
 - develop a learning plan with the caregiver to identify skills, strengths and learning needs and determine a timeframe within which to commence the post-approval mandatory training,
 - provide the caregiver with information about sources of support, including the BC Federation of Foster Parent Associations (BCFFPA), the Indigenous Perspectives Society (IPS), and the Foster Parents After-Hours Support Line,
 - refer the caregiver to the mandatory training and support services, and
 - identify and discuss potential relief providers and the resource social worker's role in assessing potential relief providers.
- The anniversary date of the initial approval of a caregiver is determined by the date of the first contract signed with the caregiver(s).

Non-approval

- If a prospective caregiver is not approved:
 - Advise him or her as soon as possible both verbally and in writing of the reasons for the decision.
 - Document the decision and reasons for the non-approval in the relevant resource file and in the designated computer system.

Notes:

* *'Significant and unsupervised' applies to:*

- *individuals aged 18 years of age and over who are visiting/staying overnight for more than 30 days in the home where the child lives, and*

- anyone in an intimate partner relationship with the prospective and or approved caregiver who regularly visits and/or stays in the home where the child lives.

‘Significant and unsupervised’ does not apply to individuals who are child minding, babysitting, hosting sleepovers, and/or participating in activities outside the home. In these types of situations, the caregiver is expected to act as a “prudent parent” to ensure a child’s safety and best interest and obtain advice and support from the resource worker and/or child’s worker as needed

Additional Resources:

[Appendix B: Criminal Record Check Policy and Procedures for Caregivers](#)

Forms available on the Intranet

- CF 0605 - [Physician’s Report on Applicant](#)
- CF 0622 - [Consent for Disclosure of Criminal Record Information](#)
- CF1611 – [Application to Provide Restricted/Regular Family Care](#)

Forms available from the Ministry of Justice

- CRRO11 – [Consent to a Criminal Record Check](#)

Link to the SAFE Consortium Website

<http://www.consortforkids.org/Home.aspx>

SAFE Forms

http://www.safehomestudy.org/downloads/gettemplates.cfm?organization_pk=829&pass_num=26577376

Chapter 8: Resource Work Policies	
Policy 8.2: Assessment and Approval of Restricted Caregivers	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy: October 16, 2018

Policy Statement: Assessment and Approval of Restricted Caregivers

The approval of restricted caregivers for children in care under the *Child, Family and Community Service Act* is based on the required assessments and checks and takes into consideration the caregiver’s connections to the child, as per s.71 of the CFCSA.

Outcomes

- Children are safe and their rights under s.70 of the *Child, Family and Community Service Act* are respected.
- Children are cared for by caregivers who support the developmental, emotional, cultural, and physical needs of the child.
- Caregivers are screened, assessed and approved using a consistent, comprehensive, understandable, respectful and transparent process.

Standards

- 8.2.(1) A preliminary assessment must be conducted to evaluate the caregiver’s capacity to provide for the safety and well-being of the child before placing a child in the home by:
- visiting the caregiver’s home and interviewing the prospective caregiver and others living in the home,
 - completing checks of references for the home, either by phone or personal visit,
 - completing an Initial Record Review and Detailed Record Review,
 - requesting voluntary disclosure of any criminal offences that may relate to the person’s ability and suitability to care for a child,
 - calling local police to determine whether they would have concerns about a child's safety when residing with the prospective caregiver, and
 - if there is a criminal history, or MCFD/DAA child protection history obtaining manager approval to place the child in the home as part of the safety plan.

If the above information is satisfactory, the resource worker may recommend an interim 90-day approval of the prospective caregiver to the team leader or supervisor.

- 8.2.(2) As soon as possible and no longer than 90 days following placement, the resource worker:
- completes a thorough home study,
 - obtains consents for the completion of the required criminal record checks,
 - obtains the results of the consolidated criminal record check, and
 - obtains and reviews the medical assessment and reference checks.

Procedures

- A restricted family care home may be considered if the living arrangement best meets the child's needs, all out-of-care options have been exhausted, and the prospective caregiver:
 - has a significant relationship with the child or the child's family or cultural community,
 - agrees to abide by the ministry standards and expectations for maintaining the safety and well-being of children in the home,
 - demonstrates the maturity and stability to provide care for the specific child,
 - demonstrates an ability to provide a safe environment for the child, and
 - is 19 years of age or older.
- Before placing a child in the home, ensure the caregiver agrees to abide by the following expectations:
 - accepts and supports the practice of providing an environment free of abuse and physical punishment,
 - accepts and supports the practice of providing a smoke and vapor free environment. Smoke and vapour free environment includes but is not limited to tobacco, cannabis and e-substances.
 - is willing to provide temporary care while working with families to support the goal of returning children to the family, and/or to promote continuity and stability of lifelong relationships, including adoption, for children.
- Ensure that prior to placing the child in the home, a preliminary screening and assessment (90-day assessment package) has been conducted by the child's worker. This requires:
 - completion of initial record reviews and detailed record reviews for the caregiver(s),
 - obtaining consents for consolidated criminal record checks from all individuals 18 years or older residing in the home or with significant and unsupervised time with a child in the home,
 - calling local police to determine whether the caregiver poses a risk to the child placed in the home,
 - requesting, and if time and circumstances permit, reviewing the results of the consolidated criminal record check to determine whether the caregiver poses a risk to the child placed in the home,
 - completion of brief interviews with the caregiver(s) and others residing in the home,

- completion of an initial home visit,
 - obtaining four verbal references, and
 - manager approval where there is a history with child protection services, or prior involvement with police.
- After the approval of the resource supervisor has been obtained on the 90-day assessment package, and if the caregiver meets the initial screening criteria and preliminary assessment, place the child(ren) in the home for an interim 60-day period, and open a resource file.
- Within 90 days of placement of a child in a home, the full assessment of the caregiver is completed. This includes:
- Reviewing the results of the consolidated criminal record check and determining whether the caregiver poses a risk to the child placed in the home,
 - Obtaining consents for a *Criminal Record Review Act* check completed by the Criminal Record Review Program,
 - Requesting and reviewing the results of the *Criminal Record Review Act* check results to ensure the caregiver does not pose a risk to children in the home,
 - Obtaining and reviewing the medical assessment for the caregiver,
 - Obtaining and reviewing four written reference checks, and
 - Completing the participatory assessment and home study, as outlined in Policy 8.1. This includes interviewing the prospective caregiver, his or her children, and any other person residing in the caregiver's home, using the Structured Analysis Family Evaluation (SAFE) assessment framework.

Home Study Report

- Prepare a written home study report documenting all of the information acquired, including results of reference checks, criminal record checks, medical assessment, home visits and interviews.
- Review the home study report with the prospective caregiver and obtain his or her signature. If all the components of the home study are satisfactory, the director may recommend approval of the applicant to the team leader or supervisor.
- The director's team leader or supervisor reviews the completed home study and makes the final decision whether to approve the caregiver.

Approval

- When a prospective restricted caregiver is approved, the resource file remains open. Document the decision and reasons for approval in the relevant file and on the designated computer system.

- Once the restricted caregiver has been approved:
 - discuss the agreement with the caregiver,
 - develop a learning plan with the caregiver that is based on the caregiver's individual and unique needs and identify skills, strengths and learning needs and determine a timeframe within which to commence the mandatory training,
 - provide the caregiver with information about sources of support, including the BC Federation of Foster Parent Associations, the Indigenous Perspectives Society, the Foster Parents After-Hours Support Line, and local support agencies,
 - refer the caregiver to the mandatory training and support services, and
 - identify and discuss potential relief providers and the resource workers' role in assessing potential relief providers (See *Resource Work Policy 8.16: Relief, Respite and Childcare*).

Non-approval

- If a prospective restricted caregiver is not approved, as soon as possible advise him or her both verbally and in writing of the reasons for the decision. Inform the prospective restricted caregiver of *Resource Work Policy 8.21: Dispute Resolution for Caregivers*.
- If a child is placed in the home, the child is removed in accordance with information outlined in *Resource Work Policy 8.22: Transferring or Closing a Caregiving Home*.

Document the decision and reasons for non-approval in the relevant resource file and on the designated computer system.

Additional Resources:

[*Appendix B: Criminal Record Check Policy and Procedures for Caregivers*](#)

The following relevant forms are located on the MCFD intranet site:

- CF0605 – [*Physician's Report on Applicant*](#)
- CF1611 – [*Application to Provide Restricted/Regular Family Care*](#)
- CF0622 - [*Consent for Disclosure of Criminal Record Information*](#)

Forms available from the Ministry of Justice

CRR010 – [*Consent to a Criminal Record Check*](#)

Chapter 8: Resource Work Policies	
Policy 8.3: Assessment and Approval of Specialized Caregivers	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Assessment and Approval of Specialized Caregivers
 The approval of specialized caregivers for children in care under the *Child, Family and Community Service Act* is based on the required assessments and checks and take into consideration the caregiver’s specialized knowledge and skills.

- Outcomes**
- Children are safe and their rights under s.70 of the *Child, Family and Community Service Act* are respected.
 - Children are cared for by caregivers who support the developmental, emotional, cultural, and physical needs of the child.
 - Caregivers are screened, assessed and approved using a consistent, comprehensive, understandable, respectful and transparent process.

- Standards**
- 8.3.(1) All specialized family care homes must first be assessed and approved as a regular family care home.
- 8.3.(2) The review and assessment of prospective Specialized Family Care Homes ([Form CF2442](#)) must include:
- A review of the caregiver’s resource file and home study;
 - Contact with all workers who have had a child placed with the caregiver within the past year;
 - Consultation with members of the resource team with knowledge of the caregiver;
 - A full assessment of the caregiver including education and training, child-related experience, child-related knowledge, and demonstrated skills and abilities; and
 - Consultation with a team leader or supervisor.
- 8.3.(3) Prior to accepting the application form ([Form CF2454](#)) for a specialized caregiver, the caregiver must have completed the caregiver mandatory training.

Procedures

Preliminary Assessment

- Use the process outlined in [Policy 8.1](#) to screen prospective specialized caregivers.
- Before designating a specialized family care home, consider:
 - the needs of the area,
 - the level of the caregiver according to the assessment points on the specialized family care home assessment and checklist, and
 - the capacity and willingness of the caregiver to meet service expectations in Schedule A of the Family Home Care Agreement at the recommended level of care.
- Consider designating only those caregivers who have demonstrated skills, abilities, education and experience. **Note:** Extra funding may be available on a case-by-case basis for caregivers who provide care for children with higher care needs (see [Resource Work Policy 8.5: Initiating, Modifying and Ending Agreements](#) or [Resource Work Policy 8.16: Relief, Respite and Child Care](#)).
- Begin the preliminary assessment by reviewing the completed specialized family care home application ([form CF2454](#)) received from the caregiver.
- Complete the following steps:
 - Complete a review of the caregiver's resource file and home study,
 - contact workers who have had a child placed with the caregiver within the past year, and request feedback on particular areas of skill and ability noted on the specialized family care home assessment and checklist,
 - consult with other members of the resource team who have knowledge of the caregiver, and
 - consult with your team leader or supervisor.

Assessment

- Once the caregiver's resource file has been reviewed and the appropriate individuals consulted, complete the assessment.
- Meet with the caregiver to complete the assessment according to the specialized family care home assessment and checklist, which covers education and training; child-related experience; child-related knowledge; and demonstrated skills and abilities. Evaluate the responses to the assessment, and recommend an assessment rating.
- Advise the caregiver of the ministry expectations described in Schedule A of the Family Care Home Agreement. For example:
 - a Level 2 caregiver may work outside the home but must have an emergency

- plan in place should a child return to the home unexpectedly,
 - a Level 3 caregiver may work outside the home as long as he or she is available 24 hours a day, when required, a Level 3 caregiver is required to write monthly reports on the children in their care,
 - If the caregiver does not meet the expectations in Schedule A, then the caregiver may have their designation decreased or revoked.
- If the caregiver receives the minimum number of assessment points to be a specialized family care home, the caregiver is able and willing to meet the expectations in corresponding Schedule A, and the needs of the area necessitate additional specialized caregivers, recommend to the relevant team leader or supervisor:
- approval of the levels designation, and
 - the children whom the prospective caregiver is best suited to care for.

Approval and levels designation

- After reviewing the completed specialized family care home assessment and checklist, discuss the recommendation for approval and designation with your team leader.
- Refer the agreed-upon recommendations to the responsible manager for the final approval and levels designation decision.
- Sign the contract with the caregiver to confirm their new designation as a specialized caregiver.
- Document the decision and the reasons for approval in the relevant resource file.

Non-designation

- If a caregiver scored appropriately but is not being designated as a levelled caregiver at this time, advise them within thirty days, both verbally and in writing, of the reasons for the decision and when it will be reviewed.
- Document the decision and reasons for designation or non-designation in the relevant resource file.

Additional Resources:

The following relevant forms are located on the MCFD intranet site:

- CF0605 – [Physician's Report on Applicant](#)
- CF2454 – [Application for Assessment: Specialized Family Care](#)
- CF2442 – [Specialized Family Care Home Assessment and Checklist](#)

Chapter 8: Resource Work Policies	
Policy 8.4: Recruitment, Assessment and Approval of Aboriginal Caregivers	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Recruitment, Assessment and Approval of Aboriginal Caregivers

The recruitment, assessment and approval of Aboriginal caregivers for children in care is necessary to support the connection of Aboriginal children in care to their extended family and/or Aboriginal cultural community under s. 71(3) of the *CFCSA*. Whenever possible, Aboriginal communities and Delegated Aboriginal Agencies are involved in the recruitment, assessment and approval of Aboriginal caregivers, and are sources of support to caregivers.

- Outcomes**
- Children are safe and their rights under s.70 of the Child, Family and Community Service Act are respected.
 - Children are cared for by caregivers who support the developmental, emotional, cultural, and physical needs of the child.
 - Caregivers are screened, assessed and approved using a consistent, comprehensive, understandable, respectful and transparent process.
 - Aboriginal communities and Aboriginal delegated agencies are involved in the recruitment and approval of Aboriginal caregivers.
 - Relevant aboriginal communities and Aboriginal delegated agencies are consulted to determine the values and community standards to include as part of an assessment process.
 - The assessment of Aboriginal caregivers is sensitive to their cultural heritage and background.

Standards

8.4.(1) When seeking an Aboriginal caregiver for an Aboriginal child, the director works in partnership with people from the child’s community to determine the best way to find an appropriate caregiver from within the community, if that is in the best interests of the child.

Procedures

Recruiting and Supporting prospective caregivers

- Members of the child's Aboriginal community are partners in developing recruitment strategies for Aboriginal caregivers based on the community's unique culture, values, and needs.
- Invite and involve community members to support a prospective caregiver throughout the process if necessary by assisting with required forms and activities.
- Begin with a consideration of strengths, including:
 - what is working well,
 - what are the child's, caregiver's, family and community strengths, and
 - how can these strengths be incorporated into the planning for the child's safety and well-being.

Screening, assessment and approval

- A prospective caregiver's Aboriginal community is consulted to determine the values and community standards that should be included as part of an assessment process.
- Use the screening, participatory assessment and approval process outlined in *Resource Work Policy [8.1: Screening, Assessment and Approval](#)*, giving consideration to the unique cultural identity and values of communities being served.
- In consultation with the prospective caregiver, determine who else could play a role in care giving and who should be included in the participatory assessment and approval process.
- Address any issues that may be of concern if a child is placed in the home. Listen to all perspectives as part of finding solutions and contribute to a climate of inclusiveness by building upon the strengths of individuals, families and communities.
- Consider delaying an approval decision to accommodate the time that the prospective caregiver may need to complete the required work if the assessment shows the potential of a prospective caregiver once he or she has made further efforts to resolve feelings and change negative behaviour resulting from traumatic or significant emotional events.
- When unsure about approval, with the prospective caregiver's consent, seek support and guidance about the areas of concern from advisors within the Aboriginal community before making a decision.

Chapter 8: Resource Work Policies	
Policy8.5: Initiating, Modifying and Ending Agreements	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Initiating, Modifying and Ending Agreements
 Caregivers and the director establish agreements to confirm service expectations and compensation. Modifications can be made with the caregiver’s consent. When an agreement ends, the caregiver is provided with reasons for ending the contract (i.e. the Family Care Home Agreement).

- Outcomes**
- Children are placed in homes that are appropriate to their needs.
 - Caregivers are compensated for the services they provide based on their designation and ministry policies and standards.
 - Caregivers understand the agreements they enter into.
 - Caregivers consent to any modifications to their agreements.
 - Caregivers receive written communication about decisions related to the termination of their agreements.

- Standards**
- 8.5.(1) Upon approval of:
- an initial caregiver assessment and home study,
 - a specialized family care levels assessment, or
 - an annual review of a caregiver,
- a review of the Family Care Home Agreement (FCHA) is conducted with the caregiver, including the terms of the agreement and the expected services. Remuneration is based on the services defined in the FCHA.
- 8.5.(2) When necessary, an existing Family Care Home Agreement is modified with the informed consent of the involved caregiver. If the modification will result in a reduction in the capacity of and payment to the caregiver’s home, the caregiver is given 60 days’ notice before the effective date of the modification.

Procedures

Supporting caregivers

- Review the Family Care Home Agreement with the caregiver following their approval and before placing a child in the home. When applicable, negotiate any additional funding in order to meet the child's needs.
- Advise the caregiver of situations that can result in contract modifications.
- The appropriate spending authority and the caregiver sign the Family Care Home Agreement. Once signed, provide the caregiver with a copy of the agreement.
- If the primary caregiver in the home has a partner, ensure both adults sign the Family Care Home (or other) Agreement in order to ensure that the Caregiver Legal Representation Indemnity as well as other contractual obligations apply to each person.
- If there are two caregivers in a home, both are required to attend caregiver training and other learning opportunities and undertake independent study as specified in Schedule A, 4(f) of the Family Care Home Agreement.

Initiating the Family Care Home Agreement

- Use the Family Care Home Agreement for restricted, regular and Level 1 specialized family care homes. For Level 2 and Level 3 specialized family care homes, use either a child-specific option or a bed-specific option in the Family Care Home Agreement for Levels 2 and 3 (bed-specific are preferred).
- Use the RAP (Resources and Payment) system to input information that populates the Family Care Home Agreement and initiates payment. Information includes contract type, term, capacity, any negotiated ongoing supplemental amounts to cover costs for shelter, transportation, relief, child and youth care workers, day care and other required services.
- Describe any specific services related to payments beyond regular amounts) in the free text areas of the schedule A.
- A decision whether to renew a Family Care Home Agreement with a caregiver is based on ongoing assessment including an annual review.

Additional funding: assessment and payment method

- Assess requests for additional funding based on the needs of a specific child or other ongoing service requirements for a particular population the caregiver serves or may serve. When considering requests consider the following:
 - the usage of standard amounts of funding to ensure they have been expended or committed;
 - whether alternate funding sources exist
 - the length of time the additional funding may be required
 - who in the care team would be responsible for providing the additional funding
 - the most efficient payment method: fixed payments in the contract (ongoing supplementals) or exceptional payments through invoice.
- Once the need for and amount of additional payments has been determined, obtain approval of the spending authority (team leader/manager), which is required for each contract renewal.
- Regularly review the need for extra funding and the payment method. Extra funding is terminated as soon as it is no longer needed.

Modifying agreements

- Extra funding may be available on a case-by-case basis for new caregivers who do not yet have the experience to be designated as a specialized caregiver, but who care for children with special needs who have higher care needs.
- When considering changing the payment terms of the agreement, initiate a thorough planning and review process involving the caregiver, which includes:
 - Discussing the proposed changes,
 - Discussing/negotiating the date the changes will commence,
 - Notifying the caregiver (if appropriate) in writing about the proposed modification(s) and reasons for it/them, and
 - Providing the caregiver with notice of any modifications that will result in a reduction of capacity to the caregiver's home 60 days before the effective date.

Note: *When a child leaves a caregiving home that exceeds the allowable number of children, 60 days' notice is not required unless an exception to this is made by the manager of the resource.*

- Use a modification agreement to reflect the changes in the agreement.
- If the caregiver does not consent to the proposed modification(s) and there is no workable compromise, consider ending the contract.

Ending agreements

- When considering ending an agreement, discuss the reasons with the caregiver, relevant staff and supervisor. A Family Care Home Agreement can be ended if:
 - a caregiver asks to end the agreement,
 - the agreement is ended with notice – before the end of the agreement and after providing 60 days' notice,
 - the agreement is ended for cause, based on a breach by either party of a term in the agreement and written notice that the agreement will terminate immediately or at some future date, or
 - the term of the agreement is up and it will not be renewed.

- Once the decision is made to end an agreement, provide the caregiver with the reasons for the decision in writing within seven working days, and include the appropriate notice period plus 10 business days (if counting notice from the date the written decision was mailed to the caregiver).

- Provide the caregiver with information in writing about who to contact if he or she disagrees with the decision.

- Provide the caregiver with information about the Dispute Resolution policy (See Policy 8.21: Dispute Resolution for Caregivers).

Note: Do not attempt to advise the caregiver about potential fiscal or legal implications. Instead, encourage the caregiver to seek accounting, tax, or legal advice from a qualified professional.

Additional Resources

- For information on Family Care Home Agreements, see [Resource and Payment \(RAP\) Contracts in the Systems User Guide](#)
- [Appendix C: Agreements and Payment Rates](#) includes notice requirements for ending an agreement, information on payment amounts, and a sample letter that can be used to advise caregivers signing third party service agreements of their obligations as a contractor.

Chapter 8: Resource Work Policies	
Policy 8.6: Monitoring and Reviewing Agreements	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Monitoring and Reviewing Agreements

Agreements are reviewed and monitored for utilization, financial accountability and fulfillment contractual obligations.

Outcomes

- Agreements are monitored and reviewed to ensure all conditions are adequately met.
- Caregivers fulfill the obligations of their agreement.

Standards

8.6.(1) Agreement are reviewed and monitored for:

- proper utilization,
- financial accountability,
- fulfillment of component services and contractual obligations.

Procedures

Monitoring agreements

- Monitor an agreement to review:
 - a caregiver’s budget and expenses, including ongoing exceptional payments and requests for one-time-only expenses; and
 - the caregiver’s compliance with the obligations outlined in the agreement.
- Identify and discuss with the caregiver any concerns that arise and develop ways to address them. (If, as a result of the reviewing and monitoring processes, modification of an agreement is required, see “Modifying agreements” in [Resource Work Policy 8.5: Initiating, Modifying and Ending Agreements.](#))

Reviewing agreements

- Review and discuss the terms and service expectations of an agreement with a caregiver:
 - during caregiver annual reviews;
 - in advance of 60 days prior to the end of the agreement; and
 - at any time that concerns arise about the agreement.

