Standards for Foster Homes

Approved under the
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Ministry of Children and Family Development

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The Standards for Foster Homes have been developed with the participation of the British Columbia Federation of Foster Parent Associations and the Federation of BC Youth in Care Networks.

Message from the Minister & the BC Federation of Foster Parent Associations

Foster families in British Columbia do very important work in building brighter futures for children, providing safety and nurturing while meeting many challenges.

The Standards for Foster Homes describe the expected level of service for children and youth in care residing in foster homes. These mandatory standards are intended to ensure that children and youth in care receive services of the highest possible quality. We hope this document will be useful to foster families and ministry staff working together to achieve this goal.

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Ministry of Children and Family Development

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Introduction

The purpose of the Standards for Foster Homes is to ensure consistent, high quality foster care services for children and youth in care. The standards in this document are well-researched and establish a structured, useable and effective approach to caring for children in foster homes. The standards state what children in care, families, caregivers, ministry staff and the public can expect of foster care services in British Columbia.

The standards are mandatory and describe expected outcomes for children and youth in care who reside in foster homes, including the practical steps caregivers must take to achieve the expected outcomes.

The standards in this document apply to:

- 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 subcontracted by or in the employ of a specialized staffed resource contractor and employing not more than one full-time- equivalent employee*. Foster families, children in care and social workers will benefit by referring to, and discussing together, the individual standards on a regular basis. Working together to achieve the desired outcomes stated in the individual standards will promote a positive experience for the child or youth in care and the foster family. Furthermore, it will confirm for the foster parent that they are providing a service for children in care that meets or exceeds provincial standards.

A useful reference on foster care is the Foster Family Handbook which was developed by the British Columbia Federation of Foster Parent Associations and the Ministry of Children and Family Development. It provides essential information on the Family Care Home program.

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* 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 foster parents while residing either in the foster parents' usual place of dwelling or in their own usual place of dwelling.)

Using this Document

The Standards for Foster Homes is divided into the following categories which cover key areas in the delivery of services to children and youth:

- Relating to Children and Their Families
- Safeguarding Children
- Planning
- Caring for Children
- Environment of Care
- Foster Home Administration.

Each category contains standards. Individual standards are set out in the following format:

Standard

- The standards in this document describe expected outcomes for children and youth in care who reside in foster homes.
- Caregivers must comply with each standard for every child placed in their care.

Commentary

- Provides further explanation and rationale for the standard.

Results for Children

- Identify what the child experiences when the standard has been met and the desired outcome has been achieved.
- Relate to personal perceptions of the child and do not require the child to form judgments about the effectiveness or quality of the service.

Caregiver Practices

- Identify the practical steps the caregiver must take to comply with the standard and achieve the desired outcome.
- Reflect the best practices in caring for children.

The Results for Children and Caregiver Practices categories provide a number of criteria for measuring compliance with the individual standards. Rarely is there a single criterion which can reliably measure the outcome of a service. Therefore, the combination of a number of criteria must be considered in making a reasonable judgment of the extent to which the desired outcome has been achieved.

The Child, Family and Community Service Act

The *Child, Family and Community Service Act* (1996) is the provincial legislation that provides the legal authority for child welfare services in British Columbia, including foster care. The Standards for Foster Homes must be administered and interpreted within the context of this *Act*.

The following four sections of the *Child, Family and Community Service Act* are of particular importance to understanding and applying the standards in this document:

- Guiding Principles (section 2)
- Service Delivery Principles (section 3)
- Best Interests of Child (section 4)
- Rights of Children in Care (section 70).

Guiding Principles

The Guiding Principles form the basis for practice and decision-making under the *Act*. They reflect society's values regarding children and families. It is important to note that this section of the act directs that the safety and well-being of children is the paramount consideration in all decisions and actions taken under the *Act*.

- the safety and well-being of children are the paramount considerations;
- children are entitled to be protected from abuse, neglect and harm or threat of harm;
- a family is the preferred environment for the care and upbringing of children and the responsibility for the protection of children rests primarily with the parents;
- Indigenous families and Indigenous communities share responsibility for the upbringing and well-being of Indigenous children;
- if, with available support services, a family can provide a safe and nurturing environment for a child, support services should be provided;
- the child's views should be taken into account when decisions relating to a child are made;
- Indigenous children are entitled to
    - (i) learn about and practise their Indigenous traditions, customs and languages, and
    - (ii) belong to their Indigenous communities; and
- decisions relating to children should be made and implemented in a timely manner.

Service Delivery Principles

The Service Delivery Principles define the manner in which all services under the *Act* are to be delivered.

- families and children should be informed of the services available to them and encouraged to participate in decisions that affect them;
- Indigenous people should be involved in the planning and delivery of services to Indigenous families and their children;
- services should be planned and provided in ways that are sensitive to the needs and the cultural, racial and religious heritage of those receiving the services;
- the impact of residential schools on Indigenous children, families and communities should be considered in the planning and delivery of services to Indigenous children and families;
- services should be integrated, wherever possible and appropriate, with services provided by other ministries, community agencies and Community Living British Columbia established under the Community Living Authority Act; and,
- the community should be involved, wherever possible and appropriate, in the planning and delivery of services, including preventive and support services to families and children.

Best Interests of the Child

The *Child, Family and Community Service Act* states that actions and decisions must take into consideration the best interests of the child. Because the concept of a child's best interests can mean different things to different people, the *Act* specifies that all relevant factors must be considered in determining the child's best interests, including the following:

- the child's safety;
- the child's physical and emotional needs and level of development;
- the importance of continuity in the child's care;
- the quality of the relationship the child has with a parent or other person and the effect of maintaining that relationship;
- the child's cultural, racial, linguistic and religious heritage;
- the child's views; and
- the effect on the child if there is delay in making a decision.

- If the child is an Indigenous child, the following factors must be considered in determining the child's best interests:
    - the importance of the child being able to learn about and practise their Indigenous traditions, customs and language; and
    - the importance of the child belonging to their Indigenous community.

Rights of Children in Care

The rights of children and youth in care are enshrined in the *Act* as legal requirements that are enforceable. The rights must be affirmed and respected by everyone working with children and youth in care including social workers and caregivers. It is the responsibility of every caregiver to ensure that any services they provide to children are consistent with the rights.
Anyone who believes that the rights of a child or youth in care have been violated can make a complaint to the Ministry of Children and Family Development. The ministry will attempt to resolve the concern through informal consultation. If the concern is not resolved in this manner, it can be submitted to the ministry's formal complaint resolution process.

Under section 70 of the *Child, Family and Community Service Act*, children in care have the following rights:

- to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children (including the caregiver's children) in the placement;
- to be informed about their plans of care;
- to be consulted and to express their views, according to their abilities, about significant decisions affecting them;
- to reasonable privacy and to possession of their personal belongings;
- to be free from corporal punishment;
- to be informed of the standard of behaviour expected by their caregivers or prospective adoptive parents and of the consequences of not meeting the expectations of their caregiver's or prospective adoptive parents, as applicable;
- to receive medical and dental care when required;
- to participate in social and recreational activities if available and appropriate and according to their abilities and interests;
- to receive the religious instruction and to participate in the religious activities of their choice;
- to receive guidance and encouragement to maintain their cultural heritage;
- to be provided with an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care;
- to privacy during discussions with members of their families subject to subsection (2);
- to privacy during discussions with a lawyer, the representative or a person employed or retained by the representative under the *Representative for Children and Youth Act*, the Ombudsperson, a Member of the Legislative Assembly or a Member of Parliament;
- to be informed about and to be assisted in contacting the representative under the *Representative for Children and Youth Act*, or the Ombudsperson;

- to be informed of their rights and the procedures available for enforcing their rights, under
  - this Act, or
- the *Freedom of Information and Protection of Privacy Act.* In addition to the rights set out above, Indigenous children have the right to
  - receive guidance, encouragement and support to learn about and practise their Indigenous traditions, customs and languages, and
  - belong to their Indigenous communities.

Definitions

Caregiver:
Means 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.

Caregiver Practices:
Statements describing the actions expected of a caregiver in providing a particular aspect of service. The statements are criteria for measuring the extent to which the relevant standard has been met.

Caregiver's responsibility under the care plan:
The specific services the child will receive from the caregiver, as identified in the care plan.

Child:
Person under the age of 19 years, placed with a caregiver by a director, and includes a youth.

Child's individual service record:
Information related to a child placed in the home, maintained on an individualized basis. The record belongs to the director and forms part of the director's records for the child.

Comprehensive life skills:
Those age and developmentally appropriate skills imparted to the child which include but are not limited to:

- self-advocacy skills;
- interpersonal relationships;
- self-care habits that promote personal safety and well-being;
- problem-solving and decision-making;
- independent living skills;
- social skills;
- traditional cultural activities;
- exploring vocational opportunities;
- accessing and using community resources and services;
- use and value of money; and
- communication skills.

Confinement:
The state of being held within a space from which the person is not able to exit without the permission of another and within which his or her movements may be restricted.

Director:
Person designated by the Minister of Children and Family Development under section 91 of the *Child, Family and Community Service Act* to ensure the safety and well-being of children in British Columbia.

Emergency plan:
A plan, specific to a household, which describes emergency procedures including but not limited to:

- the method of getting out of the house in the case of fire;
- the location of safe places in each room of the house in the case of an earthquake; and
- emergency telephone numbers to call in the case of other situations (or, if no telephone, describes how to obtain help in emergencies).

Exit:
An exit is a passage way providing safe access out of a building and on to ground level.

Hazard:
Something that could potentially physically harm or have an adverse physical effect on a child/youth.

Indigenous Child:
“Indigenous child" means a child

- who is a First Nation child,
- who is a Nisga'a child,
- who is a Treaty First Nation child,
- who is under 12 years of age and has a biological parent who
  - is of Indigenous ancestry, including Metis and Inuit, and
  - considers himself or herself to be Indigenous, or
- who is 12 years of age or over, of Indigenous ancestry, including Metis and Inuit, and considers himself or herself to be an Indigenous person, or,
- who an Indigenous governing body or Indigenous authority confirms, by advising a director, is a child belonging to an Indigenous community.

First Nation means any of the following:

- a band as defined in the Indian Act (Canada);
- an Indigenous legal entity prescribed by regulation;

First Nation child:
means a child

- who is a member or is entitled to be a member of a First Nation or
- who an Indigenous authority confirms, by advising a director, is a child belonging to a First Nation.

Others of significance:
Persons identified in the care plan as being important to the child.

Parent:
Includes:

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

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

Physical environment:
The building in which the child is accommodated, as well as the ground surrounding the building. This includes detached buildings in the immediate vicinity used to store vehicles and equipment, or to house animals.

Restraint:
Is the act of intentionally restricting the ability of a child or youth to move or take action.

