



# CSD Practice Manual

Edmonton Region  
Child and Family Services

Revised September 2016

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# BACKGROUND & THEORETICAL FRAMEWORK

## PROVINCIAL HISTORY

The development of Collaborative Service Delivery (CSD) has evolved over the last decade within the province of Alberta. It is a model of service delivery that is built upon the *Child, Youth and Family Enhancement Act (CYFEA)*, Casework Practice Model, and The Alberta Response Model. Originally it was referred to as Outcomes Based Service Delivery (OBSD) and was changed to Collaborative Service Delivery in 2016 to better reflect the spirit and intent of this service delivery method. CSD is focused on child-centered outcomes and family-centered services to promote collaborative practice between Regional staff and contracted service providers. It is a model that builds upon the strengths of all stakeholders involved with a family and is practiced within the spirit of partnership. In 2008, CSD was formally launched as an initiative to improve the effectiveness and measurability of contracted services children and families receive as they move in and out of the child intervention system. In 2009, Alberta Child and Youth Services began to implement CSD pilot sites across Alberta, starting with Edmonton and Calgary.

## EDMONTON REGION CHILD AND FAMILY SERVICES (EDMONTON REGION CFS) HISTORY

In 2009, Edmonton Region initiated its first CSD site at the North Central Neighbourhood Centre in partnership with The Family Centre (TFC). The implementation was successful in developing the foundation for a Regional CSD model. In April 2012, Edmonton Region initiated its second CSD site at the Central Neighbourhood Centre in partnership with Kahkiyaw (partnership between Bent Arrow Traditional Healing Society and Boyle Street Community Services). The Central Neighbourhood Centre and Kahkiyaw partnership is Edmonton Region's first Indigenous CSD site.

Edmonton Region is committed to collaborative and relational practice, where decision-making is shared with the family and community. Edmonton's model allows CSD sites to integrate gold standard practices such as Signs of Safety, as new evidence-based practices are embraced. Already, Edmonton Region is achieving the following preliminary outcomes:

- More children receiving services at home with their families, while remaining safe.
- More children returning home after receiving in-care services.
- Shorter duration of child intervention services.
- More children remaining in their schools of origin while moving in and out of child intervention.

## **GUIDING PRINCIPLES**

- Practice is respectful, ethical, strengths-based, culturally appropriate and engages families through healthy relationships;
- Paramount, is child safety, with a focus on keeping families together and improving permanency outcomes for children and families;
- Interventions are creative, flexible and collaborative; supported by clearly defined roles and transparent, honest communication; and
- Practice is community-based and based on the belief that communities collectively raise their children.

## **SHARED VALUES**

- Services are responsive and provided in a timely manner;
- Services are evidence-based;
- Practice is both child-centered and family-centered;
- Agency Partners and Neighbourhood Centres share joint accountability for services provided;
- Agency Partners and Neighbourhood Centres share decision-making for the services provided;
- Relationships between stakeholders are respectful and positive.
- Services are matched to meet the needs of children and their families - enhancing strengths, and addressing areas for growth and improvement;
- Activities that are conducted among all stakeholders are closely integrated;
- The least intrusive service(s) that maintain a child's safety are the foundation of service delivery;
- Building parental capacity is primary, using a strength-based approach;
- Families are given the opportunity to take the lead as much as possible;
- Children remain in their communities and schools;
- CSD service delivery supports innovation, "out-of-the box" thinking, and flexibility;
- Out of home placements are viewed as assessment and/or stabilizing resources, rather than an outcome; and
- If reuniting children with their families is not successful, permanent placements that honour family relationships, culture and identity are sought for the child as soon as possible.

## **EVIDENCE BASED PRACTICE**

Evidence informed practices are critical to the CSD model. Research that currently informs CSD is: strengths based approach; ecological systems theory; theories on attachment and bonding; resiliency theory; and Signs of Safety practice model. As we build and refine CSD, it is the expectation of the ECFS that Service Providers participate in identified evidence based approaches and propose other practice approaches and treatment interventions that are evidence informed.

The aim is to increase overall accountability and transparency and to improve the quality and effectiveness of the shared work of the ECFS and Service Providers with research informed knowledge.

# FAMILY CENTERED PRACTICE

Family-centered practice is a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on the needs and welfare of children within the context of their families and communities. Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes. It is grounded in the belief that the best place for children to grow up is in families and that providing services that engage, involve, strengthen and support families is the most effective approach to ensuring children's safety, permanency and well-being.