- Review the agreements at these times in order to determine:
 - the compliance with the service expectations of the agreement;
 - the caregiver's intention and ability to fulfill the expectations of the agreement; and
 - any noted additional items.

- Discuss the caregiver's progress and plan for completing the mandatory training required by the director. If there are ongoing concerns about completing the training, carefully consider whether to renew the agreement.

Additional Resources:

- *For information on Family Care Home Agreements, see [Resource and Payment \(RAP\) Contracts](#) in the Systems User Guide:*

Chapter 8: Resource Work Policies	
Policy 8.7: Caregiver Continuing Learning and Education	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Caregiver Continuing Learning and Education

Caregivers continue to access learning and attend training sessions to improve their caregiving knowledge and skills. Caregivers attend mandatory training sessions within the required time frame, and while they have a Family Care Home Agreement in place.

- Outcomes**
- Learning plans are developed in collaboration with caregivers and outline how learning needs and mandatory training will be addressed.
 - Caregivers are supported at the time of approval and during reviews to meet their learning needs and mandatory training requirements.
 - Learning plans are continually reviewed and updated in collaboration with the caregiver, as the caregiver’s learning needs evolve.
 - Caregivers have more knowledge and skills and are able to provide a higher quality of care.

Standards

8.7.(1) Develop and follow up on a learning plan with the caregiver to provide them with information and/or education on relevant topics of interest for the caregiver. Review the caregiver’s learning and development needs and training activities and plans at each annual review.

Procedures

Learning Plan

- Discuss with the caregivers potential topics of interest and learning needs, and collaboratively develop a learning plan to provide him or her with information and/or training on topics including:
 - roles and responsibilities of caregivers and the care team,
 - sensitive and responsive practices to use with a child’s family to maintain the family’s involvement with each child, consistent with the child’s Care Plan and cultural safety plan,

- the role of the caregiver in providing temporary care for a child and/or support for the family until each child returns home or to another stable, lifelong family living arrangement, and helping prepare children for a move to a permanent placement,
 - knowledge of each child's unique culture in order to preserve the child's identity and connection to his or her community,
 - child development, parenting skill development, positive behaviour support and interventions, and trauma informed practice,
 - restraining procedures outlined in each child's Care Plan that have been approved by members of each child's team including a health care provider who is knowledgeable about the child and restraining techniques, and approved by a CFCSA designated director in writing, and
 - how best to address the individual needs and interests of each child and the unique situation of his or her family in accordance with each child's Care Plan.
- Follow-up with the caregiver to ensure that they receive information and/or training according to their learning plan.

Post-Approval Training

- Inform all caregivers who sign a family care home agreement or contract that they must complete the mandatory ministry approved caregiver training within the required time frame.
- After advising the caregiver about the post-approval training, refer the caregiver to the regional agency that provides the mandatory training.
- Regularly discuss with the caregiver their progress with the training program, and identify and address barriers affecting successful completion.
- When the caregiver completes the mandatory training, document the date the program was completed and the title of the program in the resource file. Additional training is also documented in the resource file.

Continuing Learning

- On an ongoing basis, identify and discuss with the caregiver their short- and long-term learning and development needs, based on the unique characteristics of each child placed in the home and each child's plan.
- To assist and support the caregiver to develop skills as a caregiver, provide or identify sources of relevant information, including books, articles, and learning opportunities offered by other ministries.

- Continue to advise the caregiver about, and encourage their participation in, learning opportunities to enhance caregiving knowledge and skills.
- Encourage the caregiver to participate in ongoing learning opportunities to support the care of the child.
- Support the caregiver to learn about children’s Aboriginal or cultural heritage, and religious or spiritual background in order to:
 - provide children with guidance and encouragement to maintain their cultural heritage;
 - assist children to participate in the religious or spiritual activities of their choice; and,
 - respect and safeguard Aboriginal children’s cultural identity and ties to family, Aboriginal community and heritage.

Chapter 8: Resource Work Policies	
Policy 8.8: Documentation	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Documentation
Required and significant information about a caregiver is clearly documented and maintained in a resource file.

- Outcomes**
- All caregiver documentation is accurate.
 - All caregiver documentation is up-to-date.
 - All caregiver documentation is securely stored.

- Standards**
- 8.8.(1) Documentation regarding a caregiver is accurate and complete and includes information relating to:
- screening, assessment and approval processes;
 - initial and updated criminal record checks;
 - agreements and financial records;
 - placement of and planning for children in care;
 - caregiver education and skill development; and
 - monitoring, reviews, reportable circumstances, investigations, quality of care, and dispute resolution processes.

Procedures

- All required and significant information about a caregiver and actions taken during service provision is documented.
- Maintain confidential, accurate and up-to-date documents and keep them in the caregiver’s resource file.

- When a caregiver has participated in an application, approval or dispute resolution process, obtain their signature on the relevant documentation and provide them with a copy. Signatures are obtained in order to show that the caregiver has seen the document. (Signatures are required on all documents identified with an asterisk in the list below.)

- Keep the following documentation on a caregiver's file:
 - application and consent forms*,
 - home study*,
 - reference, medical, and criminal checks,
 - Initial Record Review and Detailed Record Reviews,
 - verification of completion of mandatory training,
 - Family Care Home Agreement or service agreement*
 - a plan for caregiver learning and education (including mandatory training record) and record of completed education*,
 - levels assessment*,
 - child's referral form and care arrangements* (including responsibilities resulting from collaborative planning, the Care Plan* and information about home visits),
 - ongoing monitoring and annual reviews*,
 - family care home investigations (as well as a summary of investigations sent by registered letter),
 - steps taken to resolve and results of a dispute resolution* (see [Resource Work Policy 8.21: Dispute Resolution for Caregivers](#)),
 - reportable circumstances and incident reports* (see [Resource Work Policy 8.18: Reportable Circumstances](#)),
 - summary of information regarding children placed in home, including child's name, age, placement dates, length of stay, reason for moving,
 - names of all individuals living in the home,
 - names of caregivers providing relief to the family care home,
 - whether caregivers are also providing respite and/or relief to others,
 - placement decision and supporting reasons,
 - communication between caregiver and worker including communication during home visits,
 - correspondence (i.e. e-mails), and
 - any other documentation as required.

- Advise the caregiver of the required documentation that is kept on file.

- Advise the caregiver to:
 - keep a daily log/journal that includes a confidential record of contact between the caregiver and the child in care’s family, extended family and community , according to the child’s Care Plan, which can be given to the director upon request; and
 - submit the record for storage on the child service file as soon as possible after the child leaves the care giving home.

Notes

For more information on caregiver records of children in care, see “Closing a home” in Resource Work Policy 8.22: Transferring or Closing a Family Care Home.

Additional Resources:

- [Child and Family Service Standard 24: Case Documentation](#)
- [Children in Care Service Standard 11: Assessing and Planning for a Child in Care](#)
- [The Good Recording Guide](#)

Chapter 8: Resource Work Policies	
Policy 8.9: Sharing Placement Information with a Caregiver	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Sharing Placement Information with a Caregiver

Caregivers are provided sufficient information about a child’s strengths and needs, and the caregiver’s responsibilities to meet those needs.

Outcomes

- Caregivers are provided with sufficient written information about a child in care to help support the child’s safety.
- Caregivers are aware of their responsibilities as outlined in the child’s Care Plan.
- Caregivers understand the reasons for a child’s change in placement.

Standards

- 8.9.(1) The caregiver is provided with information about a child in care wherever possible before the child is placed, at the time of placement, and as it becomes available throughout the child’s stay.
- 8.9.(2) The caregiver is provided with a written copy of the caregiver’s responsibilities as outlined in the child’s Care Plan.

Procedures

- When considering a placement for a child in care, provide a proposed caregiver with written referral information from the child’s worker or child protection worker and discuss the potential placement.
- During the placement process, ensure that the caregiver receives relevant information, including:
 - the child’s full name, date of birth and legal status;

- information about the child’s overall goals and Care Plan, and the worker’s expectations of the caregiver in supporting that plan;
 - contact information for the child’s worker;
 - known medical and/or mental health history and needs (e.g., allergies);
 - any safety risks to the child, including the need to protect the child from contact with another person;
 - any health or safety risks posed by the child toward the caregiver or any other person in the home, the caregiver’s home and personal belongings;
 - the child’s daily care, including mealtime and bedtime routines, sleeping habits and food preferences;
 - scheduled appointments with other service providers or professionals;
 - the names of persons with access to the child and how access will be arranged;
 - how contact with parents, family, extended family, friends and community members will be facilitated;
 - the child’s cultural and ethnic heritage, spiritual beliefs and identity;
 - the child’s school;
 - the child’s participation in sports, recreational clubs or activities;
 - any allegations of abuse or neglect involving the child in previous placement settings, whether the allegations were investigated, and the outcome;
 - notification procedures if the child is lost, goes missing or runs away, or if the child suffers a personal injury or is at serious risk of harm; and
 - any other information that will assist the caregiver in responding to the individual needs of the child.
- Throughout the placement, ensure that the caregiver continues to be provided with all relevant information about the care and safety of the child, including procedures for meeting special dietary needs, administering medications, and the use of restraints that are approved by members of the child’s team including a health care provider who is knowledgeable about the child and the subject area. (For more information about the use of physical restraint please refer to *Standard B.3 and Appendix 2 in the [Standards for Foster Homes](#)*).
- Ensure that the caregiver is advised of the child’s Care Plan and receives written information about the caregiver’s responsibilities arising from the child’s Care Plan.
- Before and during a child’s change in placement, ensure that the current caregivers knows the reasons for the child’s move and when the move is scheduled to occur, and receives relevant information about the new placements when appropriate.

Additional Resources:

- [*Children in Care Service Standard 13: Providing a Caregiver with Information*](#)
- [*Standards for Foster Homes, Standard B.3 and Appendix 2.*](#)

Chapter 8: Resource Work Policies	
Policy 8.10: Selecting a Care Giving Home	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Selecting a Care Giving Home
 Children in care are placed in family care homes that best meet the child’s needs and best interests, including meeting the requirements of s. 71 of the *CFCSA*.

- Outcomes**
- Children in care are safe.
 - Children are placed in family care homes that best meet their needs and best interests.
 - Priority is given to placing children with extended family or other adults with whom they have a significant relationship.
 - Children maintain connections with their own families (i.e. parents; siblings).
 - Aboriginal children in care are placed with caregivers within their own community.

- Standards**
- 8.10.(1) A caregiver is selected for a child in care on the basis of the child’s assessed needs and strengths. The first priority is extended family.
- 8.10.(2) For an Aboriginal child in care, priority is always given to selecting a caregiver within the child’s extended family or Aboriginal cultural community. If the extended family or community cannot safely assume the child’s care, the priority is given to Aboriginal caregivers outside the child’s Aboriginal community. The community is involved in planning for selection of a caregiver and placement.
- 8.10.(3) When an Aboriginal child in care is placed with a non-Aboriginal caregiver, the caregiver is supported in maintaining and providing opportunities, according to the cultural planning within the child’s Care Plan, for:
- involvement of the child in activities in their Aboriginal immediate and extended family and Aboriginal community; and
 - ongoing positive contact between the child and their Aboriginal community.

Procedures

- Consider the child's best interests when selecting a caregiver for a child in care.
- To the fullest extent possible, make decisions about where to place a child that are informed by a consultative process with the child's worker, who includes the views of the child, family, extended family and other adults who have a significant relationship with the child. This approach to placement decision-making is used when a child first comes into care and if a change of placement is required.

Selection priorities

- If the child's worker determines that placement with a child's extended family is not consistent with the child's best interests, then give priority to placing the child:
 - in a living arrangement that will promote the maximum contact between the child and parents and other family members, whenever possible selecting a caregiver who:
 - lives in close geographic proximity to the child's siblings, extended family and friends; and
 - is willing to promote the child's regular contact with siblings, extended family and friends, consistent with the child's needs;
 - in the same family as the child's brothers and sisters, in order to reduce the trauma of separation and promote the stability and continuity of lifelong relationships (if siblings have separate living arrangements, the child's team facilitates frequent and regular contact between them); and
 - in a community that will allow the child to continue to attend the same school, day care and/or recreational activities.
- When a child's best interests are served by living with a caregiver who does *not* live close to the child's family and/or friends, the child's care team (see glossary for definition of care team):
 - makes efforts to involve the family and extended family in decisions about the child;
 - assists the child in maintaining contact with the family, extended family and friends, subject to court-ordered access restrictions, as well as the child's school and community; and
 - offers support services to the family and extended family to help maintain or enhance their ongoing involvement with the child.
- Give priority to placing each Aboriginal child in the following order:
 - with their extended family or within their aboriginal cultural community;
 - with another Aboriginal family; or

- if a child cannot be placed safely in any placement described above, in accordance with the other placement priorities described in this policy.
- Work in partnership with the involved Aboriginal community or identified delegated agency to choose a caregiver for the child. Consider all adult members of the child's extended family or other persons within the Aboriginal community as possible caregivers for the child.
- Consider the compatibility of the child with other individuals already living in the home before placing a child in a care giving home.

Caregiver qualities

- Wherever possible, select a caregiver who:
 - has been identified by the child as a person with whom they would choose to live (and who is recommended by the child's worker);
 - has the strengths, capacities, skills, and experience necessary to provide safety for the child and promote the child's well-being;
 - will work collaboratively with the child's family, child's worker, and other members of the child's care team towards the goal of returning the child to the family or providing a living arrangement that promotes permanency in accordance with the child's plan;
 - respects and promotes the rights of children in care under the *CFCSA*; and
 - is aware of their strengths and limitations, and will access and utilize the supports and training available to fulfill the child's needs.
- In addition to considering the above characteristics, make efforts to preserve a child's culture and identity by choosing a caregiver who is willing to:
 - work with the child's family and extended family to promote the child's culture and identity;
 - promote and support ongoing contact with members of the child's cultural community;
 - participate in the development and implementation of cultural planning within the child's Care Plan;
 - learn about and respect the views, cultural and ethnic heritage, socio-economic circumstances, spiritual beliefs and identity of the child, family and extended family; and
 - help the child develop a strong self-image that incorporates his or her culture and identity into their daily living.

- When considering placing a child in a care giving home, determine the compatibility of the child with those already living in the home, based on:
 - the number of children living in the home (including children in care, the caregiver's own children, and any others);
 - their age, gender, developmental level, needs and wishes; and
 - discussions with the caregiver and, where possible, the child's worker(s) who have children placed in the home.

(For more information on the maximum number of children in a care giving home, see [Resource Work Policy 8.11: Allowable Number of Children in a Care giving Home.](#))

- Use staffed children's residential services only when an assessment of the child's needs and best interests determines that placement of a child in a family care home is neither appropriate nor possible.

Consider all other placement options first, and use staffed residential resources only when the child's needs cannot be met within a family care home, or as a last resort.

Additional Resources:

- [Resource Work Policy 8.11: Allowable Number of Children in a Care giving Home](#)
- [Standards for Staffed Children's Residential Services](#)
- [Section 71 \(Out of Homes Living Arrangements\) of Child, Family and Community Service Act](#)

Chapter 8: Resource Work Policies	
Policy 8.11: Allowable Number of Children in a Care Giving Home	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Allowable Number of Children in a Care Giving Home
Additional placements are made after an assessment of the caregiver’s abilities and capacity, and the needs of the current and potential children in their care including their own children, and are reviewed regularly by appropriate practitioners to ensure suitability for all involved.

- Outcomes**
- Children are cared for in homes structured to support their individual needs and level of development.
 - The number of children in the caregiver’s home is appropriate to the caregiver’s abilities and resources.

- Standards**
- 8.11.(1) A maximum of six children can live in any type of caregiving home, including the caregiver’s own children. No more than two of the six children can be under the age of two. No more than four of the children may be preschool-aged. However, three children aged less than 2.5 years is allowed, as long as no more than two of these children are less than two years old.
- 8.11.(2) The maximum capacity may only be exceeded with a manager’s approval. Caregiving homes with children placed above the maximum capacity must be reviewed at least every 90 days for the first year, or at least every 6 months thereafter, to ensure the health and safety of the children in the home.

Procedures

Assessment of capacity

- A maximum of six children can live in any type of caregiving home, including the caregiver’s own children. To clarify, the number of children living in a caregiving home for each level is described below:

- Restricted: Can have 6 CIC's living in a caregiving home if foster caregivers have no children. If the foster caregivers have 2 children of their own, 4 CICs can also live in the home; if foster caregivers have 5 children of their own, 1 CIC can also live in the home.
 - Regular: As above
 - Level 1: As above
 - Level 2: The maximum number of all children living in the home is 6, however, the maximum number of CICs living in the home is 3.
 - For example: A level 2 foster caregiver can have 3 of their own children and 3 CICs living in the home. Even if the foster caregivers don't have any children of their own, they can still have only 3 CICs living in the home.
 - Level 3: The maximum number of all children living in the home is 6, however, the maximum number of CICS living in the home is 2.
 - For example: A level 3 foster caregiver can have 4 of their own children and 2 CICs living in the home. Even If the foster caregivers don't have any children of their own, they can still have only 2 CICs.
- Assess the possibility of additional placements by evaluating:
- the caregiver's capacity to adequately care for all children placed in the home;
 - congruency with the child's written Care Plan and the child's best interests;
 - the caregiver's ability to meet the requirements of the Family Care Home Agreement; and
 - a determination that the placement is in the child's best interest.
- Consider an exception to make an additional placement in the following circumstances:
- the placement of sibling groups (other than sibling groups, any exception is considered a short-term arrangement and children are placed in a more suitable resource as quickly as possible);
 - placement of children in a home in which they have lived previously;
 - youth in care who have children;
 - short-term emergency placements; or
 - provision of short-term respite or relief.
- Use the following criteria when considering additional placements:
- a) *The availability of other appropriate placements*
 - b) *The number, ages and characteristics of the children:*
 - the number, chronological and functional age, characteristics and needs of all children currently under the care of the caregiver (including children receiving day care services in the care giving home).
 - c) *Caregiver's capacity:*
 - ability to provide care, including an evaluation of the caregiver's health, strength, mobility and other responsibilities that the caregiver may have (e.g.,

- care of dependent family members, work outside the home, babysitting other children);
 - potential changes in interactions of the caregiver and children (including the caregiver's own children) that might be created as a result of this combination of children, less time to spend meeting the needs of each child, and the impact of such changes (assessment of impact should consider behavioural, developmental, medical, psychological, social and personal safety issues); and
 - additional supports the caregiver may require to meet the needs of the increased number of children, which could include relief, in-home help for housekeeping or child care, and day care; the amount of space available, including appropriateness of sleeping arrangements and ability to evacuate all children in the event of an emergency.
- Assess caregiver's capacity through discussions with each worker who has a child placed in the care giving home.
 - Document that an assessment has been conducted of the caregiver's capacity to care for additional children.

Authority to approve exceptions

- Exceptions are approved by the manager responsible for the oversight of the resource prior to placement. The manager reviews the decision for an exception every 90 days in the first year, and then every six months if the placement is considered stable (or more frequently as required).

Reviews

- Review and assess homes above maximum capacity to determine if additional supports are required or should be continued. An assessment evaluates:
 - the health and safety of children placed in the home
 - the progress of children in care toward meeting developmental outcomes, and
 - the impact of the additional children on the caregiver and all others living in the home.
- After the first year, if the placement is stable, conduct a review every six months; if the placement is not considered stable, continue reviews every 90 days.

Chapter 8: Resource Work Policies	
Policy 8.12: Placement	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Placement

Caregivers are supported during the placement process and throughout the placement of a child in their care regarding how to best provide a safe and stable living arrangement for the child.

Outcomes

- Children are placed in stable and safe living arrangements, preferably in a family setting.
- Children are preferably placed in the same family home as their siblings.
- Children live in a location where the child maintains contact to relatives and friends.
- Children’s cultures are respected and supported while in care.
- Children are placed in staffed children’s residential resources for as short a duration as possible.

Standards

- 8.12.(1) Before a child is placed, or as soon as possible thereafter, caregivers are provided verbally and in writing relevant information needed to care and plan for the child.
- 8.12.(2) Children are not placed in staffed children’s residential resources for longer than necessary and not for longer than 12 months unless extraordinary health, education, or behavioural needs of the child warrant an extended placement.

Procedures

Pre-placement

- Wherever possible, pre-placement visits are arranged for the child and family with the caregiver to assess the viability of the placement from the perspectives of all involved.

- Provide a proposed caregiver with as much information as possible prior to the placement of the child. The child's worker or child protection worker provides the caregiver with the written referral information and discusses the potential placement.
- Before the placement of the child or as soon as possible thereafter, provide the caregiver with relevant information about the child that is needed to care and plan for the child.
- Before the placement of the child or as soon as possible thereafter, provide the child's worker with relevant information about the caregiver to share with the child and family when appropriate (e.g., family composition, routines and hobbies).

Beginning of the placement

- Contact the caregiver on the next working day following the child being placed in a caregiver's home.
- After the caregiver has received the referral form from the child's worker, obtain the signed referral document from the caregiver and add it to the resource file.
- Work with the caregiver to develop a plan for how to best support the caregiver in providing a safe and stable living arrangement for the child.
- Discuss ways of supporting the caregiver in caring for the child in accordance with the child's Care Plan.
 - Support caregivers during the placement process in caring for the child and working with the child's family, in accordance with the child's Care Plan.
 - Support caregivers in planning for how to best provide a safe and stable living arrangement for the child.
 - Support caregivers of Aboriginal children and of children of all cultures in developing ways to maintain the child's connections with his or her culture and cultural community.
- Continue to update the caregiver with information about the child throughout the child's stay.

Staffed children's residential services

- Participate in the Service Delivery Area's placement decision-making process for reviewing the referral to and placement of children in staffed residential resources.
- When a decision is made to place a child in a staffed children's residential resource, follow the same process as for placement in a care giving home.

- Monitor the appropriateness and length of a placement to ensure that the child does not remain in a staffed residential resource any longer than is necessary. Placement of children in specialized residential resources is limited to a maximum period of 12 months. Exceptions are limited to meeting extraordinary health, educational and/or behavioural needs.

Chapter 8: Resource Work Policies	
Policy 8.13: Planning and Supporting Changes in Placement	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Planning and Supporting Changes in Placement

Changes in placement are made after thorough assessments of options for children in care. Caregivers, children in care and their families are provided support and guidance before, during and after the transition.

Outcomes

- Children are only moved after careful consideration of all available options.
- Children are placed in living arrangements that meet their best interests.
- Caregivers are active participants in planning for changes in placements for children in care.
- Caregivers are supported in transitions of children in and out of their care.

