

2017



# THE FOSTER CARE HANDBOOK

A guide for caregivers

# The Foster Care Handbook

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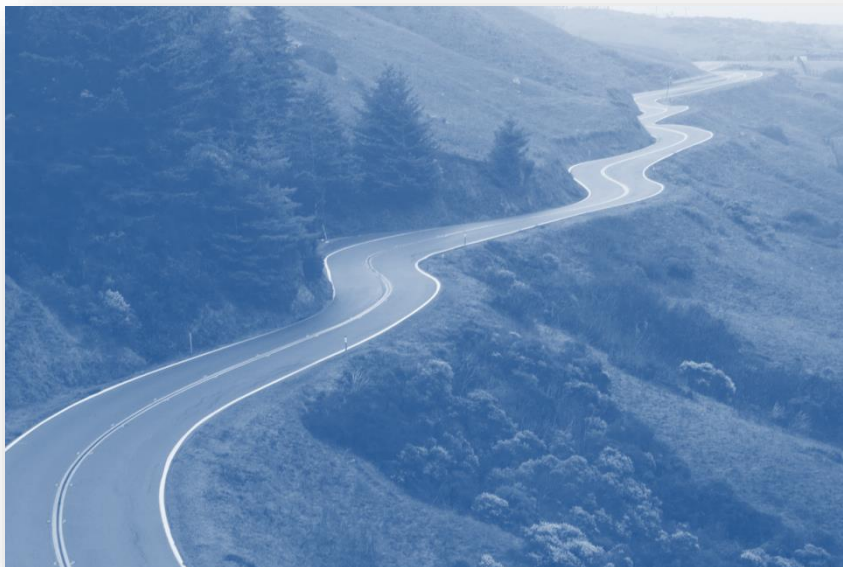
## Introduction

The Foster Care Handbook is a guide to commonly asked questions about foster care. It is an information resource on practical everyday issues. The Handbook is also a source of information about how caseworkers make decisions and about how children end up in care.

The sections provide an overview of foster care, highlighting the responsibilities of the caregiver family, gives information on foster care support, explains policy, and provides facts and material on other program areas. The various subsections give the caregiver family an opportunity to learn about their roles and how to work with the system to provide the best possible care for children living in their homes.

The aim is to help all those involved in caregiving to understand and appreciate the essential contributions made by foster parents and ministry staff. This handbook demonstrates the team effort involved in planning, placing, and caring for a child in the care and custody of the director.

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*Let this handbook help you on your fostering journey.*

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## Definitions

| Term               | Definition   |
|--------------------|--|
| Aboriginal         | Includes First Nations, Metis and Inuit people of Canada   |
| CFS                | Child and Family Services region   |
| Child              | A person under the age of 18 years of age, and includes a youth unless otherwise specified.  |
| Custody            | Having care, control (physical residence, etc.) and maintenance of the child.  |
| DFNA               | Delegated First Nations Agencies, which may be a single Band or group of Bands   |
| Director           | A general reference to staff (e.g. caseworkers, casework supervisors, managers, etc.) who are delegated under the Act to deliver mandated services on behalf of the statutory Director   |
| Guardian           | A guardian is the person who is responsible for the care, maintenance, and well-being of the child. Typically, a child's guardian(s) are the mother and/or the father. However, any other individual may be appointed a child's guardian by way of a Court order or agreement.   |
| Permanency         | The objective is for every child to be a wanted and valued member of a family unit, and to live in an environment with nurturing caregivers who will support the child through a successful transition into adulthood, and who are prepared to facilitate the establishment and/or maintenance of life long positive relationships. The goal of permanency planning is to cultivate a sense of belonging and wellbeing for each child receiving services under the <i>Child, Youth and Family Enhancement Act</i> . A successful permanency outcome is one that builds on stability, attachment and belonging for the child. |
| Practice           | The professional method in which caseworkers work with a family, utilizing practical and academic knowledge.   |
| Statutory Director | The Director of the Child, Youth and Family Enhancement Act. The Director determines which services are delegated to DFNAs, CFSs and directors in the Province.  |
| Youth              | A child is who 16 years of age or older  |

# The Groundwork

## The Child, Youth and Family Enhancement Act

### The Enhancement Act

*The Child, Youth and Family Enhancement Act* (CYFEA or Enhancement Act) is the legal authority for providing intervention services to children, youth and families in Alberta. Caseworkers use this information to make many of their decisions.

The Enhancement Act includes '*Matters to be Considered*' to guide caseworkers in their practice with families and children. The Enhancement Act stresses the importance of the family. It provides for support services to families to ensure that a child will only be removed from home if other, less disruptive measures are not sufficient to protect the child. The Enhancement Act specifies the circumstances under which a child may be in need of intervention.

### The Role of the Foster Parent

The goals of the Foster Care Program reflect the philosophy of the Enhancement Act. A foster family is a temporary placement for a child who cannot remain with his or her own family due to safety concerns. The supportive atmosphere of a caregiver home assists a child in developing healthy self-esteem, assisting in meeting children's social, emotional and physical needs, and offers positive role models on which a child can pattern values and behaviour.

The goal is to return a child to his or her own family as soon as possible. Where this is not feasible, alternate permanent homes for the child are sought. These can include placement with a relative, private guardianship, or adoption. This is called permanency planning.

Planning for a child is a team effort. The team includes the child, the natural family, the foster or kinship family, the caseworker, band designate and other involved parties. Foster care goals can be successfully met when everyone works in partnership.



Province of Alberta

## CHILD, YOUTH AND FAMILY ENHANCEMENT ACT

Revised Statutes of Alberta 2000

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## The Children First Act

### What you need to know:

- *The Children First Act* received partial proclamation January 1, 2014. This created an amendment to the *Child, Youth and Family Enhancement Act* which enables a PGO child's former guardian to apply to the court to terminate the permanent guardianship order.
- Should a former guardian apply and the judge decides to hear the case in court, there is no way to predict if the former guardians will be successful in their application.
- There is no immediate need for concern, however if the former guardian of the child in an adoptive or private guardianship home should file an application, the adoptive or private guardianship family will be notified immediately and the following steps will be taken:
  - The Director will make a referral to the Office of the Child and Youth Advocate to request advocacy services and legal representation (LRCY) for the child.
  - A caseworker will assess the former guardians' circumstances to determine their ability to resume guardianship and parenting of the child, taking into account their history, the child's needs, and the permanency plan for the child.
  - If a Review of Permanent Guardianship Order Notice and Application by a former Guardian to terminate a permanent guardianship order is filed in court the application for adoption or private guardianship for the child will be adjourned until the former guardians' application is heard.

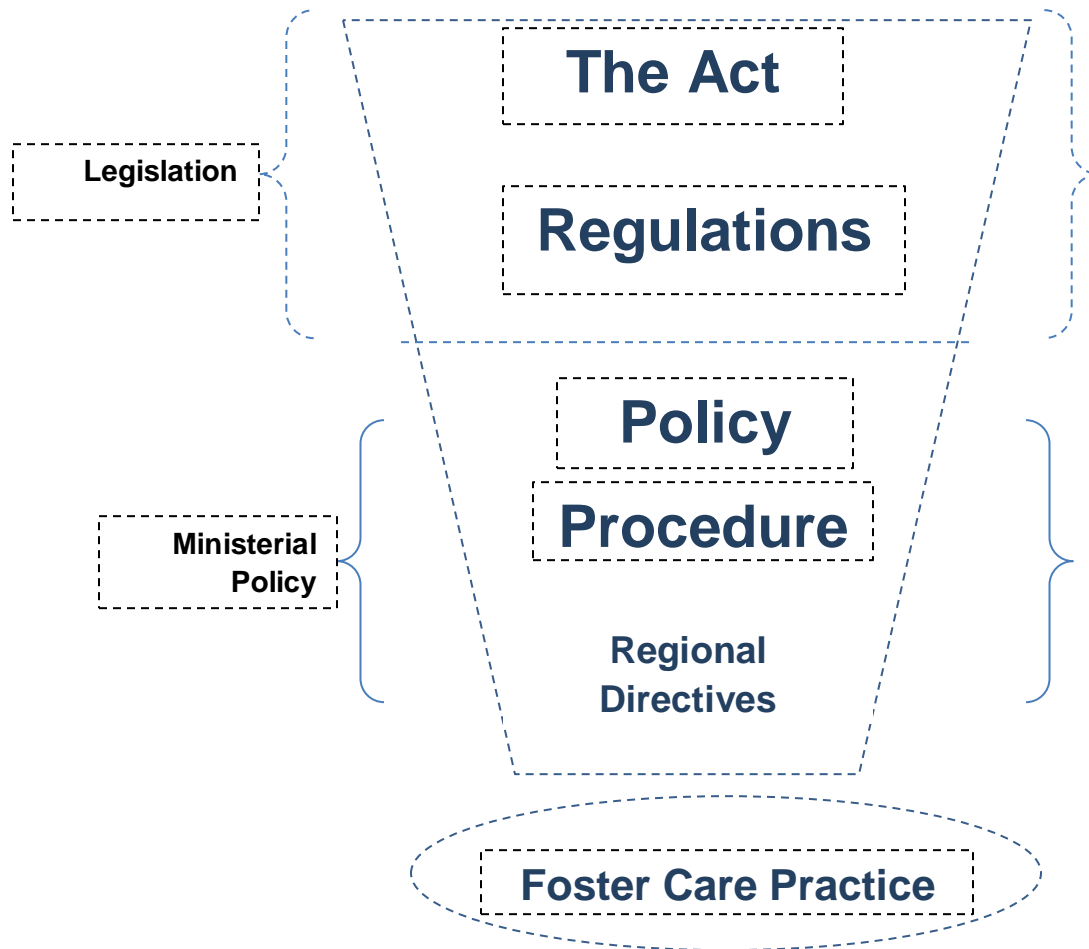
Although this portion of the Act may rarely be used; it is important that families understand the possibility that this legislation raises.



## Legislation and the Foster Parent

The role of a professional foster parent is guided by legislation that is in the place to enshrine an approach to enhance the lives of children, youth and families. This legislation is supported by Regulation and Policy.

Law or “**Legislation**” is passed in the Alberta Legislature and creates a legal obligation to act according to the principles outlined. The Enhancement Act is legislation.



**Regulations** set out the rules within the legislations that must be followed and requires a parliamentary process to change. For example, the ‘Supports for Permanency Program’ is in Regulations and requires parliamentary processes for any changes.

**Policies** are additional requirements that govern practice and provide the boundaries that must be followed by caseworkers and others, including foster parents. These are developed and revised as needed by Child and Youth Services.

**Procedures** are the way that policies are practiced. They are the steps that are taken to make sure that policy is followed.

Each CFS Region may have its own regional directives, policy and practice, depending on the different needs of the children and families. Regional policy doesn't change provincial policy, but meets the needs of those in their own regions.

Caregivers are responsible for practicing (following the procedures) of the Agency and Region that they are in. Those policies are put in place to keep children and families safe. Legislation, Regulations, Policy and Procedures and the input from the foster parent, CFS or DFNA all go into foster care practice.

## Coming into Care

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### Human Services

Human Services' mission is to assist Albertans in creating the conditions for safe and supportive homes, communities and workplaces so they have opportunities to realize potential. Its core business is to work collaboratively with community partners to deliver citizen-centered programs that serve and improve quality of life for Albertans.

Services to children, youth and families are provided by 8 Child & Family Service Regions and 17 Delegated First Nations Agencies (DFNAs). Each CFS Region and DFNA has a Director to whom the Minister delegates responsibility for the care of children who need intervention services. Each Director, in turn, delegates specific responsibilities to managers, supervisors, caseworkers, foster families and others.

### When does a child come into care?

A caseworker from a CFS or DFNA becomes involved with a family when:

- The family seeks help because of difficulty protecting or caring for their child, or
- A member of the community reports his or her concern about a child's safety or well-being.

After meeting with the family and assessing the child and family's needs, the caseworker makes recommendations about further involvement with the family. The child is removed from the family only when all reasonable attempts to protect and meet the child's needs within the family have failed or when the child's safety is threatened.

## Child Intervention Practice Framework

In 2012, work began on a new project that would provide the model called the Child Intervention Practice Framework (CIPF). Data was collected and analyzed that indicated:

- The primary reason that children are involved with the child intervention system is neglect and exposure to family violence.
- 15% of cases involve allegations of severe physical or sexual abuse and injury.
- As such, there is a need to evaluate whether there is **severe and imminent risk** to a child or a **chronic need for support** – this is critical for decision making and service provision.



Children should not be coming into care unless there is severe and imminent risk and removal is necessary to protect their safety. Chronic need for support can usually be addressed while the child resides at home.

The Child Intervention Practice Framework is a set of principles and core elements of leading practice to guide efforts in the child intervention system. The framework supports an environment where family strengths are recognized, and children and youth are respected and supported. The six principles to govern practice are:

### Aboriginal Experience

First Nations, Métis and Inuit people have always had ways of ensuring that vulnerable members, including children, are safe and protected. This is honoured this by recognizing expertise in matters concerning Aboriginal children, youth and families.

### Preserve Family

We believe children and youth should be safe, healthy and live with their families; therefore we focus on preserving and reuniting families and building on the capacity of extended family and communities to support children, youth and families.

### Strengths Based

Our approach is reflective, culturally responsive and strengths-based. Because all families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process for them and their children.

### Connection

Children and youth are supported to maintain relationships that are important to them, be connected to their own culture, practice their religious beliefs and, for those with involvement, have a plan for their care where they are included in the decision-making process.

## Collaboration

We are child-focused and family-centred. We collaborate with families, community agencies and other stakeholders in building positive, respectful partnerships across integrated multidisciplinary teams and providing individualized, flexible and timely services to support these efforts.

## Continuous Improvement

Our casework is transparent and we share information appropriately. Our approach is outcome-oriented and evidence-based; therefore, we support innovative practice, evaluate our performance and strive for continuous improvement.



## Foundations of Caregiver Support

The purpose of the Foundations of Caregiver Support is to provide a base from which to develop caregivers' capacity to improve positive outcomes for infants, children and youth. It builds upon:

- **Child Intervention Practice Framework**, which sets the principles, outcomes and priorities for providing supports and services to infants, children, youth and families who are at risk of or need intervention.
- **Signs of Safety** is an integrated approach for doing child protection work which includes principles and tools for engaging and protecting children.
- **Prevention and Early Intervention Framework** provides guidelines for establishing a continuum of evidence-informed prevention and early intervention services.

It also recognizes and builds on the abilities and strengths, including cultural and family strengths of infants, children and youth.

## Vision

Our vision for infants, children and youth involved with CFS is that they are nurtured by empathic, responsive caregivers who accept them as they are, respond to them in a developmentally appropriate manner, interpret their behaviour through a trauma informed lens



and have an appreciation for the impact of grief and loss. We recognize that Aboriginal infants, children and youth have a unique identity and culturally connected needs that must be supported by the adults in their lives.

## Core Story

The Core Story basically explains how important brain development is in infants and children. Learning how important infant and childhood experiences, or lack of experiences, impact brain development.

The Core Story sets the stage for behaviour, learning and how a person functions throughout their life.

## Loss and Grief

Loss is produced by an event which is perceived to be negative by the individuals involved and results in long-term changes to one's social situations, relationships, or thinking.

The loss experience is unique for each child and youth. The child's loss experience may also be compounded by the event that caused the loss. Adults may not be able to predict the various types of responses the child may have to specific traumatic events. Of significant importance is the level of trauma associated with the loss, and the child's previous experiences and developmental capacity. Significant loss has the potential to threaten a child's sense of identity, safety, mastery and control.

Grief is:

- A normal response to loss
- The means for healing
- A private experience unique to each individual
- Children grieve differently from adults
- Depends on developmental stages, capacities and experiences which create complex profiles for each child's grief journey
- Does not happen in clearly defined stages
- Something that may come and go in a child's life and re-emerge in new developmental stages and in new relationship experiences.

Infants, children and youth experience loss or even multiple losses when they come into care. Loss may be caused by the disruption of their natural relationships and of regular and familiar routines, and by a change of environment. Some children also experience multiple families and homes while in care, with no certain stability. Although alternate care is meant to provide safety for children, the child's perception is that foster or kinship care is a change resulting in an unsafe feeling.

Sensitive and informed caregivers can support infants, children and youth as they progress through the grieving process by understanding and perceiving the child's needs based on their development and experiences.

Caregivers who understand the grieving processes in childhood and adolescence are more likely to accurately interpret the infant, child or youth's behaviours and as such, be able to respond to their needs as they grieve the loss.

To adequately mourn the loss of a relationship, children need to feel:

- safe
- comprehend what has happened to them
- know where they are going
- how they will get there
- know where they belong

## Child Development

A caregiver's ability to respond to the needs of children in a developmentally appropriate manner is critical to their well-being. This is especially true for infants, children or youth whose development may already be compromised due to trauma

Having knowledge of age-stage appropriate developmental expectations will enable caregivers to interact with and provide experiences for children of all ages and therefore promote healthy attachments, physical and intellectual development, and social and emotional health.