**Deborah's Story:** Child and Family Services and The Family Centre became involved with Deborah when she was 5 months pregnant with her fifth child. Her four other children were aged 17, 15, 5 and 18 months. The family was being evicted from their home due to unhygienic conditions. This family had significant history with Edmonton Region CFS and the mom had also been a Child In Need. Although the mom was reluctant to meet with the Family Intervention Generalist (FIG) and Assessor, she reached out to the FIG when she went into early labour, the evening before her scheduled eviction. The FIG picked up mom from her house and took her to the hospital and supported her throughout the night. Fortunately, the doctor was able to stop the labour. The Family Centre was able to put the family in a hotel for the weekend as mom had identified a friend she could stay with after that. The FIG transported mom and the family to the hotel and back.

The FIG, Assessor and YMCA housing worker were able to help mom in relocating, without the children coming into care. When mom gave birth to her fifth child, she felt unable to care for the premature infant and had discussed having a friend care for the child for a year. Mom reached out to the FIG and Assessor for support in making this arrangement work. The FIG and the Assessor had many conversations with mom about what her life could look like with and without the baby in her care. Following a meeting with mom, the friend, the FIG, the Assessor and a Permanency Worker, it became clear that mom still wanted to care for her child, but was concerned about her ability to provide formula, diapers and other day-to-day physical needs for the infant. Once the team had a good understanding of where mom felt she needed support, they were able to connect mom with community resources that provided formula and baby needs. The FIG and Caseworker continued to support mom in accessing these supports, attending doctor's visits, vaccination appointments, until the mom was ready to close the file at the expiry of the 3 month Family Enhancement Agreement.

At file closure, mom expressed she had a lot of skepticism and mistrust at first - but she had felt listened to by the team and now wished she had a chance to spend more time with them. She stated she was grateful to the team for providing her with the information she needed to make the decision to keep the baby and hadn't judged her for considering alternatives. The FIG called mom a few months after the file closed and she told the FIG that getting her phone call made her day. Mom stated things were going well for the family, the baby was meeting developmental milestones, and thanked the FIG for being treated as a person, not a liability or danger to her children.



**Jennifer's Story:** This family came to the attention of ECFS and Kahkiyaw when mom's four young boys were found unsupervised and playing on a busy street. Initially, both Kahkiyaw and Edmonton Region CFS thought that an apprehension was going to occur. As a team; however, in discussion with the mother, it was agreed that the children would stay in the care of their mother with intense supports in place. For over a month, still under safety assessment, Kahkiyaw workers attended the home daily to meet with the mother. Some of the barriers facing this family were poverty, addictions, being new to Edmonton and prior domestic violence.

During this time, a second report was made that the children were not being properly supervised. It was reported that the mother was away from the home struggling with her addictions, and the children were left at home with multiple intoxicated adults. When Kahkiyaw and ECFS responded it was discovered that there was one sober caregiver in the home, so the children remained in the care of their mother and Kahkiyaw continued to provide supports to the family under an Enhancement Agreement. The Family Wellness Worker attended the home multiple times per week and the mother worked cooperatively with the team; closing the file was being considered. Shortly thereafter, the mom was sent to hospital due to severe E Coli poisoning. While the caseworker and Family Wellness Worker visited with her, the mother informed them that she was struggling with her addictions again and had started using crack-cocaine. Together, the decision was made to apprehend the children and place them with family in a kinship home under a Temporary Guardianship Order (TGO).

Feeling supported, mom worked hard to make necessary changes in her life. Kahkiyaw connected the mom to resources and supports. Workers were also providing mom with supported visits with her children every week. In one month's time, the mom was ready for unsupervised visits. Within three months, the mom had completed the requirements of the court order. Motivated to get the children back, mom knew she needed to demonstrate stability and maintain a healthy lifestyle. To support the family, an extensive visiting schedule was set up where the children began spending weekends with their mother, eventually extending to five days of the week. Financial support was provided to the mom to ensure she was able to provide for the children while they were in her care. During this time, the mother's husband/children's father passed away. It was a very difficult time for the family, but it was agreed that the children would remain with their mother for the duration of the traditional ceremonies and funeral. Kahkiyaw continued to check on the mother and the children to see how they were doing, and the kinship placement also provided support. The family continued to make progress and by four months into the TGO, the children were returned to the care of their mother. Kahkiyaw continued to provide financial support to the family until a judge rescinded the TGO. A Family Enhancement Agreement was signed to support her ongoing success.