Standards

- 8.13.(1) Before deciding on a change in placement, exhaust all other options on supporting the current placement based on the child’s Care Plan. If this is not successful, then give careful consideration again to whether a family member or someone closely connected to the child is able to care for the child.
- 8.13.(2) Children are placed in living arrangements in their local and/or cultural community and only placed outside of this community if placement with family or someone connected to the child is not possible and after careful consideration of all available options and consultation with their care team.

Procedures

Deciding on a change in placement

- Work with the caregiver(s) and all members of a child’s team to plan for the child and promote stability in the child’s living arrangement.

- Consider all of the factors, and only change a child's placement if it is necessary and in the best interests of the child.
- Consider whether providing additional support will allow the child to safely stay in the current living arrangement.
- When planning a change in placement consider the child's views, where appropriate.
- Make decisions regarding moving a child to a different placement in collaboration with all members of the child's care team.
- Assess whether there are any negative impacts to other children in the home from either moving or keeping the child in the current placement.
- Assess the caregiver's capacity to manage all children in the home.
- Participate in developing a plan that addresses the activities and supports needed to promote a positive transition experience for all concerned in order to ensure that the child, family and both the current and proposed caregivers are well prepared for the change.

Supporting the caregiver

- Involve the caregiver in planning for the child's move.
- Provide timely information and discuss with the caregiver the reasons why the move is in the child's best interest.
- Assist the caregiver in developing positive and supportive ways of explaining and discussing the change in placement with the child.
- Involve the caregiver in determining what support the caregiver and caregiver's family and community may need to help the child make the transition.
- Support the caregiver in helping prepare the child for a move by fully participating in transition activities, including visits to the proposed caregiver or family.
- Assist the caregiver in preparing the child for the transition when a child is returning to family or other permanent out-of-care living arrangement, or is moving to another resource. Ensure adequate time is given to supporting the transition according to the unique circumstances of the child.
- Encourage and help the caregiver to develop ways of promoting ongoing contact with the child after the change in placement, according to the child's best interests.

- Support the caregiver in adjusting to the change in the relationship with the child.
- Acknowledge the range of responses that occur during a change, including joy, relief, grief and loss, and encourage activities that honour the experiences of all involved.

Planning the transition

- Participate in developing a plan that addresses the activities and supports needed to promote a positive transition experience for all concerned. Significant components of a transition plan include:
 - facilitation of communication between current and proposed caregivers regarding the care of the child,
 - number and frequency of pre-placement visits based on the child's developmental stage, and the amount of contact that might already exist between the child and proposed caregiver, return or transfer of the current caregiver's records about the child.

Note: All records must be returned.

Aboriginal children

- As part of collaborative planning, involve the child's Aboriginal community, identified delegated agency, caregiver, and family in planning the best approach to support the child's move.

Additional Resources

- [*Children in Care Service Standard 10: Meeting a Child's Need for Stability and Continuity of Lifelong Relationships*](#)
- [*Children in Care Service Standard 12: Supporting and Assisting a Child with a Change in Placement*](#)
- [*Child and Family Service Standard 4: Cooperative Planning and Dispute Resolution Processes*](#)

Chapter 8: Resource Work Policies	
Policy 8.14 – Collaborative Assessment and Planning	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Collaborative Assessment and Planning

The child's care team works collaboratively with each other and, where applicable, with the child's Aboriginal community, throughout the assessment and planning process to effectively develop, support and implement the child's Care Plan.

Outcomes

- Assessment, planning and review processes are conducted collaboratively by all members of the child's team including the caregiver(s).
- For Aboriginal children significant and involved people from a child's Aboriginal community are involved throughout the assessment and planning process, when relevant.
- Any barriers to the success of the child's Care Plan, including cultural planning, are addressed and resolved respectfully and efficiently.

Standards

8.14.(1) The child's care team meets periodically (at a minimum of every six months, consistent with Care Plan reviews) to review progress on the goals outlined in the child's Care Plan.

Procedures

Participation of the caregiver in planning

- Participate and encourage caregivers to participate in the collaborative assessment and planning process as a valued member of a child's care team.
 - Participation includes attending meetings, and when the caregiver cannot attend in person, communicating the caregiver's information, views and experience, and sharing relevant or significant information from the caregiver's individual service records on the child.
 - Wherever possible, ensure that a caregiver has access to the supports needed to enable his or her participation in care team meetings.

- Strategize with the caregiver on how he or she can best:
 - fulfill his or her responsibilities in meeting the goals and objectives in the child's Care Plan; and
 - address the child's safety and well-being in all aspects of his or her life.

- The child's care team assists in planning regarding:
 - identifying and responding to the care and safety needs of a child,
 - identifying and responding to any health or safety risks posed by the child or their family toward the caregiver or any other person in the home,
 - authorizing the caregiver to provide consent for routine school outings and medical treatment for the child, such as immunizations, general check-ups and non-emergency family physician/medical clinic office visits (as per s.94 of the CFCSA),
 - visiting arrangements, and
 - a change of living arrangements for the child or caregiver (i.e. if the caregiver is moving or there is a change in relationship and a partner moves in or out of the home).

Team member roles and responsibilities

- The members of the child's care team will designate one person for the role of case manager, usually the child's worker. The designated case manager coordinates communication and progress reviews, and monitors team members' roles and responsibilities in fulfilling the child's Care Plan.

- For an Aboriginal child, involved members of the child's Aboriginal community may take on particular roles and responsibilities in relation to the cultural planning within the child's Care Plan.

- The child's team continues to invite and encourage participation of people of significance to the child in planning for the child, even if they have previously not participated.

Team reviews

- As part of quality assurance practices, the child's care team:
 - reviews the efficacy and consistency of practice,
 - resolves issues that may be a barrier to the success of the child's Care Plan,
 - make any adjustments to the plan, roles or responsibilities,
 - examines the roles of each team member and the team as a whole to determine whether all the appropriate resources and supports are in place, and, if not, develop a plan to address this,

- reviews how the team is working together to meet the needs of the child and family, and
- reviews how the team has resolved issues or differences and the use of any alternative dispute resolution measures.

Progress Reviews

- The child's care team regularly reviews progress on the goals outlined in the child's Care Plan, looking specifically at how:
 - the child's well-being, including developmental and safety needs, is being maintained
 - the child's strengths, capacity and abilities are being promoted and supported
 - the cultural, socio-economic, social and community context and spiritual beliefs of the child, family and caregiver are being respected and honoured.
- Progress reviews should include opportunities to develop and monitor plans to reunite a child with family or extended family, or to move a child to an out-of-care living arrangement that promotes permanency. Caregiver feedback is integral to the development and review of the child's Care Plan.

Additional Resources

- [*Integrated Case Management User's Guide*](#)
- [*Standards for Foster Homes*](#)
- [*Standards for Children's Staffed Residential Services*](#)
- *Family Care Home Agreement: Schedule A, part 1, section 4*
- [*Care Plan Form CF2594*](#)

Chapter 8: Resource Work Policies	
Policy 8.15: Supportive Practice	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Supportive Practice

Caregivers are supported and encouraged in a manner that is responsive to the complexities of the placement and the needs of the child.

Outcomes

- Caregivers have the support, feedback and encouragement to provide the best possible care and guidance for children and their individual needs.

Standards

- 8.15.(1) Employ supportive practice in all dealings with a caregiver, and provide support services consistent with the expectations of the caregiver outlined in:
- the Care Plan,
 - foster home or staffed children’s residential service standards, and
 - contractual agreements.

Procedures

Building the relationship

- Establish frequent contacts at the beginning of a placement and ongoing in person contact in the caregiver’s home, preferably when the child is present, at least every 90 days (and more frequently if required) to promote the stability of a child in care living in the home.
- Supportive practice includes, but is not limited to,:
 - listening, and providing advice when appropriate or requested;
 - responding to a caregiver’s requests in a timely manner;
 - facilitating access to professional support services for a caregiver relevant to the child’s needs (e.g., mental health, drug and alcohol, and behaviour management services);

- promoting and facilitating access to formal and informal support networks (e.g., peer support, foster caregiver organizations, and/or community resources);
- facilitating access to appropriate tangible supports (e.g., relief; foster caregiver support line);
- encouraging the caregiver to participate with other members of the child's care team in planning for the child;
- supporting a caregiver to have an active voice in supporting the child;
- promoting and facilitating access to caregiver training and learning opportunities
- supporting caregivers to facilitate healthy transitions and/or changes in placement;
- meeting with caregivers during times of crisis;
- periodically reviewing and assessing with the caregiver the level of support provided and required;
- encouraging and facilitating the use of formal dispute resolution processes (e.g., mediation) to deal with conflicts that might arise between the caregiver and others.

Additional support

- Inform the caregiver that additional support is available from the British Columbia Federation of Foster Parent Associations, the Indigenous Perspectives Society the Foster Parent After-Hours Support Line, and local foster caregiver support services.
- Involve people from the relevant Aboriginal community (if applicable) to provide additional information and support.

Additional Resources:

- [Standards for Foster Homes, Standard B.3 and Appendix 2](#)
- [Standards for Staffed Children's Residential Services](#)
- [Family Care Home Agreement: Schedule E](#)
- [BCFFPA: <http://www.bcfosterparents.ca>](#)
- [Foster Family Handbook: \[http://www2.gov.bc.ca/assets/gov/family-and-social-supports/foster-parenting/foster_family_handbook.pdf\]\(http://www2.gov.bc.ca/assets/gov/family-and-social-supports/foster-parenting/foster_family_handbook.pdf\)](#)

Chapter 8: Resource Work Policies	
Policy 8.16: Relief, Respite and Child Care	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy: August 31,2017

Policy Statement: Relief, Respite and Child Care

Caregivers use relief and child care services that are appropriate to the needs of the child placed in their care and that support the needs of the caregiver. Approved caregivers may provide respite for children not in care. Relief services are provided by care providers who are screened, assessed and approved. Child care is provided in licensed facilities or in family child care homes that have been screened by the resource worker and caregiver.

- Outcomes**
- Children cared for by respite, relief, or child care providers are safe.
 - All respite and relief care providers are assessed and approved before a child is placed in their care.
 - Payments for respite and relief caregivers are appropriate to the type and level of the family care home.

- Standards**
- 8.16.(1) Wherever possible, select a ministry approved caregiver with an open resource file as a relief caregiver.
- 8.16.(2) Before a child in care is placed in a relief caregiver’s home that is not a ministry approved home, the caregiver providing relief is assessed and approved. The resource worker and the caregiver jointly make a decision regarding approval of the relief caregiver based on a review of the required checks and assessment.
- 8.16.(3) Discuss with the caregiver all self-selected relief arrangements made by the caregiver prior to placement of the child(ren) with the relief caregiver.

Procedures

Selecting relief caregivers

- In collaboration with the child's worker when possible, determine whether relief is appropriate based on the child's developmental needs, including the need for stability, and the relief caregiver's ability to meet the child's needs, as identified in the child's Care Plan. Determine whether the relief service also supports the caregiver's needs.
- If relief services are required, assist the caregiver to plan and arrange for these services as required. Periodic relief should be on a schedule that best meets the needs of the child in care and the caregiver.
- Wherever possible, select a ministry approved caregiver with an open resource file as a relief caregiver.
- All levels of caregivers may provide other caregivers with relief (both in-home and out-of-home) in order to provide support when necessary, keeping in mind the maximum allowable number of children in a caregiving home (see [Policy 8.11](#) for details on maximum capacity).
- The caregiver may be responsible for selecting caregivers to provide relief services. It is recommended that the caregiver identify who they intend to use during the home study to ensure availability and appropriateness before there is a need.
- If a caregiver selects a person who is willing to provide relief but who is not approved by the ministry, that person must consent to and receive a consolidated criminal record check, an Initial Record Review, and a Detailed Record Review conducted by a resource worker before providing relief care (ensure this documentation is placed in the resource file).
- The resource worker reviews the information obtained from the consolidated criminal record check, initial record review, and detailed record review, and determines whether it is appropriate to proceed with approval of the prospective relief caregiver.
- If the decision is to proceed, the caregiver assesses the prospective relief caregiver using the *Relief Care Provider Assessment Guide & Checklist* and ensures that the relief caregiver complies with Standard E of the Standards for Foster Homes.
- Based on the results of the assessment guide and assessment of compliance with Standard E, the resource worker and caregiver jointly decide whether to proceed with recommending approval of the relief caregiver. Supervisor and manager approval is required if there is past involvement with child welfare or law enforcement, or if a criminal record is present.

- If there is a request to place a child in a relief care provider's home for longer than 14 days out of a month, decide whether to approve this placement in collaboration with the supervisor, the child's worker and the child's worker's supervisor. The placement cannot proceed without the approval of both supervisors. Consider a change of placement if relief is requested beyond 14 days.
- In order to enhance stability for the child, the preferred plan is that the child is cared for by the same relief care providers.

Selecting Respite Caregivers

- Respite caregivers are assessed and approved in the same manner as regular caregivers, as outlined in Policy 8.1.
- All approved caregivers may provide respite services for families whose children are not in care.

Maximum allowable number of children in a caregiving home

- The maximum allowable number of children in a caregiving home includes children who are placed in the home for relief or respite purposes. Exceptions require approval from the manager responsible for the resource.

Payments for the provision of relief services

- Family Care Home Agreements with restricted, regular and Level 1 family care homes do not include funding specified for relief.
- Service payments for Level 2 and 3 family care homes include funds to cover the equivalent cost of three days of relief per month per child or per bed at the established relief/respite rates.
- Relief payments for restricted, regular and Level 1 family care homes or additional relief payments for Level 2 or 3 family care homes are paid by either invoice or by ongoing supplemental payments in the contract.

Payment for supplementary relief

- Supplementary relief may be available, with prior approval, for specialized family care homes in extraordinary situations in the family care home, such as:
 - Personal illness or tragedy;
 - Illness, death or marriage of an immediate member of the caregiver's family; or

- Demanding and extraordinary needs of the child in care which, without relief or support for the caregiver, could jeopardize the placement.
- The caregiver purchasing the supplementary relief submits a written invoice to the resource office. The invoice should include:
 - the child's name, sex and date of birth,
 - the number of days of relief service for which payment is required, including the dates of service,
 - the rate of pay (e.g., dollars per day),
 - the name, signature and telephone number of the person providing the supplementary relief, and
 - the name, signature, address and telephone number of the caregiver receiving the service.

Rates

- Restricted or regular family care homes providing relief or respite are paid the restricted/regular family care home rate appropriate to the age of the child in care, plus \$10.00 daily. These rates may be negotiated depending on the needs of the child and with approval of the spending authority.
- Level 1, 2 and 3 homes providing relief are paid according to the designated home level of the caregiving home where the child resides, or as negotiated.
- Some Level 1, 2 and 3 homes are established to provide relief for other caregivers or respite for parents or other adults caring for children who are receiving services under a support services agreement but who are not in the director's care. The relief caregiver receives payment according to his or her designated home level. The rate for a relief/respite home is entered in Schedule B of the specialized family care home agreement.
- Payment is based on the per diem rate for payments to family care homes providing relief and is not paid on a 24-hour clock basis.

Initiating Payment

- All respite caregivers must submit a Respite/Relief Care/Take Charge form (CF1234) to initiate payment for their services. It is completed by the caregiver, approved by the child's worker and/or appropriate spending authority, and forwarded to Accounts Payable.
- Relief payments may also be initiated through the CF1234 form, or by invoice, or by ongoing supplemental payments in the contract, if the relief caregiver has a resource file. Relief caregivers without a resource file may be paid from invoice.

On-going child care

- If child care services are required to supplement the care provided by a caregiver, or recommended by the child's worker, child care subsidies are available. If child care is part of the child's Care Plan and there is a cost in excess of the subsidy for which the caregiver requests additional funds, the director assesses the request. For more information regarding applying for child care subsidy, please refer to the [Information for Social Workers Intranet page](#).
- Whenever possible, the children are placed in licensed facilities. If none are available, and unlicensed child care is used, the resource worker and caregiver are responsible for screening and monitoring the child care arrangement. The resource worker conducts the following checks: an Initial Record Review, Detailed Record Review, Consolidated Criminal Record Check and Criminal Record Review Act check).
- Child care subsidies and, on a case by case basis, surcharges may be available through the resource worker or child's worker to assist with the cost of child care if child care is required to supplement the care provided by a caregiver or if child care is recommended by the child's worker.

Additional resources:

- [Appendix F: Foster Caregiver's Guide for Assessing Relief Care Providers](#)

Chapter 8: Resource Work Policies	
Policy 8.17: Ongoing Monitoring and Annual Reviews	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy: March

Policy Statement: Ongoing Monitoring and Annual Reviews
Caregivers are monitored regularly from the beginning of a child’s placement until their departure from the home.

- Outcomes**
- Children are cared for in supported and monitored environments.
 - Children have safe opportunities to address the quality of their care.
 - Caregivers have agreements that are regularly reviewed to ensure they are compliant with the agreement.

- Standards**
- 8.17.(1) Contact the caregiver on the next working day following the child being placed in a caregiver’s home.
- 8.17.(2) Maintain ongoing contact with the caregiver at least once every 90 days, with in-person contact in the caregiver’s home preferably while the child in care is present.
- 8.17.(3) Conduct the annual review with all caregivers in the home.

Procedures

Ongoing monitoring

- Conduct monitoring on an ongoing basis of:
 - the safety and well-being of each child in care
 - the effectiveness of each caregiver in achieving the goals and objectives for each child in care
 - the progress of each child in care measured against his or her plan, and
 - the adherence of each care giving home to the Family Care Home Agreement and the Standards for Foster Homes.

- Inform the caregiver about a director's responsibility and purpose in carrying out ongoing monitoring and conducting annual reviews.
- Develop a monitoring plan with the caregiver that includes regular contact by phone, email and in person, at a minimum of once every 90 days in the caregiver's home, preferably when the child in care is present. An annual review may be conducted in place of a 90 day review as long as it occurs within 90 days of the previous in-person visit to the caregiving home.
- If health-related concerns that may impact the care of a child arise with a caregiver or a member of the caregiver's family, discuss this with your supervisor to determine the most appropriate response.

In-person visits to a caregiving home

- View the physical environment of the home, including sleeping arrangements, and monitor ongoing compliance with Standard E in the Standards for Foster Homes.
- During visits, observe children placed in the home, including their interactions with the caregiver whenever possible. Obtain information about the child's experience in the placement through discussions with the child's worker.
- Conduct interviews with each caregiver to discuss their individual experiences with and/or any concerns about their ability to:
 - Provide a safe, nurturing environment that promotes the well-being of each child
 - Fulfill their responsibilities in implementing the goals and objectives for each child and family as identified in the child's Care Plan
 - Honour the child's views, culture, identity, spiritual beliefs and wishes, and for Aboriginal children, following the cultural planning within the child's Care Plan;
 - Maintain family connections as outlined in the child's Care Plan, and
 - Maintain the quality of care in the home.
- Review the caregiver's:
 - records of the day-to-day care of the child, and
 - adherence to the Standards for Foster Homes.
- Document in the caregiver's resource file any changes in the physical environment and the child's experience in the caregiving home.

Annual reviews

- Conduct an annual review of all family care homes, including restricted family care homes.

- Inform a caregiver of the objectives and participation expectations of the annual review. Continuing approval of a caregiver is contingent on a successful annual review.
- Provide a caregiver with a schedule for his or her annual review, which occurs within 30 working days of the anniversary date of when the first contract was signed. If, however, the previous year's annual review occurred more than 30 working days from the anniversary date of when the first contract was signed, make the schedule for the next annual review to be within 30 working days of the anniversary from the last annual review.
- Inform the caregiver about which records and activities will be reviewed and who will be interviewed as part of the review process.
- Review file documentation, caregiver notes and records about the child, and contact each worker who has a child placed in the care giving home to discuss strengths of and concerns about the caregiver's care for the child and obtain information through discussions with the child's worker about the child's experience in the placement since the last annual review.
- Conduct home visits to interview all caregivers in the home. Other adults and children living in the care giving home may also be included in this process, when relevant.
- Discuss the following topics with a caregiver during annual reviews:
 - all placements and changes in placement;
 - changes and progress of the child in his or her development;
 - implementation of the child's Care Plan;
 - concerns, if any, about the care of children resulting from discussions with the child's worker, and a plan to address the concerns;
 - the director-caregiver partnership, including providing and receiving positive feedback, and dispute resolution;
 - the caregiver's experience with the available supports and relationships with child's care team members;
 - the impact of caregiving on the foster family;
 - the caregiver's learning plan and timely completion of mandatory training;
 - the caregiver's skills and capacities, noting any areas that require additional education, and planning to access that education;
 - Any investigations or quality of care reviews that occurred over the previous year, including follow-up plans;
 - health and safety issues;
 - confidential storage of a child's records;
 - additional people living in the home and additional adults 18 years and older who have had, or may require, an Initial Record Review, Detailed Record Review and Criminal Record Checks;

- significant changes for the caregiver and his or her home environment, as outlined in Standard B.2 Reportable Incidents of the Standards for Foster Homes;
 - the caregiver's responsibilities as outlined in the Family Care Home Agreement and the Standards for Foster Homes; and
 - any new and/or updated policies related to caregiver support services, child in care services or child safety.
- Use the information from these discussions to review and, if necessary, revise the profile of a child who can be placed in the caregiving home.
- If concerns about a caregiver arise from the annual review, develop a plan with the caregiver to address them.
- Ensure there is a review of the home environment, in accordance with Standard E of the Standards for Foster Homes.

Reviews when caregiving home is not providing service or is not being used

- If a caregiving home has not been providing service for 60 days or more, conduct a review with the caregiver to discuss the future use of the caregiving home. Included in the discussion could be:
- Reviewing any outstanding issues that have not been concluded;
 - The area's need for caregivers.
- If the home will not be used in the future, end the agreement (as per [Policy 8.22: Transferring or Closing a Caregiving Home](#)).

Additional Resources:

- [Standards for Foster Homes](#)
- [Foster Family Handbook](#)
- [Children in Care Service Standards](#)

Chapter 8: Resource Work Policies	
Policy 8.18: Reportable Incidences	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Reportable Incidences

Caregivers are aware of the requirement to report all information of significance regarding the safety and well-being of a child and any changes in the caregiver’s situation. The process of responding to a report by a caregiver is as per the Standards for Foster Homes, Reportable Incidences.

Outcomes

- Critical injuries and serious incidents are reported in a timely manner, consistent with existing legislative requirements.
- The caregiver is aware that the ministry may provide the Public Guardian and Trustee the necessary information to exercise their responsibilities.
- Affected children, youth and families and/or staff are offered support.