The earlier we intervene in the care of infants, children and youth who have experienced maltreatment, the greater the impact and ease in facilitating healthy brain development. Consistent and supportive caregiving has the potential to prevent, or at a minimum, mitigate the harmful effects of adverse childhood experiences.

## Trauma

Trauma occurs as a result of an intense event that threatens the safety or security of an infant, child or youth. Trauma may also result from prenatal stress, for example, fetal alcohol exposure, or a brain injury. Prolonged exposure to traumatic events can lead to toxic stress for a child, which changes the child's brain development; sensitizes the child to further stress; leads to heightened activity levels; and affects future learning and concentration. Most importantly, trauma impairs the child's ability to trust and relate to others. As a result of these changes in brain development, children act differently and their social interactions, ability to learn and care for themselves are impacted.

## Aboriginal Trauma

The impact of trauma resulting from many generations of colonial practices including residential schools and the 60's scoop continues to be evident in many Aboriginal communities and individuals.

Historical trauma is accompanied by unresolved or prolonged grief over the losses associated with the trauma – grief that has not yet been expressed, acknowledged, or resolved. Like trauma, unresolved grief can span across generations.

Among the many impacts of residential schools was the disconnection of children and parents

and deprived mother, father, grandmothers, grandfathers, uncles, and aunties from meaningful roles in the lives of their children. The loss of language meant the loss of ability to communicate across generations and cultural pride disappeared as children internalized the negative messages of the larger society. Children in residential schools were not exposed to healthy parenting from either a Western or an Indigenous perspective. In subsequent generations, there are increasingly poor outcomes for the children of parents who struggle with poor mental health, limited parenting skills and who are highly vulnerable to stressors due to their own abuse experiences.

This is the transgenerational nature of these events – as these children began to have children of their own, they impact subsequent generations – until healing, and grieving, can take place. The Foundations of Caregiver Support provides the framework to start this healing.

# Legal Matters and You

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## Agreements and Court Ordered Status

In order for a child and family to receive help from a CFS or DFNA, the child must first be identified as a child in need of intervention as defined by the Enhancement Act. The caseworker may then sign an Agreement with the child or family or apply to court for an order. The Agreement or order describes the child's legal status. There are several different agreements or orders that can be put in place depending on the needs of the child and his or her family.

There are two avenues in which a family may obtain services once a child is deemed to be in need of intervention under the Enhancement Act: enhancement services or protection services.

## Enhancement Services

### Family Enhancement Agreement (FEA)

If parents are willing and able, services can be provided through a voluntary Family Enhancement Agreement so their child can remain at home. Intervention services such as parenting courses, homemaking, or counselling may be provided to the family while the child remains at home.

### Enhancement Agreement with Youth (EAY)

In some cases, a voluntary Enhancement Agreement with Youth may be signed with a child 16 years-of-age or older. Enhancement agreements with youth include a plan that outlines tasks and goals for the youth and his or her caregivers.

The plan also covers issues such as access, financial and medical contributions, and which decisions may be delegated through the caseworker.

## Protection Services

If a child is in need of intervention, but they cannot be protected by Enhancement services and their safety is compromised, then protection services must be provided. In some cases the biological parents of the child may be willing to sign an Agreement while in other cases a court order will be pursued.

### Custody Agreement with Guardian (CAG)

In a custody agreement with guardian, the biological parents agree that to meet the child's needs, the child should be temporarily placed out of their home. The parents continue their role as guardians and they are actively involved in planning for their child. They are responsible for all guardianship decisions, including medical treatment, culture and schooling.

As a foster parent, you might notice that you will have to wait for the parents to provide clothing or that they will continue to take the child to medical appointments. Every situation is different, so good communication with the child's caseworker is very important.

### **Custody Agreement with Youth (CAY)**

In a custody agreement with youth, the youth must be living independently from their guardian and be capable of making decisions on their own behalf. No guardianship is transferred. The purpose is to allow the youth to live in a safe environment when they feel they would not be safe in other settings. The youth may live in a foster home or in a residential facility.

### **Apprehension Order and Safety Assessment/ Interim Custody Order (ICO)**

After an investigation determines that a child is at risk for abuse or neglect within their home and can't be protected, the caseworker may apply for an Apprehension Order. The child will usually be placed in temporary care. At times there is a change in circumstances regarding the child's safety and the child may be returned home within 2 days without any further Court proceedings.

If the child has not been returned home, the caseworker must appear in Court within 10 days, along with the parents and make an application for another court order with recommendations for the care arrangements for the child. At any court appearance, there is provision for the case to be adjourned. The adjournment must specify who has interim custody of the child until the case is heard again to determine guardianship. Reasons for adjournment include parents contesting, more time needed to have legal representation for the parents, or the child consented to adjournment for further case planning to occur to determine the best plan of care for the child.

As a foster parent, when you have a child who has been apprehended and is not yet under a guardianship order, this means that the biological parent of the child still has guardianship and that only custody has been transferred to Human Services. Caseworkers cannot make all decisions for children who are under an apprehension order as they do not have guardianship rights.

### **Temporary Guardianship Order (TGO)**

Under a Temporary Guardianship Order, the child is placed out of the home to ensure the child's needs are met. The parents may or may not agree with the TGO but are expected to work with the caseworker, foster family and other team members. The goal is to lower the safety risks and return the child home at the earliest possible time. The director of intervention is the joint guardian and shares in the responsibilities for the child with the parents and foster parents.

Temporary Guardianship Orders are specific in how long they are granted for as permanency for the child is critical. Cumulative time in care is counted and each time a child is in care that time is added to the time before. The total amount of time a child can spend in temporary care is:

- 15 months for a child under the age of 6
- 18 months for a child 6 years of age or older

The 15 and 18 month timelines do not mean that a child can only remain under a TGO for those time periods, but that at those points, an application for a Permanent Guardianship Order must be made. This can be a lengthy process and one that can be very frustrating for foster parents

awaiting permanency decisions for children in their homes.

### Permanent Guardianship Order (PGO)

A Permanent Guardianship Order is granted when the child cannot return home within a reasonable time and the child cannot live independently. In this case, the child is placed in the permanent care of the director of intervention who becomes the sole guardian of the child. The caseworker will seek a PGO if efforts to reunite a child with the natural family fail.

Children with PGO status may eventually be placed with extended family members or other individuals who will make long-term commitment under Private Guardianship; they may be placed with adoptive parents. As a foster family caring for a child moving towards a permanent home, you are asked to help everyone involved make the child's transition to a new family as easy as possible.

## STATUS FLOW CHART

|                    |                   |                   |                              |                              |                              |                |
|--------------------|-------------------|-------------------|------------------------------|------------------------------|------------------------------|----------------|
|                    |                   |                   |                              |                              | Adoption                     |                |
|                    |                   |                   |                              |                              | Foster Care                  |                |
|                    |                   |                   |                              |                              | Kinship Care                 |                |
| Family Enhancement | Supervision Order | Custody Agreement | Temporary Guardianship Order | Permanent Guardianship Order | Permanency Planning Adoption | Adoption Order |

## Other Orders or Agreements

### Supervision Order (SO)

If a child is in need of intervention but would be safe remaining in his or her own home under supervision, this may be the appropriate order. This order specifies the conditions on how a caseworker will supervise the home. The family is ordered by the court to meet certain conditions. Some children leaving a foster home may be returning to their homes with this status.

### Secure Services Order (SSO)

Secure services may be provided to a child who is receiving intervention services. Secure services are provided to high-risk children who are an immediate danger to him/herself or others and less intrusive measures are not adequate to reduce the danger. The child must meet certain criteria for this to happen. The child's placement will then be in a secure setting. A child who has received secure services may return to your care after receiving these services. You will be actively involved in the planning for this child to return to your care.

### Support and Financial Assistance Agreement (SFA)

When a child turns 16 years of age, he or she starts to develop a "Transition to Independence Plan" that outlines the education, expectations and services required to assist them in achieving independence. This plan is developed together with their caregiver and their caseworker. At the age of 18, the youth may choose to enter into a third party agreement with the foster family and the caseworker for an SFA so that the youth's needs can continue to be met.

An agreement can be signed with a youth over 18 years if on his or her 18th birthday the youth was a subject of a PGO, Temporary Guardianship Order (TGO), Custody Agreement, or an Enhancement Agreement with Youth.

### **Permanent Guardianship Agreement (PGA)**

Parents may decide to permanently give up their rights to a child under the age of six months. A child with this status who is placed in your home will not usually stay long, as most young children are easily placed for adoption. Efforts are made to place young children with their siblings if the siblings are in an adoptive home.

### **Private Guardianship Order (see also Supports for Permanency)**

Any adult who is committed to a long-term relationship with the child may seek a private guardianship order. The child may be under PGO or PGA status for a Private Guardianship Order to be granted. Usually the child will have lived with the adult for at least six months.

At times adoption is not possible for some children in care for various reasons; private guardianship can be a viable alternative.

### **Adoption Order (see also Supports for Permanency)**

The Court of Queen's Bench grants an adoption order that changes the guardianship of a child by law.

### **Legal Representation for a Child**

A lawyer can represent a child in a hearing before the courts. A foster parent, guardian or parents can access legal representation through Legal Aid if they meet the criteria. In addition, a judge may appoint a lawyer on behalf of a child. For more information, contact your child's caseworker.

### **Supports for Permanency (SFP)**

Families who either adopt or obtain private guardianship of children who have been the subject of a Permanent Guardianship Order are eligible to enroll in the Supports for Permanency Program if they reside in Canada. The following supports may be available, but each case will be negotiated separately and an agreement is signed.

- Basic maintenance rate available for a child in foster care
- Cost of 10 counselling sessions annually (if the child has behavioural or emotional problems)
- Cost of treatment for the child in a residential facility, satisfactory to a director, if the director is of the opinion that the placement of the child is likely to break down without the treatment
- \$70 weekly to purchase any additional services required to address the child's behavioural or emotional problem (i.e. tutoring etc.)
- In the case of a child who is a Registered First Nation's Band member, the cost of transportation of the child to the child's band for the purpose of maintaining cultural ties
- Cost of parental respite services to a maximum of 576 hours annually per family.

# Conflict Resolution

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If you disagree with a decision made by a caseworker, it is recommended that you discuss it with the caseworker. Remember, the focus is in the child's best interest and you and the caseworker should work together towards that goal.

When agreement cannot be reached about what is in the best interest of the child there are several alternatives for a review of the situation; however, foster families cannot appeal court orders through this review system.

## Alternative Dispute Resolution

If you are unable to reach an agreement with the caseworker, the next step is to meet with the caseworker, the supervisor and possibly the manager of the office. The information will be reviewed and an outcome will be determined.

By meeting with the involved parties, it is hoped that a more formal process can be avoided by having a full and open discussion of the issues.

## Administrative Review

In the event that the issue is still unresolved, any person who is affected by the decision may ask for an administrative review.

The decisions, which may be reviewed, are specified in the Enhancement Act. Ask the caseworker if you are unsure which decisions can be reviewed. If you decide to proceed with an administrative review, **you must complete and submit the required form within 30 days of receiving the decisions** in question from the caseworker. You can obtain the form from any CFS or DFNA office.

In most cases, a manager and one other employee from outside the office will carry out your review. The **review committee must let you know their decision within 15 calendar days** of your request. After the administrative review is complete, you have 30 days to appeal the decision to the appeal panel. The Enhancement Act stipulates that most decisions must first go through an administrative review, with exceptions that can be directly appealed.

## Appeals

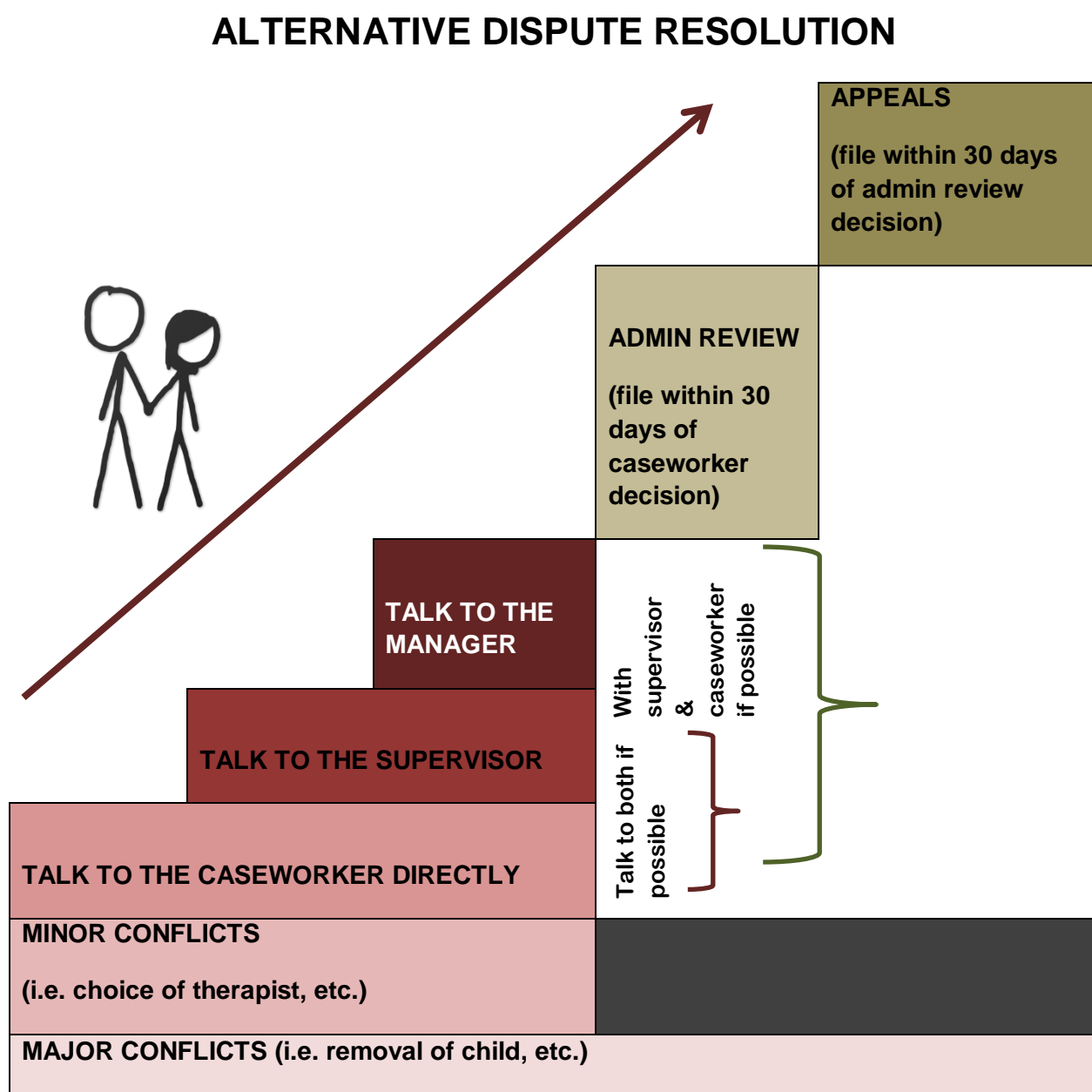
If you are still dissatisfied with the outcome, you may then choose to appeal. The decision of the director remains in effect until the appeal decision is made unless the decision is to move a child. If the decision involves placing or removing a child, the child is not moved before the appeal decision unless the child is at risk.

The appeal panel is the most formal method of appeal. Members of the appeal panel come from the general community and are not Children's Services staff. An appeal form is available at any CFS or DFNA office and must be completed for an appeal to proceed. The form gives notice and sets the appeal process in motion. CFS and DFNA staff are available to help complete the form.



The decision of the appeal panel can be appealed to the Court of Queen's Bench.

If you have any questions about an administrative review or appeal panel, please contact your caseworker who will direct you accordingly. You may also ask for advice from the AFPA.



### Office of the Child and Youth Advocate

The Office of the Child and Youth Advocate (OCYA) works to ensure that the views and interest of the children are heard and represented. The Child and Youth Advocate reports as an independent

officer to the Legislature under the new *Child and Youth Advocate Act*. Children in care, or foster or kinship parents who are concerned about them, should contact the Child and Youth Advocate if they feel that the views, rights, or interests of the child are not being represented or heard.

### Who can the Child and Youth Advocate help?

- Children under apprehension status,
- Children who are under agreements or court orders, and
- Children who are under agreements or court orders, within 30 days of the date of expiry of these documents.

### When do you make a referral to the Child and Youth Advocate?

- When you believe that a child's needs are not being met,
- When you believe that the child's rights are not protected,
- When you believe the child's viewpoint and interests are not considered in planning or in making decisions for the child, and
- When all important relevant information is not being considered.