Results for Children:
That which is expected to occur as a result of the provision of a particular aspect of service, and which provides a measure of the extent to which the relevant standard has been met.

Right:
A specific entitlement recognized by law as defined in the *Child, Family and Community Service Act* and other relevant legislation.

Seclusion:
As one of the prohibited behaviour management practices, seclusion or confinement is described as “containment of a child/youth within any space from which they are not able to exit without the permission of another or within which their movements may be restricted.” This does not include the behavioural management approach of periods of “time out,” where a child/youth exercises a degree of cooperation and self-control.

Smoke and Vapour 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.

Standard:
A Standard is a statement describing the outcome that is expected to occur in response to the provision of a specific component of service. Compliance is mandatory.

Time-out:
A time-out is an intervention in which the child or youth removes themselves, or is removed from the immediate setting. The intervention is to be reasonable under the circumstances, and is intended to benefit the child or youth for the purpose of regaining self-control. The period of time involved:

- is brief;
- has a predetermined maximum; and
- takes into consideration the developmental needs of the child.

Treaty First Nation:
In relation to a Treaty First Nation child, means the Treaty First Nation of which the child is a Treaty First Nation child;

Significant life events:
Are events that hold substantial meaning for children; for example, birthdays, graduations, personal losses, traditional holidays and anniversaries.

Transition:
A significant change in the life of the child, as identified in the child's care plan and the caregiver's responsibility under the care plan.

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

A. Relating to Children and their Families

STANDARD A.1 Rights of Children and Youth in Care

Children and youth are assisted to understand their rights under the *Child, Family and Community Service Act* and the procedures for enforcing them.

Commentary

The guarantee of special rights to children and youth in care is one way of ensuring that children and youth in care are empowered as active partners of parents, social workers and caregivers in planning their future. This active participation encourages them to become self-determining adults in future years. Furthermore, it is important that children and youth in care get help with any problems they are experiencing in care before the situation deteriorates to the point where a formal complaint is registered. This is more likely to occur in an environment where children's rights are clearly honoured and fulfilled.

Results for Children

A.1.1 Children and youth confirm that they understand their rights under the *Child, Family and Community Service Act* and the procedures for enforcing them.

A.1.2 Children and youth confirm that their rights are fulfilled.

Caregiver Practices

A.1.3 The caregiver assists children and youth in understanding their rights under the *Child, Family and Community Service Act* and the procedures for enforcing them.

A.1.4 The caregiver conducts their duties in a manner consistent with the rights of children and youth in care.

STANDARD A.2 Involving Children and Their Families in Decision-Making

Children and their families are consulted and encouraged to express their views, according to their abilities, about significant decisions affecting them.

Indigenous people are consulted and involved in the planning and delivery of services to their children/youth.

Commentary

Significant decisions affecting children and families include those that are seen from their perspective as significant. Children and families need to be able to express their views in clear and constructive ways as part of the decision-making process. The practice of consulting with children and families involves sharing information, listening to views, considering views and finding ways of incorporating views into decisions. Children and youth in care often sense that their fate is decided by unfamiliar adults who make decisions over which the child or youth has no control. When social workers and caregivers demonstrate to children and youth that their views will be seriously considered, children and youth are encouraged to develop trust in adults and self-determination.

Results for Children

A.2.1 Children confirm that they are consulted and are able to express their views about decisions that affect them.

A.2.2 Children confirm their views are not automatically subordinated to the views of their family or others.

A.2.3 Children and their family members confirm that, within the context of the child's care plan, they are consulted in decisions which affect them.

A.2.4 Indigenous child/youth confirm their right to learn about and practise their Indigenous traditions, customs, and language and to belong to their Indigenous communities is upheld.

Caregiver Practices

A.2.5 The caregiver consults with the child regarding significant decisions that affect the child.

A.2.6 Within the context of the child's care plan, the caregiver consults with the child's family regarding significant decisions that affect the family and the lives of their children.

A.2.7 The opinions and views of children and their families are listened to and the caregiver ensures that those views are considered in the decision-making process.

A.2.8 The caregiver involves Indigenous families and communities in the planning and delivery of services to their children, as appropriate.

STANDARD A.3 Complaint Resolution

Children are encouraged to express their concerns and any complaint is addressed seriously and without delay.

Commentary

It is important that children and youth in care become comfortable in asserting themselves in constructive ways, including when expressing dissatisfaction. Providing an environment of care in which children and youth are encouraged to express dissatisfaction in a constructive manner will reduce the likelihood of circumstances deteriorating to the point where a formal complaint is registered.

Results for Children

A.3.1 Children confirm that the caregiver encourages them to bring their concerns into the open and has supported them, or believes the caregiver would support them to formulate and present a complaint to the appropriate authority.

A.3.2 Children confirm that they are aware of the internal complaints process of the Ministry of Children and Family Development.

A.3.3 Children confirm that they are informed about and assisted to contact the representative or a person employed or retained by the representative under the *Representative for Children and Youth Act*.

A.3.3 Children confirm that they are informed about and assisted to contact the Office for Children and Youth.

A.3.4 Children who have made complaints confirm that the complaints were dealt with, even if not resulting in agreement.

Caregiver Practices

A.3.5 The caregiver assists children in understanding that they are entitled to discuss all matters, including any problems or complaints, affecting them with their social worker, their caregiver or other appropriate authorities. Other appropriate authorities include, but are not limited to:

a) the representative or a person employed or retained by the representative under the *Representative for Children and Youth Act*;
b) the Ombudsperson; and
c) the Information and Privacy Commissioner.

A.3.6 The caregiver informs the child about and assists them to contact the representative under the *Representative for Children and Youth Ac*t.

A.3.7 The caregiver assists children in understanding that there will be no reprisals for lodging a complaint.

A.3.8 The caregiver keeps a record of the incidence and outcomes of complaints.

B. Safeguarding Children

STANDARD B.1 Child's Personal Safety

Children are protected from harm or the threat of harm from self or others.

Commentary

The safety and well-being of children are the paramount considerations under the *Child, Family and Community Service Act*. It is the responsibility of the caregiver and the child's social worker to take all reasonable steps to reduce the level of risk that a child may be exposed to. This is a fundamental requirement for the healthy development of the child.

Results for Children

B.1.1 Children confirm that they have not been harmed and that they know how to contact their social worker or a responsible adult if they do not feel safe.

B.1.2 Children are aware of the purpose of, and know how to use, emergency telephone numbers.

Caregiver Practices

B.1.3 If the caregiver observes, or has reported to them, any indication of abuse or neglect of a child, the caregiver promptly reports the information to a social worker.

B.1.4 The caregiver takes immediate action to ensure the safety of a child who has been harmed, threatened with harm, or feels unsafe.

B.1.5 The caregiver conducts regular checks on the child on a daily basis to ensure the child is safe and well.

B.1.6 The caregiver provides additional information about the care and circumstances of the child as requested by the child's social worker.

B.1.7 The caregiver assists in the development and implementation of a supervision plan for children who have been victims of perpetrators of abuse.

B.1.8 The caregiver ensures that emergency telephone numbers are clearly displayed near the telephone(s) for the use of children.

B.1.9 The caregiver notifies the child's social worker as soon as possible, prior to any move of the household.

STANDARD B.2 Reportable Incidents

All information of significance to the safety and well-being of children is promptly reported to a social worker.

Commentary

If the social worker is unavailable, the report is made to another social worker or the supervisor in the same district office. After regular office hours, the report is made to an After Hours social worker. After Hours social workers are available 24 hours per day, seven days per week.

Results for Children

B.2.1 Children confirm that they have been informed about reportable incidents and about what will happen if such an incident occurs.

Caregiver Practices

B.2.2 The caregiver notifies the child's social worker immediately after the occurrence of any of the following reportable incidents in order that the child's social worker can plan for the ongoing safety and well-being of the child:

a) the death of a child or youth;
b) accident or illness of a child or youth requiring medical treatment or hospitalization;
c) allegations of abuse, neglect or mistreatment of a child or youth;
d) any displays of self-injurious or high-risk behaviour by a child or youth;
e) gestures, threats, or attempts of suicide by a child or youth;
f) situations when a child or youth is missing, including any subsequent information obtained about the child or youth while they were missing (see Appendix 1 for the definition of Missing Child/Youth and revised procedural requirements);
g) situations when a child or youth has observed, been involved in, or exposed to a high-risk situation or disaster, such as a fire or multiple abuse situation in a school, that may cause emotional trauma or post-traumatic stress;
h) any intervention by the police or law enforcement authorities with a child or youth;
i) situations involving the use of physical restraint or any other prohibited behaviour management practices, including the use of seclusion or safe room;
j) the unauthorized removal or attempted removal of a child or youth from the home, facility, school or day program;

k) marked behavioural changes exhibited by a child or youth;
l) suspension of a child or youth from their school or day program;
m) plans, not previously authorized, for the child or youth to be cared for by another person overnight; and
n) any other circumstance affecting the safety or well-being of a child or youth.

B.2.3 The caregiver notifies at least the resource social worker of the following incidents in order that the resource social worker can support the caregiver in planning for the short- and long-term viability of the placement for the child or youth:

a) limitation in the ability of the caregiver to meet the safety and well-being needs of a child or youth placed, or about to be placed with the caregiver;
b) limitation in the ability of the caregiver to meet other written caregiver service expectations;
c) criminal charge or conviction of a caregiver or other member of the household;
d) court supervised parole or probation of a caregiver or other member of the household;
e) the onset or recurrence of a physical, emotional or mental condition or substance abuse problem of a caregiver or other member of the household, that could reasonably be expected to impair the caregiver's ability to care for the child;
f) serious illness or injury of a caregiver or other member of the household;
g) changes in the household composition (for example, people moving in or out of the household);
h) significant change in the caregiver's financial circumstances that have potential to affect the care of the child or youth; and
i) significant increase in the use of alternative care arrangements for the child or youth.

STANDARD B.3 Use of Physical Restraint

Children live in a home where physical restraint is used only in extraordinary circumstance to protect the child or others from immediate physical harm when:

- less restrictive means have been considered or attempted and determined to be insufficient in the circumstances; or
- as an extraordinary measure approved of by 'a designated director' and outlined in the child or youth's individual care plan; and
- where restraint is allowed in the child or youth's care plan, restraint is performed by caregivers or service providers trained in crisis intervention, including the safe use of restraint.

Commentary

Although caregivers take all reasonable steps in all circumstances to avoid the need for the use of restraint, including emergency restraint, there may be occasions when for a variety of reasons, the child is not able to cope successfully with the situation they find themselves in. In extraordinary circumstances, and when the use of restraint has been approved by 'a designated director' and is included in the child or youth's care plan, it may be necessary to use physical restraint in order to protect the child or others from immediate physical harm that they may be exposed to.