Standards

8.18.(1) Ensure annually that the caregiver is aware of their obligation to report to the appropriate delegated worker all information of significance to the safety and well-being of a child in his or her care, and any changes in the caregiver’s circumstances.

Procedures

- Inform a caregiver of the requirement to report to his or her worker, and the child’s worker where appropriate, all information of significance regarding the safety and well-being of a child, including:
 - fatality, critical injuries, use of restraint, and serious incidents* (to be reported immediately);
 - issues relating to the caregiver’s ability to care for the child and/or changes in the caregiver’s home that affect or might affect the child’s care (to be reported as soon as possible); and
 - reportable incidents outlined in the contract and in the Standards for Foster Homes (Standard B.2: Reportable Incidents).

- If the caregiver's worker is not available, the report is made to an alternate delegated worker or to a supervisor in the same local office. If an immediate report is necessary after regular office hours, the report is made to the relevant After Hours service.
- A caregiver is advised that the ministry sends the initial report about a child involved in a reportable circumstance to the Public Guardian and Trustee (PGT), when the PGT is guardian of the child's estate, and that the PGT may request a copy of the final report.
- A caregiver is advised when there are individuals or organizations that may need to be notified about the events leading to a Reportable Circumstances report. These include: police, and/or the child's Aboriginal Band. These organizations can make a written request for the Reportable Circumstances report.
- Ensure the procedures as outlined in the [Reportable Incidents Standard](#) of the Standards for Foster Homes are appropriately adhered to.

Issues relating to a caregiver and/or care giving environment

- Follow up on caregiver reports of changes in care giving circumstances. Reporting expectations for caregivers are outlined in the Standards for Foster Homes (Standard B.2: Caregiver Practices).

Responding to a report from a caregiver

Ensure the process taken to respond to a report from a caregiver is followed as outlined in the [Reportable Circumstances Policy](#).

****Notes:***

See [Glossary](#) for definitions of critical injury and serious incident.

Additional Resources:

- [Reportable Circumstances Policy](#)
- [Reportable Circumstances Policy - Practice Guidelines](#)
- [Standards for Foster Homes \(Standard B.2.3: Reportable Incidents\)](#)
- [Child and Family Service Standard 25: Reportable Circumstances](#)
- [Family Care Home Agreement](#)
- [Standards for Staffed Children's Residential Services](#)

Chapter 8: Resource Work Policies	
Policy 8.19: Quality of Care Review	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement

When there is a significant concern about the quality of a child’s care in a family care home, which is not due to abuse, neglect or emotional harm (requiring an investigation), the concern is reviewed by a delegated worker through a Quality of Care Review (QOCR) in a timely way.

Outcomes

- Caregivers adhere to the terms in the Family Care Home Agreement and applicable policies regarding children in care.
- QOCR are completed in a fair and timely manner.
- Caregivers receive support during the Quality of Care Review process.
- The outcome of the QOCR is made known to the caregiver and the child in a timely manner.

Standards

- 8.19.(1) The supervisor of the resource worker determines whether to conduct a QOCR, with approval by the responsible manager, within 24 hours of receiving information concerning a caregiver’s breach of the Family Care Home Agreement, applicable policies and/or rights regarding children in care.
- 8.19.(2) If there is a decision to commence a QOCR, start the review within 5 days of receiving the concern.
- 8.19.(3) Complete the QOCR within 30 days of receiving a report, unless doing so compromises the integrity of the QOCR. If an extension is needed, obtain approval of the responsible manager and then notify the caregiver of the need to extend.

8.19.(4) If, as a result of a Quality of Care Review, a decision is made to apply a serious sanction to the caregiver (reduction of level or closure of the family care home), inform the caregiver of their right, within 10 days of receiving the decision, to make a written request to the Director of Quality Assurance for a review of the administrative fairness of the decision.

Procedures

Assessment and Determining the Response

- If the concern about the caregiver is determined to be below the threshold of requiring a QOCR, the issues are addressed and resolved informally through the resource worker and a child's worker discussing the matter with the caregiver.
- A QOCR may be required at any point where there is reason to believe that the foster family is unable or unwilling to meet the terms of the family care home agreement, or provide care for children according to the Standards for Foster Homes.
- When considering the need for a QOCR, conduct an Initial Record Review by reviewing electronic databases to:
 - determine the number of past QOCRs and Family Care Home Investigations about the caregiver; and
 - identify the previous issues or concerns.
- Document the concern on [MIS](#).
- The resource worker and the supervisor of the resource worker jointly assess the concern within 24 hours of receiving the information to decide whether there is reasonable doubt about the quality of care the child is receiving.
- The supervisor of the resource worker makes the decision to initiate a QOCR, with approval by the responsible manager, when there is reasonable doubt about the quality of care the child is receiving.
- If the responsible manager approves the decision to conduct a QOCR:
 - As soon as possible, the resource worker informs the caregiver by telephone or in person advising of the concern and the ministry's decision to conduct a review.

- The child's worker will ensure that all appropriate protocols are followed with the child's aboriginal community, if applicable.
- If the concern is about a serious issue of abuse, neglect or emotional harm, the responsible manager reviews the concern and determines if the matter needs to be addressed through a Family Care Home Investigation, based on the following criteria:
 - Caregiver not protecting the child from physical harm, the likelihood of physical harm, sexual abuse or sexual exploitation from another person;
 - Emotional harm by caregiver;
 - Emotional harm from domestic violence;
 - Neglect with physical harm or likelihood of physical harm;
 - Physical harm or likelihood of physical harm by the caregiver; or
 - Sexual abuse/exploitation by the caregiver.

Information and support for the caregiver in a family care home

- As soon as possible and within 5 days following a decision to conduct a QOCR, the MCFD/DAA resource worker notifies the caregiver of:
 - the information included in the report, except any information that would likely reveal the identity of the individual who has made a report;
 - the decision to conduct a QOCR;
 - Information about the QOCR process;
 - actions to be taken to support the children living in the family care home; and,
 - the caregiver is updated every 14 days by the resource worker.
- The resource worker also:
 - Informs the caregiver of everyone's role and how decisions are made;
 - Advises the caregiver of the contact information for a support person or available support services, such as the BCFFPA, IPS or other local services ;
 - Informs the support person for the caregiver that she/he must sign an oath of confidentiality prepared by the director prior to the support person's involvement in the QOCR process; and
 - Provides the caregiver with a copy of this policy, and explains the information in the report and the QOCR process to him/her.

Information and support for the children in care

- The child's worker will inform the child (with capacity) about the quality of care review process, the ministry's internal complaint process, and supports such as the RCY and Ombudsperson.
- If the child in care is aboriginal the child's worker will facilitate the child having a support person from their community involved in the process.
- According to the child's abilities, the child will be consulted regarding any changes to placement or Care Plan.

Conducting a Quality of Care Review

- The resource worker and the child's worker gather relevant information about the concern by completing the following steps:
 - Both review their respective files of the child and the caregivers, including the child's Care Plan to determine how previous issues or concerns have been addressed;
 - The child's worker meets with the child to hear child's views of the concern and ensure the child's views are taken into consideration throughout the process;
 - The resource worker meets with the caregivers to obtain their views and suggestions on how to address the concern; and
 - Talk to the other children in care in the family care home who may have relevant information about the concern (with the involvement of the social workers who have responsibility for other children in care living in the home).

Completing the QOCR

- The resource worker records the QOCR in MIS and recommends an action plan to the involved supervisors.
- The child's worker, resource worker and supervisor of the resource worker jointly discuss the review of the reported concern and the action plan taking the following into consideration:
 - Whether the match between the child's needs and the skills and resources of the family care home is appropriate.
 - Whether the quality of care concern affects the continued use of the home.
 - Whether additional supports, services, training or other resources are needed.

- On the basis of this review, the supervisor of the resource worker decides on a final action plan that includes the responsibilities of those involved and a time table for the plan.

Reporting the QOCR Results

- The resource worker coordinates a meeting with the caregiver, and, if appropriate, the child's worker to discuss the QOCR outcomes and action plan, unresolved issues and additional supports needed, and the process if caregivers are not satisfied with the outcome of the review.
- The child's worker meets with the child within 7 days of the meeting with the foster caregiver to discuss any issues, decisions, or changes arising from the QOCR, including any concerns of the child.
- If the child is aboriginal, the child's worker informs the designated representative from the aboriginal community regarding any changes in plans or placement of the child.
- When a review is completed, provide the caregiver with a summary of the QOCR report, containing information regarding the outcomes.
- A summary of the QOCR report is placed on both the resource file and the child's file.

If Caregiver has Complaint about Outcome of QOCR

- A caregiver may apply in writing to the Director of Quality Assurance for the review of the administrative fairness and clinical judgement of a decision, without the need for a prior attempt at informal/local resolution or review by a responsible manager (as per Policy 8.21, *Dispute Resolution for Caregivers*), if:
 - the decision has arisen from a Quality of Care Review and resulted in a serious sanction (loss of level or closure of the family care home);
 - the application for a review is made within 10 days of receiving the decision about the serious sanction.
- If the Director of Quality Assurance decides to conduct a review, the caregiver is sent a letter within 7 days of the Director of Quality Assurance receiving the review request, indicating the commencement of a review, the issues under review and the timeframe for completion of the review.

- The review process of the Director of Quality Assurance is completed within 30 days, unless the caregiver agrees to an extension. The decision is distributed in writing to all involved within 7 days of the decision, with the caregiver informed of the option of requesting an external review (i.e. Ombudsperson).
- If the Director of Quality Assurance decides not to conduct a review, the caregiver is sent a letter within 7 days of the Director of Quality Assurance receiving the review request, indicating the reasons why the complaint is not accepted and describes the options for external reviews (i.e. Ombudsperson).
- If the issue does not pertain to a serious sanction, see Policy 8.21, *Dispute Resolution for Caregivers*.

Additional Resources:

- [Quality of Care Protocols in MIS](#)

Chapter 8: Resource Work Policies	
Policy 8.20: Family Care Home Investigations	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy: March 28, 2018

Policy Statement: Family Care Home Investigations

An allegation regarding abuse, neglect or emotional harm of a child in care living in a family care home under s.93(1)(d) of the *Child Family and Community Service Act (CFCSA)*, is assessed and receives an appropriate response.

****NOTE:** A family care home investigation is not the same as a child protection investigation under s.13 of the *CFCSA*. The finding of a family care home investigation is whether or not there is evidence of abuse, neglect or emotional harm of a child in care, and not whether a child is in need of protection.

Outcomes

- Children living in family care homes have their safety and well-being protected.
- Investigations are completed in a fair and timely manner.
- Caregivers receive support through a transparent process.
- The findings of the investigation are made known to the caregiver and the child in a timely manner.

Standards

- 8.20.(1) The responsible manager determines whether or not to conduct an investigation within 24 hours of receiving the report regarding abuse, neglect or emotional harm of a child in a family care home.
- 8.20.(2) If there is an investigation, start the investigation immediately if any child is at imminent risk and within 5 days of receiving the report of alleged abuse, neglect or emotional harm in all other situations.
- 8.20.(3) If there is a decision to investigate, complete the investigation within 30 days of receiving the report unless doing so compromises the integrity of the investigation. If an extension is needed, obtain approval of the responsible manager and then notify the caregiver of the need to extend.

8.20.(4) If, as a result of an Investigation, a decision has arisen to apply a serious sanction to the caregiver (reduction of level or closure of the family care home), inform the caregiver of the right, within 10 days of receiving the decision, to make a written request to the Director of Quality Assurance for a review of the administrative fairness of the decision.

Procedures

Coordination

- When a report of abuse, neglect or emotional harm of a child in care who resides in a family care home is received by a Ministry of Children and Family Development (MCFD) office or a fully delegated (C-6) Delegated Aboriginal Agency (DAA), the responsible manager with full delegation leads and coordinates the response process.
- The responsible manager involves a response team. The response team is comprised of the resource worker, the child's worker(s), a delegated child protection worker and, if applicable, a delegated child protection worker focused on the caregiver's own children. The responsible manager determines whether a response team member's supervisor is part of the response team and the role of the supervisor. The response team includes counterpart workers from the DAA, where applicable.

Assessment and Decision Whether to Investigate

- Centralized Screening opens the memo and conducts an IRR on the caregiver when they receive a call regarding alleged abuse, neglect or emotional harm of a child in care and alerts the responsible manager regarding the concern in the resource and that a protocol memo is being sent. If outside of core hours, Centralized Screening determines with the responsible manager the need for interim safety planning.
- The responsible manager assesses the report regarding alleged abuse, neglect or emotional harm of a child in care and decides whether or not to conduct an investigation within 24 hours of receiving the report. When possible, the manager involves the response team in the assessment and decision making process, and considers information from the response team in making the decision. This assessment includes a review of:
 - An initial record review of the specific caregiver(s) allegedly involved in the abuse, neglect or emotional harm to the child, regarding any past child protection involvement with the specific caregiver(s) in their role as a caregiver or a parent.
- Criteria used by the responsible manager to assess whether the alleged abuse, neglect or emotional harm of a child in care warrants an investigation is selected from the list of 'Director's Concerns' on the Caregiver Investigation memo in ICM, which includes:

- Caregiver not protecting the child from physical harm, the likelihood of physical harm, sexual abuse or sexual exploitation from another person;
- Emotional harm by caregiver;
- Emotional harm from domestic violence;
- Neglect with physical harm or likelihood of physical harm;
- Physical harm or likelihood of physical harm by the caregiver; or
- Sexual abuse/exploitation by the caregiver.

If the decision is not to investigate

- The responsible manager undertakes the following actions:
 - within 7 days of making the decision, advises the caregiver and the response team of the decision in writing;
 - assesses the information in the report to determine whether there are any quality of care concern(s) regarding the care of the child in that family care home;
 - ensures the documentation of the allegation, the decision and the rationale for supporting the decision are placed in the physical resource file and in the files of all children in the home;
 - the Protocol Memo is coded with the outcome “No Further Action” prior to being closed; and
 - communicates with the Community Living British Columbia (CLBC) team about the allegation and the decision not to investigate if there are CLBC adults in the home and if there are quality of care concerns that may impact a CLBC client’s safety (as per s.79(a.1) of the *CFCSA*).

If the decision is to investigate, prior to beginning the investigation

- The responsible manager undertakes the following actions:
 - coordinates the response team;
 - provides the delegated child protection worker with information relevant for conducting the investigation, such as the nature of the allegation and any relevant history;
 - if there are biological children of the caregiver residing in the home, consults and jointly plans with the local child protection authority if they are not already involved;
 - requests that the child’s worker for each child in the home completes a Reportable Circumstance Report (this automatically notifies the Public Guardian and Trustee (PGT), if applicable);

- requests that the resource worker and the child protection worker inform the caregiver about the allegations and the decision to investigate, and of the available support services;
 - determines whether the parents of the child, the parents of other children/youth in the home and, if the child is Aboriginal, the designated representative of the child's Aboriginal community should be informed of the allegation, consistent with the Practice Guidelines for the Reportable Circumstances Policy; and
 - communicates with the Community Living British Columbia (CLBC) team about the allegation and the decision to investigate if there are CLBC adults in the home whose safety may be compromised (as per s.79(a.1) of the *CFCSA*).
- The manager decides in consultation with the response team wherever possible:
- whether any actions are needed to protect the safety and well-being of any children living in the family care home (including the caregiver's children, if applicable) during the course of the investigation;
 - whether the family care home will continue to provide care to the children in care during the investigation process (particularly if there are safety concerns for the children in care);
 - whether the police need to be informed of the allegation – with police involvement necessary where allegations involve:
 - the child having been physically harmed as a result of abuse or neglect and the circumstances fall within the mandate of the police to investigate;
 - the child having been sexually abused or sexually exploited; or
 - a criminal act having occurred that affects the immediate safety of the child or other individual;
 - who will be interviewed and the sequence of interviews during the investigation process; and,
 - whether future meetings with the response team are needed for updating or planning purposes.
- If the above decisions are not made in consultation with members of the response team, the responsible manager advises the response team of the decisions prior to the beginning of the investigation wherever possible.
- The investigation is started immediately if any child is at imminent risk, and within 5 days of receiving the report of alleged abuse, neglect or emotional harm in all other situations.

Information and support for the caregiver in a family care home

- As soon as possible and within 5 days following a decision to conduct an investigation, the MCFD/DAA resource worker notifies the caregiver of:
 - the information included in the report, except any information that would likely reveal the identity of the individual who has made a report or that could reasonably be expected to jeopardize a child protection investigation or criminal investigation;
 - the decision to conduct a family care home investigation;
 - the investigation process;
 - actions to be taken to protect the children living in the family care home;
 - whether the police/PGT will be involved and that the PGT may request more information about the outcome of the investigation; and,
 - the expectation that the caregiver will be updated every 14 days by the delegated child protection worker or resource worker.

- The resource worker also:
 - Informs the caregiver of everyone's role and how decisions are made;
 - Advises the caregiver of the contact information for a support person or available support services, such as the BCFFPA, IPS or other local services;
 - Informs the support person for the caregiver that they must sign an oath of confidentiality prepared by the director prior to the support person's involvement in the investigation process;
 - Provides the caregiver with a copy of this policy, and explains the information in the report and the investigation process to them;
 - If children are moved, the resource worker and the delegated child protection worker provide the caregiver with a clear explanation of the reason and provides support in adjusting to the change;
 - Throughout the investigation, provides the appropriate financial compensation (maintenance and, if applicable, service portions, as per the contract) if children in care are moved from the family care home, for 45 days or until the caregiver has been informed (in person or by registered mail) of the decision regarding the future use of their home – whichever date is earlier.

Information and support for children in care

- In a timely manner and according to the child's age and stage and development, the child's worker provides contact and support to the child throughout the investigation process including:
 - Informing them about the investigation process and how to access the Representative for Children and Youth, the Ombudsperson, and other relevant support;
 - Informing them about the option to have a support person from his/her cultural community;
 - Preparing them as much as possible for a change in placement if one is required, including consulting with them according to their abilities; and
 - Following a change in placement, discussing with the child the reason for the move, feelings about the move and new living situation, and whether or not the child will return to the original family care home.

Conducting the investigation

- A delegated child protection worker conducts the investigation, which includes:
 - assessing whether the child is safe in their current placement;
 - reviewing all the relevant information (e.g. child service files, resource files) regarding the caregiver and children in care living in the family care home;
 - ensuring the relevant band protocol is followed, if applicable (see Policy 3.1);
 - interviewing the child who is the subject of the report;
 - interviewing other children as necessary;
 - interviewing the non-accused caregiver (if there is one);
 - interviewing the alleged accused caregiver or accused other party, if relevant (determined in consultation with police if involved);
 - interviewing collaterals as determined by the team members, and
 - arranging for a medical examination of the child if it is required by the child's circumstances (e.g. if the child has been physically harmed or sexually abused, or if the child has a medical condition that needs treatment). If the child has the capacity to consent to medical treatment, seek his/her consent for the medical examination.

- Throughout the investigation process, the safety and well-being of children living in the family care home are continually assessed by the child protection worker, manager and other members of the response team. If concerns exist, the manager approves all decisions regarding how to address them.

- If the caregiver refuses to participate and cooperate in the investigation process where the consequences for non-cooperation have been communicated, then close the home (complete the investigation and review the contract to determine how long payment is continued) and move the child(ren) to another placement.

Completing the Investigation

- The delegated child protection worker completes a detailed investigation report (in ICM) and an investigation summary and submits them to the responsible manager.
- The investigation summary report must ensure:
 - children in care are only referenced by their initials;
 - the identity of the reporter, or information that could reasonably be expected to reveal the identity of a person who has made a report, is not included;
 - information that could reasonably be expected to jeopardize a criminal investigation that is under way or contemplated is not disclosed; and
 - details of the evidence are omitted.
- A decision is made by the responsible manager about the continued use of the family care home based upon information arising from the investigation (whether or not abuse, neglect or emotional harm has occurred), information provided by the members of the response team, and an assessment of the likelihood of future abuse, neglect or emotional harm.
- If a decision is made to continue using the family care home, the response team develops a plan identifying any action(s) needed to protect the safety and well-being of children living in the family care home.

Reporting the Investigation Results

- As soon as possible, the resource worker and the delegated child protection worker meet with the caregiver to:
 - Discuss the investigation, the outcome of the investigation, and any actions taken;
 - Discuss any unresolved issues and the need for additional supports, services, or training, including supports for when a home is being closed;
 - If abuse, neglect or emotional harm has occurred, develop a plan of action for the child's future care;
 - Advise the caregiver of the next steps regarding the family care home;

- Advise the caregiver of the dispute resolution policy and available support; and
 - Advise the caregiver that she/he will receive a letter from the manager that includes a written summary of the investigation and the findings.
- The worker of the child in care meets with the child within 7 days of the meeting with the caregiver to discuss any issues, decisions, or changes arising from the investigation, including any concerns of the child.
- Within 15 days of the completion of the investigation, the manager sends the caregiver a copy of the written investigation summary with a covering letter by registered mail informing him/her of:
- the summary investigation findings;
 - the decision about the director's continued use of the family care home;
 - the dispute resolution policy and the available supports, which the caregiver can access if she/he is dissatisfied with the process or the outcome of the investigation; and
 - other people who will be notified of the investigation outcome (note that the reporter's identity is confidential).
- The manager sends a copy of the investigation summary and related decisions to the Service Delivery Area Executive Director (or, where applicable, Executive Director of the responsible DAA), informing them of:
- the investigation findings;
 - the decision regarding any action needed regarding the safety and well-being of children in the family care home and reasons for the decision; and
 - the decision about the director's continued use of the family care home.
- The involved worker(s) place a copy of the summary investigation report on the Child Service files of any and all affected children. Workers in DAAs place copies of the summary investigation report with cover letter on the Child Service files of any and all affected children.
- The resource worker retains a copy of all relevant documentation on the process, results and recommendations of the allegation/investigation (including the detailed investigation report, summary investigation report, all correspondence with the caregiver and delegated child protection worker case notes) on the MCFD/DAA resource file.