### How do you make a referral to the Child and Youth Advocate?

Referrals can be made directly to the Child and Youth Advocate in person, by telephone, or in writing:

- Toll-free number: (800) 661-3446
- Southern Alberta: (403) 297-8435
- Northern Alberta: (780) 422-6056
- Website: <http://advocate.gov.ab.ca/home/index.cfm>

#### Offices are located in:

##### Edmonton

803 Peace Hills Trust Tower  
10011 109 Street  
Edmonton, AB T5J 3S8

##### Calgary

406 Hillhurst Professional Building  
301 14 Street NW  
Calgary, AB T2N 2A1



### What will the Child and Youth Advocate do with a referral?

The Advocate will gather all available information. The Enhancement Act provides the Advocate with full access to information. You may discuss all information with the Advocate and allow the Advocate access to the child.

The Advocate will attempt to resolve the matter.

When mutual agreements to resolve a problem cannot be obtained, a more formal means such as referral for an administrative review, referral to the appeal panel, or the court system may be pursued.

### Youth able to receive services from the OCYA

*The most important thing to know is that to receive services, the child must be a young person receiving services through the Child, Youth and Family Enhancement Act, the Protection of Sexually Exploited Children Act or the Youth Justice Act before the Advocate can get involved. If you are unsure, please **call and ask.***

## Alberta Foster Parent Association

### Vision

The Alberta Foster Parent Association, a non-profit charitable organization, provides support to foster and kinship families, advocates for the rights of children, educates the community about foster and kinship care, provides and arranges for training and social gatherings, and serves as a liaison between foster and kinship families and Alberta Child and Family Services.

### Mission

- To act as a collective voice and central resource for all licensed foster and kinship homes.
- To promote the concept and quality of fostering, adopting, and kinship care.
- To act as an advocate for foster and kinship homes through: education, support, and awareness of programs and services.
- To act in the development, administration and maintenance of programs for children in care of the Director of Alberta Human Services.

### Supports and Services

#### After Hours Support Line

After hours support line available evenings and weekends.

**1 – 800 – 667 - 2372**

**Or**

**780 – 905 - 1046**

#### Conflict Resolution Program

Offers support to foster and kinship families when they find themselves faced with a conflict they cannot resolve on their own.

#### F.A.S.T. (See section later on in manual)

Foster Allegations Support Team:

FAST offers support to foster and kinship families who are undergoing an investigation. Every foster and kinship parent has the right to representation by a FAST team member during an investigation (aka placement assessment).

#### Extended Property Insurance

Access to a plan designed specifically for foster families and a Rider Policy for damages caused by malicious intent by a child in care over \$10,000. (Not available for kinship parents.)

#### Legal Assistance Program

Financial assistance provided for foster and kinship families and their adult children when charged with a criminal offence under the Child, Youth and Family Enhancement Act against a child they have cared for or are caring for. Minor children are eligible for legal counsel through the normal Legal Aid program or by virtue of Section 11(2) of the *Young Offenders Act* and cannot access this program.

#### Online Support for Adoptive Families

The AFPA provides links to resources and helpful service providers for families looking to adopt a child in care.

### **Annual Training Conference & Awards Banquet**

Provides foster and kinship families with an opportunity to further develop their skills, as well as network with other foster and kinship families and social workers from across the province. Regionally selected foster families and workers are acknowledged for their outstanding service to children in care. Recipients are invited to attend the Awards Banquet at the AFPA Annual Training Conference.

### **Provincial Mentorship Program**

Offers mentor matching to foster and kinship families who are in need of advice or support from experienced Alberta foster and kinship parents.

### **Citation Awards Program**

We provide financial assistance, pins, and plaques to the various districts and regions recognizing long-term service of foster families across Alberta.

### **Foster Parent Training**

Work together with Human Services in developing and tracking foster parent training. The AFPA grant reimburses expenses for Orientation Training, Core Training, Supplemental Training, First Aid Training, Train the Trainer, training reference materials and interpretive services.

### **“The Bridge” Newsletter**

The AFPA's quarterly newsletter provides information to foster and kinship families regarding policy and procedure changes, foster care related issues and activities throughout the province.

### **AFPA Website**

The AFPA website lists all programs/services offered to foster and kinship families, links to helpful service providers and applicable resources. Kept up to date, this website also provides foster and kinship families with awareness of upcoming training in a variety of topics, through a variety of service providers.

<http://www.afpaonline.com>

### **Bursary Fund**

A minimum of two bursaries awarded annually. These funds are available to children who are currently or have lived in foster care as well as biological children of foster families who are members in good standing with the AFPA.

### **AFPA Brownell Children's Retreat**

A campground owned and maintained by the AFPA, provides opportunities for children's camps, aboriginal awareness training, training retreats, meeting retreats, family reunions, camping, and various other types of activities.

### **Location**

Alberta Foster Parent Association  
9750 – 35 Avenue  
Edmonton, Alberta  
T6E 6J6  
1 – 800 – 667 – 2372  
(780) 429 – 9923  
Email: [reception@afpaonline.com](mailto:reception@afpaonline.com)

## Regional Supports

Some CFS regions or DFNAs may have their own foster care newsletters, conferences, websites and support groups. Make sure to connect with your foster care caseworker to ensure that you are getting local information and support.

## Matching a Child to a Foster Family

When a child “comes into care” and needs a foster care placement, all efforts are made to match the child with a foster family. Foster homes are classified to reflect the level of training, skills and experience of the home. The classification also aids in matching children to the home.

Foster home classifications are:

- Level 1
- Level 2

The first step in matching is to decide which foster home classification a child needs. The Foster Care Placement Needs Scoring Chart is a guide that determines the classification level of the child. The child can then be matched to the appropriate home.

When a child is classified as Level 1, this does not mean that the child does not have any significant issues. A Level 1 classification covers a broad range of behaviours, disorders and special needs. As a foster parent, you may choose to remain at the Level 1 classification for the duration of your fostering lifetime.

A child that is classified as Level 2 has significantly higher needs than a Level 1 child, and requires a foster parent who has a great deal of experience and skill. As a Level 2 foster parent, you will have taken ALL the core level training as well as supplemental courses that would aid you in enhancing your skills.

## Placement Considerations

Regardless of the classification of the child and the classification of your home, the needs of the child are evaluated against the strengths of your home. Under the Matters of Be Considered in the CYEA, many things need to be thought through when deciding on the placement of a child with people who are not related to the child.

- **Culture.** Is your family a cultural match for the child? While approximately 70% of children coming into foster care are Aboriginal, there are also many other cultural groups represented. If you are not a cultural match, are you able to provide that child with access to their cultural group, language and history? Are you willing to learn and support the child in this area?
- **Religion.** Is your family a religious match for the child? If not, are you willing to accommodate and/or support the child in their religious practice?
- **Community and Social Connections.** Are you from the same community? If not, can

you provide access to the same community? To the same schools or recreational activities? To maintain social connections?

- **Family.** Are you able to accept the role that the child's family has in the child's life? How willing are you to transport children to visits? How willing are you to help the child maintain connections with their biological family? Parents? Siblings? Extended family?

## What to Expect When a Child is Placed in Your Home

Placements can occur in a variety of ways. A child may arrive suddenly after a crisis occurs in their biological family; the child may be coming from group care or another foster home. Where and how the child ends up in your home will affect how much information you may receive upon placement.

Little information may be available on children placed immediately after a crisis; however, you should have the child's name, birth date and a summary of the events that brought the child into foster care. In the days following placement, you will receive more information as it becomes available that will assist you in caring for the child.



Children being moved from group care or from another foster home will come with a great deal of information. Before the child is placed in your home, you will be given enough information to determine whether or not your family wants to accept the placement. This will also give you an opportunity to prepare for the child's arrival. If the child is old enough, he or she will also be consulted about the placement.

Whenever possible, pre-placement visits will be arranged by the caseworker. These visits are arranged so that the child becomes comfortable in your home. It makes the transition for the child easier and helps you get to know the child's routines, meet the previous caregivers and get to know the child before he or she moves in with you.

When there are siblings involved, you may also be asked if you are interested in taking them as placements or how you will be able to maintain contact with them. Contact between siblings is extremely important and these relationships must be nurtured throughout the time that children are in care and beyond.

## When a child is placed in your home, you should receive the following information:

- Delegation of Powers and Duties to a Child Care Giver, which should contain:
  - Child's name
  - Birth date
  - Alberta Personal Health Number
  - Alberta Children's Services Identification Number
- If the child is Aboriginal – Treaty /Registration Number OR Band affiliation (i.e. Does the child have the potential to be registered with a Band?) or information on whether the

child is Métis or Inuit,

- Concurrent Plan OR Transition to Independence Plan (for children 16 and over)
- Information about why the child is in care,
- School information,
- Health needs (e.g., allergies, formula, medication etc.),
- Summary of habits, possible problems and what behaviours to expect,
- Information about visits, telephone contact and your role in dealing with the child's family.

As a foster parent your observations are unique and very valuable. If you foster with an agency, you are required to keep a log and provide regular reports to the child's caseworker; if you foster for a CFS Region, you are only recommended to do so.

It is important to document facts and observations. You will always have to have keep a record of the child's health needs and annual medical, dental and optical appointments.

The written reports may be subpoenaed for court purposes, so please ensure that you record time and dates of the information. You must store all this information in a safe and secure manner to ensure confidentiality.

When the child arrives in your home, do not physically examine the child, but make note of any marks (e.g., Mongolian spots, birth marks), bruising, and/or head lice. Document this information and inform the child's caseworker immediately if you have concerns.

The concurrent plan or transition to independence plan for youth outlines the activities and goals for the child placed in your home. It also clarifies the roles, expectations and activities you, the child, the natural family and caseworkers must do to ensure the child is safe and secure.

### Things to Remember in the First Few Days

The first few days of placement are critical for a new child in your home. This is a time for all of you to get to know each other, but more importantly, a time to begin the assessment process of the child.



- **Book a medical within two (2) days of placement.** The caseworker will give you a Medical Form for the doctor to fill out and send in.
- **Book an optical exam.** This must be completed within 2 months of placement. For children between the ages of two and five, Canadian optometrists recommend that they have at least one eye exam, so ask your caseworker if you need to book one if you have a child in this age group.
- **Book a dental exam.** This must be completed within 2 months of placement. Dental issues are quite common, so having your child's teeth checked is important. If you have a very young child, check with your caseworker about having the exam done as the Canadian Dental Association recommends having the exam done by the age of one.
- **Do clothing inventory (if you are with an agency).** You may be provided with a form on which you can document all clothing that the child brings with them as well as what the child requires. It is a good idea not to throw anything away that comes with the child, regardless of fit or condition. Keep it and return it to the biological family either when



requested or when the child returns home.

- **Start a daily/monthly log on the child.** In it keep records of the child's routines, response to discipline, likes and dislikes, visit schedules, how they are adapting to your home, etc.
- **Register the child in school.** Unless the caseworker has made other arrangements, you are usually allowed to register the child in a school near your home. Give the school the name and phone number of the caseworker and the name of the previous school (if you have it), but they do not need to know details about why the child came into care. Prepare the child for school. Discuss what the child will tell others about why they are new to the school. Some children may want a "cover story" as you are taught in training, while others may not. You will also begin to develop a 'Success in School' plan to optimize the child's educational experience.

**Note:** If you have received the placement of an Aboriginal child, do NOT cut the child's hair without discussing this with the caseworker. Hair has a spiritual significance, particularly for boys so the caseworker will seek the parent's permission prior to allowing hair-cutting for boys and girls.

## Natural Family

Contact between the child and their natural/biological family is a critical part of the reunification plan. Every child has the right to have this contact nurtured and maintained. A foster family is considered to be a temporary alternative care solution while the natural family of the child attempts to resolve their issues and create a safe enough environment into which the child may hopefully return.

As a caregiver, you have a responsibility to nurture this contact. You must always speak positively or at least neutrally about the child's family to the child. Do not lie to the child, but never make negative judgmental statements about the child's family. Always be sensitive to the child's feelings as this is their family and thus is a part of the child.

## Contact can take many forms:

- **Communication books:** You make write notes back and forth with the parents through the use of a notebook. Pictures can be sent with the book. Regardless of what type of notes the parent may write, you must always maintain a positive and supportive tone. Copies of these notes can be provided to the caseworker.
- **Telephone contact:** You may be asked to facilitate telephone contact between the parents and the child. If this occurs, you may ask that this occur at a time of day that is convenient for your family and the child. You may be asked to monitor the calls to ensure that the content of the calls are appropriate. Document the time, the nature of the calls and your child's reaction to the calls. Document any missed calls.
- **Appointments/Special Occasions:** You may be asked to meet



with the parents at medical appointments, immunization appointments etc. This may seem intimidating at first, but can be a good time to slowly get to know the child's family in a non-threatening environment. By letting the parents take the lead at medical appointments, you reassure them that you are not taking their place, but are just trying to support them during a difficult time. This makes inviting them to birthday parties, or Christmas concerts easier and allows the child an opportunity to include his or her parents or extended family.

- **Visits:** You may be asked to drive your child to visits. During this time, you may meet the parents for short periods of time as you drop off or pick up the child. There may even come a time when you feel comfortable spending time with both the child and their family. Talk all this over with the child's caseworker and your foster care worker prior to agreeing to do so.
- **Sibling visits:** If your child is separated from his or her siblings, you will have to work with the other foster families to arrange sibling contact. It is important that siblings see each other on a regular basis. If family visits are not arranged, or are happening sporadically, it may be up to the foster families to arrange sibling contact through sleep-overs or multi-family picnics. Maintaining sibling connections has to be a priority for foster families.



Your involvement with the natural family is necessary to prepare the child for his or her transition home and to keep the child and family connected. The frequency and manner of contacts will vary according to the needs of those involved. By showing your support, your child will not feel like he or she has to choose between families.

You will work with the natural parents on matters that affect the child. Through role modelling and teaching, you will help the child and his or her parents to learn needed skills. You can help the natural parents by keeping them informed of their child's activities through notes, a journal, pictures, or verbal reports. Contact assists them in feeling part of their child's life and helps the child's adjustment back to his or her family. You should follow the direction of the caseworker in this regard.

The responsibilities of the natural family in areas such as finances, health care, and visits, are addressed in the Concurrent Plan, court orders, and agreements. The caseworker will advise you of the natural family's specific responsibilities.

## Disclosure of Abuse

This can be a difficult thing to hear for the caregiver. When you care about children this may be something you have to face. Remember that hearing these stories, believing the child and sharing this information is important to the healing and reconciliation for both the child and their family. Without this information the real issues cannot be dealt with and the family can never come together with real resolution. The child's safety always has to come first.

Here are the steps to remember when a child discloses:

### Step 1: Talk to the child privately

Take the child to a place where the two of you can be alone and have some privacy and not be interrupted. Stay away from places like bedrooms or bathrooms as these can sometimes be places that trigger a child.

If the child asks you not to tell anyone, do not agree. Tell the child that there are some things that you have to tell other people, depending on what they say. "Secrets" are generally things no adult should ask a child to keep, while "surprises" are usually happy things that are okay. Children, who have decided to open up and tell you something, will generally continue to tell you what they have decided to tell you, but if you lie and betray their trust, will be unforgiving.

### Step 2: Listen to the child

Use good listening skills. Accept what the child has to say and do not push the child for more than the child has to say. Do not ask questions. Tell the child you are glad that they told you.

### Step 3: Remain calm

You need to stay grounded and centered for the child. You may feel strong emotions rising inside you. Do not show anger or disgust. Try not to cry or be overly emotional. Children are very narcissistic and usually think that any emotions you show are directed at them and not at the person who hurt them or the acts committed.

Save your emotions for when the child is not around.

## Compassion Fatigue

Compassion fatigue is what you feel when you constantly hear second hand information about abuse or trauma. When a child discloses stories of abuse to you, it can have a devastating effect on you, even though you were not a part of the original story. It can affect your physical and emotional health.

Things you can do if you feel compassion fatigue:

- Take care of your physical health by getting enough sleep, eating enough and getting adequate exercise. See a doctor if you don't feel well.
- Don't isolate yourself. Talk to people you can trust. Keep information about the child confidential, but remember that there are people from the kinship or foster communities who have gone through similar situations who understand what you are going through.
- Practice self-care. Deep breathe – in through the nose and out through the mouth. Journal, draw, dance or sing. Try yoga or tai chi.
- See a therapist. You may even be able to see if your Kinship Support Plan can cover a few sessions for you and your family to get through the worst of it.

Compassion fatigue is often a part of being a caregiver. It is a real thing. Don't be afraid to ask for support.

#### **Step 4: Reassure the child**

Disclosing the abuse is often very stressful and the child may be distraught. Comfort the child and let the child know what you will do. Be very clear. Tell them exactly who you will share the information with, i.e. the caseworker, your spouse, the police, etc. Help the child understand that you are required to do that. Let the child know that you will be there for them and tell the child that is not their fault.