If restraint is used:

- physical restraint involves the least control necessary to ensure immediate safety and is appropriate to the child's level of development and condition;
- efforts are made to re-establish communication and end restraint as soon as possible; and
- the child or youth is never left attended while under restraint.

Results for Children

B.3.1 Children confirm they have been informed about potential situations in which physical restraint may need to be used in order to protect themselves or others around them from immediate harm.

B.3.2 Children confirm that if physical restraint has been used with them, they have been informed about the reasons for the intervention.

B.3.3 Children confirm that if physical restraint has been used with them, they have participated in a debriefing of the episode with caregivers.

B.3.4 Children confirm that if they have witnessed physical restraint being used, they have participated in a debriefing of the episode with caregivers.

B.3.5 Children confirm that they have had their physical and emotional well-being assessed by caregivers following an episode requiring the use of physical restraint.

Caregiver Practices

B.3.6 The caregiver uses trauma-informed approaches and positive-management strategies and preventive measures in order to avoid situations that may lead to physical harm.

B.3.7 The caregiver confirms that physical restraint may be used only to protect a child or others, including the caregiver, from immediate physical harm or as an extraordinary measure approved of by ‘a designated director’ and outlined in the child or youth’s care plan.

B.3.8 The caregiver confirms they have made reasonable efforts to acquire the training needed to safely apply physical restraint. (See Appendix 2 for more information.)

B.3.9 The caregiver confirms that if physical restraint has been used with a child, the reasons for the use of physical restraint have been explained to the child.

B.3.10 The caregiver confirms that if a child has witnessed physical restraint being used, they have explained to that child the reasons for use of physical restraint.

B.3.11 The caregiver confirms that they have assessed and, if necessary, addressed the child's physical and emotional well-being after physical restraint has been used.

B.3.12 The caregiver confirms that if physical restraint has been used, the circumstances have been documented from both the caregiver's and the child's perspective.

B.3.13 The caregiver confirms that if physical restraint has been used, it has been reported immediately to the child's social worker.

- For more information about the use of restraint and/or seclusion, refer to Policy 5.12: Restraint and Seclusion Regarding Children and Youth in Care.

Note: As one of the prohibited behaviour management practices, seclusion or confinement is described as “containment of a child/youth within any space from which they are not able to exit without the permission of another or within which their movements may be restricted.” This does not include the behavioural management approach of periods of “time out,” where a child/youth exercises a degree of cooperation and self-control.

C. Planning

STANDARD C.1 Care Plan*

Each child or youth is entitled to have a written, individual care plan which has been developed in consultation with the caregiver, the child and where possible, their parents. *See Appendix 3 for more information.

All planning for Indigenous children takes into consideration:

- The principle that Indigenous families and Indigenous communities share responsibility for the upbringing and well-being of Indigenous children;
- The importance of the child being able to learn about and practise their Indigenous traditions, customs and language, and belong to their Indigenous community.
- The impact of colonization, in particular residential schools, to assess strengths and recognize resiliency when planning and delivering services specific to the child/youth and their family.

Commentary

The caregiver is expected to be informed about the circumstances surrounding the child and to participate in the development and reviews of the child's care plan. The caregiver will have certain responsibilities under the care plan, including keeping the child's social worker informed about developments concerning the child. Caregivers are expected to accept responsibility for only those aspects of the care plan that they are capable of carrying out.

Results for Children

C.1.1 Children confirm that, at or near the time of placement, the caregiver has provided an explanation for that placement based on the child's care plan and children confirm that they have understood the explanation.

C.1.2 Indigenous child/youth confirm they have had opportunities to be involved with extended family, Indigenous community members, delegated Aboriginal agency (DAA) serving their community (if applicable), and other related Indigenous organizations (e.g. Friendship Centres) or cultural Knowledge Keepers.

C.1.3 Children confirm that the caregiver has encouraged and assisted them to participate within their ability in the development and reviews of their care plan.

C.1.4 Children confirm that the caregiver has attempted to help them understand the role of professionals who work directly with them, either at home or elsewhere.

Caregiver Practices

C.1.5 The caregiver advocates for and participates in the development and reviews of the child's care plan.

C.1.6 The caregiver encourages and assists the child to participate within their ability in the development and reviews of their care plan.

C.1.7 Before or at the time of placement, the caregiver will have in their records the following information (if available from the child's social worker) to ensure the safety and well-being of the child accepted into the home:

a) the child's full name, gender, birth date and legal status;
b) the circumstances leading to the placement including:
    i. family information relevant to caring for the child;
    ii. cautions or restrictions on the child's activities or contacts; and
    iii. the names and telephone numbers of family members or significant others, as noted in the care plan, who are available as supports to the child;
c) the child's known interests, abilities, strengths and presenting issues;
d) the child's physical, mental and emotional health and any health concerns, including required medications, allergies, dietary restrictions and physical limitations;
e) the name of the child's social worker, the district office and telephone number, and the name and telephone number of the social worker and office to call in the case of an emergency;
f) the child's physician's name and telephone number and child's personal health number;
g) the name of the school or day program that the child is or has been attending; and
h) specific routine monitoring of the child as identified in the care plan.

C.1.8 The caregiver keeps all information about the child and family confidential. The caregiver shares information only with other persons or agencies needed to carry out the child's care plan, or as permitted by law.

C.1.9 In cases of emergency placements or in other instances where the information outlined above is not known to the child's social worker at the time of placement, the caregiver cooperates with the child's social worker to obtain the information as soon as possible.

C.1.10 Before or at the time of placement, the caregiver discusses with the child's social worker the sleeping arrangements for the child to ensure that these arrangements meet the child's needs for adult supervision, safety, privacy and adequate sleep.

C.1.11 Before or at the time of placement the caregiver discusses with the social worker (and the child's family as authorized by the child's social worker) the following:

a) the care needs of the child;
b) the steps to be taken by the caregiver and by the child's social worker to meet these needs. Immediate care needs include: emotional and physical safety, clothing, medication, continuity of school or vocational or day programs, and arrangements for impending appointments such as doctor's visits and court appearances;
c) the involvement of the child's family in matters such as visits and telephone calls, including any conditions and restrictions;
d) the involvement of any necessary support.

C.1.12 At the time of placement the caregiver, in a manner that is sensitive to the emotional state and developmental level of the child:

a) introduces the child to the other members of the household;
b) shows the child the layout of the home and their sleeping area;
c) tells the child what the household routines, expectations and rules are;
d) gives the child the opportunity to ask questions and discuss their concerns;
e) attempts to help the child understand why they have been placed in the home; and
f) attempts to help the child understand the role of professionals who work directly with them, either at home or elsewhere.

C.1.13 Following placement and on an ongoing basis, the caregiver provides the child's social worker with information about their experience with the child, including:

a) progress in the desired outcomes outlined in the care plan;
b) the child's current functioning in health, education, identity, family and social relationships, social presentation and emotional and behavioural development; and
c) the caregiver's capacity to meet the caregiver's responsibilities under the care plan.

STANDARD C.2 Maintaining Relationships

Children are encouraged and supported to maintain relationships with their families and others of significance to them including, for Indigenous children, relationships with their Indigenous community, in accordance with their care plan.

Commentary

Continuity of quality relationships is one of the most important factors in achieving positive outcomes for children. Child welfare research indicates that children who experience continuity of quality relationships are less likely to have ongoing emotional and behavioural problems. Quality relationships provide a crucial network of support in the child's life. Whenever possible and in accordance with the care plan, children and youth are supported and encouraged to maintain and strengthen relationships with parents, siblings, extended family members, cultural community and any other significant relationships.

Results for Children

C.2.1 Children confirm that they are encouraged and helped to maintain or restore contact with their parents, family and significant others in accordance with the care plan.

C.2.2 Children confirm that in situations where it is determined by court order or in their care plan that it is not in their best interest to have contact with their parents, family or significant others, caregivers have made efforts to assist them in coming to terms with that decision.

C.2.3 Children confirm that they are encouraged to develop and maintain positive friendships.

C.2.4 Children confirm that they are provided reasonable opportunities to receive visitors in the home, including family members and friends.

C.2.5 Indigenous children/youth confirm their Indigenous community has been involved in planning and decision making, where possible and appropriate.

Caregiver Practices

C.2.6 The caregiver fulfills their role and responsibilities with the child's family members, as specified in the care plan.

C.2.7 The caregiver encourages the child to have contact with their family unless such access has been denied or restricted by the child's social worker, or court order.

C.2.8 Unauthorized denials of visits, telephone contacts or correspondence with family members are not used by the caregiver as consequences for the child.

C.2.9 When the care plan indicates that a child cannot have contact with their parents or family members; the caregiver helps the child come to terms with this.

C.2.10 The caregiver encourages the child to develop and maintain positive friendships.

C.2.11 Within the context of the child's care plan, the caregiver provides reasonable opportunities for the child to receive visitors in the home, including family members and friends.

C.2.12 The caregiver has information about the child's Indigenous community and their traditions, customs, and language.

C.2.13 The caregiver supports the involvement of the Indigenous children's extended family, Indigenous community members, delegated Aboriginal agency (DAA) serving their community (if applicable), and other related Indigenous organizations (e.g. Friendship Centres) or cultural Knowledge Keepers when assessing, planning and providing services.

STANDARD C.3 Transitional Planning

Children receive assistance in making successful transitions to new living circumstances as identified in the caregiver's responsibilities under the care plan.

Commentary

The move from one set of life circumstances to another can be accompanied by reactions similar to those a child may experience on first coming into foster care. An active and positive response from the caregiver in acknowledging and planning a response to the needs associated with such a transition will increase the likelihood that the transition will be successful for the child.

Results for Children

C.3.1 Children confirm that they are prepared for transitions.

C.3.2 Children who are leaving the care of a director confirm that the caregiver is enabling them to prepare for this eventuality.

C.3.3 Children anticipating leaving the home are able to describe their involvement in making adequate plans for their future.

C.3.4 Children confirm that they take their personal belongings with them when they move from the foster home.

Caregiver Practices

C.3.5 The caregiver, in conjunction with the child's care plan, engages in the preparation of the child for adulthood by:

a) assisting the child to build and maintain healthy relationships;
b) assisting the child to understand their own sexuality;
c) assisting the child to develop their self-esteem; and
d) teaching comprehensive life skills.

C.3.6 The caregiver cooperates with the child's social worker in planning for the child's move from the foster home.

C.3.7 The caregiver:

a) helps the child cope with their feelings about leaving the foster home;
b) helps the child develop a positive view of their next living arrangement;
c) reinforces the child's experience and gains made while in the foster home, and their readiness to move to a new experience; and
d) supports the plan for the child, whether they are moving home, to another placement, to an adoptive family or living independently.