If Caregiver has Complaint about the Outcome of an Investigation

- A caregiver may apply in writing to the Director of Quality Assurance for the review of the administrative fairness of a decision, without the need for a prior attempt at informal/local resolution or review by a responsible manager (as per Policy 8.21, *Dispute Resolution for Caregivers*), if:
 - the decision has arisen from a Family Care Home Investigation and resulted in a serious sanction (loss of level or closure of the family care home);
 - the application for a review is made within 10 days of receiving the decision about the serious sanction.
- If the Director of Quality Assurance decides to conduct a review, the caregiver is sent a letter within 7 days of the Director of Quality Assurance receiving the review request, indicating the commencement of a review, the issues under review and the timeframe for completion of the review.
- The review process of the Director of Quality Assurance is completed within 30 days, unless the caregiver agrees to an extension. The decision is distributed in writing to all involved within 7 days of the decision, with the caregiver informed of the option of requesting an external review (i.e. Ombudsperson).
- If the Director of Quality Assurance decides not to conduct a review, the caregiver is sent a letter within 7 days of the Director of Quality Assurance receiving the review request, indicating the reasons why the complaint is not accepted and describes the options for external reviews (i.e. Ombudsperson).
- If the issue does not pertain to a serious sanction, see Policy 8.21, *Dispute Resolution for Caregivers*.

Additional Resources:

- [ICM User Guide](#)

Chapter 8: Resource Work Policies	
Policy 8.21: Dispute Resolution for Caregivers	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement

Caregivers have access to a dispute resolution process that adheres to the principles of administrative fairness.

Outcomes

- Issues between delegated workers and caregivers are resolved informally and locally, wherever possible.
- Issues are resolved in a timely and administratively fair manner.
- Caregivers and advocates are treated respectfully during dispute resolution and appeal processes and receive the support or help they need to resolve issues.

Standards

- 8.21.(1) If an issue cannot be resolved at an informal and local level, inform the caregiver of the option of making a written request for the outstanding issues to be reviewed by the responsible manager.
- 8.21.(2) Upon receipt of the written request from the caregiver, the responsible manager must inform the caregiver in writing within 7 days about whether or not the manager agrees to review the issue and include the reasons.
- 8.21.(3) A review by the responsible manager must be completed within 30 days after the manager has informed the caregiver about a decision to proceed with a review, unless the caregiver agrees to an extension.

Procedures:

Informal and Local Resolution

- When a caregiver wishes to make a complaint on behalf of a child in care, the general [complaints policy](#) for service recipients is followed. However, if the caregiver has a complaint about a decision that affects the caregiver, this policy is followed unless the matter involves a serious sanction (loss of level or closure of the family care home) resulting from a Quality of Care Review or Family Care Home Investigation.
- Where possible, resolve issues proactively by maintaining clear, open communication and regular contact with caregivers.
- When there is disagreement between a delegated worker and a caregiver:
 - Assess the issue or concern to determine whether and what further action is needed;
 - Meet with the caregiver in person to exchange relevant information and to discuss the issue or concern;
 - Inform the caregiver about the existence of this policy;
 - Advise the caregiver of the contact information for a support person or available support services, such as the BCFFPA, IPS or other local services; and
 - Inform the support person for the caregiver that they must sign an oath of confidentiality prepared by the director prior to the support person's involvement in informal resolution.
- Gather any information required about the issue or concern and reach a decision, consulting with or interviewing the caregivers as appropriate.
- A supervisor may become involved in resolving informally an issue at the local level.

Review by Responsible Manager

- Whenever an attempt at informal and local resolution has failed to produce agreement or where the caregivers are dissatisfied with the outcome of the informal and local dispute resolution steps, inform the caregiver of the option to make a written request for a review by the responsible manager.

- If the responsible manager has already played a role in earlier decision making about the issue, the manager requests that another uninvolved manager become the responsible manager for receiving the request for a review.
- The responsible manager may review an issue raised by the caregiver if the issue pertains to the administrative fairness of earlier decision making and if there is no external process (courts, Ombudsperson etc.) underway.
- If the responsible manager decides to conduct a review, the caregiver is sent a letter within 7 days of the responsible manager receiving the review request, indicating the commencement of a review, the issues under review and the timeframe for completion of the review.
- The responsible manager completes the review within 30 days of receiving the written request for a resolution (unless an extension is agreed to by the caregiver). Within 7 days of the completed review, the responsible manager distributes a written resolution/decision to all involved; contacting the caregiver by registered letter and informing the caregiver of the options for external reviews (i.e. Ombudsperson).
- If the responsible manager decides not to conduct a review, the caregiver is sent a letter within 7 days of the responsible manager receiving the review request, indicating the reasons why the complaint is not accepted and describes the options for external reviews (i.e. Ombudsperson).

Chapter 8: Resource Work Policies	
Policy 8.22: Transferring or Closing a Family Care Home	
Effective Date of Policy: March 1, 2017	Amendment Date of Policy:

Policy Statement: Transferring or Closing a Family Care Home
 Caregivers are supported throughout the transfer or closure of a care giving home.

- Outcomes**
- The child that is transitioned as a result of the transfer or closure of a care giving home is safe.
 - Transferring a care giving home is undertaken after the development of a thorough planning and review process and appropriate communication with the receiving worker.
 - Caregivers are supported and treated respectfully if a decision is made to close the care giving home.

- Standards**
- 8.22(1) If a caregiver moves to the catchment area of another resource team or a decision to close a home is made by a director or a caregiver, each party gives appropriate notice of intent, as specified in the agreement or contract. If a decision is made to close a care giving home with cause, the specified notice of intent is not required.
- 8.22(2) When a decision to transfer or close a home is made, plan for the transition of a child in the home, considering the child’s needs and wishes.

Procedures

Transferring a Care Giving Home

- When a caregiver transfers from one jurisdiction to another, communicate with a worker in the receiving resource team as soon as possible regarding:
 - the timing and reasons for the transfer;
 - resources available to support the transfer;
 - a written plan for the transfer;
 - any concerns about the caregiver; and

- the caregiver's contract and history.
- Send the relevant caregiver information to the contact person in the receiving area before the move when possible, but no later than within 30 days of the transfer.
- If the caregiver is relocating to another service delivery area, refer to Case Transfer and Joint Case Management Practice Directive.
- Document the process and the decisions made as required in *Resource Work Policy 8.8: Documentation*.
- Decide cooperatively with the receiving worker whether to administratively assign the caregiver's existing agreement to the receiving worker or to terminate the existing contract.

Closing a Care Giving Home

- When considering closing a care giving home where there has been no breach of contract, engage in a review process with team members and the caregiver to determine whether or not to close the home.
- When applicable, discuss options other than closure with the caregiver and team members. Consider asking the caregiver to change the type of service he or she provides, to respite, specialized care, or caring for children of different ages.
- When considering closing a care giving home where there has been a breach of contract, discuss the reasons with team members and the caregiver.
- If a decision is made to close a home:
 - inform the caregiver in person of the decision and the reasons for the closure in person, with confirmation in writing;
 - provide the caregiver with written notice of termination of the agreement within the required period, as outlined in the agreement or contract; and
 - obtain the caregiver's records relating to the care and planning for all children who have lived in the home, including daily records, Care Plans, and family information, and return them to the relevant resource file or child service files

(***Note: All records must be returned**).

- Facilitate a respectful and supportive closure process, regardless of the reason for the closure, and that is congruent with the reasons for closing the home. When a child is moved from a family care home because of closure of the home, provide the child and caregiver with support services to minimize disruption and address anyseparation or grief concerns.
- Wherever possible, offer the caregiver an exit interview to review their care giving experience. During an exit interview:
 - acknowledge and honour the caregiver’s experience, noting their strengths and contributions;
 - if appropriate, discuss the caregiver’s reasons for their decision to discontinue care giving; and
 - discuss the caregiver’s experience of or views on a region’s recruitment, retention, development and support practices.

Additional Resources:

- *Inter-Regional Protocol: Transfer of Authority Between Directors, Schedule C*
- *Family Care Home Agreement: Section 11*
- [*Case Transfer & Joint Case Management Under the Child, Family and Community Services Act \(CFCSA\) Practice Directive.*](#)

Chapter 8: Resource Work Policies

Policy 8.23: Cannabis in a Family Care Home

Effective Date of Policy:

October 17, 2018

Amendment Date of Policy:

Policy Statement

A child/youth is safe in a family care home where adults aged 19 years and older make, keep, consume, or cultivate cannabis and cannabis products.

Outcomes

- A child/youth does not have access to cannabis plants and products (including but not limited to cannabis in the form of fresh or dried leaf, oil, food, and drinks) in a family care home.
- Caregivers, who make, keep, consume, or cultivate cannabis or cannabis products in a family care home do so in a safe manner.
- Caregivers in a family care home are compliant with the federal, provincial and local government rules on cannabis cultivation.

Standards

- 8.23 (1)** Cannabis plants and products are stored in such a way that they are inaccessible to a child/youth in a family care home. Needs and capabilities of the child/youth are considered when assessing the safety of a family care home and accessibility to cannabis plants and products (including but not limited to cannabis in the form of fresh or dried leaf, oil, food, and drinks).
- 8.23 (2)** No more than four cannabis plants are grown in a family care home.

Procedures

- Delegated workers who are responsible for assessing caregivers in a family care home confirm that caregivers are compliant with the applicable provincial and local cannabis cultivation laws, including:
 - A maximum of four cannabis plants can be grown in a family care home;
 - The plants are not visible from a public place;
 - The home is not used as a licensed child care centre; and
 - The local government permits personal cannabis cultivation.

- In a family care home where more than four cannabis plants are present within the home, the delegated worker will:
 - direct the caregiver to remove the extra cannabis plants so that they are compliant with the law;
 - use appropriate screening, assessment, quality of care review and investigation tools to determine the ongoing safety of the child/youth;
 - inform caregivers that if the additional plants are not removed, the police may be notified.

- In cases where illegal drug manufacturing is suspected of occurring in a home, the delegated worker will contact the police to determine whether there are safety concerns in attending the home and/or if police attendance is needed.

- Delegated workers who are responsible for assessing caregivers in a family care home will confirm that caregivers are storing cannabis plants and products (including but not limited to cannabis in the form of fresh or dried leaf, oil, food, or drinks) in such a way that they are inaccessible to a child/youth in the home.

Additional Resources

[Provincial Cannabis Public Education Web Page](#)

[First Nations Health Authority Cannabis Public Education Web Page](#)

[Growing at Home – National Collaborating Centre for Environmental Health](#)

Related Legislation

Provincial Cannabis Legislation

- Bill 30 [*Cannabis Control and Licensing Act*](#)
- Bill 31 [*Cannabis Distribution Act*](#)

Federal Cannabis Legislation

- Bill C-45 [*Cannabis Act*](#)
- Bill C-46 [*An Act to Amend the Criminal Code*](#)

GLOSSARY

Aboriginal child: defined in the *Child, Family and Community Service Act* (CFCSA) as a child:

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

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

bed-specific agreement: contracts for a specific number of placements. For a Level 2 home, the maximum is three placements; for a Level 3 home, the maximum is two placements. If a home is going to be used on a regular basis, a bed-specific agreement is the preferred option.

caregiver: a person with whom a child is placed by a director and who, by agreement with the director, is authorized to carry out the rights and responsibilities, under the agreement, of the director.

Note: The policies may refer to a caregiver in the singular (“a caregiver”). “A caregiver” is assumed to include more than one prospective or actual caregiver for a child.

caregiver development: ongoing informal and/or formal training and education that develops or enhances a caregiver’s skills, abilities and overall capacity to provide care that meets a child’s needs.

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

child in care: all children in care of a director designated under the *Child, Family and Community Service Act*. The children are in care under the *Child Family and Community Service Act*, the *Adoption Act*, or the *Infants Act*.

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

child's care team: people who are involved in planning and caring for a child, including the child according to his or her developmental abilities, the child's family and extended family members, caregiver, caregiver's worker, child's and family's worker, involved community members, service providers and other significant people in the child's life. For an Aboriginal child, members of the child's Aboriginal community and, where it exists, members of the child's delegated Aboriginal agency are also involved.

child-specific agreement: purchases one placement for a specific child. When the child leaves the home, the agreement is terminated (with appropriate notice), unless the plan is to use the bed for another child within 30 days of the discharge of the original child.

collaborative assessment and planning: a solution-oriented, strength-based process that is inclusive and respectful of the child and others who play a significant role in the child's life. The strength of the process is dependent on the collective knowledge and input of team members, each of whom has an important role in contributing to assessments and planning, implementing the plan, reviewing progress, and updating goals and priorities.

contracted service provider: a person or community agency authorized by the director under sec 93(1)(d) of the *Child Family and Community Service Act* to provide residential services for children who are in the care of the director.

contracted resource: a person, family or residence approved by and funded by a Contracted Service Provider to care for children who are in care of the director.

critical injury: an injury to a child or youth that has resulted in or which may in the future result in a serious impairment of the child or youth's health. A serious impairment has occurred when a child or youth:

- Is unable to carry out their usual day-to-day activities on an ongoing basis, or
- Requires considerable ongoing support to carry out their usual day-to-day activities.

The impairment may be physical and/or emotional in nature.

cultural planning: Cultural planning is embedded in an Aboriginal child's Care Plan, and outlines the steps that will be taken to ensure the child's participation in culturally specific activities and connection to their Aboriginal community.

designated director: a person designated by the Minister under section 91 of the *CFCSA*.

Detailed Record Review: a review of any electronic and physical files to determine:

- How previous issues or concerns have been addressed;
- The responsiveness of the family care home in addressing the issues and concerns; and
- The effectiveness of the last intervention

director: a worker delegated by the designated director to carry out the duties and responsibilities mandated by the *CFCSA*.

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

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

family care home: a placement approved by and funded by a director to care for children who are in care of the director. Persons who provide family care home services are referred to as caregivers. Family care home services are provided from private homes where caregivers reside. There are three types of family care homes:

regular family care home: director-approved family who provides care for children of varying ages and needs. Unlike restricted family care homes, the child placed in the home is not normally known by the caregiver.

Restricted family care home: director-approved family who provides care for a child known or related to them. Approval is restricted to the specific child placed in the home and terminates when that child leaves or is discharged from care. A restricted home may be re-approved if the child previously in care at that home returns to it, or to provide respite or relief services for that child.

specialized family care home: director-approved family who provides care and support for a child in care who may present with complex health needs and/or challenging behaviours that interfere with his or her quality of social interactions and daily functioning. Each of the three levels of specialized family care homes has specific approval, experience and training requirements. Level 2 and 3 homes may also provide specialized assessment and intervention services.

Family Care Home Agreement: a s. 94 agreement between the director and a caregiver that sets out the purpose of the agreement, the obligations of the caregiver, the obligations of the director, and the term of the agreement. These agreements were developed in consultation with the BC Federation of Foster Parent Associations, are designed specifically for caregivers, and meet the requirements of the CFCSA.

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

inclusive caring/fostering: an approach to care giving that involves a child's family wherever possible, including making day-to-day decisions about the child's care, planning for significant events in the child's life, participating in activities involving the child, regularly visiting the child, and attending caregiver education and learning sessions on positive parenting, skill development, child development, and other special topics.

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

Initial Record Review: a review of the electronic databases (ICM, MIS, Best Practices) in order to:

- identify the number of Quality of Care Reviews and Family Care Home Investigations, and, if applicable, any past concerns about the caregiver in the caregiver's role as a parent to their own children; and
- Identify the previous issues or concerns from the involvements.

learning plan: throughout the participatory assessment process, prospective caregivers are asked to identify their particular strengths, capacities and learning needs. Once caregivers are approved, a more specific learning plan is developed with caregivers to identify both their core training needs and any specific training required to care for a particular child. The learning plan includes all types of training and education activities the caregiver will be asked to participate in and will include a record of completion. The learning plan puts caregiver continuing learning and education into action. The learning plan is supported and updated by the director as part of supportive practice and is formally reviewed and updated during the annual review process.

Pre-service Caregiver Training: prospective caregivers are invited to attend training that:

- provides information about the recruitment, participatory assessment and approval process
- outlines the ministry's expectations of caregivers, including the team approach to caring for children and their families
- promotes awareness and understanding of the diverse needs of children in care, and
- introduces positive and effective styles of parenting.

This allows prospective caregivers to gain a realistic understanding of the rewards and challenges of care giving, in order to assess their own readiness and capacity.

participatory assessment: an assessment approach that explores care giving skills, suitability and readiness with the prospective caregiver. The process involves identifying strengths and needs pertaining to the family's past and current functioning. A participatory assessment is carried out with (not for or on) prospective caregivers.

parent: defined in the *Family Law Act* for the purposes of law in British Columbia.

"Parent" includes:

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

"Parent" does not include a caregiver, prospective adoptive parent or director.

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

Permanency: Permanency planning is an approach used to describe a number of services and programs delivered by social workers in all areas of child welfare practice with the goal of securing a safe, caring, legally recognized and continuous family outside of government or Delegated Aboriginal Agency care for children who are either at risk of being removed from their families or who are in care. A permanent connection to a significant person or persons provides children with the stability and continuity they need to develop into healthy, secure adults. Wherever possible, kinship ties and a child or youth's attachment to extended family are preserved. For Aboriginal children and youth, these connections include permanent ties to their Aboriginal community to promote cultural continuity.

There are four dimensions of permanency:

- *Legal permanency*, which is achieved through legally binding custodial arrangements such as family reunification, guardianship transfer and/or adoption;

- *Relational permanency*, which can be described as strong, long lasting connections with a biological family member/siblings, a guardian, an adoptive family, community members or sometimes an individual from an organization like the Federation of BC Youth in Care Networks – anybody who gives positive, unconditional commitment;
- *Physical permanency*, which is achieved by creating a safe, stable, healthy and lasting living arrangement; and
- *Cultural permanency*, which can be described as a continued, constant connection to culture regardless of what else is changing; The sense of belonging to one's heritage and cultural community is desired by, and a protective factor for, many young people. Cultural connection and permanency are particularly important for children and youth of Aboriginal heritage.

positive parenting: an approach to parenting that helps to ensure a child in care receives a consistent quality of care that assists him or her in developing positive behaviour and social skills.

recruitment: includes three types of efforts to attract potential caregivers:

- **general recruitment:** focuses on public awareness of care giving, conveying to the public a general message about helping children.
- **child-specific recruitment:** focuses on recruitment of relatives or close friends who can provide a home for a child, or advertises the need for a family for a specific child.
- **targeted recruitment:** focuses on recruitment of families who can meet the needs of specific groups of children and youth.

relief: in-home and out-of-home alternative care giving arrangements for a child in care provided for a caregiver.

resource worker: a social worker who provides support and oversight to caregivers and contracted service providers.

respite: out-of-home care provided by the director for a child's parents, with whom there is a support services agreement.

responsible manager: may be any of the following including, but not limited to: Team Leader, Director responsible for Child Protection, Director responsible for Resources, a designated Director for Protocol Investigations, etc.

serious incident: a serious incident occurs when a child or youth is:

- Lost or missing (age and developmental considerations are key);
- Witness to, or otherwise involved in, another person's critical injury or death;
- Diagnosed with a life-threatening illness;
- The subject of a report of abuse or neglect by a caregiver or in a care facility;
- Involved in high risk behaviour; and,

For a child or youth for whom the PGT is the property guardian and for whom MCFD or a DAA is also the guardian, the following are also reported to the PGT:

- Any motor vehicle accident involving the child or youth;
- Any event which may mean that the child or youth could be sued; charged with an offense; and/or entitled to compensation for a loss or an injury, either physical or emotional; and/or
- Involved in other circumstances of a similar, serious nature.

smoke and vapor free environment: neither smoking nor vaping takes place at any time in enclosed spaces where children in care would be exposed to second-hand smoke/vapour or the residual toxins from second-hand smoke/vapour (including but not limited to tobacco, cannabis, and e-substances). This includes a foster caregiver's residence and vehicle. This does not restrict spiritual activities relating to the use of tobacco.

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

APPENDIX A: Rights of Children in Care (CFCSA, s.70)

- 70** (1) Children in care have the following rights:
- (a) to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children in the placement;
 - (b) to be informed about their plans of care;
 - (c) to be consulted and to express their views, according to their abilities, about significant decisions affecting them;
 - (d) to reasonable privacy and to possession of their personal belongings;
 - (e) to be free from corporal punishment;
 - (f) to be informed of the standard of behaviour expected by their caregivers and of the consequences of not meeting their caregivers' expectations;
 - (g) to receive medical and dental care when required;
 - (h) to participate in social and recreational activities if available and appropriate and according to their abilities and interests;
 - (i) to receive the religious instruction and to participate in the religious activities of their choice;
 - (j) to receive guidance and encouragement to maintain their cultural heritage;
 - (k) to be provided with an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care;
 - (l) to privacy during discussions with members of their families, subject to subsection (2);
 - (m) to privacy during discussions with a lawyer, the child and youth officer or a person employed or directed by the child and youth officer under the *Office for Children and Youth Act*, the Ombudsman, a member of the Legislative Assembly or a member of Parliament;
 - (n) to be informed about and to be assisted in contacting the child and youth officer under the *Office for Children and Youth Act*, or the Ombudsman;
 - (o) to be informed of their rights under this Act and the procedures available for enforcing their rights.
- (2) A child who is removed under Part 3 is entitled to exercise the right in subsection (1) (l), subject to any court order made after the court has had an opportunity to consider the question of access to the child.
- (3) This section does not apply to a child who is in a place of confinement.

APPENDIX B: Criminal Record Check Policy and Procedures for Caregivers

May 2013

Updated to include:
Wording regarding 'Significant and Unsupervised'



Ministry of
Children and Family
Development

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Introduction

This document outlines the requirements for conducting criminal record checks on individuals who provide residential services under the *Child, Family and Community Service Act (CFCSA)* and the *Adoption Act* in British Columbia. These individual includes:

- prospective and approved foster caregivers;
- prospective and adoptive parents;
- prospective section 54.1 guardians;
- prospective and approved out of care care-providers caring for children under:
 - a section 8 agreement, or
 - a court order made under sections 35(2)(d) or 41(1)(b) of the *CFCSA*
- prospective section 54.01 guardians;
- prospective and approved relief care providers (as defined in *Caregiver Support Service Standards*).

Pre-placement

Criminal record checks are completed when planning a placement for a child as part of the assessment process to ensure as much as possible the child's safety and well-being and to ensure that prospective adoptive parents have the ability to protect, nurture and care for the child. Additionally a criminal record check is required as part of the assessment process for relief care providers.

After Placement

A criminal record check is redone every three years for foster caregivers, out of care care-providers, and relief care providers.

Note: This policy addresses only criminal record checks. Prior contact checks required for caregivers are completed by the individual worker. See Prior Contact Checks Policy - Current and Future Practice for further details.

Definition of Caregiver

For the purposes of this document 'caregivers' will refer to:

- prospective and approved foster caregivers;
- prospective adoptive parents;
- prospective section 54.1 and section 54.01 proposed guardians;
- prospective and approved out of care care-providers; and
- prospective and approved relief care providers.

Underlying principles

Conducting criminal record checks on caregivers helps to ensure that all precautions are taken to keep children safe, and supports the guiding principle of the *CFCSA* and that the safety and well-being of children are the paramount considerations.