#### **Step 5: Record the child's statement**

Immediately after speaking with the child, sit down and write down exactly what you remember of the conversation. Do not talk to anyone first and do not call anyone – just sit down and write out the conversation exactly as you remember it. Sign and date it.

Memory is a very changeable thing. The moment that we start to talk about a memory, it starts to change, we start to add order to it, change details and embellish it. It's a natural part of how the brain works. It's very important to write down the first "story" your brain remembers.

#### **Step 6: Call the appropriate authority immediately**

You have a legal obligation to report abuse immediately if it is a new disclosure. Other types of abuse may require psychological counselling or medical intervention. Caregivers must report to CFS immediately. If it is after-hours and you cannot reach the child's caseworker, call the Child Abuse Hotline (1-800-387-KIDS).

Do not try to interview the child yourself. Let the caseworker follow up with the child yourself. Do not talk to the child's parents, or with anyone who you think may have abused the child.



## Do's and Don'ts of Dealing with Disclosures

### Do:

- Believe the child;
- Alleviate the guilt: reassure the child that they are not to blame and that many others have had similar experiences;
- Offer support: thank the child for trusting you and commend the child for having the courage to tell;
- Take your time;
- Use the child's words;
- Deal with unrealistic expectations;
- Explain that you have to report it. This is a legal and ethical responsibility. Tell the child exactly who you are telling so that they know that their privacy is protected;
- Contact the child's caseworker.

### Don't:

- React with horror, alarm or disgust as this may further traumatize the child;
- Criticize the offender as the child may still care deeply for the individual;
- Promise the child that you will not tell anyone. This explicitly removes your ability to take control of the situation. Remember that the purpose of reporting the maltreatment of a child is to get help for the troubled child and his or her family;
- Ever ask the child why they let it go on for so long, or why they didn't tell anyone before. This implies that the child had control of the situation. The child did not;
- Ask leading questions. In fact, don't ask questions at all, other than "And then what happened?" If this was to go to court, any questions you ask could damage any legal proceedings;
- Put words in the child's mouth. Don't rephrase what a child has said. Just let them tell their story in their own words with the language and terms they feel comfortable with. If you try to clarify or add things to their story, and the police eventually become involved, this can be interpreted as you telling the child what to say;
- Make promises you can't keep. Don't tell the child that "no one will go to jail" or that "yes, he will go to jail" or "I will be with you through the whole thing". Stick to promises you can keep. The investigation process can be a lengthy process and the child may go home long before anything goes to court.
- Attempt to assess the truth of the report by yourself. This is the job of the caseworker and/or the police.



## Children from Other Cultures

One of your responsibilities as a foster parent is to assist the child in your home in to link with their culture should it be different than your own. Every child in foster care has the right to access to their own culture and heritage.

This can be a challenge for many foster parents, and it can take some creativity to find information and develop contacts in order to develop cultural connections that will benefit the child. Some ideas:

- The caseworker may know of other foster parents from that culture with whom you may be able to connect and learn from.
- Do an internet search and see what you can find out about the culture online. Perhaps there's a local cultural group and someone who could answer some questions for you (while you maintain confidentiality, of course).
- Sign up for a cooking course and learn to cook cuisine from the child's culture. Smells and tastes are key components in many different cultures and can remind a child of home.
- Find out if there are any artists from that particular culture and purchase art prints or posters to hang in your home.

Every time a new child comes into your home, they bring a little bit of their culture with them and take a bit of your culture with them. It's a natural part of fostering. So when a child of a different cultural background is placed in your home, it is very important to discuss the needs of the child in relation to his or her heritage with the caseworker. Your help in linking the child to a variety of cultural activities and his or her home community is essential.

When an Aboriginal child is placed in your home, the same applies. The child has a right to access to their heritage, language and culture. Aboriginal is defined as being First Nations (i.e. registered to a Band), Métis or Inuit.

In making connections for the Aboriginal child, talk to the child's caseworker about the resources available, for example Elders or community programs.

There are some other special considerations that apply in the case of the First Nation's child. If the child is a resident of a reserve, all decisions must be made in consultation with the Band designate; if the child is not a resident of a reserve, permission must

## Delegated First Nations Agencies

*A Delegated First Nations Agency (DFNA) operates very much like a Child and Family Service region, but is comprised of a Band or group of Bands responsible for administering their own child protection and enhancement services. You may receive a child who is represented by a DFNA, or who has a Band Designate from a DFNA.*

*The first agreement to provide services was with the Blackfoot Nation (Siksika) in 1973. There are now 17 DFNAs in the province representing 46 separate Bands.*

be sought from the parents for consultation. If the child is Métis from either on or off Settlement, the same applies except that it involves a Métis Resource Person.

Due to the fact that a large percentage of children in foster care are Aboriginal, foster parents are required to take Aboriginal Awareness training. This training assists foster parents in learning some of the basics elements of the Aboriginal experience.

## Roles of Child and Family Services Workers

There are a number of roles that workers in the CFSs and DFNA's fulfill for caregivers. Below is a brief outline of the roles and services these workers provide to families. Where roles are specialized, you are likely to have more than one caseworker. It may be confusing unless you understand the different duties of the caseworkers.

### who's who

#### Foster Care Caseworker

Your Foster care caseworker is someone you should communicate with about your needs and concerns as a foster parent. You need to communicate about any new people moving in and out of your home, financial changes, job changes, and changes to family dynamics, major illnesses and anything else that might affect the placement of children in your home.

Your Foster care caseworker can be a great resource should you need help accessing respite, or needing help in dealing with behavioural issues, or even communication with other team members. They also:

- Match foster children to foster families
- Provide ongoing support and training to foster families
- Complete annual evaluations of foster families
- Complete reassessments when there is a change in a foster family's circumstances
- In some CFSs, this person may also do the licensing of your foster home

If you foster for an agency you may find some terminology differences and some variances in roles. In this case, find out and discuss the specific differences with your worker there.

## Assessor

Assessors work in a variety of areas – community assessment, specialized assessment, foster home assessment etc. Basically, what this means is that the Assessor is gathering information in order to determine safety issues in regard to the children.

#### Assessor - Community

- Contact the family, gathers information, assesses risk to the child, determines whether the child needs protection services and makes recommendations
- Transfer the case to a caseworker if further protection services are needed
- May place children in your home and transfer to a caseworker



### **Assessor – Specialized**

- Does a specific type of assessment, i.e. works at Zebra Child Protection Centre, or does certain type of child protection interviews

### **Assessor – Foster & Kinship Home**

- Specializes in gathering information and making recommendations when an allegation is made in regard to a foster home (See 'Assessing Allegations of Abuse in a Foster & Kinship Home')

## **Caseworker**

The caseworker is the person who is responsible for all activities and decisions related to the child. The caseworker decides on how best to work with the biological family of the child and what the goals are for the reunification and permanency.

- Completes an on-going child assessment record
- Coordinates activities with the natural family and foster or kinship family
- Reviews and evaluates progress of the child in foster care and the child's natural family
- In consultation with others, makes major planning decisions for the child and has primary responsibility for development of the concurrent plan or the transition to independence plan
- Appears in court when required

## **Crisis Caseworker/On-Call Duty Caseworker**

This is either a caseworker who works full-time and covers after-hours duties, or a full-time position in some of the larger centers of the Province.

- Available after hours
- Investigates child abuse and neglect complaints
- Responds to emergencies on existing cases

## **Licensing Officer**

All foster homes in Alberta must be licensed; in some regions, the Foster care caseworker also acts as the Licensing Officer.

- Coordinates the application process for families applying for license to foster
- Reviews health and safety requirements for the application
- Completes the environmental assessment safety checklist at the home
- Collaborates with collateral authorities; i.e., health, fire, and municipal planning authorities
- Issues licenses

## **Band Designate/Métis Resource**

If the caseworker has reason to believe that a child is Aboriginal including First Nations, Métis or Inuit and is a member of a band and resident on reserve or Métis settlement, they must involve a person designated by the council of the band in planning for the services to be provided to the child.



## When a Child Leaves a Foster Family

The child, foster family, natural family, caseworker, or court may initiate the move of a child home from foster care. There are many reasons why a child may be moved. For example, the child's goals may have been achieved, or the CFS or DFNA may move a child so that siblings can be together.

Whenever possible, the move is planned to prepare everyone involved. However, there are circumstances, such as the court's refusal to renew status or where the safety of the child is a concern, when little advance notice may be given of a child's removal from your home.

At times, caregiver families may ask for a child to be removed and vice versa.

## Reasons for Disruption

Lack of empathy or incomplete attachment: It seems hard to accept when you first start fostering that you may meet a child that you don't make a connection with, or with whom you just can't attach, but this does happen occasionally. Talking to your support worker can help. There are some strategies like focusing on one positive aspect about the child every day, or by reminding yourself of their story to build empathy and make that important connection.

- **Family system changes:** Sometimes as a family, you begin fostering and then events happen that change your entire family dynamic. Perhaps there is a pregnancy, a sudden illness or a death in the family. While this does not mean a child has to move, for some families the change in their own system is so dramatic that there is no other choice. If a move is necessary, it is important to give as much notice as possible and transition the child with as much compassion as possible.
- **Behaviours that are beyond the capacity of the foster family:** Sometimes a poor match is made and the child is beyond the abilities of where your skill level is as a family. Clear communication with your foster support worker is very important so that if this is the case, the child can be matched with a family that is better able to meet his or her needs.
- **Inadequate preparation:** It takes a long time to become a foster parent, in part to ensure that you and your family are truly ready to undertake such a serious commitment. You need to be physically and emotionally prepared. Every member of the family is involved in fostering – the parents, the children and even the pets! Everyone has a role to play. Physically, the house has to be ready. It is better to be over-prepared than under-prepared.
- **Lack of post-placement services:** It is important that you receive the correct information about the child you are fostering and the services that you require in order to foster effectively. Never be afraid to ask for what you need. Call the child's caseworker when you need information about the child, ask your foster care worker for help and support when you need it and call the AFPA for advocacy and advice if you get stuck. There is always a resource available for foster parents when you need it.

- **Lack of comfort with the worker and the system:** Sometimes foster parents can feel intimidated by the system, and by caseworkers, psychologists and the numerous people that you can come into contact during your time as a foster parent. What is important to remember is that you are the strongest advocate for your child, and that no one knows the children as well as you do. If you feel that you need help during meetings with professionals, you can always ask for help from your foster care caseworker or seek advice from more seasoned foster parents or you can call the AFPA and seek help from their mentoring program.
- **Lack of family support and resources:** Without the support of your family, fostering can be very isolating. As a foster parent, it is important to educate your extended family and friends about what to expect from children placed in foster care and about what types of behaviour to expect. You must also be careful to maintain confidentiality. In terms of resources, new foster parents can feel at a loss in terms of accessing doctors, pediatricians, supports groups, cultural groups etc. that may not be readily accessible. This is why talking to your foster care worker, representatives from the AFPA and networking with other more experienced foster parent mentors are so important for you to do.

## Preventing Placement Breakdown

If a child's placement is creating problems for your family, please discuss the problem with the child's caseworker. Notifying the caseworker as soon as possible about difficulties can help prevent the placement from breaking down. If all supports and efforts have been exhausted, you may request the child's removal. Advance notice allows time to find another appropriate placement. It is important to tell the child the reasons for requesting his or her removal from your home.



If a child runs away from your home, notify the child's caseworker and foster care caseworker immediately. If the child's whereabouts are unknown, the police must be notified. You are to notify the duty worker after hours, or in the case of rural areas and DFNA's, the on-call worker, who will contact the police.

You must complete an **Incident Report** as well and submit it to the caseworker. The child may be returned to your care or may be placed elsewhere, depending on the circumstances. Check with the child's caseworker for the procedures you should follow if a child runs away.

As a foster parent, you may feel hesitant about expressing your feelings of being overwhelmed and unsure of your feelings about fostering a challenging child; you may feel that these feelings will pass. There is a great deal of pain, disappointment and a sense of failure when a placement fails; however, not every home can be a match for every child. Your foster care caseworker can help you work through some of your feelings and determine if the placement can be saved or if the child needs to be moved.

If the placement cannot work out in your home, the earlier that all team members know this the better for the child. A transition to another foster home or group care is best done with careful planning, pre-placement visits and with the involvement of the child.

When a child leaves your home, it is important to encourage the child to leave with a positive attitude, all their belongings and a memory book or photo album, no matter what the reason for leaving. You should help the caseworker make the move as easy as possible for the child.

### **Baby-sitting, Respite, Relief care and Alternate Care Providers**

Built into the foster parents' compensation is \$2.60 per day per child in order to help offset the cost of accessing various child care resources. That \$2.60 per day per child can be utilized for any form of child care except for respite care – that type of child care is covered through a Support Plan for foster parents or a Kinship Care Plan for kinship parents.

Caregivers who work out of the home or attend school and have alternate child care providers (e.g. nannies) who relate to the child in a parenting capacity. This does not apply to licensed child care providers (e.g. day care, family day home etc.) as defined under the *Child Care Licensing Act*. This type of child care occurs on a regular and ongoing basis.

Always speak to your foster care caseworker and the child's caseworker regarding your child care arrangements.



|               | Babysitting  | Relief   | Respite   | Alternate Child Care   |
|---------------|--|--|---|--|
| Reason        | Short-term (not over-night)  | Caregiver away for an extended period of time  | Provided to caregivers under exceptional circumstances or for children with complex needs   | Caregivers working out of the home and have child care providers who relate to the child in a parenting capacity, i.e. Nannies*  |
| Duration      | Up to 12 hours and usually in the caregivers home  | Overnight, weekend, a week at a time   | As outlined in a Support or Kinship Care Plan   | Regular ongoing basis  |
| Safety Checks | <p>Caregivers choose the babysitter and consider:</p> <ul style="list-style-type: none"> <li>maturity,</li> <li>skill level</li> <li>experience of the person</li> <li>number and needs of the children</li> </ul> <p>The babysitter must be able to reach the caregiver in emergency.</p> | <p><b>Intervention Record Check and any other information</b> that the caseworker requires.</p> <p>Caseworker and Foster Care/Kinship Worker are provided with:</p> <ul style="list-style-type: none"> <li>Name, address &amp; contact number for the relief provider,</li> <li>Dates the child will be in relief</li> <li>Names of any other persons in the relief provider's home</li> </ul> | <p>Must be provided in <b>another licensed foster parents' home</b> or residential facility.</p> <p>Caseworker and Foster Care/Kinship Worker are provided with:</p> <ul style="list-style-type: none"> <li>Name, address &amp; contact number for the relief provider,</li> <li>Dates the child will be in relief</li> <li>Names of any other persons in the relief provider's home</li> </ul> | <p><b>Intervention Record Check and Criminal Record Check</b>, with <b>Vulnerable Sector Search</b> are required.</p> <p>The Foster Care or Kinship Worker completes a face-to-face interview with the provider.</p> <p>Caregivers must provide the caseworker's contact information to the alternate care provider.</p> |
| Compensation  | <p>Babysitting is subsidized according to the <b>Foster Care Rate Schedule</b> if for <b>training</b> or business related to fostering.</p> <p>For other reasons, the <b>caregiver reimburses the babysitter</b>.</p>  | <p>Relief can be subsidized according to the <b>Foster Care Rate Schedule</b> if for <b>training</b> or <b>regional procedures for business related to fostering</b>.</p> <p>In exceptional circumstances, relief expenses may be reimbursed through a <b>Support/Kinship Plan</b>. Otherwise the caregiver compensates the provider.</p>  | Reimbursed through a <b>Support/Kinship Plan</b>  | Caregivers compensate or may have costs included through a <b>Support/Kinship Plan</b> .   |

## Foster Parent Responsibility

The “Delegation of Powers and Duties to a Child Care Giver,” is a legal document executed by the caseworker on behalf of the director, allowing the foster parents to make some daily decisions for the child. A signed delegation should accompany each child at the time of placement. Information you will find on the form will be the name, birth date, personal healthcare number, and band number if the child is registered with a First Nations band and child’s I.D. number.

If you foster directly for a CFS, your name will appear under the delegation section; if you foster for an agency, the name of your agency director will appear in that section. In this case, you will also have a ‘Sub-Delegation of Powers and Duties to a Child Care Giver’ which provides you with the same legal rights as indicated on the delegation with the child’s name on it. Just ensure that you are carrying both documents when you need to register your child for school, take them to the doctor, etc.

Remember, that as a foster parent or as a kinship provider, the caseworker has the right to see the child at any time. You must allow the caseworker full access to the child without notice regardless of the convenience to your home. There are times when it is necessary to see the child without making an appointment and as a caregiver you must be prepared to allow the caseworker to perform their duties.

The delegation has a check-list of duties for which you will be responsible. The caseworker will have signed, dated, and given their worksite number.