C.3.8 The caregiver packs all of the child's personal belongings and clothing in appropriate containers and sends them with the child when they move from the foster home.

C.3.9 When the child moves from the foster home, the caregiver ensures that all original records and information about the child, including the health care passport, are given to the child's social worker.

D. Caring For Children

STANDARD D.1 Positive Parenting

Children and youth in care receive positive and culturally appropriate parenting.

Commentary

While children have the responsibility to adhere to a reasonable standard of behaviour, they have the right to know the standard of behaviour expected of them by their caregiver as well as the consequences for not meeting the caregiver's expectations. It is expected that caregivers will apply reasonable consequences sensitively and fairly, according to the child's level of development. In order to develop positive behaviour and social skills, children need to grow confident in their own ability to distinguish right from wrong. One way children learn positive behaviour and social skills is by observing and imitating adults who are worthy behaviour models.

Results for Children

D.1.1 Children confirm that they receive the same quality of care as other children in the placement, including the caregiver's own children.

D.1.2 Children confirm that the caregiver is interested in and cares about them as individuals.

D.1.3 Children confirm that the caregiver assists them with issues which arise from daily living and developing appropriate behaviour.

D.1.4 Children confirm that the caregiver does not use prohibited behaviour management methods.

D.1.5 Children confirm that they have been informed of the standard of behaviour expected by the caregiver and the consequences for not meeting the caregiver's expectations.

Caregiver Practices

D.1.6 The caregiver ensures to the fullest extent possible that the child receives the same quality of care as other children in the placement, including the caregiver's own children.

D.1.7 The caregiver ensures that caregiving practices are consistent with the child's individual needs.

D.1.8 The caregiver provides care and supervision appropriate to the child's age, level of development and ability to accept independence and responsibility.

D.1.9 The caregiver uses positive parenting methods. Positive parenting methods include those actions that:

a) are based on praise, encouragement, and structuring the setting for success;
b) are motivated to assist the child to learn responsibility and self-control;
c) teach or model appropriate ways of behaving;
d) are reasonable and directly related to the child's behaviour; and
e) respond to the child's behaviour as soon as possible.

D.1.10 The caregiver, if authorized, assists the child's family to understand and use positive parenting methods.

D.1.11 The caregiver does not use the following prohibited behaviour management methods which are expressly forbidden:

a) deprivation of a child's or youth's basic rights or needs (for example: food, clothing, shelter, and bedding);
b) physical discipline (for example: spanking, shaking, slapping, hitting);
c) degrading actions (for example: humiliation, ridicule);
d) restraint, other than for the immediate physical safety of the child or youth, other children or youth, the caregiver or others, or as an extraordinary measure approved of by ‘a designated director’ and outlined in the child or youth’s care plan;
e) seclusion (not including time-out) or confinement;
f) assignment of unreasonable exercise or work that may be excessive or harmful to the child or youth;
g) threats of removal from the care setting in order to manipulate or coerce the behaviour of the child or youth;
h) arbitrary or unauthorized denial of visits, telephone contact or correspondence with family members or guardians;
i) application of consequences in situations where it is not certain that the individual's behaviour has warranted them;
j) being disciplined by another child who has not been designated as a temporary caregiver; and
k) coercive behaviour by the caregiver regarding their religious or personal beliefs.

D.1.12 The caregiver informs the child of the standard of behaviour expected by the caregiver and the consequences for not meeting the caregiver's expectations.

D.1.13 If having difficulty managing the child's behaviour, the caregiver consults with the child's social worker as soon as possible, and with the child's parents if authorized.

STANDARD D.2 Culture and Religion

Children receive guidance and encouragement to maintain their cultural heritage and to participate in the religious activities of their choice.

Commentary

Cultural heritage can be defined as the shared customs, beliefs, behaviours and traditions of a particular ethnic group. The right to receive guidance and encouragement to maintain their cultural heritage promotes the child's positive sense of belonging and personal identity. Children also have the right to freedom of religion and the right to choose whether or not to participate in religious instruction or activities.

Results for Children

D.2.1 Children confirm their cultural heritage is respected and supported.

D.2.2 Children confirm that they have opportunities to maintain their cultural heritage.

D.2.3 Children confirm that they have opportunities to choose whether or not to participate in any religious instruction or activities.

D.2.4 Children confirm that they are not discriminated against on the basis of gender, sexual orientation, physical or developmental disability, culture, ethnicity, religion or race.

Caregiver Practices

D.2.5 Within the context of the child's care plan, the caregiver provides the child with opportunities, guidance and encouragement to maintain their cultural identity.

D.2.6 Within the context of the child's care plan, the caregiver accepts the child's choice whether or not to participate in religious instruction or activities.

D.2.7 The caregiver encourages children to celebrate significant events in culturally appropriate ways.

D.2.8 The caregiver encourages and assists the child to keep records of significant events.

D.2.9 The caregiver does not promote their own culture or religion with the child unless required to do so as part of the child's care plan.

STANDARD D.3 Supporting the Indigenous child/youth's right to know and belong to their Indigenous community and be involved in its customs and practices.

Indigenous children/youth are entitled to learn about and practise their Indigenous traditions, customs, and languages, and to belong to their Indigenous communities. The importance of these rights must be considered in determining their best interests.

With involvement from their Indigenous communities whenever possible, Indigenous children receive guidance, encouragement and support to learn about and practise their Indigenous traditions, customs and languages, and to belong to their Indigenous communities.

Commentary

Approximately one third of children in care in British Columbia are of Indigenous ancestry, while Indigenous people make up only 5% of the total population. The *Child, Family and Community Service Act* places a strong emphasis on respecting and safeguarding the Indigenous child's unique cultural identity and ties to family, Indigenous community and heritage. Indigenous children develop a positive cultural identity by participating in their culture, by understanding their heritage and by learning of the experiences and achievements of persons of the same cultural background.

In addition to the requirements specified in Standard D.2, the following criteria apply to Indigenous children.

Results for Children

D.3.1 Indigenous child/youth confirms they had opportunities to learn about and practise their Indigenous traditions, customs, and languages, and to belong to their Indigenous communities.

Caregiver Practices

D.3.2 The caregiver supports the involvement of the Indigenous child/youth's extended family, Indigenous community members, the delegated Aboriginal agency (DAA) serving their community (if applicable), and other related Indigenous organizations (e.g. Friendship Centres) or cultural Knowledge Keepers when assessing, planning and providing services.

D.3.3 Where possible, the caregiver promotes the child's participation in cultural practices within the caregiver's home.

STANDARD D.4 Social and Recreational Activities (Leisure Activities)

Children are encouraged to participate in appropriate and available social and recreational activities according to their abilities and interests. These include school-related activities such as field trips, swimming lessons and other outings.

Commentary

Participation in social and recreational leisure activities is an important aspect of a child's development and socialization, promoting confidence in their skills and abilities. Leisure activities include a wide range of social and recreational activities that are organized within the child's geographic, religious and cultural community. The child's social worker and caregiver should make an affirmative effort to search out available activities that are consistent with the child's interests, needs and abilities.

Results for Children

D.4.1 Children confirm that they have opportunities to participate in available and appropriate leisure activities, according to their abilities and interests.

D.4.2 Children confirm that they have been encouraged to express and identify interests.

Caregiver Practices

D.4.3 The caregiver provides opportunities for the child to participate in available and appropriate leisure activities, according to the child's abilities and interests.

D.4.4 The caregiver encourages the child to express and identify interests.

D.4.5 The caregiver signs required permission forms allowing the child or youth to participate in routine school activities, including forms that contain waivers and indemnities, unless the activity is considered to be a high risk activity or potentially inappropriate for the particular child or youth or the caregiver has concerns about signing the form. Examples of high risk activities include, but are not limited to: scuba diving, snowmobiling and mountain climbing.

If the caregiver does not sign a required permission form to permit a child or youth to participate in routine school activities, the caregiver must bring the form to the attention of the child's or youth's guardianship worker as soon as possible so that they can determine whether to sign the form prior to the activity taking place.

Note: *Guardianship workers are no longer required to send Indemnity forms to the Risk Management Branch of the Ministry of Finance for approval.*

Note: *Caregivers are insured against liability under the Master Insurance Program, and section 101 of the Child, Family and Community Service Act that states that no person, including foster parents, are personally liable for anything done or omitted in good faith in exercising a duty or function under the Act.*

Please see Appendix 4: **Social and Recreational Activities for Children and Youth in Care: Signing Permission Forms** for additional policy details.

STANDARD D.5 Education

The education of every child/youth is actively promoted and supported by the caregiver.

Commentary

As part of their development, children require stimulation that promotes competence and interest in learning. Education is a key to positive opportunities in adulthood. Child welfare research indicates that many children who come into care require extra assistance and support in school, at home and in the community in order to succeed in school.

Results for Children

D.5.1 Children confirm that they are encouraged, assisted and supported to achieve educational performance that matches their abilities.

D.5.2 Children confirm that they are supplied with the necessary materials and an appropriate setting for study and homework.

D.5.3 Indigenous child/youth confirms their right to learn about and practise their Indigenous traditions, customs, and language has been upheld.

Caregiver Practices

D.5.4 The caregiver encourages assists and supports the child to achieve educational performance that matches their abilities.

D.5.5 The caregiver ensures the child has the necessary materials and an appropriate setting for study and homework.

D.5.6 Within the context of the child's care plan, the caregiver takes an interest in the child's education, including:

- providing the child with help with homework when necessary; and
- participating in the child’s school events and meetings.

D.5.7 The caregiver helps the child to understand, as appropriate, how residential schools may have impacted their elders as it relates to school participation.

STANDARD D.6 Health

The physical and mental health of children is actively promoted.

Commentary

Children have the right to receive medical and dental care when required to ensure their health, safety and well-being. Medical care should be considered to include both physical and mental health care. The child's social worker and caregiver are required to ensure ongoing monitoring of the child's need for medical and dental care and treatment.

Results for Children

D.6.1 Children are aware of their right under the *Infants Act* to consent to or refuse medical examination or treatment, and younger children are aware that their wishes will be taken into account, provided a health care provider considers them competent.

D.6.2 Children who feel they have need for medical and dental services confirm that they receive the services on a timely basis from appropriate health care providers. Medical services should be considered to include both physical and mental health care services.

D.6.3 Children confirm they are able to consult with their caregiver regarding a physical or mental health concern.

D.6.4 Children confirm that they are assisted with acquiring information on preventative health care.

D.6.5 Children confirm that they live in a smoke/vapour-free environment. Smoke/vapour free environment includes but is not limited to tobacco, cannabis, and e-substances.

Caregiver Practices

D.6.6 The caregiver ensures that the daily physical and mental health care needs of the child are met.