The *Adoption Act Regulations* state that conducting criminal record checks ensures that prospective adoptive parents have the ability to protect, nurture and care for the child.

Types of Criminal Record Checks Required

- I. Consolidated Criminal Record Check (CRC)** –These checks apply to prospective and approved foster caregivers, prospective adoptive parents, prospective and approved out of care care-providers, prospective section 54.1 and section 54.01 guardians and prospective and approved relief care providers. These checks also apply to individuals aged 18 years or older who live in the home of the above noted caregivers or who spend ‘significant and unsupervised’ time with a child placed in the home. The procedures for conducting a consolidated criminal record check and a description of the consent form are outlined in Section I of the document.

Note: ‘Significant and unsupervised’ applies to:

- individuals aged 18 years of age and over who are visiting/staying overnight for more than 30 days in the home where the child lives, and
- anyone in an intimate partner relationship with the prospective and or approved caregiver or care provider who regularly visits and/or stays in the home where the child lives.

Significant and unsupervised does **not** apply to individuals who are child minding, babysitting, hosting sleepovers, participating in activities outside the home, and/or individuals providing respite care and who have not been approved the ministry/DAA. In these types of situations, the caregiver is expected to act as a “prudent parent” to ensure a child’s safety and best interests and can obtain advice and support from his/her (caregiver’s) worker.

- II. Criminal Records Review Act (CRRRA)** – These checks apply only to approved foster caregivers. The procedures for conducting a criminal records review act check are outlined in Section II of this document.

Status	Consolidated Criminal Record Check Process (Completed every three years)	Criminal Record Check by CRRRA Agency (Completed every five years)
Prospective and approved foster caregivers	Yes	Yes
Those age 18 years or older associated with the foster caregiver	Yes	No
Prospective adoptive parents	Yes	No
Those age 18 years or older associated with the prospective adoptive parents	Yes	No
Prospective out of care care-provider	Yes	No
Those age 18 years or older associated with the out of care care-provider	Yes	No
Prospective 54.1 and 54.01 guardian	yes	No

Those age 18 years or older associated with the prospective 54.1 or 54.01 guardian	yes	no
Prospective relief care providers	Yes	No
Those age 18 years or older associated with the relief care-provider	Yes	No

The reference to “those 18 years or older associated with ...” in the above table is meant to include adults age 18 years or older who live in the home of the caregiver or who spend significant and unsupervised time with a child placed in the home.

Section I – Consolidated Criminal Record Checks

Who Receives a Consolidated Criminal Record Check?

The Consolidated Criminal Record Checks (CCRC) process applies to:

- prospective and approved foster caregivers;
- prospective adoptive parents;
- prospective section 54.1 guardians;
- prospective and approved out of care providers who may care for children and youth under the following sections of the *CFCSA*:
 - (section 8) Extended Family Program;
 - (section 35(2)(d)) an interim order providing custody to a person other than a parent under the director’s supervision;
 - (section 41(1)(b)) a temporary order placing the child in the custody of a person other than the parent under the director’s supervision;
- Prospective section 54.01 guardians;
- prospective and approved relief care providers; and
- adults age 18 years or older who live in the home of the caregiver or who spend significant and unsupervised time with a child placed in the home.

When Is a Consolidated Criminal Record Check Required?

Foster caregivers and out of care care-providers:

CCRC are conducted as part of the assessment process for prospective foster caregivers and prospective out of care care-providers and are to be completed prior to a child being placed in the home. A CRC is required every three years for foster caregivers and out of care care-providers, with the exception of 54.1 and section 54.01 prospective guardians.

Section 54.1 and 54.01 prospective guardians:

Section 54.1 prospective guardians are checked only during the assessment and approval process. Section 54.01 prospective guardians will have received an initial criminal record check when they were assessed to care for a child under a section 8 agreement, or under a 41(1)(b) order (the only pathways to a 54.01 order). They will require another criminal record check two years after the initial one **if a 54.01 order has not been made.**

Persons age 18 years or older:

A person who is 18 years of age or older living in the home of a caregiver (as defined in the introduction section of this document), or who may otherwise spend significant and unsupervised time with the children placed in the home, is subject to the CCRC process during the caregiver’s assessment process and every three years thereafter.

Note: ‘Significant and unsupervised’ applies to individuals aged 18 years of age and over who:

- are visiting/staying overnight for more than 30 days in the home where the child lives, and
- anyone in an intimate partner relationship with the prospective and or approved caregiver or care provider who regularly visits and/or stays in the home where the child lives.

Significant and unsupervised does **not** apply to individuals who are child minding, babysitting, hosting sleepovers, participating in activities outside the home, and/or individuals providing respite care and who have not been approved the ministry/DAA. In these types of situations, the caregiver is expected to act as a “prudent parent” to ensure a child’s safety and best interests and can obtain advice and support from his/her (caregiver’s) worker.

If a relief care provider is not providing care in his or her own home, then a person 18 years of age or older who is living in the relief care provider’s home does not require a criminal record check.

Relief Care providers:

A CCRC is conducted when assessing a relief care provider before the relief care provider begins caring for a child or youth in care. A CRC is required every three years for a relief care provider.

Adoptive parents:

A CCRC is conducted during the adoption home study process, and within 9 months prior to an adoption placement.

Status	When	Timeline of Subsequent Checks
Foster Caregivers and persons 18 years and over associated with the foster caregiver.	At initial assessment prior to a child being placed in the home.	Every three years.
Out of care care-providers and persons 18 years and over associated with the out of care provider.	At initial assessment prior to a child being placed in the home.	Every three years if agreement is in place.
54.1 Guardians and persons 18 years and over associated with the care provider.	At the initial assessment before child is placed in the home.	Only initial criminal record check is required.

<p>54.01 Guardians and persons 18 years and over associated with the care provider.</p>	<p>At the initial assessment before a child is placed in the home – the initial assessment occurs before a child is placed in the home under an EFP agreement or a 41(1)(b) order.</p> <p>Refer to policy 4.1 Assessing Out of Care Care-Providers.</p>	<p>A criminal record check is required two years after the initial one if a 54.01 order has not yet been made.</p>
<p>Relief Care providers Persons 18 years and over associated with the relief caregiver only if care is provided in the relief home.</p>	<p>At the initial assessment before caring for children.</p>	<p>Every three years.</p>
<p>Adoptive parents and persons 18 years and over associated with the adoptive parent.</p>	<p>Conducted at the initial assessment.</p>	<p>Within 9 months of the placement.</p>

Who Conducts a Consolidated Criminal Record Check and What Information is Checked?

A CCRC record check is performed by the Ministry of Justice formerly the Ministry of Public Safety and Solicitor General (PSSG) and includes data bases from both BC and Canada. The data bases used in the check are Canadian Police Information Center (CPIC), Police Information Retrieval System (PIRS), Police Records Information Management Environment (PRIME), Police Reporting Occurrence System (PROS), Police Information Portal (PIP), BC Corrections Information (CorNet) and BC Court involvement (JUSTIN) (see appendix for more details). The CCRC includes a review of the applicant’s self-disclosure by PSSG. Self-disclosure is a section on the consent form that allows a caregiver to provide information pertaining to their criminal record. See Section of this document entitled: Process for Completing the Form for further details.

When Not to Use the Consolidated Criminal Record Check Process

A CCRC **should not** be used to assess child protection reports. The CCRC process is intended to be used for prospective caregivers (defined in the introduction of this document) as well as for approved caregivers once every three years (Prospective adoptive parents must have a consolidated criminal record check completed within nine months of a placement). Continue to use local protocols for obtaining safety and well being information with regards to child protection reports.

Description of the Consent for Disclosure of Criminal Record Information Form (CF0622) and Process for Completing the Form

All information that is required in order for a CCRC to be conducted is covered on the [Consent for Disclosure of Criminal Record Information Form \(CF0622\)](#).

**All sections of the form must be completed in order for a full criminal record check to occur.*

Process for Completing the Form

Ask the applicant if she or he has any questions about the process and/or the information to be collected. The applicant may wish to review the form with legal counsel before deciding whether or not to sign the form. **Review and complete each section of the form with the applicant as described:*

Section 1 – Identification

Verify the identification of the applicant by ensuring that at least two pieces of government issued identification are produced – at least one should have a photograph of the applicant. **The preferred method of identification for a CPIC check is a Driver’s License. The driver’s license does not have to be valid.*

The following pieces of ID may be used for ID verification:

Primary ID	Secondary ID
<p>Issued by ICBC:</p> <ul style="list-style-type: none"> • B.C. driver's licence or learner's licence with applicant's photo (can be an expired licence with applicant's photo) • B.C. Identification (BCID) card <p>Issued by provincial or territorial government:</p> <ul style="list-style-type: none"> • Canadian birth certificate <p>Issued by Government of Canada:</p> <ul style="list-style-type: none"> • Passport • Canadian Citizenship Card • Permanent Resident Card • Canadian Record of Landing/Canadian Immigration Identification Record 	<ul style="list-style-type: none"> • School ID card (student card) • Bank card (only if applicant's name is on card) • Credit card (only if applicant's name is on card) • Foreign birth certificate (a baptismal certificate is not acceptable) • Canadian or U.S. driver's licence with applicant's photo (can be an expired licence) • Naturalization certificate • Canadian Forces identification • Police identification • Foreign Affairs Canada or consular identification • Vehicle registration (only if applicant's signature is shown) • Picture employee ID card • Firearms Acquisition Certificate • Social Insurance Card (new style without signature strip not acceptable) • B.C. CareCard • Native Status Card • Parole Certificate ID • Correctional Service Conditional Release Card

Record the pieces of primary and secondary ID that were provided by filling in the boxes entitled Primary and Secondary Government ID. If the applicant has an expired driver’s license, this number is provided. The applicant’s license may be other than the one issued in BC.

If the applicant does not possess the required ID documentation, do not proceed with the process until sufficient ID documentation can be provided. In exceptional circumstances where the required ID cannot be provided, consult with your supervisor, manager or director/executive director (based upon regional or Delegated Aboriginal agency procedures) in order to determine whether the ID that the applicant has produced is sufficient. Approval that the applicant’s identity has been sufficiently verified must be documented by including the supervisor’s/manager’s/director’s/executive director’s signature in the Primary and/or Secondary ID boxes on the form.

Section 2 - Informed Consent

This section allows PSSG to disclose the following information to the delegate of a Director under the *CFCSA* or *Adoption Act*:

- Any relevant police occurrences that are found on the following databases:
 - Police Records Information Management Environment (PRIME)
 - Police Information Retrieval System (PIRS)
 - Police Reporting Occurrence System (PROS).
- Whether the applicant's self-disclosure on the form is "complete" or "incomplete" according to relevant offences on the CPIC record.

Section 3 - Waiver and Release

This section releases the RCMP from any claims of damages, loss or injury sustained as a result of this authorized disclosure of information.

Section 4 – Informed Consent for Disclosure of BC Correctional and Court Systems

This section authorizes a director delegated under the *CFCSA* or *Adoption Act* to disclose all information supplied on this form to PSSG in order that PSSG may complete a search of information from BC correctional (CorNet) and court system about criminal charges and convictions, including convictions that have been pardoned. This section also authorizes PSSG to disclose any finding to a delegated worker or Administrator of a B.C. licensed adoption agency.

Section 5 – Signature

If the applicant agrees with the preceding sections of the form, obtain his or her signature, and include the date upon which the signature was obtained. Inform the applicant that this form is valid for one year from the signed date and is valid for the role being applied for in Section 6.

Section 6 – Consent for Criminal Record Search and Disclosure of Sexual Offence for Which a Pardon Has Been Granted

According to the requirements of the federal *Criminal Records Act*, an additional consent must be provided by the applicant to allow specifically for the search and disclosure of any sexual offence for which a pardon has been granted. The type of information required on the form for this consent is prescribed by the *Criminal Records Regulations*. Disclosure to a delegated worker about pardoned sexual offences is limited to informing whether the applicant's self-disclosure on the form is "complete" or "incomplete" according to relevant offences on the CPIC record.

Ensure that the information relating to the placement option and the name of your organization is provided. If the applicant agrees, obtain his or her signature in the space provided and the date upon which the signature was obtained. For more information on pardons visit [Service Canada](#).

Section 7 - Self Disclosure

Ask the applicant to respond to the questions included in this section, and to provide relevant information regarding criminal offences, if any exists, in the space provided. Explain the purpose of the record checks to the prospective caregiver. Ask if he or she has a criminal record or has received a "pardon" for a criminal offence. Ask the caregiver whether his or her child (or any other child under the age of 18 years living in the home):

- has been involved with the police;
- has been involved with any criminal activities; and
- has exhibited or currently exhibits behaviour that could pose a risk to children placed in the home.

Further explain to the caregiver the need to self-disclose any new convictions or charges that might arise following the completion of the initial record checks and/or voluntary disclosures involving:

- himself or herself;
- those age 18 years or older who live in the caregiver's home or who may otherwise spend significant and unsupervised time with the child while in the caregiver's home (see page 4 for a definition of significant and unsupervised); and/or
- any child under 18 years living in the home.

This part of the form serves two purposes:

- At the beginning of the record check process, it provides information in order to determine if the applicant should be screened out based on the self-disclosure alone; and
- At the stage when PSSG is performing a record check, it allows a determination to be made whether the caregiver's self-disclosure of outstanding charges and convictions is "complete" or "incomplete" according to relevant offences on the CPIC record.

Ensure that each section of the form is completed. If the applicant is in agreement, **obtain his or her signature** in the space provided in Section 5, 6, and 7 and the date upon which the signature was obtained. Keep the signed consent form in the appropriate file.

Process for requesting a Consolidated Criminal Record Check from the Ministry of Justice (formerly PSSG)

DO NOT fax the completed, signed consent form CF0622 to the Ministry of Justice (formerly PSSG). The Ministry of Justice has developed an on-line, web based request form in order to expedite completing consolidated criminal record checks.

Follow the directions for completing the on-line request form for a consolidated criminal record check at: <https://intranet.gov.bc.ca/assets/download/05303194FE384027A66BF1AF9A4AEC89>

Verifying the Results of the Consolidated Criminal Record Check

The results of the CCRC are sent to a director delegated under the *CFCSA* or *Adoption Act* from the Ministry of Justice (formerly PSSG) via fax. The information may come from several sources (see the Appendix).

If the results are relevant to assessing the safety and well-being of a child, review the information with the applicant.

Note 1: Because this disclosure includes relevant information from the RCMP records managements systems a delegated worker must verify with each applicant that any relevant information pertains to the applicant prior to using the information. If a discrepancy exists, a delegated worker will not proceed with their approval process until the RCMP records management system information is verified.

Note 2: When a Canadian Police Information Centre (CPIC) record search identifies a record, the knowledge that there may be a police record matching the applicant is conveyed to the worker. However, there is no opportunity to match the details included in the self-disclosure section (section 7) of the consent form with the information identified in CPIC

even though it is still necessary to verify whether the applicant's self-disclosure matches the records found in CPIC. **NEW PROCEDURE - August 2012: In these situations the delegated worker faxes the original consent form (CF0622) to the Criminal Record Review Unit (CRRU) at 250-380-6262, including worker name and email, and requests that CRRU staff provide records-matching verification. CRRU staff will then email the worker a PDF response regarding the records-matching results.**

If the applicant disputes any finding of a record, advise the applicant to discuss the issue with the police detachment that is responsible for the information.

The onus is on the applicant to rectify the issue with the police and provide the delegated worker with a contact name/number in the police detachment in order to confirm the resolved information. If the results of the CCRC reveal that the applicant's self-disclosure relating to CPIC information was 'incomplete' according to the Ministry of Justice (formerly PSSG):

- advise the applicant of this and of the need for further disclosure, and
- fax the further disclosure information to the **Ministry of Justice** (formerly PSSG) at **250 356-5987**.

If the applicant claims that he or she has been incorrectly identified, advise him or her to go to the local police agency and obtain further clarification through the submission of fingerprints to Ottawa.

The applicant is responsible for sending the required form to Ottawa along with the appropriate fee. The fingerprints are compared to records in Ottawa and are returned to the applicant in approximately six to eight months with a certified copy of the Criminal Record. This copy includes information on the date of charge, type of charge and disposition. It is the applicant's responsibility to disclose the information. If the applicant does not initiate the disclosure, ask him or her about the results. If a criminal record does exist, ask the person to provide details about the nature of the record.

If the applicant does not disclose information about an existing criminal record, consider the lack of response together with other factors in the assessment for approval.

During the verification process an agreement is not initiated or renewed.

Evaluation of Consolidated Criminal Records and Approval Process

When the results of a CCRC show that the person has a record on the system including pardons, discuss the nature of the record with him or her. The subject of the criminal record check must consent in writing for information to be disclosed. Use form CF0609 Consent to the Disclosure of Information for this purpose.

Assistance in Interpreting the Results of a CCRC

In some circumstances, a delegated worker may have difficulty interpreting the complexity of information forwarded to them from the data bases being searched. In such cases, prior to making a decision of suitability of the caregiver, the Ministry of Justice (formerly PSSG) can perform a risk evaluation of the available criminal record information. The risk evaluation is a summary assessment of the available criminal record information and an opinion of the risk that would be present to the type of work being performed. For this service please call **After Hours** at: **604 660-4927 or 1 800 663-9122**.

More details about CorNet information may be obtained from probation officers under the authority of section 96 of the CFCSA. Check here for a listing of all [probation offices](#).

More details about police records may be obtained from the RCMP under the authority of the written consent form already signed by the applicant.

Criteria Determining Whether to Consider a Prospective Caregiver with a Record

The child's safety and well-being are the paramount considerations when deciding whether to approve the caregiver. If a record is found consult with your Community Services Manager or Executive Director of a Delegated Aboriginal Agency regarding whether the person will be considered.

Note: In cases where the executive director does not have delegated authority, consult with the First Nations Director or designate.

Review the following criteria when considering approval of a prospective caregiver with a record:

- the [Criminal Record Review Program](#) list of criminal offences are considered relevant as they may present a risk to a child;
- the number of charges, convictions and diversions;
- the time between past criminal activity and the present;
- the conduct and circumstances of the individual since the offence or alleged offence;
- the developmental age of the child, the child's circumstances, and the nature of the child's existing or intended relationship with the person;
- the child's views, if applicable; and,
- the relevance of the particular criminal activity to the care or contact with the child.

The delegated worker reviews the information and the criteria for approval with his/her Community Services Manager or Executive Director of a Delegated Aboriginal agency unless the Executive Director does not have delegated authority. In this case a First Nations Director or designate is consulted.

Note: Conditional approval may be provided to complete an assessment or home study of the caregiver in order to obtain more information to assist with this decision. If this occurs advise the caregiver(s). At the completion of the assessment or home study the Community Services Manager or Director of a Delegated Aboriginal agency reviews all the information and makes final decision. Clearly document this process and all decisions made (see Documentation section for further details.)

Approval Process

If there are no concerns about the child's future safety and well-being the prospective caregiver may proceed in the assessment process.

If concerns exist resulting from the consolidated criminal record check, the delegated worker's Community Services Manager or the Executive Director of a Delegated Aboriginal Agency (unless the Executive Director does not have delegated authority) makes the decision regarding whether or not the assessment process continues.

In this case a First Nations Director or designate is consulted and makes the decision regarding whether or not the assessment process continues. Advise the applicant of the decision, supporting reasons and document (see *Documentation* section and section below for further details).

Disclosing Information Resulting from a Consolidated Criminal Record Check

Disclosing Information to a Foster Caregiver Regarding a Prospective Relief Care-Provider:

If the prospective relief care provider agrees, arrange a meeting with him/her and the foster caregiver in order for the prospective relief care provider to advise the foster caregiver of the concerns. If this is not possible, advise the foster caregiver that the prospective relief care-provider was not approved based upon the CCRC. Details of the offence(s) cannot be disclosed to the foster caregiver without the written consent of the prospective relief care-provider using the Consent for Disclosure of Information form (CF0609).

Disclosing information to a Child's Parent Regarding a Prospective Out of Care Care-Provider:

Facilitate a meeting where the person can provide this information directly to the parent. Details of a CCRC can only be released to the parent by the involved individual. If this is not possible, the parent may be told that the out of care care-provider was not approved based on the results of the CCRC. Details of the offence(s) cannot be disclosed to the child's parent by the delegated worker without the written consent of the prospective out of care care-provider using the Consent for Disclosure of Information form (CF0609).

If a child is already in an Extended Family Program placement:

- advise the parent that if they allow the child to stay with the out of care care-provider, an assessment and possible investigation of the child's need for protection in that home will occur immediately, and
- the agreement to contribute to the child's care may end depending upon the result of the assessment and response.

If a child is already in an out of care placement under section 35(2)(d) or 41(1)(b) of the *CFCSA*, consider applying to the court to vary the terms and conditions of the order, or applying for another order that would assist in addressing the safety concerns.

Disclosing Information to a Caregiver regarding a Person 18 Years of Age or Over:

With the written consent (CF0609) of the applicant, discuss the safety concerns with the caregiver. Explain to all parties that an agreement or contract cannot be offered or renewed until any concerns for a child's safety and well-being are addressed. For EFP agreements see previous paragraph re child in an EDP placement. In discussion with the caregivers, determine a mutually agreed upon plan to ensure that the person age 18 years or older does not pose a risk to the child - a future placement or a current placement. Document the plan, keep a copy on the relevant caregiver's file and provide a copy to the caregivers and the person age 18 years or older. If a plan cannot be developed, do not offer or renew an agreement with the caregiver.

If the person age 18 years or older will **not** consent to discussing concerns with the caregiver, advise the caregiver:

- that concerns exist relating to the child's safety and well-being as a result of the CCRC without providing identifying information;

- that the caregiver will not be approved or that the adoption home study will not proceed unless and until the concerns relating to the child's safety and well-being are addressed;
- to speak to the person age 18 years or older for further information.

Details of the offence(s) cannot be disclosed by the practitioner without the written consent of the applicant using the consent for disclosure of information form (CF0609).

New Charges or Convictions

If a caregiver or person 18 years of age or older (living in the caregiver's home, or who may otherwise spend significant and unsupervised time with the children placed in the home) is charged with or convicted of an offence subsequent to a criminal record check, the caregiver must promptly report the charge or conviction to the director and provide a criminal record check authorization for a further criminal record check. For prospective adoptive parents advise that this includes anytime after a criminal record check is complete even if there is no child placed with them - see *Practice Standards and Guidelines for Adoption – Standard #46*.