Relationships built with mom and her children provided the basis for the team's work. Providing intensive monitoring and support, being flexible in providing financial assistance, and open and honest communication with the family allowed the children to stay (and return) to the home safely.



# CULTURALLY AWARE PRACTICE

Part of providing family centered practice is acknowledging the importance of culture. Families are products of their culture. Those providing services are also products of culture.

Misinterpretations of behaviours, language and approach can occur when there is a lack of awareness of one's own cultural rules and they are projected on others.

In the absence of awareness, one tends to assume, instead of finding out what a behaviour means to the person involved. For instance, looking directly into one's eyes or face is regarded as disrespectful in Japan as well as within some Indigenous cultures.

Edmonton Region is home to a diverse cultural landscape. This diversity is also represented in the child intervention caseload. Over 60% of the child intervention caseload in the Edmonton Region CFS is Indigenous. African, Asian, Central and South American, Eastern European and Indian cultures are also becoming more prevalent within child intervention caseloads.

Since everyone is the product of his or her own culture, becoming more self-aware and cross-culturally aware is an active and purposeful process. To be more successful in this process, the following attitudes can help.

- **Admit that you don't know.** Assume differences, not similarities.
- **Suspend judgments.** Collect as much information as possible so you can describe the situation accurately before evaluating it.
- **Empathy.** In order to understand another person, we need to try standing in his/her shoes.
- **Systematically check your assumptions.** Ask your colleagues for feedback and constantly check your assumptions to make sure that you clearly understand the situation.
- **Become comfortable with ambiguity.** The more complicated and uncertain life is, the more we tend to seek control. Assume that other people are as resourceful as we are and that their way will add to what we know.
- **Celebrate diversity.**

## SHARED PRACTICE

### Prevention, Early Intervention & Community Engagement

Providing preventative services and early intervention to families with children can prevent families from requiring more intrusive services later in life. To support these initiatives, families require access to community services and supports. For this reason, Lead agencies and Neighbourhood Centres are embedded within distinct communities and geographical areas. CSD is designed to enable collaboration and integration among a variety of partners. It is therefore expected that Lead agencies and Neighbourhood Centre offices will act as service integrators by building and/or participating in community networks of early intervention, intervention services and other community supports. It is also expected that Lead agencies will play a role in the development of effective early intervention services and practices within the communities they work in. By working together, we will have improved ability to identify families in need, and to connect them with the right services to address their particular needs.

## Service Integration & Collaboration

Because collaboration is at the heart of CSD, close integration of the activities among all partners is vital to ensuring desired outcomes. This means that the Lead agency and Neighbourhood Centre work together to serve the child and family. Specifically:

- The child and/or family has one single entry point into service delivery;
- Collaboration is on-going, it is not a one-time event; the goal of collaboration is to create a support system to ensure the safety and well-being of children, youth, and families;
- Collaboration begins early, right at the assessment phase if necessary, to engage with families to increase well-being and safety for children;
- As a team, services are tailored to the needs of children and families; and
- The child and/or family complete one service plan.

## Relationship & Trust

When the helping professions are able to model relational and collaborative partnerships, and extend those practices to the children and families they serve, better outcomes are achieved for everyone. The best decisions for children and families occur when all relevant parties participate in the decision making process, within an environment where all opinions are listened to and respected. While it is the responsibility of the Edmonton Region CFS to adhere to the *Child, Youth and Family Enhancement Act (CYFEA)* legislation, regulation, policies and Intervention Standards; this responsibility is best realized through collaboration and shared decision-making. To date, CSD sites have had great success with families when relationship and trust is established between the Lead agency and the Neighbourhood Centre.

Site Managers and Lead agency Managers are jointly responsible to role model collaboration and partnership and to lead, challenge and engage their respective staff to implement and utilize evidenced based practices and the shared practice framework. Achieving desired outcomes is the responsibility of both the Neighbourhood Centres and the Lead agencies.

**NOTE:** Both Kahkiyaw and TFC encourage Lead agency partners and Neighbourhood Centre staff to listen to each other, and learn to incorporate each other's information into practice. Current partners are learning to focus on:

- What are the risks?
- What are the protective factors?
- What is the bottom line for Edmonton Region CFS?
- What needs to be decided today vs. down the road?
- Making clear decisions and ensuring everyone is on the same page.