### Matters about which the care giver *may* decide:

- Daily routines, including providing behaviour management
- Recreational activities (Note: You **cannot** sign liability or waiver forms – these must be signed by the caseworker)
- Enrolling the child/youth in school or vocational activities
- Support the child/youth in their religious or cultural activities
- Consent to ordinary medical or dental care (does NOT include immunization unless the child is PGO)
- Consent to admit a child to hospital (does NOT include consent to any surgery, treatment or tests)
- Consent to employment
- Consent to obtaining recreational licenses and permits (does NOT include a firearms permit or driver’s license)



For example, you could let your child get a job after school, but if they wanted to learn to drive, you would have to get caseworker permission to let the child do so.

### Matters about which the caregiver *may not* decide:

- Change a child’s religion. If the child comes from a religion different from your own, you must be honest about your ability to support the child’s need to practice it. You may **not**

have a child baptized.

- Change a child's name.
- Consent to a firearm permit, driver's license or consent to participation in a high-risk activity (i.e. white-water rafting, sky-diving, rock climbing etc.)
- Emergency medical treatment for children – The caseworker or Crisis Unit must be called (1-800-638-0715).
- You may not consent to surgery.
- You may **not** immunize the child. Special signed forms from the parents are required to immunize any child who is not the subject of a Permanent Guardianship Order.
- A foster family does not have the delegated authority to sign the *Freedom of Information and Protection of Privacy Act* (FOIPP) forms from the school and cannot consent to a child in care being photographed by the media, speak with the media or disclose their identity to the public.

There are many other areas where you need to get permission from the caseworker that aren't specifically mentioned on the Delegation, for example (but not limited to):

- Any piercing, tattoos, body modifications
- Shaving or cutting hair, even if the child has head lice
- Cutting the hair of an Aboriginal child
- May not leave the province or the country without written permission from the caseworker

When a child is under a Custody Agreement or an Interim Custody Order, the biological parent retains guardianship of the child so there are many matters that are not delegated. The caseworker must consult with the parent before providing you with permission to do certain things. Refer to your Delegation and ask if you are in doubt about anything.

A Temporary Guardianship Order has some matters that are not delegated. It is very important to remember that the goal is to return the child, and if possible decision-making will involve the parents. The caseworker tries to work as closely as possible with the child's parents in order to make reunification a possibility.

## Health & Medical Responsibilities

There are a variety of issues concerning health and medical concerns. Children in care have far more serious health concerns than other children and therefore need to have their health care taken seriously. As a caregiver, you have a responsibility to ensure that the child in your care have their health and medical needs met.

### Medical Appointments and Follow-Up

- **You must keep all medical appointments.** If necessary, the caseworker will arrange for transportation and babysitting so that the child can make the appointment. Keep in mind that the caseworker may arrange to have the child's biological parents attend the medical appointments as well. This facilitates attachment and contact between the parents and the child.

- If you see a **different doctor** than the one who normally sees the child (as in a walk-in clinic or emergency situation etc.) **you must get the doctor's name and document it.** You must provide the doctor's name to the caseworker and the child's regular doctor.
- If the doctor tells you to do something for the child, or prescribes something for the child – you must do it the way the doctor tells you to do it. You can only change this if the doctor tells you to change it and you consult with the child's caseworker. Again, document everything.
- The caseworker must be kept advised of changes to medications and any changes in dosages.
- All medical records must be kept. The foster care caseworker will provide you with a Medical Health Record, where all appointments and medications can be documented.
- If you are going to be providing care to an infant, you should be picking up the infant from the hospital so you can learn firsthand the experience, care, schedule and soothing methods for the infant. The caseworker should have provided you with a Delegation of Powers and Duties so that you are allowed to take the baby with you.

### Medications

- Medications must be transported safely.
- Medications must be kept locked in your home; if they are to be stored in the fridge, they must be in a locked container in the fridge.
- All medications must remain in their original containers.
- All medications, whether by prescription or over-the-counter, must be documented when they are given.
- Ensure that the right dosage of medication is given to the right child at the right time.
- Children are not allowed to administer their own medication unless they are properly instructed in how to do so by a pharmacist or a doctor and it is a medication that is necessary for their survival (i.e. asthma inhaler, epi-pen etc.)
- Girls may take their own birth control pills, in consultation with their caseworker and instructed by a pharmacist or a doctor.
- Any change in medications must be communicated to the caseworker.
- **Any mind altering medications must have the Regional Director's approval before the drug can be administered to the child.**

### Refusal to Take Medication or Adverse Reaction to Medication

- If a child refuses to take medication, you should call Health Link or a pharmacist to find out what the implications are if the dosage is missed.
- You must also document the refusal to take the medication.
- If there will be an adverse reaction, meaning there will be negative side effects from not taking the medication, you must take the child to the doctor and immediately let the caseworker know.
- If the child has an adverse reaction (gets sick, swells up, etc.), do not give the child any more of the medication. Call Health Link or a pharmacist to determine what the next step should be OR if the reaction is severe call 911 or take the child to the hospital.
- Call the caseworker and document the incident.



- In both cases, you must also send in a Critical Incident report.

### Taking the temperature of children

When choosing a thermometer, it is recommended that you choose one that non-intrusive – meaning it doesn't go inside the body. Make sure that the child is seated when you are taking their temperature. If this isn't possible, ensure that the child is placed upon a secure flat surface such as a bed or changing table. Take care that the child does not roll from the bed or changing table.

## Licensing

Section 105.2 of the *Enhancement Act* requires that any person who operates a “residential facility” must acquire a residential facility license issued by the minister under the Act. Foster homes are residential facilities under the *Enhancement Act*.

All foster homes must be licensed if you are to have children placed in your care. A licensed foster home status indicates to the community that the home meets the ministry's licensing requirements, standards, and criteria for providing care to a child in the custody of the director.

Caseworkers must ensure that foster homes are licensed according to this policy before making a placement. Either a foster care caseworker or licensing officer will license your home.

The license will state the maximum number of children in the care of the director who can reside in your home. Exceptions cannot exceed the licensed capacity for the home and must comply with all licensing. To increase the number of placements in your home the license will need to be varied. The maximum number of placements does not include short-term (up to two weeks) respite placements or include your own children.

### Licensing Basics

In order to open your home, there are some minimum requirements:

- A Criminal Record Check (CRC) on everyone over the age of 18 living in the household
- An Intervention Record Check (IRC) on everyone over the age of 18 living in the household
- A Home Assessment/Home Study (and the accompanying documents)
- Medical
- Three references
- Liability Insurance
- Orientation for Caregiver Training (both caregivers in a two-parent home)
- First Aid with infant CPR (prior to approval for Agency homes and within 6 months of approval for CFS homes)

If your Home Assessment has been positive and your home has been pre-approved for the licensing process, your foster care caseworker or recruitment person (this role depends on where you intend to foster and the size of the office) will assist you in filling out a Residential Facilities License Application. The above list of documents will be forwarded to either the foster



care caseworker or the licensing officer who will schedule an appointment to do a walk-through of your home. At that point that person will do an Environmental Safety Assessment for Caregivers.

## The License and Classification

Once you are licensed, your license will state the number of children you are permitted to have placed in your home, your address and the expiration date of your license. As a brand new home, your classification will be as a Level 1 foster home.

- Level 1: Maximum of **2** foster children
- Level 2: Maximum of **4** foster children\*

It is important to remember that the license applies to the **home** and **not** to the foster family. If you move, you will have to re-apply and have the walk-through and the Environmental Safety Assessment done again. The remainder of your documentation should still be valid.

The licensing process is done on an annual basis. An Annual Evaluation must be completed, a Residential Facilities License Application to Renew must be obtained and all Criminal Record Checks, Intervention Records Checks, insurance documents and Environmental Safety Assessment/walk-through must be up to date.

## \*Changing Classifications

In order to change classifications, minimally a foster family must:

- Have completed all Core Level training (See 'Training'),
- Be willing to accept Level 2 placements,
- Have the skills to handle Level 2 placements (both caregivers in a two-parent home),
- Pass a Health Safety inspection (if wanting to take 4 placements),
- Have positive Annual Evaluations, and
- Have the approval of their foster care caseworker and supervisor.

## Environmental Safety Assessment

There are several areas that are assessed during the walk-through. Please ask your foster care caseworker for a current copy of the Environmental Safety Assessment document.

### Accommodations:

This area addresses overall safety in your home. Do you keep your entrances, exits and stairs free of clutter? Do you keep your knives and sharp objects out of reach of children? Do you keep your hot water tank set at medium to keep children from scalding themselves?

There are many ways a child can harm themselves in your home. It is your responsibility to go through your home and comply with the Safety Assessment.

[Water Safety - Alberta Health Services](http://www.albertahealthservices.ca/watersafe.asp)

<http://www.albertahealthservices.ca/watersafe.asp>

### [General Safety Tips for Children](http://www.albertahealthservices.ca/4671.asp)

<http://www.albertahealthservices.ca/4671.asp>

## **Sleeping Arrangements**

This section deals with where and how children sleep. Each child needs to have their own bed and adequate space, and the ability to be able to get out of their room, ie. No external door locks. Children's rooms also need to have a window. All beds and cribs must meet Canadian Safety standards.

One of the most important elements in this section is the safe sleeping practices for infants. If you are providing care for infants, it is critical that everyone in your home is familiar with safe sleeping practices for babies.

'Safe Babies – Caring for Babies with Prenatal Substance Exposure' is a two-day course provided by each CFS Region that is required for any caregivers for children under the age of three.

### [Safe Sleep for Infants](http://www.albertahealthservices.ca/ps-1029951-safe-sleep-brochure.pdf)

<http://www.albertahealthservices.ca/ps-1029951-safe-sleep-brochure.pdf>

### [Safe sleep practices for all ages - Canada Safety Standards](http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php)

<http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php>

### [Window Safety Standards - Alberta Health Services](http://www.albertahealthservices.ca/EnvironmentalHealth/wf-eh-emergency-egress.pdf)

<http://www.albertahealthservices.ca/EnvironmentalHealth/wf-eh-emergency-egress.pdf>

## **Communication**

Communication is a short section reminding caregivers to have all emergency phone numbers posted. It is a good idea to have Crisis Unit numbers listed as well. In addition, with so many cell phones, at times families no longer have a landline, a discussion should be had about what this might mean during an emergency.

This section also deals with confidential record keeping. Confidential records must be kept secured.

## **Weapons**

All weapons must be kept in a locked facility. Guns must have trigger locks and ammunition must be stored separately.

## **Fire Safety**

This section addresses all aspects of fire safety in your home: the posting and practice of escape plans, fire extinguishers, working smoke detectors and carbon monoxide detectors, the storage of matches and lighters etc.

## **Medicines and Hazardous Material**

All medicines must be labeled and kept in a locked facility. All hazardous material must be kept in their original containers and kept out of reach of children.

## General Safety

This section contains miscellaneous information about safety. A First Aid kit must be available, water safety, play equipment safety, yard/farm safety, trampoline safety must all be discussed etc.

## Pets

Children must be instructed about safety around any pets in the home.

## Automobile Safety

In this section, vehicle safety is addressed. All vehicles used for transporting children must be in safe operating condition and be fully insured and registered. Child car seats and booster seats must meet Canada Safety standard requirements. Children under the age of 12 must ride in the back seat. ATVs, snowmobiles, farming equipment etc., are stored securely with their keys removed.

If your home passes the Environmental Safety Assessment, then your home will be licensed. If not, you may have to make the appropriate changes before you can move forward. Sometimes the change will be as simple as adding batteries to a dead smoke detector; other times it may be more complicated and mean adding a railing to a staircase.

## Bassinet Safety (Always check website for latest information)

A bassinet that meets current Canadian safety regulations is an appropriate place for your baby to sleep until **he or she reaches the maximum weight recommended by the manufacturer OR until your baby can roll over, whichever comes first**. When your baby reaches this milestone, you should put him or her to sleep in a cradle or crib.

- **Always follow the manufacturer's instructions for setting up and using the bassinet.** Only use parts provided by the manufacturer. Your baby's bassinet should not be modified in any way.
- Check often to make sure the bassinet's hardware is secure and not damaged.
- Check that there are no small parts on the bassinet that could be a choking hazard. Make sure there are no sharp points on the bassinet.
- Check that the mattress is firm. Mattresses that are too soft or worn down in any area could create a gap where a baby's face could become stuck, causing them to suffocate.
- The bassinet mattress must not be thicker than 3.8 cm (1 1/2 in).
- There must not be a gap of more than 3 cm (1 3/16 in) between the mattress and any part of the bassinet's sides. Push the mattress firmly against the sides of the bassinet to test this.
- If the bassinet has removable fabric over the frame, check often to make sure the fabric is securely attached to the frame.
- Avoid the use of loose bedding or soft objects in your baby's bassinet. Things like comforters, quilts, heavy blankets, infant pillows, adult pillows, foam padding, stuffed toys, bumper pads and sleep positioners should not be in your baby's sleeping area.
- A blanket should not be draped over the bassinet to keep light out. This could restrict

- air flow, or the blanket could fall on a baby's face, causing them to suffocate.
- Use a fitted bottom sheet made specifically for a bassinet mattress of the same size.
- Place your baby's bassinet so that hazards like windows, patio doors, lamps, candles, electrical plugs, corded baby monitors, extension cords and small objects are out of your child's reach.

Above info from [Is Your Child Safe? Sleep Time](http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php)

<http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php>

### [Crib and Bassinet Safety](http://laws-lois.justice.gc.ca/eng/regulations/SOR-2010-261/page-3.html#h-7)

<http://laws-lois.justice.gc.ca/eng/regulations/SOR-2010-261/page-3.html#h-7>

### **Crib Safety (Always check website for latest information)**

A crib that meets current Canadian safety regulations is the **safest** place for your baby to sleep. A crib should not be used if the child is taller than 90 cm or if he or she is able to climb out of it, whichever comes first. When your baby reaches this milestone, you should put him or her to sleep in a toddler or standard bed.

- Do not use a crib made before September 1986 as it does not meet current safety regulations. Also, cribs older than ten years are more likely to have broken, worn, loose or missing parts, and to be missing warnings or instructions.
- Always follow the manufacturer's instructions for putting together and using the crib. Only use parts provided by the manufacturer. Your baby's crib should not be modified in any way.
- Check often to make sure that the crib's hardware is securely fastened and not damaged.
- Do not use cribs with decorative cut-outs, corner posts that are more than 3mm (1/8 in) in height (unless they are over 406 mm (16 in) in height) or large spaces between the bars (spacing should be no more than 6 cm [2 3/8 in]).
- Check that the mattress is firm. Mattresses that are too soft or worn down in any area could create a gap where a baby's face could become stuck, causing them to suffocate.
- The crib mattress must not be thicker than 15 cm (6 in).
- There must not be a gap of more than 3 cm (1 3/16 in) between the mattress and any part of the crib's sides. Push the mattress firmly against the sides of the crib to test this.
- Check often that the crib's mattress support system is secure. Shake the crib from side to side, thump the mattress from the top and push up hard on the mattress support from underneath the crib. The mattress support system should hold the mattress firmly in place.
- If the crib has movable sides, after placing your baby in the crib, make sure both sides are upright and locked in place.
- Avoid the use of loose bedding or soft objects in your baby's crib. Things like comforters, quilts, blankets, infant pillows, adult pillows, foam padding, stuffed toys, bumper pads and sleep positioners should not be in your baby's sleeping area.

- Use a fitted bottom sheet made specifically for a crib mattress of the same size.
- Remove mobiles and toy bars as soon as your baby begins to push up on his or her hands and knees.
- Place the mattress support in its lowest position as soon as your baby can push up on his or her hands and knees.

Never harness or tie your baby in a crib. Your baby should not be left in a crib with a necklace, elastic band, scarf or pacifier on a long cord. These items could cause strangulation.

Above info from [Is Your Child Safe? Sleep Time](http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php)

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## Bed Sharing with Babies

Bed sharing is when an adult or another child sleeps on the same surface as a baby, like a bed, couch, chair, futon or armchair. Health Canada does not recommend bed sharing.

### **Bed sharing is not safe because of the following potential hazards:**

A baby can suffocate if:

- He or she becomes trapped between objects like the sleeping surface, the body of the adult or another child, the wall and other objects.
- The adult or another child rolls over onto the baby.
- There are soft bedding materials, like pillows or comforters, in the bed.
- Babies sleeping on a high surface can fall off and be seriously hurt.

### Bedside sleeping products

A bedside sleeping product looks like a bassinet or a crib, and usually has three closed sides and one open side. Some may have four sides with one that can be lowered so an opening is created above the mattress support. The open side is meant to be placed next to an adult bed. Health Canada does **not** recommend using these products with a side lowered.

Room sharing is a safer sleeping choice for babies.