D.6.7 Within the context of the child's care plan or subject to first notifying and confirming with the child's worker, the caregiver arranges for routine medical and dental care for the child with the child's identified health care providers, and may sign consents to routine medical and dental care as a representative of the director pursuant to s. 94 of the CFCSA.

D.6.8 The caregiver assists the child with acquiring information on preventative health care.

D.6.9 The caregiver advises the child's social worker of any concerns regarding the child's physical or mental health.

D.6.10 The caregiver follows treatment procedures prescribed for the child by a medical or dental professional, and notifies the child's social workers of such treatments.

D.6.11 The caregiver keeps a written record of medical and dental services arranged for the child.

D.6.12 The caregiver obtains medical treatment from a qualified health care provider as quickly as possible when a child shows signs of serious illness or

injury.

D.6.13 The caregiver assists in meeting the child's physical and mental health care needs as identified in the child's care plan.

D.6.14 The caregiver provides a smoke/vapour free environment. Smoke/vapour free environment includes but is not limited to tobacco, cannabis, and e-substances.

STANDARD D.7 Nutrition

Children are provided with nutritious food by their caregiver.

Indigenous child/youth are supported to experience their traditional food whenever possible.

Commentary

A nutritious and healthy diet is an essential part of a child's development. It may be advisable for older children to be given increased responsibilities around meal preparation as part of developing life skills. Food is not to be used as a behaviour consequence for children under any circumstance.

Results for Children

D.7.1 Children confirm that they are provided with access to nutritionally sound meals, snacks and/or special diet requirements identified in the care plan.

D.7.2 Indigenous child/youth confirms that they are supported to access traditional food through their connection with their Indigenous community and, where possible, learn how to prepare their traditional food.

D.7.3 Children confirm that they have the opportunity to eat at least some of their meals together with all other members of the household, and that they regard these meals as positive social events.

D.7.4 Children confirm that they are neither denied meals nor forced to eat.

Caregiver Practices

D.7.5 In serving nutritious meals and snacks, the caregiver follows Canada's Food Guide and/or any special dietary requirements specified in the child's care plan; and gives consideration to the child's cultural and religious background, personal preferences and medical requirements.

D.7.6 The caregiver provides the opportunity for the child to eat at least some of their meals together with all other members of the household.

D.7.7 The caregiver ensures that the child is neither denied meals nor forced to eat.

D.7.8 Within the context of the child's care plan, the caregiver provides the capable child with opportunities to budget for, plan, shop for and prepare their own meals.

STANDARD D.8 Personal Care

Children are assisted with making their own choices regarding their personal care.

Commentary

The capacity to consider available options and to select those that are in a person's best interest is considered to be a skill central to building effective life skills. The caregiver is in an ideal position to provide the child with opportunities to develop these skills. To the extent that this is done in a planned, consistent and regular fashion it will enhance the child's development.

Results for Children

D.8.1 Children confirm that they have choice and opportunity in the purchase of clothing and personal necessities through normal shopping arrangements.

D.8.2 Children confirm that they have the personal items necessary for their personal care, hygiene and grooming.

D.8.3 Children confirm that they are provided with clothes that are of comparable style, quality and condition as those of other children.

D.8.4 Children confirm that they are involved in the selection, care and maintenance of personal clothing as appropriate to their age and ability.

D.8.5 Children confirm that money they receive as gifts or allowances is treated as their own personal property.

Caregiver Practices

D.8.6 The caregiver ensures the child has the personal items necessary for their personal care, hygiene and grooming. A caregiver must ensure that water accessible to a person in care, from any source, is not heated to more than 42 º Celsius.

D.8.7 The caregiver provides the child with clothes that are of comparable style, quality and condition as those of other children in the community.

D.8.8 The caregiver involves the child in the selection, care and maintenance of personal clothing as appropriate to their age and ability.

D.8.9 The caregiver ensures that money the child receives as gifts or allowances is treated as the child's own personal property.

D.8.10 The caregiver supports and respects any personal cultural traditions the child wishes to follow (e.g. growing their hair long).

STANDARD D.9 Privacy and Personal Belongings

Children have reasonable privacy and possession of their personal belongings.

Commentary

Decisions made on privacy should be geared to the child's best interests, safety and well-being. The degree of privacy will vary depending on the child's age, needs and level of maturity. The degree of privacy may also depend on safety considerations in the home.

Results for Children

D.9.1 Children confirm they have privacy when using bathroom facilities unless otherwise indicated in the care plan.

D.9.2 Children confirm that they have privacy when dressing, spending time alone and communicating with others, unless there are safety considerations.

D.9.3 Children confirm that they are able to receive visitors, including family members and friends, in reasonable privacy and comfort unless there are safety considerations.

D.9.4 Children confirm that they are provided with privacy during discussions with a lawyer, the Office of the Representative for Children and Youth, the Ombudsman, a Member of the Legislative Assembly, or a Member of Parliament.

D.9.5 Children confirm they are encouraged by the caregiver to keep and display their personal belongings.

D.9.6 Children confirm that they can keep their personal belongings safe and secure.

D.9.7 Children confirm that the caregiver explains any limits which may be placed on having access to their personal belongings.

D.9.8 Children confirm that in the event access to their personal belongings has been limited, the caregiver makes arrangements for their suitable storage.

Caregiver Practices

D.9.9 The caregiver ensures the child has privacy when using bathroom facilities unless otherwise indicated in the care plan.

D.9.10 The caregiver ensures the child has privacy when dressing, spending time alone and communicating with others, unless there are safety considerations.

D.9.11 The caregiver ensures the child is able to receive visitors, including family members and friends, in reasonable privacy and comfort unless there are safety considerations.

D.9.12 The caregiver ensures the child is provided with privacy during discussions with a lawyer, the Office of the Representative for Children and Youth, the Ombudsman, a Member of the Legislative Assembly, or a Member of Parliament.

D.9.13 The caregiver protects the child's privacy by requiring that written permission of the child's social worker is secured before the child is interviewed, photographed, filmed, videotaped, tape-recorded or otherwise identified by anyone for a public or teaching purpose.

D.9.14 The caregiver encourages the child to keep and display their personal belongings.

D.9.15 The caregiver explains to the child any limits which may be placed on having access to their personal belongings.

D.9.16 In the event that access to the child's personal belongings has been limited, the caregiver makes arrangements for their suitable storage.

E. Environment of Care

STANDARD E.1 Accommodation of Individual Children

Children are provided with a safe and healthy home environment that meets their individual needs.

Commentary

The condition of the physical surroundings can have a significant impact on the child's social, emotional and physical well-being. It is expected that the caregiver will take into account the opinions of children and their developmental needs in designing and maintaining the physical surroundings. Adapting successfully to living with others in a foster home requires a significant amount of accommodation on the part of the child. The child's capacity to modify some amount of space dedicated to their needs is likely to reduce the pressure of accommodation, enhance their sense of belonging, and increase the likelihood of their adapting successfully to that setting.

Results for Children

E.1.1 Children confirm they feel safe and comfortable in their living environment.

E.1.2 Children confirm that they each have their own bed.

E.1.3 Children confirm that their bedroom space is of sufficient size to comfortably accommodate their needs.

E.1.4 Children confirm that they were consulted and that they participated in arranging and decorating their personal space.

E.1.5 Children confirm that they have reasonable access to toilet and washing facilities in accordance with local community norms.

Caregiver Practices

E.1.6 The home, furnishings and equipment are safe, functional and suited to the developmental or support needs of each child placed in the home.

E.1.7 The home has living or family room space available to all members of the household, of sufficient size to allow all members to join in family group activities.

E.1.8 Where required by the care plan, the living space is modified to accommodate the needs of the child.

E.1.9 The caregiver provides sanitary toilet and washing facilities in accordance with local community norms.

E.1.10 Rooms commonly used for other purposes are not used as bedrooms for children. On occasion, temporary sleeping arrangements may be provided in response to an emergency, provided such arrangements have been approved by the child's social worker.

E.1.11 All bedrooms have a door and at least one exterior window. The window(s) have curtains or blinds to provide privacy.

E.1.12 Bedrooms are of sufficient size to comfortably accommodate the child's individual needs, including suitable storage or display space for the child's personal clothing and belongings.

E.1.13 Each child has their own bed. Beds are clean, comfortable, in good condition, of sufficient size and have enough bedding to ensure warmth and comfort appropriate to the season.

E.1.14 When using bunk beds, the following conditions are met:

a) the child using an upper bunk is over six years of age;
b) the upper bunk mattress is no more than one inch at any point from the bed frame;
c) the upper bunk has guard rail(s) on the open side(s);
d) the vertical distances between the upper mattress and the ceiling permit the child to sit up comfortably in bed; and
e) the guard rail(s), ladder and other components are in their proper positions, free from damage, and all connections are secure.

E.1.15 Cribs and cradles comply with the federal *Hazardous Products Act* and its regulations and all other applicable laws.

E.1.16 The caregiver is aware of the Safer Sleep brochure or translated version and there is an approved crib or other approved sleep surface appropriate to the infant or child’s developmental needs in the home.

E.1.17 The caregiver ensures that a child over the age of one year does not share a bedroom with an adult unless otherwise stated in the care plan.

STANDARD E.2 Safety and Emergency Practices

Children receive care that promotes their safety and well-being.

Commentary

The safety and well-being of children/youth are the paramount considerations under the *Child, Family and Community Service Act*. It is the responsibility of the caregiver and the child/youth's social worker to take all reasonable steps to reduce the level of risk that a child/youth may be exposed to in the physical environment of the foster home. This is a fundamental requirement for the healthy development of the child/youth.

Results for Children

E.2.1 Children/youth confirm that they know what to do and how to escape in the event of a fire or other emergency.

E.2.2 Children/youth confirm that they know what to do if they think something in the home or its surroundings is unsafe and confirm that any concerns have been, or would be, addressed satisfactorily.

E.2.3 Children/youth confirm that they have been advised of known hazards in the physical environment of the foster home.

Caregiver Practices

E.2.4 The caregiver posts and ensures the child/youth is aware of the current household emergency response plan for fires, earthquakes, disasters and other emergencies.

E.2.5 The caregiver ensures that the household emergency response plan takes into consideration individuals who require assistance.

E.2.6 The caregiver ensures that the household emergency response plan is practiced at least every six months and immediately following the placement of a child/youth in the home.

E.2.7 The caregiver advises the child/youth of known hazards in the physical environment of the foster home and takes appropriate steps to ensure the child/youth’s safety.

E 2.8 The caregiver ensures the child/youth is supervised in a manner appropriate to the child/youth’s age and developmental level, when in an area of the physical environment of the foster home containing known

hazards, such as ponds, pools, hot tubs, rivers and other bodies of water, fire sources, heavy machinery, and dangerous substances. See Appendix 5 for further guidance regarding hazards.

