

# **Practice Guideline**

## **Children in Out of Care**

### **90-day visits**



Ministry of  
Children and Family  
Development

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Visitation of children and youth in Extended Family Program (EFP), interim out of care and temporary out of care arrangements is an important part of ensuring safety, promoting wellness, and supporting planning. In person interaction allows children/youth's views and wishes to be heard, in a manner appropriate to their age and developmental abilities, as well as observation of their physical appearance, behaviour and their home environment. It also provides opportunity to assess and address the support needs of both the child/youth and the caregiver.

While responsibility for the safety and support of children/youth in EFP, interim and temporary OOC rests with the assigned delegated worker, in person visits for children/youth in OOC arrangements can be conducted by delegated or non-delegated staff or trusted community professionals.

Staff who conduct visits with children/youth in EFP, interim and temporary OOC could include:

- SPO 24 workers with C3 to C6 delegation or class of delegation
- SPO 21 – Child, Youth and Family Service Support Workers
- SPO Assistants
- Youth Probation Officer or Child and Youth Mental Health Clinician
- Other staff with delegation, class of delegation or no delegation

Trusted community professionals could include:

- Individuals contracted by MCFD
- Social workers or social service staff working in Indigenous communities or agencies
- Public health professionals
- School personnel
- Other trusted community professionals

In deciding who is most appropriate to conduct the visit, it is important to have an assessment of the child/youths' circumstances and needs as well as the circumstances and needs of the caregiver. When possible, the person doing the visit should be known to the child/youth and have a pre-existing relationship with them. Team Leaders should use professional, clinical judgement in determining who should conduct the in person visit in accordance with the following considerations:

- Age and vulnerability of the child/youth
- Visibility of child/youth (e.g. are they in daycare, community recreation programs, school, etc.)
- Support needs of the child/youth
- Developmental, physical, emotional and medical needs of the child/youth
- Relationship with the child/youth
- Care provider circumstances (e.g. number of other children in the home, need for support, level of experience, other concerns)
- Care provider assessment (e.g. was mitigation required)
- Family circumstances
- Overall complexity of the child and family matter
- Operational availability of staff

Only delegated workers can make decisions under the CFCSA, so it is essential that analysis and decision-making regarding children/youth is done by an appropriately delegated worker. If complexities or

intervention is anticipated in a visit, a delegated worker should attend. If visits are conducted by staff with partial delegation or no delegation or by trusted community professionals, the information from the visit must be assessed and actioned by the worker with responsibility for the child and family matter and appropriately documented in ICM. As in any situation, there is a duty to report immediately if an individual has any reason to believe that any child needs protection under section 13.

To support practice, an OOC Visit Documentation form has been created to ensure accurate information and timely documentation when the person conducting the visit is a community professional or an MCFD staff with no access to ICM (e.g. a youth probation officer or CYMH clinician). This form does not replace required documentation in ICM.