### **The use of a bedside sleeping product with a side lowered can lead to the following hazards:**

- If the space between the bed and the product is too wide, a baby can become trapped. It may seem like there is no gap, but one might be created when the adult lies down.
- If the fabric over the frame is not securely attached, it can bunch up when the side is folded down, creating an opening between the fabric and the product's frame. This opening can cause a baby to suffocate or fall.

Alberta Health Services, Health Canada and the Public Health Agency of Canada recommend **room sharing** as a safe alternative to bed sharing. Research has shown that it is good for babies to share a room with one or more caregivers.

Above info from [Is Your Child Safe? Sleep Time](http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php)

<http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php>

### [Safe Sleep for Infants](http://www.albertahealthservices.ca/ps-1029951-safe-sleep-brochure.pdf)

<http://www.albertahealthservices.ca/ps-1029951-safe-sleep-brochure.pdf>

## Bunk Bed Safety

Bunk beds can be dangerous. Many children have been badly hurt or killed in bunk beds. This happened when their head was caught between parts of the bed or from falling off the bed. **Make** sure bunk beds are safe.

Teach children how to use them safely. **The top bunk is not safe for children under six years of age.**

Things to look out for:

- Only buy bunk beds meeting the latest ASTM (American Standard Test Method) International standard. Ask before you buy. Check the label.
- Only allow one person at a time on the top bunk.
- Teach your children to use the ladder to get up or down. The ladder should always be securely attached to the bed. It should not be removed for any reason.
- Children should not be allowed to play on the top bunk. They should also not be allowed to play under the top bunk, unless the area under the bed is designed as a play area by the manufacturer.
- Never tie ropes or cords (like bathrobe belts or skipping ropes) to any part of the bed. These can be a strangulation hazard.
- Check often to make sure the frame of the bunk bed is sturdy and in good condition.
- Make sure the top bunk has guard rails on all four sides of the bed, even if the bed is pushed up against a wall.
- Make sure all parts of the bed, like corner posts or ladder uprights, do not extend more than 0.5 cm (0.2 in) above the upper edge (usually the guardrails) of the bed.
- Mattresses should fit snugly on all sides, leaving no gaps between the mattress and the sides of the bed. The sleeping surface should be at least 12.7 cm (5 in) below the top of the guardrails.

Above info from [Is Your Child Safe? Sleep Time](http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php)

<http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php>

## Playpens

Playpens are **not** intended to be used for unsupervised sleep because they do not meet the same safety requirements and are not as durable as cribs.

- If a change table or bassinet comes as an attachment for the playpen, always follow

- the manufacturer's instructions for putting it together and using it.
- Never place a baby in a playpen while the change table or bassinet attachment is still in place. A baby's head can become trapped in the gap between the attachment and the playpen and can strangle or suffocate.
  - Your baby should not be placed to sleep on the change table attachment.
  - Avoid adding blankets, pillows, extra padding or an extra mattress to a playpen. Using these items could cause a baby to suffocate.
  - When you are using your playpen, keep the sides securely locked in place. Never leave your baby in a playpen with any side down. A baby can roll into the space between the mattress and the mesh side and suffocate.
  - Check that the mattress pad is firm. Mattress pads that are worn down in any area could create a suffocation hazard.
  - Large toys or stuffed toys that can be used to climb out of the playpen should not be placed in a playpen with your baby.
  - Check for tears in vinyl rail coverings, mesh panels or the mattress pad of the playpen. Your baby could bite off small pieces and choke.

(Above info from [Is Your Child Safe? Sleep Time](#))

### **Car Seat Safety: Online Training and Certification**

While it is not mandatory, it is strongly recommended that caregivers receive instruction on how to properly use car seats. The Alberta Occupant Restraint Program offers online modules that can be easily completed within an hour or two and provides a certificate that can be printed or emailed to your foster care caseworker.

Go to [Alberta Occupant Restraint Program](#)

(<http://www.albertaseatbelts.ca/TrainingModules/index.php>) and click on create new account.

Fill in your information and you can begin the modules. You do not have to complete them all in one session, but can save and continue on a different day.

### **Car Seat Safety (Check website for current information)**

In Alberta, the law requires three things to ensure that children are safe while traveling in a motor vehicle:

1. It must be the right type of seat for the child, based on weight/age/height. The manufacturer's instructions and label on the car seat will state exactly what weight/size/age that seat will protect.
2. The seat must be properly installed in the vehicle. Check your owner's manual for how to properly install the car seat.
3. The child must be properly secured in the child safety seat.

Above info from [Alberta Seat Belt Laws](#)

<http://albertaseatbelts.ca/>



### Rear-facing car seats

Babies must be in a rear-facing child safety seat when traveling in a vehicle. **It is safest for babies to stay rear-facing until they are at least one year of age AND weigh at least 10 kg (22 lbs.) AND are walking.**

- Read your child safety seat instructions and vehicle's owner's manual for use and installation instructions. **Never** place a rear-facing child safety seat in front of an air bag.
- Ensure the seat belt or universal anchorage system is tight enough to hold the seat or base securely in the vehicle.
- Ensure internal straps are snug and the chest clip is at the baby's armpit level.

Many seats allow you to keep your baby rear-facing until he or she weighs at least 13.5 kg (30 lbs). Some seats are designed for rear-facing use up to 18 kg (40 lbs). Follow the manufacturer's instructions for your seat. Parents need to be aware of the weight and height limits for their baby's seat in order to keep their baby rear-facing as long as possible.

**Do not buy used car seats unless you know the history of the seat.** Any car seat that has been in an accident, no matter how minor **MUST** be replaced. There may be small structural damages that remain unseen, but will impact how the car seat reacts the next time a collision occurs.

Above info from [Alberta Seat Belt Laws](http://albertaseatbelts.ca/)

<http://albertaseatbelts.ca/>

### Forward-facing car seats

When your child is one year of age AND weighs at least 22 pound (10 kilograms) AND can walk, your child should use a forward-facing seat. Keep your child in this seat until at least 40 pound (18 kilograms).

All the above instructions apply to forward-facing seats. Do NOT buy used car seats unless you know the history of the car seat. Follow manufacturer's instructions and your car manual for proper installation. Tether straps **MUST** be used.

### Booster seats

Booster seats are for children under nine years of age, who weigh 18 - 36 kg (40 - 80 lbs) or are less than 145 cm (4'9") tall. Without a booster seat, the seatbelt sits too high on the child's body and can cause serious internal injuries in the event of a collision.

Check the booster seat for the maximum amount of weight it will hold. Follow the manufacturer's instructions for your booster seat.

Above info from [Alberta Seat Belt Laws](http://albertaseatbelts.ca/)

<http://albertaseatbelts.ca/>



## General vehicle safety

Children should never be left alone in a vehicle. When you are running errands, you should take the children with you, even if it is just for a few minutes. If the children are young enough to have a babysitter at home, then they are probably too young to be left alone in a car.

There are many risks associated with vehicles and children. Be sure that you know that the area around your car is clear before backing up or driving away from your home. Do not leave vehicle keys in the ignition and store keys away from where children can easily access them.

## Trampoline Safety

Trampolines can provide fun and exercise for children and youth, but they can also be the cause of serious injury. Injuries sustained from trampoline use continue to rise and injuries range from cuts, bruises, broken bones, concussion, spinal cord injuries and death. Children between the ages of 5 and 14 are the most likely persons to be injured in trampoline accidents.

Typical causes of injury are:

- Colliding with another person on the trampoline,
- Landing improperly while landing or doing a stunt,
- Falling or jumping off the trampoline, and
- Falling on the trampoline springs and frame.

Ensure that the following safety recommendations are applied:

- Adult supervision at all times,
- Only one person on a trampoline at a time,
- Do not attempt or allow somersaults,
- Ensure the trampoline has shock absorbing pads that completely cover the springs, hook, and frame,
- Do not use a ladder as it allows unsupervised access by small children,
- No child under six should use a full size trampoline,
- Place the trampoline away from structures or other play areas,
- Do not walk under the trampoline while in use,
- Always jump in the centre,
- Never play on a wet trampoline, and
- Ensure there is no damage to the trampoline prior to each use.

Nets may help prevent injuries caused by falling off the trampoline but they can also provide a false sense of security giving the impression more tricks and stunts can be attempted because the risk of falling off is reduced.

## Universal Precautions

The best way to reduce the risk of disease is to practice “universal precautions.” Universal precautions should be used for all children placed in your home.

### **Hand washing:**

- Wash your hands frequently with soap and water.
- Lather between fingers and up to the wrist.
- Anti-bacterial soap is not necessary.

### **Use of protective clothing and equipment:**

- Use disposable latex gloves to handle or clean up blood and body fluids or secretions/excretions. Household “rubber” gloves can be used but require cleaning with bleach solution and repeated rinsing with water before they can be used again.
- Hands should be washed after gloves are removed.
- Use waterproof coverings on any open cuts or sores.

### **Cleaning up spills of blood and other body fluids:**

- Clean contaminated surfaces with detergent and water. Then disinfect surfaces with a solution of one part household bleach to 10 parts water. CAUTION: some surfaces may be damaged by exposure to bleach solution.
- Rinse mops and cleaning rags with one part bleach to 10 parts water.

### **Laundry of clothing and linen:**

- Clothing and linen soiled with blood or other body fluids, secretions, or excretions should be laundered in the hottest water the material will allow. If necessary, soiled articles may be rinsed in cold water before laundering in the hottest water the material will allow.

### **Disposal of Contaminated Waste:**

- Secure in a sealed double plastic bag before discarding with routine garbage. Sharp objects, such as broken glass that may be contaminated with blood, should be discarded in sturdy puncture- proof plastic or metal containers (such as an empty coffee can) with a firmly fitting lid.

## **Bathtub and Water Safety**

### **Tub Safety**

- Children younger than 6 years old should NOT be left unattended in the bathtub. They should also not be in the bathroom alone if there is water in the bathtub.
- Empty the tub after baths. Make sure the tub is empty before you leave the bathroom.
- Older siblings bathing with younger ones should NOT be put in charge of a younger child's safety. There should be an adult in the bathroom during bath time.

### **Water Temperature**

- Prevent injuries or burns from faucets by covering the spout, blocking your child's reach to the spout, and teaching your child not to touch the spout.
- Keep the temperature on your hot water heater set below 120 °F (49°C) and face children away from the faucets.
- Always run cold water into the tub first and last into the bathtub. That way if the child grabs the faucet, it will run cold water for a few seconds before turning hot again.

## Confidentiality

It is important that foster families respect and protect each child's right to confidentiality. The Agreement to Foster, which all foster parents sign, stresses confidentiality. When in doubt about whether or not to share certain information and with whom, the foster parent should discuss the matter with the child's caseworker.

Caregivers can share information with other professionals assisting in the child's care, such as a doctor, teacher, or psychologist. The information shared must be limited to information that is needed by the professional in order to provide services. This is to ensure that the rights and dignity of the child and his or her family protected.

Foster parents must also make sure the other temporary caregivers have enough information to meet the child's needs. You must not share information about the child with friends, relatives, other children in your home, or the media, as well as other professionals not directly involved with the child. A child placed in your home is not to be photographed by the media without consent of the caseworker. If you receive requests of any kind from the media, the child's caseworker or your foster care caseworker can help you respond.

A foster family has the right to discuss the child with another foster family for the purposes of support and mentoring as they are both bound by the same confidentiality agreement. However, the family, which is being told, cannot share this information with anyone else. (This would include other professionals or foster families.)

This also applies to areas where foster families meet, like support group meetings or training. You can discuss child issues, but don't make the conversation too specific. At times, foster parents may use these times to vent their emotions about children that have come from other foster homes. Venting one-on-one with a foster family you know well is one thing; venting to a room full of foster parents is another. Take into consideration the appropriateness of what you want to share because you never know who else is in the room. Frequently, there is more to the story than what you might know yourself.

## Social Media

Currently there is no set policy on the use of social media, other than foster parents may not post identifying information about children who are in foster care on sites like Facebook, Twitter, Instagram, etc. These sites are not secure, so as a foster parent, you must protect the child's identity as much as possible. This is an issue you must discuss with the child's caseworker and your foster care caseworker.

As to allowing children to use social media outlets, this is something that needs to be discussed with the child's caseworker. All safety issues need to be discussed – where this will occur, how it will occur and how will you monitor it.

There are some suggestions and ideas in the Links Section.

## Documentation and Record Keeping

Your family probably spends more time with the child than anyone else. Your family's observations and information are invaluable in making plans with the natural family, as well as for the child later in his or her life.

### Why keep records?

- They may be used in court.
- They are a good method of retaining daily information.
- They provide an organized way to supply factual information at case conferences
- They may be used to support opinions when discussing the child with the caseworker.
- They may show patterns of behaviour.
- They are a good method of retaining the cultural information that may be needed for planning.
- They are a good way to protect yourself in case of allegations

### What to document

- All health appointments (annual medical, and optical & dental exam dates must be provided to the caseworker), accidents or injuries, medicines, immunizations,
- School progress, achievements,
- Contacts with natural family, (includes phone call, visits – even if they were missed),
- Unusual behaviours of the child,
- Achievements, successes, and celebrations,
- Cultural activities that the child has participated in, and
- Any other information you think may be relevant.

### Methods of Documentation

There are several methods of documentation and you may use different types to suit different purposes.

#### Daily Logs & Monthly Reports

Daily logs are helpful especially when children are new to your home. In it you record all your observations regarding the child.

Monthly reports are a summary of what has occurred during the past 30 days. You would use your daily logs as a basis upon which to write your monthly report.

You can use the following areas to consider when writing your Daily Logs and/or Monthly Reports:

- Response to routine and discipline
- Any behavioural issues or changes
- Response to activities and recreation
- Relationship with peers, adults, other foster family members and pets
- Attitude toward self
- Incidents (critical and non-critical)
- Interaction with natural family
- Physical/Mental Health

- Significant Events (school awards, changes in visits, change in therapists, new child in home etc.)
- School
- Absences (AWOLs, etc.)
- Cultural Activities
- Relationship to Case Plan

You need to record the activities and observations of your child. You don't have to write in long sentences, but can use point form. In fact, some foster parents use a date book and use that as a log book.

Dates and times are important, so make sure that you document when and what time the incidents or behaviours occurred. When did something happen? Was the child hungry? Tired? Who was there? Try to describe incidents by the specific actions or behaviour observed.

Use a separate notebook or folder for each child and store the information in a manner that ensures confidentiality.

Use your daily recordings to write progress reports for the children in your care. Submit the progress reports to the caseworker at agreed upon intervals.

### Memory Books

Memory books are an important link to a child's past. The memory book can be a scrapbook or photo album or both to record the child's history while in care. It is a good idea to start a book and collect all relevant drawings, mementos, report cards, and pictures. When a child is placed with you, begin creating a book for them.

When the child leaves your home the records you have created need to be provided to the caseworker.

Your help in keeping report cards, drawings, awards, pictures, immunization records, health information, and mementos ensures that memories and important events, people, and places are not lost to the child. Compiling a memory book and maintaining a keepsake box for the child are critical for the child's development of identity.

### Incident Reports



Incident Reports are a formal part of the documentation process that is required of foster parents. The most common type of Incident Report is 'Injury to a Child'. This indicates that a child has been hurt and has required medical attention. For example, if you take your child to the playground and she falls off the swing and sprains her wrist, you would take her to the doctor. Since she required medical attention, this requires the submission of an Incident Report.

#### *Types of incidents that must be reported (with short explanation):*

- Threat of Self-Harm/Suicide (child threatens to harm themselves)
- Serious change in a child's health (This includes any sudden in the child's physical health, such as fainting, sudden onset of fever, etc.)
- Injury to a child (The child requires medical attention for injuries such as animal bites,

- broken bones, sprains, etc.)
- Charges/offences (child has been charged with a crime, has been a witness to a crime, etc.)
- Fire (There has been a fire in the home or the child has set a fire, etc.)
- Allegations of abuse/neglect (child recalls abuse or neglect from a previous caregiver, etc.)
- Isolation (child has been isolated as a discipline technique – PROHIBITED in foster homes.)
- Use of physical restraint (child has been restrained – PROHIBITED in foster homes.)
- Severe acting out (child's behaviour has escalated to the severe stage)
- Confinement (child has been confined as a discipline – PROHIBITED in foster homes.)
- Accident (child has been involved in an accident – even very minor car accidents must be reported)
- Infectious disease (child has an infectious disease, i.e. chickenpox, measles, HIV, Hepatitis, etc.)
- Error in administration or medication (any error in providing prescribed medication, regardless of adverse reaction)
- Death (the death of anyone in the home or death of someone related to the child, etc.)
- Violence (any violence occurring in the home or violence related to the child, etc.)
- Destruction (the destruction of property or the child has engaged in vandalism etc.)
- Drug/alcohol use (use by child)
- Unplanned discharge (the child leaves as a result of unexpected court order, etc.)
- Adverse reaction to medication (child takes any medication, prescribed or over-the-counter, and has an adverse reaction to it)
- AWOL (child leaves your home without permission and does not return within a reasonable amount of time. Reasonable amount of time depends on the age of the child and may depend on discussion with the caseworker.)
- Other (i.e. search of child's room for weapons or drugs; any other incidents that do not fit into the other categories.)