E.2.8.(b) The caregiver informs the resource worker if new hazards become present in the physical environment in or around the home following the placement of the child/youth in their home.

E.2.9 The home has at least two exits from each floor commonly used by household members as living or recreation space. Doorways, exits, ramps and stairs are kept unobstructed and readily accessible for exit.

E.2.10 Each room commonly used for sleeping has at least one opening window equipped for emergency exit.

E.2.11 The home has at least one functioning smoke detector or alarm approved by the Underwriter's Laboratories of Canada, mounted on or near the ceiling in the corridor of each sleeping area and on each floor. The detector(s) or alarm(s) are tested at least once per month. Batteries are changed at least once per year.

E.2.12 The home has at least one five-pound ABC fire extinguisher readily accessible to the kitchen. Fire extinguishers are tested once per year to ensure that they are fully charged and operable.

E.2.13 There is a working telephone or other means of ensuring reliable and regular communication with others outside of the home.

E.2.14 Emergency telephone numbers, including fire, police, doctor, ambulance and poison control, are clearly written and readily available by the telephone. If the home does not have a telephone, then clearly written instructions are readily available regarding how to ask for help outside of the home in an emergency.

E.2.15 Heat, light, and ventilation are adequate for safe and comfortable occupancy.

E.2.16 Heating systems including oil and gas furnaces, wood burning stoves, and fireplaces as well as electrical systems are properly installed and maintained.

E.2.17 The home has a well-maintained first-aid kit which is readily accessible to household members. Any restrictions on accessibility will reflect consideration for the child's level of development and specific safety concerns as outlined in the care plan.

E.2.18 All poisonous substances (including but not limited to cannabis in the form of fresh or dried leaf, oil, food, or drinks) and medications are clearly labelled and stored in a locked location. Access by the child/youth is based on consideration of their developmental level and on any specific safety concerns as outlined in the child/youth's care plan.

E.2.19 All dangerous and hazardous materials and equipment are securely stored. Specific methods of storage are based on consideration of the child's developmental level or on any specific safety concerns as outlined in the child/youth's care plan.

E.2.20 All weapons are inaccessible to children/youth, and are disassembled or made otherwise unusable.

E.2.21 All firearms are stored in accordance with federal legislation and Department of Justice regulations, including the following requirements:

a) the firearm is unloaded;
b) the firearm is rendered inoperable by removing the bolt or installing a trigger lock; and
c) ammunition and firing mechanisms are stored separately from the firearm in securely locked containers or cabinets.

E.2.22 Dogs, cats and other domestic animals maintained on the premises are kept in a safe and sanitary manner and according to provincial and local requirements. Dogs and cats maintained on the premises have up-to-date rabies vaccinations. Children/youth are protected from animals which are potentially dangerous to them.

E.2.23 Outdoor play or recreation areas which are part of the physical environment of the foster home are safe and comply with any legislation and local by-laws and the following requirements:

a) play and recreational equipment are age appropriate, in good working condition and structurally sound;
b) all in-ground pools are enclosed with safety fences;
c) swimming pools are regularly tested to ensure the pool is free from contamination.

E.2.24 The caregiver ensures that children are supervised at all times by a responsible adult while using swimming pools, hot tubs, wading pools or trampolines.

E.2.25 The caregiver ensures that all vehicles used to transport children/youth:

a) meet *Motor Vehicle Act* requirements;
b) are maintained in safe condition;
c) include age appropriate, certified child restraint systems;
d) have adequate insurance necessary to carry out the caregiver's responsibilities, including motor vehicle third-party legal liability insurance coverage of at least two million dollars; and
e) are operated in a safe manner by a person with a valid driver's license of the appropriate classification.

E.2.26 When a child is transported in a motor vehicle, the caregiver ensures that the child is properly secured in a certified restraint system, in accordance

with the Motor Vehicle Act and Regulations and the Canadian Motor Vehicle Safety Standards. In addition, and whenever possible, the caregiver ensures that children twelve years of age and under are seated in the back seat. No more than four cannabis plants are grown in a foster home and the plants are not visible from a public space.

E.2.27 Cannabis plants and products (including but not limited to cannabis in the form of fresh or dried leaf, oil, food, or drinks) are stored in such a way that they are inaccessible to children/youth in the home. Needs and capabilities of the children/youth are considered when assessing the safety of the home and accessibility to cannabis plants and products.

F. Foster Home Administration

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.

Commentary

Alternative care arrangements involve situations when someone other than the child's usual caregiver provides care for the child on a temporary basis and include child-minding situations, the child visiting overnight in another home and relief care services. It is the responsibility of the caregiver to ensure that a person providing temporary, alternative care for the child has the necessary maturity, knowledge, skills, and abilities to fulfill the responsibilities of looking after the child.

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.

Caregiver Practices

F.1.4 Child minding is an arrangement in which a person other than the child's usual caregiver provides care for the child for a time that does not extend overnight, and during which the caregiver is reasonably physically accessible to the child and the person caring for the child. The caregiver selects child-minding care providers using a process that ensures they are capable of providing the required quality of care to the children. The child-minding care provider is required to:

a) have the maturity, knowledge, skill and ability to meet the child's needs and follow through with child care routines for the period(s) of child minding;

b) use positive behaviour management techniques and appropriate discipline techniques;
c) be present and in charge for the period of child minding; and
d) know what to do in an emergency.

F.1.5 An overnight arrangement refers to situations when the child visits another home overnight while the caregiver is reasonably physically accessible to the child and the person caring for the child. An example of this type of arrangement is when the child requests or is invited to sleep over at a friend's house. This does not include approved relief care or authorized overnight visits with family members. The caregiver approves overnight visiting arrangements for the child with persons who:

a) satisfy the child's social worker that they are capable of ensuring the safety and well-being of the child;
b) have the maturity, knowledge, skill and ability to meet the child's needs and follow through with child caring routines for the period(s) of overnight care provision;
c) use positive behaviour management techniques and appropriate discipline techniques;
d) will be present and in charge for the period of overnight care; and
e) know what to do in an emergency.

F.1.6 Relief care is a planned arrangement in which a person provides care for a child for a period of time when the child's usual caregiver may not be reasonably accessible to the child or the person caring for the child. The caregiver selects persons to provide relief care services who:

a) satisfy the child's social worker and resource social worker that they are capable of ensuring the safety and well-being of the child;
b) have the maturity, knowledge, skill and ability to meet the child's needs and follow through with care plan responsibilities for the period(s) of relief care provision;
c) use positive behaviour management techniques and appropriate discipline techniques;
d) will be present and in charge for the period of relief care;
e) know what to do in an emergency; and
f) have no criminal record that would affect the care, safety and well-being of the child.

F.1.7 The caregiver ensures that relief care providers are informed, at a minimum, of the following:

a) the whereabouts of the caregiver and how to contact them;
b) what to do in the case of an emergency, including how to contact the child's social worker;
c) the individual needs or circumstances of the child for whom they are assuming responsibility, as indicated in the child's care plan;

d) the caregiver's obligations and responsibilities as outlined in the caregiver's written agreement with the director;
e) the Standards for Foster Homes;
f) the Foster Family Handbook; and
g) the rights of children and youth in care.

F.1.8 The caregiver ensures that arrangements for child minding, overnight or relief care are monitored to ensure the child's safety and well-being, and the caregiver:

a) identifies the person in charge of the setting where the child will be visiting;
b) confirms that the person in charge of the setting will be present during the child's visit;
c) provides to the child and the person in charge of the setting, a means of contacting the caregiver and the child's social worker;
d) follows up to confirm that the child is at the setting; and
e) ensures that the arrangement is consistent with the child's care plan.

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.

F.1.11 The caregiver maintains written records which document that minimum requirements for child minding, overnight and relief care are met.

STANDARD F.2 Child's Individual Service Records

Children have accurate, individual, secure and confidential records of their relevant history and progress in the home.

For Indigenous children/youth, their Indigenous identity is clearly documented, as well as the specific Indigenous communities to which they belong.

Commentary

The child's individual service record contains information of a sensitive and highly personal nature about the child and possibly their family. The caregiver ensures the information is accurate and protected from unauthorized access.

The child's individual service record is subject to legislation governing the protection of privacy and freedom of information, including the *Child, Family and Community Service Act* and the *Freedom of Information and Protection of Privacy Act*. While the child's individual service record is maintained by the caregiver as part of their contractual obligations, the record is the property of the director responsible for the child. The child is entitled to access the record according to procedures in the relevant legislation and policy. The child's individual service record is an important part of the child's history.

Results for Children

F.2.1 Children confirm that, to the best of their knowledge, the caregiver maintains an individualized service record about them.

F.2.2 Children confirm that, to the best of their knowledge, their individual service records are stored securely.

F.2.3 Children are provided support in gaining access to their records in accordance with procedures identified in legislation, including the *Freedom of Information and Protection of Privacy Act* and the *Child, Family and Community Service Act*, and policy of the Ministry of Children and Family Development.

Caregiver Practices

F.2.4 The caregiver keeps a separate individual service record for each child placed in the home.

F.2.5 The caregiver keeps all information and documentation pertaining to the child in the child's individual service record, including:

a) intake information and documentation;
b) Indigenous identity and any community specific traditions, customs, etc.
b) legal documents;
c) medical and dental information;
d) signed consent forms;
e) assessment information;
f) caregiver's current responsibilities under the child's care plan, and any related reviews, reports and professional assessments;
g) a day book for the child that includes information regarding the child's normal daily routines, both current and recent past;
h) information regarding complaints made by the child;
i) documentation of reportable incidents involving the child;
j) documentation of service termination;
k) other information and evaluations required to deliver and monitor services

F.2.6 The caregiver maintains and stores the child's individual service record in accordance with relevant sections of the *Freedom of Information and Protection of Privacy Act*, the *Child, Family and Community Service Act* and records management procedures of the Ministry of Children and Family Development. This confidential record is kept in a locked location.

F.2.7 The caregiver provides support to the child in gaining access to their individual service record in accordance with the procedures described in legislation, including the *Freedom of Information and Protection of Privacy Act* and the *Child, Family and Community Service Act*, and Ministry of Children and Family Development policy.

F.2.8 The caregiver does not permit the destruction of the child's individual service record.

F.2.9 The caregiver gives a director access to the child's individual service record upon request.