Further explain to the caregiver the need to self-disclose any new convictions or charges that might arise following the completion of the initial record checks and/or voluntary disclosures involving:

- himself or herself ;
- those age 18 years or older who live in the foster caregiver's home or who may otherwise spend significant and unsupervised time with the child while in the caregiver's home; and/or
- any child under 18 years living in the home.

If a practitioner becomes aware that a caregiver or person age 18 years of age or older living in the caregiver's home, or who may otherwise spend significant and unsupervised time with the children placed in the home, has an outstanding charge for, or has been convicted of a offence, the director must require the person to provide a record check authorization for a further criminal record check.

In consultation with your Community Services Manager or the Executive Director of a Delegated Aboriginal Agency (unless the Executive Director does not have delegated authority; in this case a First Nations Director or designate) decide whether or not the caregiver can continue to care for children during the complete criminal record check process by considering:

- the nature of the offence;
- the factors listed in the section entitled *Evaluation of Criminal Records and Approval Process* to determining whether to consider a prospective care provider with a record;
- the child's views and sense of safety; and,
- the child's capacity.

If a decision is made that the caregiver cannot continue to care for children, discuss the reasons with the caregiver and terminate the existing agreement in accordance with the terms of the agreement. Document the reasons and supporting reasons in accordance with *Caregiver Support Service Standards: "Documentation"*, and *Practice Standards and Guidelines for Adoption, Practice Standard #58*.

Children in Out of Care Placements:

When a child is already in an out of care placement and new information is obtained from a CCRC, follow the same steps as described in the sections entitled *Evaluation of a Criminal Records and Approval Process* and *Criteria Determining Whether to Consider a Prospective Care Provider with a Record*.

Foster Caregivers and Criminal Record Review Act Checks:

When information is received about a new charge and/or conviction of an offence that might affect the safety, well-being and care of a child placed in the home, conduct a CRRA check (See Section II). The CRRA does not require that a person stop working with children during the adjudication process.

The following provides more information on [Offences Reviewed Under the Criminal Records Act](#).

Documentation

Document the results of the consolidated criminal record check process, decisions relating to whether or not an applicant was approved with the supporting reasons, who was consulted, who made the decision, and when the decision was made. This includes information about an individual under 18 years living in the caregiver's home and his or her possible involvement with police, criminal activity, and whether or not she/he has or currently exhibits behaviour that could pose a risk to children placed in the home. Document the information in accordance with relevant policy requirements, for example, *Caregiver Support Service Standards: "Documentation", Practice Standards and Guidelines for Adoption, Practice Standard #58 and Aboriginal Operational and Practice Standards and Indicators Standard 30 Home Study*. In situations where policy does not prescribe where to document criminal record information, ensure the information is documented on the relevant caregiver's file.

Keep copies of related consent forms signed by the applicant on the relevant file.

In situations where a safety plan has been developed as a result of safety concerns posed by a person 18 years of age or over living in the home and spending significant and unsupervised time with a child, document the plan and keep a copy of it on the relevant caregiver's file and give a copy to the person 18 years of age or over.

Document that policy regarding disclosing possible future charges and/or convictions were discussed with the caregiver (see section *New Charges or Convictions* for details), ensure that information relating to new charges or convictions and resulting decisions are documented in accordance with existing policy and where this is not prescribed, document the information on the relevant caregiver's file.

Section II - Criminal Records Review Act

The *Criminal Records Review Act (CRRRA)* applies to:

- new foster caregivers who have been approved but before being offered a contract;
- all foster caregivers every five years (this form can be submitted with the CCRC form, see Section I)

CRRRA is provincial legislation administered by the Ministry of Justice Ministry (formerly the Ministry of Public Safety and Solicitor General - PSSG) to help prevent the physical and sexual abuse of children. The *CRRRA* requires that anyone in British Columbia who is employed, licensed, or funded by the government and who works with children or may have unsupervised access to children through their position obtain a criminal record check. Anyone who is offered a family care home agreement or contract is required to undergo a criminal record check under the *CRRRA*. Under the *CRRRA* a check needs to be completed every five years if there is still an agreement in place.

The criminal record review process established by the *CRRRA* consists of a review of any outstanding charges, current stays of proceedings, convictions, conditional discharges or pardons of 62 relevant offences identified in the *CRRRA*. It also includes a check of CorNet, the provincial corrections database that captures BC adult and youth corrections records, as well as relevant summary conviction matters and pardon information not contained on the national police database (CPIC). A relevant record is an outstanding charge or conviction for one of the 62 relevant offences identified as belonging to an individual.

Provide the person with a Criminal Records Review Program (CRRP) [Consent to a Criminal Record Check](#) form.

Submit the completed and signed copy of the authorization form, along with payment, to the CRRP. Ensure that a contact name is on the form.

After receiving the authorization form, the Registrar of the CRRP checks the person's information against the provincial database and forwards the name and birth date to the RCMP to review the national police database for a relevant offence. If no relevant record is found, within approximately two weeks of the date the agency received the authorization form, the Criminal Records Review Program (CRRP) informs the director that no relevant record exists.

Relevant Record Does Not Exist

If a Relevant record does not exist, document approval in accordance with the *Caregiver Support Standard "Initiating, Modifying and Ending Agreement"* and *Caregiver Support Service Standards "Documentation"*.

A Relevant Record Exists

If the CRRP check reveals that a relevant offence exists, the registrar must refer the matter to the deputy registrar to determine whether the conviction or outstanding charge indicates that the individual presents a risk of physical or sexual abuse to children. The registrar must also notify the individual and the director that a relevant record exists. The individual may also be asked to provide fingerprints.

The matter is then forwarded to an adjudicator to make a recommendation to the deputy registrar.

The Adjudicator

The Adjudicator is a public service employee who examines the criminal record and any other relevant information and forwards a recommendation to the deputy registrar as to whether an individual presents a risk to children.

In making a determination of risk, section 4(3) of the *CRRRA* states that a deputy registrar must consider:

- whether the behaviour associated with the relevant offence would, if repeated, pose a threat of physical or sexual abuse to children;
- the circumstances of the offence, including the age of the individual at the time of the offence and the existence of any extenuating circumstances; and,
- any other factors that the deputy registrar considers relevant including, without restriction, the time elapsed since the occurrence of the offence or alleged offence, subsequent actions of the individual, the likelihood of the individual repeating a similar kind of behaviour, and any attempts at rehabilitation.

Note: Pursuant to this subsection, a deputy registrar may ask to review a prospective foster caregiver's written home study.

Finding of No Risk

When the deputy registrar makes a determination that the conviction or outstanding charge does not indicate that the individual presents a risk of physical or sexual abuse to children, the deputy registrar must promptly notify the following persons:

- the individual who is the subject of the *CRRRA* check; and,
- the director.

Finding of Risk

When the deputy registrar makes a determination that the conviction or outstanding charge indicates that the individual presents a risk of physical or sexual abuse to children, the deputy registrar must promptly notify the following persons:

- the individual who is the subject of the *CRRRA* check; and,
- the practitioner.

Upon request, the deputy registrar must provide written reasons for any determination to the individual, who is the subject of the *CRRA* check, or to the director.

An individual who is the subject of a *CRRA* check may request a reconsideration of the determination made by the deputy registrar. This request must be received by the registrar in writing within 30 days of notification of the deputy registrar's determination.

For new foster caregivers, when information is received indicating that the person presents a risk to children, a family care home agreement or contract is not offered to the person.

Advise the person of the decisions and supporting reasons in accordance with *Caregiver Support Standard: "Screening, Assessment and Approval"*. Document the decision and supporting reasons in accordance with *Caregiver Support Standard: "Documentation"*.

If the determination of risk is overturned as a result of the *CRRA* appeal process, determine whether or not to offer the person a family care home agreement based upon the information obtained in the assessment process and the appeal process. Advise the person of the decision and supporting reasons and document the same in accordance with *Caregiver Support Standards: "Documentation"*.

APPENDIX:

Available Criminal Record Check Databases - BC and Canada

Database Description	Database Content
<p>CPIC (Canadian Police Information Centre)</p> <ul style="list-style-type: none"> Maintained by RCMP in Ottawa. 	<ul style="list-style-type: none"> Indicates if a person is presently charged with an offence, is under a court order or may have a warrant issued for arrest. Provides information about previous criminal offences, including what the conviction was for, where it happened and what the person received (results). Provides information about prior sexual assault convictions for which a pardon was received.
<p>PIRS (Police Information Retrieval System)</p> <ul style="list-style-type: none"> Historic data bank accessed by RCMP across Canada. 	<ul style="list-style-type: none"> Contains records of anyone who contacted or had contact with the police for any reason, classified according to the nature of the file as the type of involvement of the person being searched.
<p>PRIME (Police Records Information Management Environment)</p> <ul style="list-style-type: none"> Used by all RCMP and other police departments in BC. 	<ul style="list-style-type: none"> Identical to PIRS, but is current and has data entry capacity in BC. Provinces and Territories outside of British Columbia have not transferred from PIRS to PRIME. Systems called PIP and PROS (<i>detailed below</i>) are accessed when checking persons who may have convictions in other provinces.
<p>PROS (Police Reporting Occurrence System)</p> <ul style="list-style-type: none"> Used in jurisdictions other than BC. 	<ul style="list-style-type: none"> Contains the same details as PIRS, and of court proceedings from the time charges are laid through the disposition of charges PROS is accessed when information is required regarding contact with police that occurred in other provinces (BC used PRIME).
<p>PIP (Police Information Portal)</p> <ul style="list-style-type: none"> New integrated interagency information system for police across Canada. 	<ul style="list-style-type: none"> Encapsulates information contained in all records management systems (PROS, PRIME, etc.), including police involvements and occurrences, street checks/field interviews, tickets and records for all persons, businesses and vehicles.

<p>CORNET - BC Corrections information</p> <ul style="list-style-type: none">• Access to CORNET is limited to the Client Search Screens and the Client History Screens.	<ul style="list-style-type: none">• Contains details of individuals' contacts with Corrections and/or MCFD-Provincial Services.• Data on adult clients is owned by Corrections Branch, and data on young offenders is owned by MCFD-Provincial Services.
<p>JUSTIN – BC Court Involvement</p> <ul style="list-style-type: none">• Direct access, which ranges from view only to data entry, is provided to police, crown counsel, criminal court registry staff, sheriff, probation services, victim/witness services, trial schedulers and corrections staff.	<ul style="list-style-type: none">• Includes the following historical and current file information:<ul style="list-style-type: none">○ police reports to crown council and police scheduling○ crown case assessment and approval○ crown victim and witness notification○ court scheduling, judicial trial scheduling○ recording results○ document production○ complete criminal history on an accused○ information on warrants issued or cancelled○ protection orders○ firearms prohibition orders○ high-risk offender indicators○ bail and probation orders○ disposition of cases.

APPENDIX C: Agreements and Payment Rates

This appendix provides useful information for directors when initiating, modifying and ending agreements.

The appendix includes:

Foster Family Care Home Payment Tables (page 114)

Relief/Respite Care Rates (page 115)

Notice Requirements (page 119)

Sample Letter: Caregiver's Obligations as an Employer (page 121).

Foster Family Care Rates Effective April 1, 2009**Restricted/Regular Foster Family Care Rates**

Age	Restricted/Regular Foster Family Care Monthly Rate	Per Diem
0–11	\$803.81	\$26.79
12–19	\$909.95	\$30.33

Specialized Foster Family Care Rate Payments

Level	Age	Service Payment	Foster Family Care Rate	Total Monthly Rate	Per Diem/Per Child
LEVEL 1 – for each child (The maximum number of children per home is 6, including caregiver’s own children.)	0–11	\$458.02	\$803.81	\$1,261.83	\$42.06
	12–19	\$458.02	\$909.95	\$1,367.97	\$45.60

LEVEL 2 – for each child-specific agreement or each bed-specific agreement for 1 bed	0–11	\$1,140.40	\$803.81	\$1,944.21	\$64.81
	12–19	\$1,140.40	\$909.95	\$2,050.35	\$68.35
LEVEL 2 - for 2 children – bed-specific	0–11	\$1,968.68	\$1,607.62	\$3,576.30	\$59.61
	12–19	\$1,968.68	\$1,819.90	\$3,788.58	\$63.14
LEVEL 2 - for 3 children – bed-specific (For Level 2 homes, the maximum number of beds is 3.)	0–11	\$2,692.92	\$2,411.43	\$5,104.35	\$56.72
	12–19	\$2,692.92	\$2,729.85	\$5,422.77	\$60.25

LEVEL 3 – for each child-specific agreement or each bed-specific agreement for 1 bed	0–11	\$1,816.66	\$803.81	\$2,620.47	\$87.35
	12–19	\$1,816.66	\$909.95	\$2,726.61	\$90.89
LEVEL 3 - for 2 children – bed-specific (For Level 3 homes, the maximum number of beds is 2.)	0–11	\$3,113.12	\$1,607.62	\$4,720.74	\$78.68
	12–19	\$3,113.12	\$1,819.90	\$4,933.02	\$82.22

Relief/Respite Care

Some foster homes provide relief or respite care for the ministry. Relief/respite rates for restricted and regular caregivers are \$10.00 more than the regular daily rates.

Relief/Respite Per Diem Rates Effective April 1, 2009		
	Age 11 & under	Age 12 - 19
Regular & Restricted homes	\$36.79	\$40.33
Level 1 homes	\$55.60	\$55.60
Level 2 homes	\$68.35	\$68.35
Level 3 homes	\$90.89	\$90.89

Level 1 rate includes extra \$10.00/diem.

The foster family care rate

Restricted and regular family care homes receive the foster family care rate appropriate to the age of the child. The foster family care rate covers the direct costs of caring for the child. This rate is intended, with limited exceptions, to cover the day-to-day costs incurred in caring for a child over an extended period of time. It is expected that in some months expenditures will be less than the foster family care rate, while in other months costs may be higher. The expectation is that the caregiver will manage payments and expenditures so that over an extended period of time, there will be neither a deficit nor a surplus.

Expected costs of caring for a child include:

Food – the child’s share of food purchases including food prepared in the home, brought in or eaten out; school lunches; and baby formula

Household costs – the child’s share of the household costs (including, but not limited to, bedding, linen, household supplies and utilities) as well as the increased wear-and-tear on furniture and soft furnishings resulting from additional children in the home

Transportation and mileage – the child’s share of family transportation costs, including, but not limited to, day-to-day transportation costs that are specific to or on behalf of the child and as outlined in the child’s plan of care (i.e., transportation to school, medical appointments, recreational activities, and local family visits; and/or the cost of a bus pass)

Personal needs – the child’s personal care costs (haircuts, shampoo, toothpaste, toothbrushes, personal hygiene), as well as car seats, diapers, and other supplies for young children

Recreation – the child’s share of the cost of recreational family outings

Clothing – the direct costs of replacement and repairs of the child’s clothes

Equipment (e.g., recreational, cultural) – the costs of equipment for basic care (e.g., beds, cribs) as well as for sports, recreation and hobbies

Child's personal allowance – a spending allowance intended solely for the child's personal use

Babysitting, relief – the cost of care the caregiver's children and the child in care while the caregiver is away from home on care giving-related business (e.g., school interviews, agency conferences and local Foster Parent Association meetings) or for caregiver outings

Gifts, activities – the cost of gifts for the child's birthday and Christmas, and for costs relating to participation in ongoing activities related to the child's creative, cultural and physical development (e.g., Cub, Scout or Brownie uniforms; registration fees and tuition fees for music, arts and crafts, swimming lessons, participation in sports activities; camp fees) (**Note:** The difference between the per diem camp fee and the foster family care rate may be paid as a one-time-only payment.)

Education – all primary and secondary school-related costs (e.g., costs related to physical education classes, driver education course fees, other course fees, school supplies, locks, locker fees, field trips)

Other – other costs directly related to caring for a child.

Service payment

Specialized Level 1, 2 and 3 family care homes receive the foster family care rate for each child in the home plus a service payment appropriate to the level of the home and the child-specific or bed-specific agreement. The service payment should cover all the direct program costs of the caregiver in providing the Level 1, 2, or 3 service, including transportation, capital/leasing costs, equipment and insurance costs. For levels 2 and 3, the service payment also includes relief for up to three days. Exceptional payments are possible if it is clear that additional funds are required in order to comply with the comprehensive plan of care and to ensure the stability of the placement.

Note: A child-specific or bed-specific contract does not terminate when a child leaves; the foster family care rate payment is discontinued but the service payment for Level 2 and 3 continues, unless adequate notice has been given. The monthly figures represent full occupancy. The foster family care rate is paid on a pro-rated basis for each day the child is in the home.

Exceptional payments to restricted/regular and specialized foster family care homes

The foster family care rate is expected to cover the cost of meeting the day-to-day needs of a child in care. Occasionally, a child's plan of care includes requirements for additional goods and services. Some service providers require additional funding beyond the family care home payment to meet the needs of the child or youth in their care.

There are two types of exceptional payments available to support foster homes that have completely expended all that is expected from the foster family care rate and service payment: one-time-only payments, and exceptional ongoing payments.

These payments may be provided to meet exceptional or unusual costs which the caregiver cannot reasonably be expected to manage over an extended period of time and where there are no unused funds to address the costs. The payments are extraordinary in nature.

One-time-only payments are not meant to fund known, ongoing exceptional costs. However, some caregivers require ongoing monthly payments, for example to pay for shelter, transportation, relief, day care or child and youth care workers directly related to a child in their care.

If a caregiver requests an exceptional one-time-only or ongoing payment, the request is assessed and documented in consultation with the caregiver. The family care home payment is reviewed to ensure that it has either been expended or committed. If there is a need for a supplementary payment, the director determines whether it is an exceptional circumstance and whether it can be paid through a one-time-only payment. The director makes a recommendation to his or her supervisor with respect to all exceptional payments for approval by the appropriate manager.

If exceptional payment is needed on an ongoing basis to implement the child's plan of care, the relevant manager can approve an ongoing monthly payment. The payments are intended to be time-limited and linked to the needs of a specific child. The amount is based on an appropriate range of cost and availability of funds in the regional budget.

The following are examples of situations where either one-time-only or exceptional ongoing payments may be considered.

Exceptional transportation costs

The restricted/regular foster family care rate and service payment for leveled homes includes an amount for transportation. This amount is expected to cover the majority of transportation costs specific to the child's comprehensive plan of care, including bus passes.

Exceptional transportation costs are those not covered by the foster family care rate. One-time-only or exceptional ongoing payments will not be considered until transportation costs exceed what can reasonably be expected to be covered by the foster family care rate. Examples are: long-distance travel for recreational, cultural, medical and visiting purposes, and comprehensive plan of care requirements for travel within a child's own community.

Approved exceptional transportation costs:

- are paid at 51¢ per kilometer that exceeds 325 kilometers of driving per month, or
- are compensated for the actual costs of public transportation.

Insurance deductible

This includes the deductible costs incurred in the case of:

- willful or malicious damage caused by a child covered by the extended property damage policy
- accidental damage caused by a child in care covered by the caregiver's homeowner tenant insurance policy, and
- liability insurance.

Camp fees

The difference between the per diem camp fee and the family care rate can be paid as a one-time-only payment.

Child and youth care worker services

Child and youth care worker services may be provided for children in family care homes when:

- the child is in care for a short period of time, and the service is part of an ongoing family support service offered to the child's family
- the service is directed at preparing a youth in care for the transition to independent living
- the child has developmental delays that the child and youth care worker is assigned to remedy, or

- the child's plan of care requires a level of service beyond the designated capability of the caregiver.

The payment amount determined by the region should be used, and it should be no higher than the rate paid by existing regional child and youth care worker contracts.

Day care services

If day care services are required to supplement the care provided by a caregiver, day care subsidies are available. If day care is part of the child's plan of care and there is a cost in excess of the subsidy for which the caregiver requests additional funds, the director assesses the request.

Day care services may be required while the caregiver is attending caregiver education and learning events. Wherever possible, the child is placed in licensed day care facilities. If none are available and unlicensed family day care is to be used, the director and caregiver are responsible for screening and monitoring the placement.

Exceptional clothing needs

Exceptional clothing needs are those required for a specific activity that is part of a child's comprehensive plan of care, such as graduation ceremonies.

Exceptional medical requirements

Exceptional medical requirements refer to the cost of medical treatment or equipment that is not covered by the Medical Services Plan or Health Services Division. Examples are special diets, knee braces, and clothing required for special medical purposes.

Infant development services

As part of a child's plan of care, in-home infant development services may be used, when available, to assist family care home parents to stimulate the development of children who are developmentally delayed or handicapped, from birth to age three. In some regions, infant development services may include parent support groups.

Shelter

This is to be used when the caregiver in a municipality with higher than average rent costs must find alternative accommodation in order to care for the child, and the cost cannot reasonably be met within his or her budget. Shelter costs can be paid to caregivers in high-rent communities that have been identified on an annual basis through an analysis of CMHC data. Payment should be made only after a review of the caregiver's current payments to determine whether the amount can be accommodated within the existing monthly payment.

Notice Requirement Practices

Situation	Notice required	Comments
1. A caregiver with placements wishes to take a one-month break from fostering, but the agreement term does not end for several months.	None	Relief care is approved by the ministry, but paid for by the caregiver and the agreement continues. (See 8.16)
2. A caregiver with one placement would like the child moved before the end of the agreement term.	Two weeks from Caregiver 60 days from MCFD to reduce the bed.	Two-week notice is required from the caregiver to move the child, except in urgent situations (see Family Care Home Agreement, Schedule D, 9[r]). The agreement is still in force, so another child can be placed in the home.
3. A caregiver with a multiple-bed agreement would like to change (i.e., increase or decrease) his or her bed capacity.	None for increase; 60 days for decrease	Notice is not required for an increase in bed capacity; 60-day notice is required for a decrease in bed capacity. Changes in capacity are addressed through a modification agreement (i.e., agreement is modified, not ended).
4. The director would like to change (i.e., increase or decrease) the bed capacity of a caregiver with a multiple-bed agreement.	None for increase; 60 days for decrease	Changes in capacity are addressed through a modification agreement (i.e., agreement is modified, not ended).
5. A caregiver with multiple child-specific agreements would like one less child (before the end of the agreement term).	60 days	The contracting relationship will continue with the other agreements. When possible, bed-specific agreements should be used, as capacity can be changed through modification agreements.
6. A child is moving from a caregiving home that has more than the allowable number of children living in it.	None unless the manager of the resource makes an exception	This would be discussed with the caregiver and agreed upon and written in the agreement.
7. A caregiver with multiple child-specific agreements would like one less child (before the end of the agreement term), then accepts an additional child within the 60-day notice period.	None	The new placement is added to the existing agreement, and a modification agreement is used to extend the term if required (but not with restricted homes, as the child is named on the agreement).