Understanding that no one side is there to play the good guy or the bad guy, rather, partners are to use a collaborative approach with the family is important. Avoid making this mistake.

# JOINT TRAINING & JOINT ACTIVITIES

## Train Together

Wherever it makes sense, joint training can serve as collaborative, team-building opportunities that may also be economical. Through joint training, Neighbourhood Centre and Lead agency staff come together to learn and share multidisciplinary perspectives. These venues can help foster relationships between Neighbourhood Centre and Lead agency staff.

### Is the training relevant to the CSD relationship?

*To build relationships and maintain successful partnerships, CSD partners must begin with the perspective that their partners are trustworthy. Lead agencies and Neighbourhood Centre staff will come with different lenses, but they both want what is best for children and families. Meeting together on a regular basis, and ensuring ongoing frequent communication is occurring is critical for partnerships to be successful. Both at the management level and front-line service delivery level, providing opportunities to come together is very important.*

*Pauline Smale  
The Family Centre*

- Are both Neighbourhood Centre and Agency staff going to benefit; is it worth the time away from work responsibilities? For instance:
  - Are both Edmonton Region CFS and Agency staff perspectives reflected in the training?

### Have Fun Together

Relationship building requires ongoing and frequent communication. Lead agency and Neighbourhood Centre managers must be deliberate about initiating or supporting opportunities for staff to come together. The North Central/The Family Centre and Central/Kahkiyaw partners have brought staff together for cultural celebrations, hosted BBQs, CSD anniversaries and community outreach activities to name a few examples.

*As part of reaching the South Sudanese community, Neighbourhood Centre staff and The Family Centre staff organized a community BBQ. It was a very successful event, and we had fun.*

*Gary Kearns  
Former Manager  
North Central  
Neighbourhood Centre*

- Kahkiyaw and Central Neighbourhood Centre celebrated summer together by hosting informal BBQs for staff. Each partner hosted the BBQs by taking turns every other week.
- The Family Centre and North Central Neighbourhood Centre celebrate CSD anniversaries and holidays together, to provide opportunities for staff to come together and get to know each other.

## Useful Training for Agency and Edmonton Region CFS Staff

The following training components were said to be especially useful for staff:

- Child intervention orientation/modified delegation training in-service provided to Agency partners by their partnered Neighbourhood Centres.
- In-Service regarding each partner's array of services and responsibilities:
  - The Neighbourhood Centre can provide information on Regional services such as Child at Risk Response Team (CARRT), Alberta Vulnerable Infant Response Team (AVIRT), Placement Resource Assessment Team (PRAT)
  - The Lead agency can provide information about each of their program areas, etc.
- Training for emerging practices such as Signs of Safety.
- How to complete a referral for psychological and assessment services so you get what you actually want.

*After the implementation of CSD, the above training as well as more in-depth learning about each other's programs may occur as time permits.*

## CO-MANAGEMENT

***Definition:*** *Partnership in decision-making; joint action on common objectives.*

## BACKGROUND

Initially, it was thought that by changing the contractual relationship with an agency - where they were given responsibility for the delivery of the full continuum of services, where metrics and pricing were tied to achieving positive outcomes for children, youth and families - the agency would be in a better position to achieve outcomes and motivated to work efficiently. Early in the implementation of CSD; however, it became apparent that the Lead agency had limited input into case decisions that impacted service delivery (agencies are unable to perform delegated responsibilities and are impacted by court decisions) making the delineation of roles and responsibilities difficult. It was at this point that the collective focus of CSD shifted to joint accountability and shared practice.

*"It was realized that in order for an agency to influence the outcomes being measured, and to be held accountable for achieving them, that they must be able to influence a significant portion of the decisions being made."*

*Edmonton Region CFS*

With a focus on joint accountability, the experience in the Edmonton Region CFS has led to a unique CSD model of shared practice. Together, the Neighbourhood Centre Manager, as well as the Regional Senior Manager for the site, with the Managers of the Lead agencies are jointly responsible for achieving outcomes, improving practice and managing the budget within their partnership.

# THREE COMPONENTS OF CO-MANAGEMENT

CSD has three main and interconnected components to it: finance; outcomes; and shared practice.