Appendices

Appendix 1 When a Child or Youth is Missing: Revised Definition and Procedural Requirements

Appendix 2 Key Elements of Training for Caregivers in the Use of Physical Restraint

Appendix 3 The Care Plan

Appendix 4 Social and Recreational Activities for Children and Youth in Care: Signing Permission Forms

Appendix 5 Potential Hazards and/or Safety Concerns in the Physical Environment of the Foster Home

Appendix 1 When a Child or Youth is Missing

Standards for Foster Homes: Standard B.2.2 (f)

Definitions

Missing Child/Youth**:** any missing child/youth in care, including respite care:

- whose whereabouts are unknown, and,
- who cannot be found after taking the same actions as a prudent and responsible parent.

Prudent and Responsible Parent: The prudent and responsible parent makes careful and sensible parental decisions that are intended to maintain the child/youth's health, safety and best interest.

Provincial Centralized Screening (PCS): Provides 24/7 child protection service across the province, including responding to reports from caregivers and/or the public when a child/youth in care is missing. 1-800-663-9122

Note: Responses taken by a caregiver, the child/youth's worker and/or PCS when a child/youth may be missing must be based on the individual child/youth's developmental capacity (e.g. their chronological and/or developmental age), the circumstances at the time the child/youth went missing (e.g. weather, if they are emotionally distraught) and any other contextual factors.

Responding When a Child/Youth's Whereabouts are Unknown: Expectations of the Caregiver (child/youth is not yet considered to be missing)

- Before contacting a child/youth's worker or PCS, take the same actions a prudent and responsible parent would, with consideration of the child/youth's age, developmental and/or support needs, circumstances around their disappearance, and other contextual factors, including but not limited to:
    - Actively trying to contact the child/youth directly via their cell phone or other personal device;
    - Actively seeking out and contacting anyone who may know about the current or recent whereabouts of the child/youth. This may include the child/youth's friends, family, persons they are in a relationship with, members of the child/youth's Indigenous community, coaches, teachers, or other community professionals involved with the child/youth etc.;
    - Conducting a thorough search of the caregiver's property including the child/youth's room, the home and outdoor area;
    - Identifying and checking likely locations where the child/youth may be in the community; and

- If there are no immediate health or safety concerns, contact the child/youth's worker or PCS to determine if police/RCMP involvement is needed to search for the missing child/youth.
- If at any time you believe the child/youth's health or safety is in immediate danger, contact the police/RCMP and then contact the child/youth's worker or call PCS and select option 1 for the immediate queue to inform them that the police/RCMP were contacted. (See below for list of information to provide to police/RCMP regarding a missing child/youth).
- When the child/youth's general whereabouts or location becomes known, but the child/youth's health or safety is still considered to be in immediate danger, contact with the police/RCMP should clarify that the purpose of involving police is not to search for a missing child/youth but more specifically:
    - to conduct a wellness check or
    - to keep the peace if you are visiting an unsafe environment to pick-up the child/youth.
- Document any actions taken or efforts made to locate the child/youth at the earliest opportunity.

Note: A youth on probation must be governed by the conditions of their probation with regards to time away from a foster home or Specialized Home and Support Service, curfew and/or required check-ins. Ensure a plan is in place for actions the caregiver should take if a youth breaches their probation, including contacting the youth's worker or PCS, the youth's probation officer or if police/RCMP must be contacted immediately.

Responding When a Child/Youth is Missing: Expectations of the Caregiver

- Follow any specific plan the child/youth's worker has provided regarding actions to take when the child/youth is missing. This plan may include details such as:
    - Additional actions before contacting a child/youth's worker or PCS.
    - When to contact the child/youth's worker or PCS including when to call PCS and select option 1 for the immediate queue or select option 2 for all other child protection reports or support service.
- If there is no previously provided plan, the caregiver is to contact the child/youth's worker or call PCS and select option 1 for the immediate queue, unless the caregiver has reason to believe the child/youth's health or safety is in immediate danger, then the caregiver is to call police/RCMP.
- Once contacted by the caregiver, the child/youth's worker or PCS must assess the situation and direct the caregiver on specific actions to take next, which may include contacting the police/RCMP.

Note: There is no requirement for a caregiver to wait for a specific amount of time (e.g. 24 hours) before reporting a child/youth missing to the child/youth's worker or PCS, or if they believe the child/youth's health or safety is in immediate danger, directly to police/RCMP.

Note: Reporting a child/youth missing to the police/RCMP does not relieve the caregiver, the child/youth's worker, or PCS of their responsibility to continue working to locate the child/youth in collaboration with the police/RCMP.

- Communicate the following details to the child/youth's worker, PCS and/or the police/RCMP (if applicable):
    - If it is out of character for the child/youth to be missing;
    - If the child/youth has physical or mental health concerns that could increase the risk of harm (e.g. require medication) and/or a developmental disability;
    - If the child/youth was emotionally distraught when last seen by the caregiver, including any recent history of suicidal ideation or suicide attempts;
    - If the child/youth is known to actively use substances;
    - If the child/youth is in an area where there are extreme weather conditions such as freezing temperatures or snow and if the child/youth may not be appropriately dressed for the weather or terrain;
    - If there are any concerns that the child/youth's disappearance may be the result of suspicious or dangerous circumstances that suggest the child/youth may be the victim of violence; or
    - If there is reason to believe that the child/youth may have been involved in an accident or another situation that may have caused injury or harm.

- In addition to the above, the following information must be provided if the child/youth is reported missing to the police/RCMP:
    - The child/youth's name (including any aliases), date of birth, and gender;
    - The child/youth's address and cell phone number;
    - The time and place where the child/youth was last seen, by whom and any information pertaining to last contact with the child/youth e.g. text message;
    - A current picture of the child/youth and physical description, including:
        - Ethnicity,
        - Height,
        - Weight,
        - Hair Colour/Length,
        - Eye Colour,
        - Distinguishing Characteristics (tattoos, birth marks, piercings,

scars, etc.),
    - Other notable characteristics (glasses, braces, facial hair, physical disabilities, etc.),
    - What the child/youth was last seen wearing (describe clothing in as much detail as possible),
    - Items known or likely to be in the possession of the child/youth
    - (backpack, bike, cellphone, etc.);
- A list of anyone who may have information about the current or recent whereabouts of the child/youth. This may include the child/youth's friends and associates, family, persons they are in a relationship with, members of the child/youth's Indigenous community, coaches, teachers, or other community professionals involved with the child/youth etc. Ensure addresses and phone numbers are provided if available;
- If applicable, the name of the child/youth's school and teacher;
- Factors that may pose an immediate risk to the child/youth's safety (e.g. sexual exploitation, gang affiliation, known to frequent unsafe locations);
- Clear instructions that any information made public as part of efforts to locate the child/youth **must not** indicate that the child/youth is in care under the *Child, Family and Community Service Act*.
- Clarification about how efforts regarding locating the child/youth will be communicated and to whom.

➢ If the caregiver informs the police/RCMP of the missing child/youth and requests action to locate the child/youth, they are required to contact the child/youth's worker or call PCS and select option 1 for the immediate queue to inform them that the police/RCMP were contacted. Once notified, the child/youth's worker must complete a Reportable Circumstances Report.

Responding When a Child/Youth is Missing: Child/Youth's Worker Responsibilities

➢ It is the responsibility of the child/youth's worker to ensure the following occurs:
- A Reportable Circumstances Report is completed as required by the Reportable Circumstances Policy.
- All parties involved in searching for the child/youth are provided with all information pertaining to the possible whereabouts of the child/youth and are kept updated.
- The child/youth's Indigenous community is notified, involved in planning, regularly updated and consulted.
- That the police/RCMP are aware that a child/youth's care status **must**

not be made public.

- Clarify with police/RCMP how efforts regarding locating the missing child/youth will be communicated and to whom with police/RCMP after a report has been made.
- Unless police/RCMP have directed otherwise, make reasonable efforts to notify the child/youth's parent or guardian as soon as possible, and where appropriate, work collaboratively with them.
- Maintain contact with police/RCMP, the caregiver and parents or guardian regarding updates and revisions to the plan to locate the child/youth.

When a Child/Youth is No Longer Missing: Child/Youth's Worker Responsibilities

- It is the responsibility of the child/youth's worker to ensure the following occurs:
  - All parties involved in searching for the child/youth are notified as soon as possible that the child/youth is no longer missing. The child/youth's worker may request that the caregiver or other staff to assist with contacts.
  - The child/youth's Indigenous community is notified as soon as possible when the child/youth is no longer missing.
  - If a child/youth is found at a medical or other community facility, or is in the custody of the police/RCMP, the caregiver and/or worker makes arrangements to accompany a child/youth back to their placement.
  - When a child/youth is being discharged from a medical facility, ensure appropriate discharge planning takes place that allows for continuous care as the child/youth transitions back into the community. Consult the Memorandum of Understanding for Hospital Discharge Planning to the Community for Children and Youth in Care for further information.
  - The child/youth is provided with medical assessment and treatment if injuries are observed or suspected. The child/youth's worker may request that the caregiver takes the child/youth for a medical assessment or treatment.
  - Appropriate support is provided for the child/youth if they experienced any form of emotional/psychological trauma while missing. Some information on how to engage with children/youth in a trauma-informed way is available in the BC Government guide Trauma Informed Practice Guide for Working with Children, Youth and Families
  - If there is reason to believe that the child/youth was the victim of violence, sexual exploitation or another crime, let the child/youth know you are concerned about them and consult with a supervisor on next

steps.

- If the injuries meet the criteria in the Reportable Circumstances Policy, make a further Reportable Circumstances Report.
- Meet with the child/youth in person after they have returned at a time and place where the child/youth is comfortable and discuss the following in a way that is trauma-informed and does not blame the child/youth:
    - Why the child/youth left, including if any of the following were contributing factors:
        - the physical resource and home environment;
        - the caregiver;
        - the child/youth's worker
    - What happened while they were missing, who they were with and if they had any concerns about their safety while they were missing.
    - What could be done differently to prevent the child/youth from going missing again.
- Reassess a child/youth's placement needs when they identify that their placement or relationship with their caregiver was a contributing factor as to why they went missing.
- Consider alternative short-term arrangements and/or long-term arrangements for the child/youth if they are unwilling to return to their placement after they are no longer missing, when possible.
- Ensure that the child/youth's Indigenous community is consulted and involved in any discussions the child/youth's worker has with the child/youth and that the Indigenous community is able to speak with and/or meet with the child/youth privately.
- Develop a plan with the child/youth's Care Circle or Team including their caregiver and relevant service providers, to address identified needs and offer resources and services to help prevent the child/youth from going missing again.
- Ensure that the child/youth's Indigenous community is involved and consulted with in the development of the plan. The plan must include:
    - Addressing any known root causes as to why the child/youth went missing.
    - Whether the caregiver should call the child/youth's worker or PCS and select option 1 for the immediate queue or select option 2 for all other child protection reports or support services if a similar situation occurs.
    - If there are no immediate health or safety concerns, that the caregiver should contact the child/youth's worker or PCS to determine next steps and if police/RCMP involvement is needed to search for the missing child/youth.
    - That the caregiver should call police/RCMP if they believe a

child/youth's health or safety is in immediate danger and then contact the child/youth's worker or PCS (select option 1 for the immediate queue) to inform them that the police/RCMP were contacted.
    - If the child/youth's general whereabouts or location becomes known, but the child/youth's health or safety is still considered to be in immediate danger, contact with the police/RCMP should clarify that the purpose of involving police is not to search for a missing child/youth but more specifically:
        - to conduct a wellness check or,
        - to keep the peace if the caregiver is visiting an unsafe environment to pick-up the child/youth.
    - Any additional prudent and responsible parenting actions that must be taken.
    - Maintaining or improving the child/youth's relationship with their caregiver.
    - Maintaining or improving the child/youth's relationship with their worker.
    - Strengthening the child/youth's connection to their family, community and culture.
- The child/youth's worker provides a copy of the plan to the caregiver. The plan is provided to the child/youth and Care Circle or Team members if requested.