Situation	Notice required	Comments
8. A child will be leaving a care giving home through a planned move, and another child will be placed in the caregiving home immediately.	None	
9. A child will be leaving a caregiving home through a planned move with no child immediately placed in the caregiving home.	60 days written notice will be given on the day the child leaves the caregiving home	<p>Payment during the 60 day notice period is contingent on the home being available to receive a placement(s).</p> <p>Payment will stop at the time another child is placed in the caregiving home during the 60 day notice period.</p>
10. The director has decided to end the contracting relationship with a caregiver at the end of the agreement.	None	Discussions will have occurred with the caregiver about why the contracting relationship will not be continued and these reasons must also be provided in writing.
11. The director has decided to end the contracting relationship with a restricted, regular, or Level 1 caregiver before the end of the agreement (but there is no breach of contract by the caregiver).	60 days	<p>There are no payment implications because these agreements have only variable payments.</p> <p>Placements can be moved before the end of the 60-day notice.</p>
12. The director has decided to end the contracting relationship with a Level 2 or Level 3 caregiver before the end of the agreement (but there is no breach of contract by the caregiver).	60 days	Placements can be moved before the end of the 60-day notice, but service payments will be made for the 60-day notice period.
13. The director has decided to end the contracting relationship with a caregiver before the end of the agreement due to a breach of contract.	Written notice of the effective date and of the reasons for closing the home is required	

Sample Letter: Caregiver's Obligations as an Employer

Date:

Dear (*Name of Caregiver*),

The ministry is not authorized to advise you on insurance, workers' compensation, income tax or the responsibilities of other external authorities.

You should be aware of your potential obligations as an employer, and it is important for you to review your situation with the relevant authorities. Consult directly with your insurance agent, WorkSafeBC, or Revenue Canada. You may also have to comply with Employment Standards, and you should also contact the Employment Standards Branch. Each situation is unique, and it is important for you to have all the information that applies to you.

If you pay for your own relief, your responsibilities include:

- selecting a relief caregiver (usually this will be an approved caregiver); if not a ministry approved caregiver, see Foster Family Handbook, 5th Edition.
- making direct payment to the relief care provider;
- managing your relief budget; and
- recruiting, hiring, firing, training, scheduling, supervising and paying your relief care provider as agreed between yourself and the relief care provider.

As well, you must be aware of any responsibilities or requirements regarding:

- an employer/employee relationship;
- compliance with regulations regarding Employment Standards and WorkSafeBC
- compliance with Revenue Canada requirements;
- as applicable, payment of all taxes, fees and assessments under those laws; and
- maintenance of employment and financial records.

If you provide a Family-Model Care home, are on a Client Services Agreement, and employ more than one full-time equivalent employee, the *Standards for Staffed Children's Residential Services* must be met.

Foster homes are defined in the Standards for Foster Homes as:

- foster homes approved by a director designated under Section 91 of the *Child Family and Community Service Act* where the caregiver resides in the care setting and has no more than one full-time-equivalent employee*; and
- individual foster homes sub-contracted by or in the employ of a specialized residential resource contractor and employing not more than one full-time-equivalent employee*.

* One full-time-equivalent employee is a person or persons whose total combined working hours are 40 hours per week. (Exemption: A person or persons providing relief care services for the caregivers while residing either in the caregivers' usual place of dwelling or in their own usual place of dwelling.)

Resource Work Policies

If you are on a Family Care Home Agreement, the *Foster Family Handbook 5th Edition* describes the Family Care Home Program and is a useful guide to foster care. It contains important information on insurance WorkSafeBC and income tax. If you have any questions about these issues, consult with the British Columbia Federation of Foster Parent Associations or directly with the relevant agency.

Yours truly,

(Name of Resource Worker)

APPENDIX D: Insurance for Caregivers

General liability insurance for caregivers

Effective June 1, 2005, ministry care giving homes with family care home agreements began to receive general liability insurance coverage under the government's master insurance program. This is the same liability insurance program that provides most government contracted service providers with coverage. Before June 1, 2005, caregivers received liability insurance coverage under a group policy administered by the BC Federation of Foster Parent Associations (BCFFPA) and funded by the ministry.

Caregivers who have agreements with delegated Aboriginal agencies or community agencies already have liability insurance coverage under the agency's coverage with the master insurance program. Caregivers who have client services agreements are eligible to have liability insurance coverage included within the agreement. It is the contract manager's responsibility to enroll the caregiver in the Master Insurance Program (MIP). It is important to note that MIP does not replace the need for other insurance coverage, such as homeowner or tenant insurance or automobile insurance.

The new liability insurance coverage for caregivers meets or exceeds the coverage they received under the previous program. The deductible for the new program is \$250. The deductible for the old program was \$1000.

Aon Reed Stenhouse in Victoria is the insurance agent, on behalf of the Commonwealth Insurance Company, the company of record for the program. (Contact: Aon Reed Stenhouse, 250-388-7577)

Caregivers' extended property damage insurance

The BC Federation of Foster Parent Associations (BCFFPA) administers for the ministry an extended property damage insurance program. The program is a "rider" to caregivers' own homeowner insurance. All ministry or delegated Aboriginal agency caregivers with primary insurance coverage and a current family care home agreement or client services agreement automatically receive this coverage.

Property damage insurance coverage for caregivers who work for community agencies is a matter between them and their agency. Some agencies buy the property damage coverage directly from the BCFFPA. (Contact: BCFFPA via the Fosterline, 1-800-663-9999)

Caregiver Legal Representation Indemnity

With appropriate approvals, the ministry will pay reasonable legal costs incurred by a caregiver in defending against allegations of sexual abuse or assault, deliberate physical abuse or assault, or deliberate mental abuse brought by a child placed in a caregiver's home by the director under the *CFCSA*.

Liability and extended property insurance when providing relief or respite services

All restricted, regular and specialized family care homes that have a current signed agreement with the director are automatically eligible for extended property damage through the BCFFPA as a rider to their current household or tenant insurance. In addition, family care homes receive general liability insurance under the Master Insurance Program (MIP). Every family care home receives a liability insurance certificate confirming coverage.

Providing the relief arrangement is consistent with the contract/agreement clause on sub-contracting, the relief/respice parent will be covered by the MIP.

Insurance deductible

This includes the deductible costs incurred in the case of:

- willful or malicious damage caused by a child covered by the extended property damage policy
- accidental damage caused by a child in care covered by the caregiver's homeowner tenant insurance policy, and
- liability insurance.

Insurance Rider Information

The Ministry cover costs when:

- Damage is malicious and ongoing with the cost for each incident falling below the deductible
- Damage is accidental with the cost of the incident falling below the deductible
- The foster child causing the damage is unable to form the necessary intent, due to age, mental ability, or psychosis, and
- On the basis that a caregiver should not be "out of pocket" related to the authorized expenses of caring for a child in care, the caregiver's deductible cost is reimbursed by the ministry **after** considering the amount of unexpended funds that may be available from the family care home payments. Service payments are not used to cover any deductibles

Under the caregiver's Insurance Program policy, claims are settled on a "per occurrence" basis, meaning that each claim is considered separate and distinct from each other and each claim is settled individually. The deductible is the greater of \$500 or whatever deductible is specified in the caregiver's primary policy

With the exception of Accident, Sickness and Life Insurance, all insurance policies stipulate that each incident of damage to property will be settled separately. The basis of any loss settlement is a requirement that a deductible be applied to each incident (occurrence).

All caregivers are covered for liability due to negligence which may occur in their role as a caregiver. As of June 1, 2005, this coverage is through the government liability policy. The deductible per incident is \$250.

The same applies for a respite caregiver who is approved by the ministry and who holds a valid ministry contract to provide respite.

The Rider does not cover any individual providing relief directly for a caregiver, where the caregiver is paying the respite provider. In this case the relief provider would have to sue the caregivers unless the relief provider's primary carrier was willing to cover the damage.

APPENDIX E: Non-Primary Caregiver Situations for Children in Care

	Foster Caregiver in their Role as a Prudent Parent	Social Worker(s) in their Role as a Delegated Social Worker under CFCSA
Child Minding (also known as Babysitting)	Selects and assess their child minder guided by a checklist	Provides support and advice as needed for the circumstances
Child Care (also known as Day Care)	Screens and selects the Child Care provider using the Parents' Guide to Selecting & Monitoring Child Care in BC . Consults with the child's worker and Resource worker about their selection	Completes screening via Criminal Record Checks, Initial Record Reviews and Detailed Record Reviews on unlicensed child care providers
Sleepovers	<p>Using parental due diligence the caregiver checks out the sleepover arrangements and confirms the adults in the sleepover home or setting are providing a safe environment for the child or youth*</p> <p>For sleepovers as part of school, sport team or recreation events the caregiver confirms the supervising adults are providing a safe environment *</p>	*Child's worker and Resource worker can provide consultation as needed for the circumstances

<p>Significant & Unsupervised Situations</p>	<p>Using parental due diligence ensures the safety of the child around casual visitors in home and when the child goes on “play dates”. For youth the caregiver is aware of and discusses with the youth the safety and risk factors associated with friendships & youth activities*</p> <p>Parental due diligence is used for situations involving coaches, tutors, music teachers etc. and are included in the child’s plan of care*</p>	<p>*Child’s worker and Resource worker can provide consultation as needed for the circumstances</p> <p>Completes screening via Criminal Record Checks, Initial Record Reviews, and Detailed Record Reviews on the following people:</p> <ul style="list-style-type: none"> • adults or youth 18 years and over residing in the home where the child lives • Adults or youth 18 years and over visiting/staying overnight in the home where the child lives for more than 30 days. This is deemed as new adults or youth 18 years and over now residing in the home • Adults or youth 18 years and over who are in an intimate partner relationship with the foster caregiver who regularly visit and/or stay in the home where the child resides
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<p>Relief Caregivers</p>	<p>Use of approved Foster Caregivers as Relief Caregivers is preferred</p> <p>When not possible the Foster Caregiver can select and assess their relief care provider using the Assessment Guide and Checklist provided</p>	<p>Completes screening via Criminal Record Checks, Initial Record Reviews, and Detailed Record Reviews on the Relief Care Provider being assessed by the Foster Caregiver</p> <p>Foster Caregiver and Resource Worker consult throughout the selection, screening & assessment process to complete a joint approval process</p>
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Guiding Principles for Screening, Assessing & Approving all Non-Primary Caregiver Situations

1. The views of the child and youth are actively sought and considered for all circumstances involving non-primary care providers in same way as they are for primary care providers. The age of the child or youth concerned is also taken into consideration in terms of both their evolving capacities and their vulnerabilities for the care circumstances.
2. The importance of normalizing everyday life and social activities is a primary consideration when weighing up the safety factors alongside the care or contact circumstances for children and youth in care and in out-of-care living arrangements.
3. Restricted ties and the child’s attachment to the extended family should be supported and preserved to meet the child’s best interests. If the child is an Aboriginal child, the importance of preserving the child’s cultural identity must be considered in determining the child’s best interests.
4. Given that Foster Caregivers have undergone a screening, assessment and approval process outlined in current policy it is important to trust the capacity of ministry/DAA staff to approve appropriate caregivers which in turn trusts the capacity of Foster Caregivers to act appropriately in the role of “prudent parents” in decisions involving the health, safety and best interests of the child for all care giving circumstances both inside and outside of their home.
5. Balancing the need for timely approvals, including staff time for screening, required criminal record checks, Initial Record Reviews, and Detailed Record Reviews within a workload context that doesn’t create inappropriate “bureaucratization” of normal situations in the everyday lives of children, youth and their care providers.

APPENDIX F: Foster Caregiver’s Guide for Assessing Relief Care Providers

FOSTER CAREGIVER'S GUIDE FOR ASSESSING RELIEF CARE PROVIDERS

	Foster Caregiver in their Role as a Prudent Parent	Social Worker(s) in their Role as a Delegated Social Worker under CFCSA
Relief Caregivers	<p>Use of approved Foster Caregivers as Relief Caregivers is preferred</p> <p>When not possible the Foster Caregiver can select and assess their relief care provider using the Assessment Guide and Checklist provided</p>	<p>Completes screening via Criminal Record Checks, Initial Record Reviews, and Detailed Record Reviews on the Relief Care Provider being assessed by the Foster Caregiver</p> <p>Foster Caregiver and Resource Worker consult throughout the selection, screening & assessment process to complete a joint approval process</p>

CONTACT INFORMATION: To be completed by approved Foster Caregivers

Foster Caregivers Names & Address		Phone # ()
Proposed Relief Care Providers Names 1.		D.o.B Home Phone ()
2.		D.o.B Home Phone ()
Address	City/Town	Postal code

Steps

- 1) Interview prospective applicants (using the “Guide for Assessing Relief Care Providers”).
- 2) Gather names for reference check from proposed relief caregivers and call them.
- 3) Visit their home (if the plan is to do relief in their home) complete environment check list.
- 4) Child’s views are sought and considered about the proposed relief providers initially and ongoing throughout the relief arrangement.

- 5) **Document your assessment findings and have relief care providers sign off your assessment.**
- 6) **Distribution of this package: Original to RE file (separate backing), copies to approved foster and relief caregiver.**

ASSESSMENT DISCUSSION QUESTIONS (These are suggested questions for Foster Caregiver's to use to cover all the required areas) Foster Caregivers are to decide what information is needed to do a thorough assessment of the proposed Relief Care Providers and gear the questions to the particular circumstances of the child in the placement.

Proposed Relief Care Providers Information:

1. Who lives in your home?
2. Who will be the primary care providers during the relief stay?
3. What hours are you able to provide relief care? During the day, weekends, holidays? Are there specific times when you are unable to provide relief?
4. Why are you interested in providing relief care services?
5. Describe the support system you will have while you will be providing relief care?
6. Do you have any physical health conditions or mental health concerns that may affect your ability to care for children?
7. Do you already know the child/children you'll provide relief care to? Y/N
8. If yes, how would you describe the child's strengths and care needs

Caregiving Knowledge & Experience

1. What do you consider to be your strengths and challenges as a caregiver?
2. What is your caregiver experience to date in caring for and/or working with children and/or youth?
3. Do you have any specific caregiver training or experiences that are relevant for the role of a relief care provider?
4. Describe a challenging behaviour (e.g. hitting others, lying, not listening) you've encountered with a child in the past - how did you handle it?
5. What child behaviour management (discipline) strategies do you commonly use?
6. What would you consider to be the typical stage of development for the child(ren) proposed for your home? What may be different if a child has experienced developmental delays?
7. How may experiences of trauma, abuse and neglect impacted a child's typical development? Discuss some examples
8. Describe some of the comfort or calming strategies you have used for a child or youth that is in distress? Discuss some examples
9. While the child is in your care what kind of family activities would you expect a child to take part in? (recreation, family movies nights, church etc.)
10. Where will the child sleep while staying at your home for relief care?

Foster Caregivers Summary conversations using the “Guide for Assessment of The Proposed Relief Care Provider”

Relief Caregivers Name _____

Where will the relief take place?

Who will be the primary care provider during relief?

Where will the child sleep during the stay?

Areas of Strength (understanding of the needs of the child, understanding of the stresses involved in fostering, availability, flexibility)

Areas of Concern: (any concerns must be, discussed and mitigated your Resource Social Worker who must be satisfied before you proceed).

Acknowledgment:

I/we the proposed Relief Care Provider(s) have reviewed and agreed with the summary of the assessment discussions with the Foster Caregiver.

Proposed Relief Care Providers Signature	Date
Proposed Relief Care Providers Signature	Date

REFERENCES :(Part of the Screening process)

Ask proposed relief caregiver to list 3 references who can provide information on their parenting/caregiving experience and capacity.

(Note by providing you with the names of references the Relief Care Provider is in effect giving you their consent to contact the references)

Name and Address	Relationship	Phone and email	Date contacted and Initial of FP who contacted reference
Full Name/Address			
Full Name/Address			
Full Name/Address			

References were contacted, interviewed and no concerns were expressed yes

Concerns express by references
They were:

(Note: Any concerns that are expressed will require conversations with your Resource Worker and satisfactory mitigation before proceeding)

Concerns have been shared with my resource worker and they agree I can proceed yes

Initial of Foster Caregiver _____ Initial of Resource Social Worker _____

OBSERVING THE ENVIRONMENT OF CARE

Foster Caregiver visits the proposed Relief Care Providers home (required in case the care is provided in the Relief Care Provider's home and not in the Foster Caregiver's home) to observe the Standards for Caregivers - Environment of Care (E.1) requirements are met within the home, including; fire and toxic fume safety, infant equipment as appropriate, safe sleeping arrangements for all ages, car safety equipment and safe storage of hazardous materials.

Note date on which the environment of care check was completed.
_____Date:

Note: If you have any questions about how to assess the home environment and how to mitigate any concerns or gaps (such as sharing your infant equipment with the Relief Care Provider) discuss with your Resource Worker for further advice or ideas.

Your Resource Social Worker can provide you with a check list to document your assessment of the home environment. "Environmental Check list".

Meeting Standards in Foster home

Relief Care Providers: AWARENESS OF FOSTER CAREGIVER'S CONTRACTUAL OBLIGATIONS & REQUIRED STANDARDS, POLICIES & PROCEDURES

Primary Caregivers to inform the proposed Relief Care Provider of their obligations and responsibilities as outlined in the Foster Caregiver's written agreement with the Director (Family Care Home Agreement)

Provide the proposed Relief Care Provider with the following documents related to Standards, Policies and Procedures, discuss the content and answer questions directly or with advice from your Resource worker:

- Foster Parent Handbook
- Standards for Foster Homes

In particular review the following Standards for Foster Homes and expected Caregiver Practices with the proposed Relief Care Provider and ask them to sign the section below acknowledging their agreement:

- A. 1: Uphold *CFCSA* section 70, Rights of Children in Care
- B.2: Manage Reportable Incidents
- C.1.7: Maintain Confidentiality
- D.1: Practice Positive Parenting
- D.1.11: Follow MCFD Discipline Policy

ACKNOWLEDGEMENTS

As the proposed **Relief Care Providers**, I/we acknowledge the assessment steps have been completed and that I/we agree to the standards, policies and procedures indicated on this checklist.

Relief Care Providers Signature	Date
Relief Care Providers Signature	Date

As the **Foster Caregivers**, I/we acknowledge the assessment steps have been completed and that I/we agree that the MCFD Standards for Foster Homes Standards are met by the proposed Relief Care Provider.

Foster Caregivers Signature	Date
Foster Caregivers Signature	Date

CHILD VIEWS ABOUT PROPOSED RELIEF CARE PROVIDER & ONGOING EXPERIENCES WITH RELIEF CARE PROVIDERS (more information in the Foster Family Handbook page 48)

Foster Caregiver discusses plans for relief care with all children and youth placed in their home. Wherever possible it is best if children can meet proposed Relief Care Providers while the assessment and screening process is underway .Initial contact might be through a child minding arrangement. This allows both parties to get a sense of each other and how well matched they are for a relief care situation. The Foster Caregivers seeks the child or youth's views about the proposed Relief Caregiver. Once the relief care commences the Foster Caregiver seeks the child or youth's view on an ongoing basis to confirm the child's comfort level and their experience of the relationship with the Relief Care Provider.

Initial of the Foster Caregiver agreeing to completing these steps _____

Information Sharing: the Children / Youth and the Care Team:

CHILD'S CARE TEAM (shared awareness of approved relief care providers and relief plans)

All members of child's care team are jointly responsible for the development and outcome monitoring for the child's plan of care. The relief care plan is also outlined in the child's plan of care and relief care providers are encouraged to attend any caregiver education or training that pertains to the needs of the children being cared for. For the duration a relief care provider is providing relief care for a child they are considered part of the child's care team and included in all relevant planning and information sharing required to keep the child safe and healthy.

Recommendation:

As **Foster Caregivers** I/we confirm that I/we have completed each of the steps outlined in the checklist, directly or in partnership with my resource workers. I/we recommend

_____ are approved as a Relief Care Provider for the children in my home.

Foster Caregivers Signature	Date
Foster Caregivers Signature	Date

Standards for Foster Homes:

STANDARD F.1 Alternative Care Arrangements

Children receive appropriate child minding, overnight and relief care from individuals who have the necessary maturity, knowledge, skills and abilities to fulfill the responsibilities of looking after children.

Results for Children

F.1.1 Children confirm that they are advised and prepared when alternative care arrangements are made.

F.1.2 Children confirm that they know what to do in the event of an emergency during an alternative care arrangement, including how to contact their social worker.

F.1.3 Children confirm that child minding, overnight or relief care is consistent with that provided by their usual caregiver

F.1.9 The caregiver notifies the child's social worker before making plans, not previously authorized, for the child to be cared for by another person overnight.

F.1.10 The caregiver advises and prepares the child prior to the provision of an alternative care arrangement.

Caregiver Completes **CF2610 “Relief Care Provider Information Sheet”** and shares with relief care provider and obtains it from their worker.

Distribution of CF2610:

Original to care provider

Copy on the RE file of the Primary Foster Caregiver

Acknowledgement for INFORMATION SHARING

I confirm that each time _____ provides relief care I will share with the Relief Care Provider the most up to date and relevant information about the child's individual needs and circumstances as indicated in the child's plan of care and as required by information sharing policies. My whereabouts and contact details will be provided to the Relief Care Provider and they know who to contact in an emergency

Foster Caregivers Signature	Date
Foster Caregivers Signature	Date

SCREENING CHECKLIST (for completion by the Delegated Social Worker)

CONTACT INFORMATION

Foster Caregivers Names & Address		Home Phone ()
		Alternate Phone ()
Proposed Relief Care Providers Names	D.o.B	Home Phone ()
1.		Alternate Phone ()
2.	D.o.B	Home Phone ()
		Alternate Phone ()
Address	City/Town	Postal code

1. SCREENING CHECKS

The Resource Worker completes the following documentation and screening checks and discusses any concerns that arise with the proposed relief care providers (see CRC Policy for guidance on managing consents and information sharing if a record of interest is found):

- Consent for Initial Record Review & Detailed Record Review**

 IRR & DRR Completed
- Consent for Criminal Record Check**

 CRC Completed

2. JOINT REVIEW OF ASSESSMENT & SCREENING STEPS & RECOMMENDATION FOR APPROVAL

The Resource worker reviews the Summary of the Relief Care Provider Assessment Steps including the Environment of Care checklist with the foster caregiver and discusses any areas that require mitigation or support to make this relief caregiving situation workable. Foster Caregiver and Resource Worker discuss their assessment and screening conclusions and jointly recommend approval to the child's care team.

Recommend _____ for Approval as a Relief Care Provider

Foster Caregivers Signature	Date
Resource Workers Signature	Date