When one of the above incidents occurs, you must report it immediately to the caseworker or to the Crisis Case Worker/On-Call Worker. Providing this information quickly helps provide the best possible service to the child. In addition, this ensures that you are protected should there be any negative outcome.

### **Cultural Documentation**

A cultural plan is critical for children in foster care. All children in care are promised a right to their heritage with Aboriginal children being provided special recognition. Approximately 70% of children in care are Aboriginal and about a quarter of those are under permanent guardianship orders.

Connections to home communities, resources and activities are extremely important in developing healthy outcomes for children with specific cultural or religious backgrounds.

In order to ensure that cultural or religious connections are occurring on a regular basis, foster parents are expected to provide children with access to these events and activities that will support the development of the child's identity. Foster care caseworkers and caseworkers can help foster parents make connections with the appropriate resources to assist foster parents.

Foster parents have the responsibility of documenting all cultural events and activities that the child participates in and then provide this information to the caseworker.

## **Assessing Allegations of Abuse in a Foster Home**

When foster parents are subjects of an allegation assessment it is extremely important that they feel supported and heard throughout the process. For this reason Alberta Foster Parent Association (AFPA) members have formed a team of foster parents to help other foster parents through this process. The team is named FAST (Foster Allegation Support Team).

During the course of an allegation assessment, it is necessary for the assessor to interview all individuals that are party to the allegations. It is the role of the assessor to determine if the allegation is substantiated or not.

## **Foster Allegation Support Team (FAST)**

### **What is FAST?**

The AFPA formed the Foster Allegation Support Team (FAST) in 1990 to help foster parents and their families cope with the turmoil and confusion that results when an allegation of neglect, physical, sexual, or emotional abuse is made. FAST members support both foster and kinship parents and their families and to ensure that no one who requests their assistance goes through this alone.



### **How does FAST work?**

FAST Members are approved volunteer foster parents who report to one of the chairpersons of FAST. When team members are not directly involved with an allegation against a foster family, they advocate for the foster parents, promote measures that will prevent allegations from arising, educate foster parents about complaints of abuse and neglect and keep statistics about the numbers and kinds of allegations that have been made in Alberta.

### **Are all allegation assessments of abuse or neglect the same?**

There are different procedures and outcomes for different kinds of allegation assessments and different people may be involved. Internal assessments are handled by CFS or DFNA staff. External allegation assessments may involve investigation and are handled by the Police/ RCMP. FAST members have experience with both kinds of investigations and can provide support and advice to foster parents and their families in either situation. FAST members treat everyone who has an allegation made against them in a caring and personalized manner.



## What about confidentiality?

FAST members sign oaths of confidentiality and will keep anything you tell them about your situation private. Your case will not be discussed with your District Association of the AFPA. Team members will not ask you to disclose guilt or innocence as they can be subpoenaed to testify in court.

## FAST members can help. They are:

- Available to listen to concerns and provide you with advice.
- Familiar with foster and kinship care policies, different kinds of allegation assessments and the procedures those assessors will follow.
- Committed to helping you work with allegation assessments by providing support, clarifying issues and
- Ensuring that you get all the information about your allegation assessment and its results in a reasonable length of time.
- Recognized as dependable liaisons between workers and foster parents.
- Sworn to protect your privacy.

## Who can use FAST?

Any foster or kinship parent or former foster or kinship parent can access FAST and its services. If you are interested in joining FAST contact your District Foster Parent Association or the AFPA office directly at (780) 429-9923 or 1-800-667-2372.

## Who do you call?

Team members are active throughout the province and can reach any foster parent in need. You will find a listing of FAST members in the latest issue of **The Bridge**. For additional information, please call the AFPA office at (780) 429-9923, 1-800-667-2372, or visit their website, [www.afpaonline.com](http://www.afpaonline.com).

## How can FAST help when an allegation has been made?

FAST will:

- Help you understand what will happen,
- Help ensure the investigation is fair and is conducted with as little disruption to your family as possible,
- Help you present your situation in an investigation,
- Provide support without judgment,
- Help keep lines of communication open between you, the workers, the investigators, and other interested parties,
- Tell you about options for help that are available and your rights to such things as having a lawyer present and your right to appeal,
- Support you and your family emotionally, and
- Work through the process with you to ensure that children continue to be placed in your home if the allegation is unfounded or overturned at the appeal.
- **Remember** – you have the **right** to have a FAST team member present during any



interviews regarding the allegation!

## Training

Foster parents are challenged with nurturing, supporting, and guiding children and youth who have specialized needs, behavioural difficulties and who require family and community connections that go beyond the everyday parenting experience. To assist you in providing quality care, the CFS or DFNA provide ongoing training to develop foster parenting skills.

### Orientation for Caregiver Training

Orientation training (24 hours) is mandatory for prospective foster families. In two parent homes, both parents must take all the sessions prior to fostering. Criminal Record Checks and Intervention Record Checks are required before attending.

Expenses are not reimbursed for attending orientation training.

### Core Level Training

#### Level One

Level One Training consists of 31 courses that must be completed over a four (4) year time period. Each of these courses is three (3) hours in length and in two (2) parent homes both caregivers must take the courses.

In addition to Core training, Emergency First Aid and Infant Level CPR must also be completed and renewed every three (3) years.

Expenses are reimbursed for Core Level Training, if the courses are provided by Alberta Human Services. If the courses are provided by an Agency, please check with your Support Worker.

#### Level Two

If you wish to move along the classification continuum and have received approval to do so, you are required to take the corresponding training that will assist in preparing you for caring for children with greater needs.

Required training to move to Level 2 classification consists of an individualized learning plan based on the needs of the child in the foster parent's care and/or the foster parent's interest.

Training may consist of supplemental training offered by Alberta Human Services or by various other agencies that may provide courses in the area of interest. Training may also consist of attendance at conferences that are dedicated to the area of specialization.

Expenses may or may not be reimbursed, depending on location and cost. Please check with your Support Worker prior to registration in any courses not provided by AHS if reimbursement is an issue.

## Supplemental Training

As foster parents, you are required to attend a minimum amount of supplementary training each year in order to maintain your classification level.

Level 1..... At least 9 hours per year

Level 2..... At least 12 hours per year

Supplemental training, as mentioned above is available in a variety of ways. When taking supplemental training outside of any CFS training always request a certificate or get a brochure/agenda that details the number of hours you participated in the course or conference. This helps your foster care caseworker in tracking your hours.

In addition to attending courses, caregivers can always use a variety of other options to obtain their supplemental training hours. Many times foster parents need to attend conferences with therapists, school counselors or other professionals to learn about the special needs of their children. These hours can be used towards supplemental training. Books and videos or documentary series related to the needs of children may also be used towards supplemental hours. **Caution: Prior to using any of these resources for supplemental hours, please consult with your foster care caseworker about how many hours you can claim and what documentation you need to submit.**

## Training Expenses

In general, training provided by any Child and Family Services Region will have babysitting and mileage costs reimbursed at a standard rate (ask your Support Worker or see the Compensation Guide for exact rates); however, if the course is not offered by CFS or consists of a conference, please discuss the cost with your foster care caseworker PRIOR to registration if reimbursement is an issue.

Expense claims are provided at each CFS training session and are to be completed and returned to the regional foster care Training Coordinator within two weeks of the completion of each course; Agency claim forms must be returned to the Agency. Claims must be filled out completely, including all calculations and receipts for babysitting.

## Child Behaviour Management

The goal of discipline is not to punish past behaviour but to change future behaviour. Discipline is intended to teach children new methods of coping with their feelings of anger and grief. Caregivers provide a loving and safe environment in which children can finally feel secure enough to express themselves in the only way they can: through their behaviour.

The children placed in your home come from a variety of backgrounds where discipline may have been severe and/or inconsistent and neglect may have occurred. Children entering foster care



frequently have multiple diagnoses, for example Fetal Alcohol Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Attachment Disorder, physical and sexual abuse, neglect, learning disorders, language delays, etc. Foster parents need to develop a high level of skill in order to manage the challenging behaviours associated with these disorders, while building self-esteem, confidence and independence.

In terms of understanding the child's behaviour, it is helpful to remember that every child that comes into foster care is suffering from grief and loss. Every child has lost the ability to live with their family and everything that is associated with that. When you take Orientation for Caregiver Training, you learn the Stages of Grief and the associated behaviours. These stages and behaviours are something that you need to keep at the forefront of your mind as you parent a child entering foster care. Remember, each child is hurting emotionally in some way. You cannot punish away an emotional problem.

## The Four Stages of Grief

### Shock

- This stage lasts for a relatively short period of time, from a few days to a couple of weeks.
- Typically, the child doesn't show a lot of extreme behaviours and may be very calm, lifeless; giddy and excited; worried about their family and/or frozen. They may do everything that you ask of them.
- They may have nightmares, insomnia, be afraid of the dark etc.
- What they need: Comfort, foods they are used to eating, reassuring touch, nightlights, gentle sounds, routine.

### Protest

- This stage can be lengthy and can last from a month to several months.
- There can be a lot of anxiety, anger, helplessness, frustration, resentment, negativity about self, etc.
- The child may cry, have tantrums, bargain, be restless, be messy, complain, criticize, fight with you over everything, destroy things, pick fights with everyone, have problems at school, etc.
- What they need: Routine, 100% reliability from you, calmness from you (don't let them get you to fight), validation of their feelings of frustration, never tell them you are going to send them back if they don't behave.

### Despair

- This stage can last for several days to a couple of months. It should not last for an extended amount of time.
- There can be depression, hopelessness, yearning, isolation, withdrawal, sadness. They may seem tired all the time and start to feel like they are never going home.
- The child may cry a lot, want to be alone all the time, lack direction, want to sleep a lot, want to be babied etc.
- What they need: Routine, but not a lot of emotional demands; some active activities mixed with passive activities (i.e. Go for a walk, then watch a movie), let the child have extra naps

or sleep in a little later; more empathy and understanding.

### Adjustment

- This stage takes at least 3 months, or even years to reach – depending on the age of the child.
- There is a sense of hope and looking forward. The child acknowledges the loss, but is able to make plans for the future.
- The child has realistic thoughts, builds new relationships and enjoys life more.
- What they need: Routine, stability, permanency, acceptance of the past and connections to meaningful relationships, and the knowledge and things can always change.

Each stage brings its own challenges. As a foster parent, you will learn how to deal with each stage in a more complete way and help the child deal with their losses and add positive elements to their lives.

## Suicide and Self-Harm

### Suicide in Alberta

In 2011, there were 3,728 suicides in total. For children and youth age 10 – 24:

| Age     | Total Number | Male | Female |
|---------|--------------|------|--------|
| 10 – 14 | 29           | 12   | 17     |
| 15-19   | 198          | 140  | 58     |
| 20 – 24 | 301          | 224  | 77     |
| Total:  |              | 376  | 152    |

It is estimated that for every youth suicide, that up to 12 attempts were also made. (Mental Health Commission of Canada.)

Children and youth who come into care are at a higher level of risk for suicide and self-harming behaviour than many other children and youth due to the trauma they have experienced in their lives. Caregivers need to be aware of the **background** factors that contribute to elevate risk:

- **Separation from family and community.** Grief and loss has a large impact on a child's well-being. Being removed from one's parents is traumatic regardless of how necessary it might be. Changing schools, losing friends, missing the neighbourhood and familiar surrounding is extremely disruptive to a child or youth.
- **Socioeconomic disadvantage.** If the child or youth comes from a history of poverty, where meals were inconsistent or of poor quality or where they were constantly moving from place to place – they feel a constant sense of insecurity. Education falls behind and is not a priority.
- **Sexuality.** Children or youth who are gay, lesbian or transgendered have a higher risk of being bullied at school or being rejected by their families.
- **Traumatic childhood experiences.**

- *Divorce or separation of parents.* Arguing, yelling, involving the children in parental issues increases the risk.
- *Spousal violence.* Children who witness spousal battering are at increased risk of self-harm and suicide.
- *Emotional, physical or sexual abuse places a child or youth at increased risk.* Homes where there are lots of people coming and going increase the risk of sexual abuse for children and youth. Witnessing the use of drugs and alcohol abuse is also considered emotional abuse.
- **Interpersonal or psychological issues.** Children and youth who are impulsive or who have poor problem-solving skills are also at risk. Social skills are necessary in dealing with other children, youth and adults, and the frustration that occurs when a child fails in daily interactions can lead to depression and self-harming behaviour.
- **Traumatic life events.** Children in kinship or foster care experience grief and loss all the time. Parents may disappear for months at a time, or suddenly reappear. A parent or loved one may die. There may be a break-up with a boyfriend or a girlfriend. It is important to see events through the eyes of the child or youth experiencing the event. Any change could trigger negative feelings.
  - A permanent guardianship order may be granted and there may be conflicting feelings about it. Even when a child or youth may know that the PGO is inevitable, the order signals an end and it can be very traumatic. Grief and loss feelings can occur regardless of what has gone on in the child's life. There are many children and youth who may be triggered toward a depressive episode or suicidal event.
- **Self-injury in peers.** Sometimes this behaviour will occur in clusters of young people, most frequently girls.
- **Alcohol.** Alcohol is a depressant and increases the potential for both self-harm and suicide.

## Assessing for Suicide Risk

Just because a child is young, doesn't mean that they aren't capable of thinking about suicide or being able to complete the act of dying by suicide. The youngest person to die by suicide in Alberta was 7 years old.

**Every statement made by a child or youth about wanting to die needs to be taken seriously.**

When a child or youth makes a statement about wanting to end their life, you as a caregiver or concerned adult need to ask questions and listen carefully. Pay attention and watch for the following risk factors:

- **Depression.** Not all children and youth who attempt suicide are depressed, but those who are at significantly higher risk to die by suicide.
- **Previous attempts.** If the youth has made a prior attempt at suicide, they are more likely to try again.

- Family history of suicide. If the child or youth has had someone in their family die by suicide they are far more likely to see suicide as a viable method of problem-solving. In addition, if mental illness was involved, including depression, there is a genetic factor that can be passed on that can predispose a youth towards similar activities.
  - To a lesser extent, friends who have died by suicide may increase the risk of suicide. This can sometimes be seen in schools or First Nations/Metis communities where youth are deeply affected by the loss of a classmate that they may or may not know well.
- Major psychiatric disorders. Schizophrenia or bipolar disorders are associated with a higher risk of depression and suicide attempts.
- Gender. While females make more attempts, males die by suicide more often at least two to one.
- Ethnicity. In Alberta, 56% of Aboriginal youth have attempted suicide. It is an issue of huge concern for Aboriginal communities.
- Bullying. Children and youth who are being bullied in person or by social media are at high risk for suicide. If the child or youth IS a bully, this also puts them at risk.

#### Other risk factors:

- Making statements that they want to die. Telling you that they actually have a plan. Talking about thoughts of suicide.
- Talking about their final wishes, stating plans for a funeral or giving away prized possessions.
- Loss of interest in hobbies, friends, sports or interests that they used to enjoy.
- Loss of energy and changes in sleep patterns.
- Loss of appetite or even over-eating (change in pattern of eating).
- Expressions of hopelessness and despair.
- Changes in appearances and behaviour. **A sudden change from negative to positive can be particularly dangerous because it can indicate that the child has made a decision on suicide and is at peace with the decision.**

## Aboriginal Youth and Suicide

There are special risk factors that affect Aboriginal youth and suicide. Risk is elevated for Aboriginal children and youth.

According a report compiled by the Aboriginal Healing Foundation in 2009

- Aboriginal youth between the ages of 10 and 29 are 5 to 6 times more likely to die by suicide than their general Canadian counterparts;
- The rate of suicide among Aboriginal people is at least 2 to 4 times higher than the general population
- The Inuit have a suicide rate of 11 times higher than the rest of Canada.



Not all Aboriginal communities experience a high rate of suicide, yet others endure clusters of death by suicide. In these communities it is not unusual for most individuals to have at least one if not several suicides in their family. (Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies, 2007)

Other factors that contribute to higher suicide rate:

- Access to more lethal methods. Many Aboriginal communities still continue to hunt and fish, especially in the Northern areas. There is easy access to guns, although death by hanging is also quite common.
- Community instability or lack of prosperity, limited opportunities for employment. When youth see no future and feel hopeless about their prospects, they cannot envision themselves living as an adult.
- Lack of proper housing, adequate sanitation and quality water. A startling number of First Nations' community are over-crowded and do not have adequate sanitation. Potable water is a huge concern with many communities unable to drink the water coming from their taps – many have to boil water for drinking.
- Isolation geographical locations. Youth who have poor access to medical, psychological, educational and social resources may not get the help that they require when they need it.

(Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies, 2007)

The impact of residential schools, its destruction of the family structure and culture has removed protective factors of the family unit and culture. This leaves Aboriginal youth without a strong identity and more vulnerable to racism, bullying and low self-esteem.

The 60's Scoop also had a tremendous impact on First Nations' communities, primarily in the Western provinces and the Territories with large numbers of children taken into care and adopted out into non-Aboriginal homes. This has left these community leaders mistrustful of working with the child intervention system even when the intention is good.



### **Richard Cardinal and his Impact on Child Intervention Placements**

Currently in Alberta, approximately 69% of children in care are Aboriginal. This is a disproportionate number of children considering the Aboriginal people comprise about 5% of Alberta's population.

Richard Cardinal was a Métis boy from Fort Chipewyan. He died in 1984 after hanging himself from a birch tree in Alberta in the backyard of his sixteenth foster home. In total, Richard lived in 28 separate placements – 16 foster homes, 12 group homes and locked facilities as well as time spent on the street while he fled from abusive placements and looked for siblings.

Richard was often moved without notice and without his consent. He was separated from his siblings and desperately longed for love and family. He made several attempts at suicide, at one time writing "help me" in his own blood.

Richard wrote a diary of his pain and loneliness. He was a sensitive and articulate child. Ultimately, he couldn't take the pain anymore. From his diary:

*I'm skipping the rest of the years because it continues to be the same. I want to say to people involved in my life, don't take this personally – I just can't take it anymore.*

The last time his entire family was together was at his funeral.

A change in caretakers during childhood or adolescence is a huge risk factor for Aboriginal children when they experience moves in and out of foster care or kinship care. One of the biggest changes in policy and practice was motivated by the suicide of Richard Cardinal.

As tragic as Richard's death was, his death changed the way that all children are placed. No longer is it acceptable to change placements over and over again; no longer is it acceptable to split family groupings or not allow siblings to see or hear from each other again; no longer is it acceptable to move children far from their home communities. Richard's story meant that every time a child has to move away from home, be separated from siblings or change placements – this is the option of last resort.

In addition, foster and kinship homes have to be checked thoroughly for motivation and safety in order to take in children needing placements. Case workers and foster care workers must enter homes and talk to the children placed in care to check out their opinions of where they live.

Richard taught the world of child intervention a great deal.

### **Special Strategies for Helping Aboriginal Youth**

In order to help Aboriginal youth combat feelings of low-esteem and depression, caregivers can look at



enhancing protective factors.

### **Protective Factors:**

- Contact with siblings and family. This has to be a priority. It is unnatural for a child to grow up without their siblings. Weekly contact should be the minimum target, especially if the children were apprehended at the same time. Talk to your foster care worker and case worker. At the very least the children and youth should talk on the phone – it may seem they have nothing to say to each other, but at least the contact is there.
- Family connections don't just have to be with parents. There are grandparents, aunts, uncles, cousins by blood and by name. Never forget that fathers are important even if the mother has not involved him before. Ask the case worker for information.
- Connection to home community. Family in the Aboriginal community is defined by more than just parents and siblings – it includes those in the larger community. Children and youth need to make connections with their greater home communities. They need the identity provided by the community of their ancestors.
- Cultural pride. Aboriginal children and youth who take pride in their identity are less susceptible to depression. Children and youth need strong Aboriginal role models – teachers, business owners, caregivers, social workers, etc. to counteract negative modelling presented in the media and to a certain extent negativity they may have seen in their own lives.
  - Both traditional and non-traditional role models are required for children and youth. As they grow older they can make the decision as to how traditional they choose to live; as children, they need all the information about their culture in order to make a fully informed decision.
  - There should be a cultural plan developed with the child's case worker that addresses exactly how the child's Aboriginal identity will be developed. This can include any family or community activities that will strengthen the child or youth's connection to their sense of pride.
  - Subscriptions to newspapers like the Windspeaker (<http://www.windspeaker.com/>) or newsletters from the home community can help you keep in touch with what is going on in the Aboriginal world. It keeps you and therefore the child or youth informed on issues that are important culturally and politically.



- Positive school setting. If possible, Aboriginal children and youth should be enrolled in schools where there is high population of other Aboriginal children and youth. For example, Amiskwaciy Academy is an Aboriginal Junior/High School in Edmonton with the lowest rate of bullying in the city (Aboriginal Field Operations Unit, 2015). Not all the youth in that school self-identified as Aboriginal until they began attending, but not feel an intense sense of pride in who they are. They are also feeling a sense of connection to their future. There are many other schools and programs that while not Aboriginal in nature, have strong Aboriginal programs, particularly in large urban centers.

Smaller areas require more creativity in developing cultural pride, but it is possible to do so.



- Presence of at least one significant adult who provides warmth, caring and understanding. This should be a family member, community member or cultural contact for the child.
- Community strength. Children and youth should have an opportunity to participate in their community in recreational and cultural activities. Volunteerism is also an important factor. The ability to give back is a social responsibility and allows a child or youth to see things from another perspective.
- Talk about the future. Connect the youth to the future. If the child is interested in post-secondary, see if there's an Aboriginal Student's group and see if there's someone who could talk to your child about what it's like to attend school there. Check out Aboriginal businesses online and see if someone could talk to your youth about what it's like to be in their field of interest. <http://www.aboriginal.alberta.ca/documents/AboriginalOrganizationGuide.pdf>
  - Ensure that the children interested in finishing school or interested in post-secondary education know about Advancing Futures bursaries. Children who have been in care (Aboriginal and non-Aboriginal are both eligible).

Hope is the best ally when it comes to suicide prevention. Connecting a child or youth to their culture and future is critical in making them feel optimistic.

## Self-Injury or Self-Harm

Self-harming behaviour is slightly different than suicidal behaviour, but must be taken just as seriously.

**Self-injury is a dangerous behaviour where one causes physical harm to oneself *without the intent of suicide*.** This does not mean that death cannot occur as a result of the self-injuring behaviour.



### Purpose of self-injury

Children or youth who self-injure typically do it for one of two reasons: either to ease feelings of extreme tension or bring a sense of feeling back into the body. Self-injury is a complex issue and can last a lifetime if left untreated by a competent therapist.

Most youth who self-injure start the behaviour around the age of 12-14 years of age, although it can begin as young as 6 years of age. More girls than boys participate in this behaviour. As mentioned previously, this behaviour can occur in peer clusters.

### Common forms of self-injury

- Cutting (typically in areas that can be easily covered by sleeves, pants, bracelets etc.)
- Burning
- Self-hitting (to break bones or cause bruising)
- Swallowing toxic substances
- Scratching or clawing the skin
- Ripping or pulling the hair
- Biting oneself
- Sticking needles or pins into oneself
- Picking at wounds to stop them from healing
- Pinching
- Denial of necessities (not urinating, not eating, not sleeping etc.)

### What to do when a child is at risk for suicide or self-injury

Every time a child makes a statement that they want to self-harm or want to die, you must take this

seriously.

**You must let the child's case worker know immediately. If it is after-hours, you must call Child & Family Intervention Crisis Unit (1-800-638-0715).** In consultation with the case worker, a safety plan will be developed, a safety contract will be made and all the risk factors identified. You may be asked to take the child for a risk assessment to the hospital or a psychologist. The case worker will instruct you on how closely you will need to watch the child. Until then you must keep the child within your eyesight until all the risks have been examined.

You need to complete an 'Incident Report' detailing what happened. Paperwork may not seem important, but this helps create a paper story that will help provide evidence over time that may help get the child or youth the services that they may need. You can get this form from your foster care worker or case worker.

### Talking to your child or youth when they are at risk

Although calling your case worker is important, you need to know the basic steps in helping your child work through their suicidal feelings.

1. **First you need to have a meaningful conversation with the child or youth.** Check out their feelings. Sit down with them in a quiet place and focus on them. Build a sense of comfort and safety for them. Let them share what is happening in their life right now. Really make it possible for them to open up to you. Check for risky behaviours. Have they been drinking or using drugs recently?
2. **Ask about suicide.** Be direct. Ask, "Are you thinking about killing yourself?" It's a scary question to ask, but a very important one. Don't try to change "killing yourself" into "hurting yourself". You have to take a deep breath and ask the big question. The answer is important and those who want help can feel relieved when the answer is out in the open. If the person doesn't feel suicidal, asking them the question won't cause them to consider suicide.
3. **If they answer 'yes', make sure you explore this issue with them.** Don't panic, just explore gently and take time to listen.
  - a. Find out if they have ever made a suicide attempt before, or if anyone in their family has made an attempt.
  - b. Check to see if they have a specific plan. If they do, see if they have access to what they need to make it happen, i.e. gun, pills etc.
4. Find out if they have the support they need. Do they feel totally alone? Are there people or organizations that they trust?
5. Make a plan for safety. Try to help the child or youth disable their plan for suicide. Keep yourself safe, too, especially if you are dealing with weapons. Don't leave the child alone until you have talked to the case worker.



## Resources

There are several resources you may be able to call on when a child or youth presents as suicidal:

- Local distress/crisis line (1-800-SUICIDE, 1-800-784-2433)
- Hospital emergency room
- Psychologist or mental health worker
- Family doctor
- Clergy or Aboriginal Elder
- School counselor
- Emergency Medical Services
- Kids Help Line (1-800-668-6868)
- Honouring Life Network: Source for Aboriginal Youth Suicide Prevention  
<http://www.honouringlife.ca/content/welcome-youth-corner>

Training on suicide and self-harm/injury is required for all foster parents and can be scheduled through your foster care worker or your case worker.

## The Guiding Principles of Discipline:

While there are many different forms of discipline available, there are some guiding principles that you, as the foster parent must be aware of:

- Develop and maintain a helping relationship with the child. That is, develop trust, love, acceptance and stability in the relationship
- Be congruent with the child and yourself. That is, accept responsibility for your own statements, feelings and problems; be sincere and honest with the child
- Ensure complete communication in relationships with the child and fellow team members (e.g., avoid manipulation by the child, share information about the child, make sure the child understands what was expected of her, make sure the child is understood by the team, etc.)
- Search for the meaning of the child's behaviour. Try to understand the reason for the child's misbehaviour
- Set realistic expectations for the child. Don't make them too high or too low
- Be consistent in your behaviour management approach. Set consistent limits for the child
- Be aware of the child's goals and possible pitfalls for you
- Nurture the child's self-esteem. Be aware of the child's own individuality and uniqueness
- Empower the child when helping the child to resolve her own problems



## Prohibited Practices

Whatever methods that are used, they must never be emotionally or physically harmful to the child. Physical discipline must never be used with any of the children placed in your home.

As a foster parent you may NOT use the following discipline methods as they are prohibited:

- Physical punishment. This includes: slapping, hitting, punching, shaking, shoving, pinching, strapping, spanking, poking, paddling, belting, hair pulling, ear pulling or any other pain causing behaviour, washing a child's mouth out with soap, using hot sauce on the tongue, etc.
- Forcing a child to take an uncomfortable or degrading position.
- Deprivation of basic needs such as food, clothing, shelter, bedding, sleep and washroom facilities.
- Harsh or degrading responses or taunting or demeaning remarks.
- Seclusion or confinement (this does not include time outs).
- Exercise or work that may be excessive or harmful to a child. This may even include writing lines.
- Using or threatening to use force to intimidate a child.
- The threat to remove the child from the biological family.
- The threat to deny visits, telephone contact or correspondence with family/guardian.
- Actions that ridicule the child's religious, cultural or personal beliefs.
- Being disciplined by another child who has not been designated as a temporary caregiver.

### **Parenting Toolbox: Discipline that Encourages the Child**

Training is available to learn various methods of discipline and to become aware of the different disorders children with special needs face. Methods of discipline focus on being fair, consistent and clear. Your role as a caregiver is to encourage children through very difficult times in their lives; to teach them healthy ways to deal with negative emotions and safe ways to express themselves.

#### **Types of discipline that are encouraged:**

- Setting limits
- Giving choices
- Use of time-out (as a method for the child to regain control of their emotion – not as a method of punishment) or time-in
- Deciding who owns the problem
- Natural or logical consequences
- De-escalating
- Negotiating and family meetings

There are also specialized methods of child management that may be used with children with different disorders and foster parents can take supplemental training in order to learn these various techniques.

Discuss with the caseworker and your foster care caseworker the different methods of discipline that you may use. These workers are available to help you develop a specific plan for the child, or to support you with resources that may help to deal with specific behaviours. A psychological assessment can often help you understand what challenges a child is having and may help you develop a plan for managing their behaviour.

The way you handle problems teaches the child how to handle his or her own problems. You



become a model by which the child and his or her family may pattern their own behaviour.

Training on specific behaviours problems and management techniques is very important. Please contact your foster care caseworker and/or the Alberta Foster Parent Association (AFPA) for details.





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## LINKS:

### Children's Rights

#### [Children's Rights in Care - 11 years Old and under](#)

[http://advocate.gov.ab.ca/home/documents/Childrens\\_Rights\\_in\\_Care\\_Booklet.pdf](http://advocate.gov.ab.ca/home/documents/Childrens_Rights_in_Care_Booklet.pdf)

#### [Children and Youth in Care have Rights - 12 years and older](#)

[http://advocate.gov.ab.ca/home/documents/Youth\\_Rights\\_in\\_Care\\_Booklet.pdf](http://advocate.gov.ab.ca/home/documents/Youth_Rights_in_Care_Booklet.pdf)

### Foster Care Associations

#### [Alberta Foster Parent Association](#)

<http://www.afpaonline.com/>

#### [Canadian Foster Parent Association](#)

<http://www.canadianfosterfamilyassociation.ca/>

#### [Transitioning From Care: A Guide for Caregivers](#)

<http://www.afpaonline.com/wp-content/uploads/2014/09/Transitioning-From-Care-A-Guide-For-Caregivers-1.pdf>

### Child Development

Encyclopedia on Early Childhood Development

<http://www.child-encyclopedia.com/en-ca/home.html>

Parenting Counts

<http://www.parentingcounts.org/>

Caring for Kids – Canadian Pediatric Society

<http://www.caringforkids.cps.ca/>

CASA Caregiver Village – Resources and Information List for Children based on age

<http://caregivervillage.ca/index.php/webapp>

### The Law, Service Delivery Areas & Delegated First Nation Agencies

#### [The Child, Youth and Family Enhancement Act](#)

[http://www.qp.alberta.ca/1266.cfm?page=c12.cfm&leg\\_type=Acts&isbncln=9780779777334](http://www.qp.alberta.ca/1266.cfm?page=c12.cfm&leg_type=Acts&isbncln=9780779777334)

#### [Delegated First Nations Agencies](#)

<http://humanservices.alberta.ca/family-community/15540.html>

#### [Office of the Child and Youth Advocate](#)

<http://advocate.gov.ab.ca/home/index.cfm>

## Health & Safety

### [Alberta Occupant Restraint Program](#)

<http://www.albertaseatbelts.ca/TrainingModules/index.php>

### [Canadian Dental Association](#)

[http://www.cda-adc.ca/en/oral\\_health/cfy/dental\\_care\\_children/first\\_visit.asp](http://www.cda-adc.ca/en/oral_health/cfy/dental_care_children/first_visit.asp)

### [Car Seat Safety - the Stages](#)

<http://www.tc.gc.ca/eng/motorvehiclesafety/safedrivers-childsafety-car-time-stages-1083.htm>

### [Doctors of Optometry - Canada](#)

<http://doctorsofoptometry.ca/the-eye-exam/>

### [Is Your Child Safe? Sleep Time \(Cribs, beds, etc.\)](#)

<http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php>

### [Crib and Bassinet Safety](#)

<http://laws-lois.justice.gc.ca/eng/regulations/SOR-2010-261/page-3.html#h-7>

### [General Safety for Children](#)

<http://www.albertahealthservices.ca/4671.asp>

### [Recall Alert on Products - Canada](#)

<http://www.healthycanadians.gc.ca/recall-alert-rappel-avis/index-eng.php>

### [Safe Sleep for Babies](#)

<http://www.albertahealthservices.ca/ps-1029951-safe-sleep-brochure.pdf>

### [Water Safety - Alberta Health Services](#)

<http://www.albertahealthservices.ca/watersafe.asp>

### [Window Safety - Alberta Health Services](#)

<http://www.albertahealthservices.ca/EnvironmentalHealth/wf-eh-emergency-egress.pdf>

## Internet

### [Facebook Safety Center](#)

<https://www.facebook.com/safety>

### [Get Cyber Safe](#)

<http://www.getcybersafe.gc.ca/index-eng.aspx>

### [Internet Safety - Human Services](#)

<http://humanservices.alberta.ca/abuse-bullying/14838.html>

### [Kids in the Know - Online Safety](#)

<https://www.kidsintheknow.ca/app/en/>

### [Parent's Guide to Facebook Safety](#)

<http://www.connectsafely.org/pdfs/fbparents.pdf>