When a child/youth is located and does not return to their current placement (No longer missing)

- The child/youth's worker makes efforts to contact the child/youth, and see them in person, if possible, to meaningfully engage and speak with them and understand/assess their situation until the child/youth has returned to their placement.
- The child/youth's Indigenous community is informed when a child/youth is no longer missing and unwilling to return to their current placement. Consult and cooperate with the Indigenous community on an ongoing basis about efforts made to see the child/youth in person and address any identified concerns.
- Ensure that alternative placements or arrangements, both short-term and long term, have been considered for the child/youth if they do not wish to return to their resource after they are no longer missing, when possible.
- Consult and work collaboratively with the resource worker for the child/youth's placement.

Appendix 2 Key Elements of Training for Caregivers in the Use of Physical Restraint

Physical restraint should be used by caregivers who have received appropriate training and skill development in the safe use of physical restraint when protecting a child, youth or others from immediate physical harm, or as an extraordinary measure approved of by ‘a designated director’ and outlined in the child or youth’s care plan. Caregivers are encouraged to consult with the provincial office of the British Columbia Federation of Foster Parent Associations (BCFFPA) regarding the relevance and reliability of a training approach and its suitability to the care currently provided to children. A training "provider" should offer initial and ongoing training for caregivers including refresher courses at a minimum of six-month intervals. Training providers should also offer access to a resource information library, consultation, and easy access to training events. Appropriate training should include, but is not limited to the following key elements:

1. Prevention

- training must equip caregivers with the information they need to effectively assess the safety risks within the home and daily living environment and have a major focus on how to prevent emergency situations from arising;
- training must provide caregivers with the skills necessary to recognize a crisis quickly and intervene most effectively;
- opportunity must be provided for caregivers to explore attitudes, style and beliefs which can influence how a caregiver responds;
- training must offer practical do's and don'ts both to safeguard the physical environment and for making a plan ahead of time for safely responding to a child at risk of immediate physical harm.

2. Crisis Management

- training must offer caregivers several options for quickly establishing safety for a child when harm is imminent;
- approach must consider the various needs and ages of children who may require intervention;
- training must be able to describe to the caregiver what they can do before, during, and after a crisis occurs.

3. Physical Restraint Methods

- training must offer a number of options for safely restraining a child when harm is imminent;
- these methods must show a range of ways to safely intervene, from the least intrusive to the most restrictive non-harmful way to physically restrain

a child. In this way, the approach can be matched with the type of crisis situation encountered;
- training must include a practical list of do's and don'ts for when, how and where to use techniques;
- training must also demonstrate and include the differences and correct use of both one- and two-person restraints;
- the approach must be flexible and considerate of the different needs, ages and size of the child being protected from harm;
- guidelines must also include how to release and ensure the continued safety of the child and others affected by the event when the risk of harm has passed.

4. Guidelines

- training must discuss the need for debriefing the event and give suggestions to caregiver for how to do this with the child and others affected or needing to know;
- there must be discussion about how to effectively record what took place so that evaluation and planning can help to safeguard against future episodes;
- training must assist caregivers in making a plan ahead of time for how to respond when a child is in immediate physical danger.

5. Approach

Training approach must provide face-to-face instruction for caregivers and include opportunities to role play and learn skills experientially. Such an approach will reduce likelihood of injury for a child, caregiver or others and will further strengthen prevention skills.

- For more information about the use of restraint, refer to Policy 5.12: Restraint and Seclusion Regarding Children and Youth in Care.

Appendix 3 The Care Plan

The child's guardianship social worker is responsible for ensuring:

- that a written, individualized, care plan is in place within thirty days of the decision to bring the child into care; and
- that the care plan is reviewed and updated within three months after the initial plan is developed and every six months thereafter while the child is in care or more frequently if specified in care plan or if circumstances arise that make a review necessary.

The care plan is developed in partnership with the caregiver, the child and other involved and appropriate persons.

The care plan includes:

- information that identifies the child (name, date of birth);
- the overall goal for the child;
- assessment of the current status of the child's:
    - health;
    - education
    - identity;
    - family and social relationships;
    - social presentation;
    - emotional and behavioural development;
    - self-care skills;
- for each of the dimensions above the following is noted:
    - current functioning;
    - work required;
    - desired outcomes;
    - person(s) responsible;
    - target date;
    - date completed;
    - comments;
- the views and signature of the child, the caregiver, the child's social worker, the child's parent (if appropriate) and any other appropriate planning participants; and
- a schedule for the review of the plan.

Appendix 4 Social and Recreational Activities for Children and Youth in Care: Signing Permission Forms

Research has shown that hobbies, sports activities and other recreational and social activities are important in promoting skills and interests that enhance the child/youth's cognitive, social and physical development, and can lead to a sense of accomplishment and competence. Social and recreational activities can include lessons, clubs, camps, hobbies, sports, artistic pursuits and activities organized by a school, club, association, or a geographical, cultural or religious community.

Children and youth in care have the right under Section 70 of the CFCSA to participate in social and recreational activities if available and appropriate and according to their abilities and interests.

Signing Permission Forms for routine school activities:

Note: *Guardianship workers are no longer required to send Indemnity forms to the Risk Management Branch of the Ministry of Finance for approval.*

- Caregivers sign required permission forms allowing the child/youth to participate in routine school activities, including forms that include waivers and indemnities, unless
  - the activity is considered to be a high risk activity (see information below),
  - the activity is potentially inappropriate for the particular child/youth, and/or
  - the caregiver has concerns about signing a form.

- If the caregiver does not sign a required permission form to permit a child to participate in routine school activities, the caregiver must bring the form to the attention of the child's/youth's guardianship worker as soon as possible so that they can determine whether to sign the form prior to the activity taking place.

Note: *Caregivers are insured against liability under the Master Insurance Program, and section 101 of the Child, Family and Community Service Act that states that no person, including foster parents, are personally liable for anything done or omitted in good faith in exercising a duty or function under the Act.*

- Parental consent may be needed for a child or youth in care under a Voluntary Care Agreement or a Special Needs Agreement depending upon the terms of the Agreement.

- Parental consent respecting a child or youth in care under an Interim or Temporary Custody Order may be needed if the Provincial Court has ordered, as permitted under s. 47(3) of the CFCSA, that the parent retains the ability to make necessary decisions about the child's education and religious upbringing (This is an unusual circumstance.)
- Guardianship workers advise caregivers of situations when parental consent is required.
- See table below for a summary of who has authority to sign permission forms:

Legal Status	**Routine School, Social/ Recreational Activities**	**High Risk Activities**
In care by agreement (VCA, SNA)	Caregiver (unless parent retains this responsibility under the agreement)	Guardianship worker (unless parent retains this responsibility under the agreement)
Removal	Caregiver	Guardianship worker, but should involve parent wherever possible
Interim and Temporary Custody of the Director (TCO)	Caregiver	Guardianship worker
Continuing Custody of the Director (CCO)	Caregiver	Guardianship worker
Out of Care order or agreement (EFP)	Out-of-care care provider	Out-of-care care provider

- Before signing permission forms, including waivers and indemnities, caregivers and guardianship workers consider:
    - The level of risk of the activity;
    - Congruency with the child/youth's care plan;
    - The child's or youth's views, ability to participate and interest in the activity;
    - The quality and nature of the supervision;
    - Whether the activity will help support the positive development of the child/youth's cultural identity;
    - How the activity fits in with other scheduled activities and daily routines in the child/youth's life;
    - Whether the activity may interfere with family relationships and contact with family members with the child or youth;
    - Transportation requirements to and from the activity and the ability of the caregiver to meet those requirements, if required;
    - The cost of the activity and availability of funding;
    - Recommendations for safety relating to each sport or activity the child/youth participates in including:

  - Canada Safety Council recommendations on a variety of sporting and leisure activities;
  - RCMP requirements in Firearm Users Younger than 18; and
  - Provincial information on Off-Road Vehicle Safety.
- If the child or youth has the necessary equipment to safeguard against accidents or injuries.
- If the child or youth has the necessary qualifications or licenses required for the activity, and if the child or youth will receive proper instruction if they have not participated in the activity previously.
- If the child or youth knows what to do in an emergency.

Appendix 5 Potential Hazards and/or Safety Concerns in the Physical Environment of the Foster Home

- A hazard is something that could potentially physically harm or have an adverse physical effect on a child/youth.
- When assessing the safety of the physical environment of your home, you may want to consider the following, non-exhaustive list of potential hazards:
  - **Water-based hazards** such as swimming pools, hot tubs, spas, jacuzzies, wading and inflatable pools, aquariums, ponds, wells, lakes, rivers, creeks, streams etc.
  - **Fire and burn hazards** such as wood burning stoves, fireplaces and firepits etc.
  - **Physical hazards** such as a drop in height, uncovered maintenance holes or septic tanks, uneven or loose terrain, exposed nails, broken glass, loose wires, building materials, heavy machinery etc.
  - **Substance hazards** such as cannabis, toxic substances, medications etc.
- Other safety concerns may include **weapons/firearms** such as knives, blades, axes, and guns of any kind.
- As per standard E.2.21 firearms must be stored in accordance with federal legislation and regulations, including the following requirements:
  a) the firearm is unloaded;
  b) the firearm is rendered inoperable by removing the bolt or installing a trigger lock; and
  c) ammunition and firing mechanisms are stored separately from the firearm in securely locked containers or cabinets.
- If you identify any hazards in the physical environment of the home, work with the child/youth's resource worker to develop and implement strategies to mitigate any risks.
- Continue to monitor any potential hazards in the physical environment. If there is a change of circumstances or new hazards become present in the physical environment of your home following the placement of a child/youth, inform the resource worker and work with them to develop and implement strategies to mitigate any risks.