## Finance

- The CSD contractual agreement incorporates funding flexibility for Lead agencies to allow them to allocate resources in a way that is adaptive and based on the need of the clients. Flexibility and a certain amount of autonomy for service delivery provision are important to the model, however; the overall budget is the responsibility of both the agency and the Neighbourhood Centre.
- The Regional Senior Managers for the site, the site Managers, along with the Lead agency Managers are jointly responsible for their CSD budget. The budget for the fiscal year sits with the Lead agency but responsibility for monitoring and spending rests with both.

Neighbourhood Centre Office	Lead agencies
<ul style="list-style-type: none"> <li>• Work with the Lead agency in identifying service delivery practice issues, pressures, successes and needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Fulfill contractual obligations in managing the budget and delivering the continuum of services.</li> </ul>
<ul style="list-style-type: none"> <li>• Jointly monitor the budget on a monthly basis and ongoing. Include it as a standing item to be discussed at leadership meetings.</li> </ul>	
<ul style="list-style-type: none"> <li>• Attend four quarterly financial meetings yearly with financial and contract representatives from both the Region and the Lead agency. Analyze the agency's financial statements and monitor and discuss budget pressures.</li> </ul>	<ul style="list-style-type: none"> <li>• Submit quarterly financial statements and attend four quarterly financial meetings yearly with financial representatives from both the Region and the Lead agency.</li> <li>• Analyze the agency's financial statement and monitor and discuss budget pressures.</li> </ul>
<ul style="list-style-type: none"> <li>• The Regional Senior Manager for the site will alert the Senior Management Team to any budget concerns.</li> </ul>	<ul style="list-style-type: none"> <li>• Alert the Region on budget concerns</li> </ul>
<ul style="list-style-type: none"> <li>• On a regular basis, both Lead agencies and Neighbourhood Centre managers will identify trends and discuss cost pressures. When and where possible, make joint decisions regarding where to reinvest money to address pressures, meet clients' needs and achieve successful outcomes on a macro level.</li> </ul>	
<ul style="list-style-type: none"> <li>• Work with staff to understand the fiscal responsibility of both the office and the Lead agency. This may require identifying financial pressure and joint accountability for spending. Courageous conversations on capacity, gaps and issues.</li> </ul>	
<p>Both the Lead agency and the Neighbourhood Centre will:</p> <ul style="list-style-type: none"> <li>• Maintain accurate numbers and information regarding referrals and closure of files.</li> <li>• Maintain a monthly nominal roll of placements.</li> <li>• Ensure the consistency of each other's data and information on a monthly basis.</li> </ul>	

## Outcomes

- Achieving the desired outcomes is the shared responsibility of both the Neighbourhood Centre and the Lead agency. Using principle-based practice as outlined in the Shared Practice Framework will lead to the positive outcomes (child safety, wellbeing, permanency, family and community support) sought by the Region.

Neighbourhood Centre Office	Lead agencies
<ul style="list-style-type: none"> <li>• Work collaboratively to analyze and utilize data to refine practice approaches to achieving desired outcomes.</li> </ul>	
<ul style="list-style-type: none"> <li>• Ensure all staff have a common understanding of outcomes, outcome tools, indicators of success, and processes for collecting data.</li> </ul>	
<ul style="list-style-type: none"> <li>• Wherever possible ensure staff assist the agency in their efforts to measure and collect data.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize the measurement tools and collect data as per the contract.</li> </ul>
<ul style="list-style-type: none"> <li>• Focus on outcomes as a central driver for casework and resource allocation.</li> </ul>	
<ul style="list-style-type: none"> <li>• Outcomes to be discussed and analyzed at the financial quarterly meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• Lead agency provides data and outcome information reflective of the quarter to be discussed and analyzed at the quarterly financial meetings.</li> </ul>

## Shared Practice

- A collaborative and strengths-based practice with children and families.
- Lead agencies are responsible for the coordination, integration and management of services within its identified community. Lead agencies work in collaboration with Neighbourhood Centre staff, families and other community resources in delivering these services.

Neighbourhood Centre Office	Lead agencies
<ul style="list-style-type: none"> <li>• Lead and role model collaboration and effective communication.</li> </ul>	
<ul style="list-style-type: none"> <li>• Work with and support your partner Lead agency in delivering services.</li> </ul>	<ul style="list-style-type: none"> <li>• Lead agencies provide responsive, timely and individualized service delivery.</li> </ul>
<ul style="list-style-type: none"> <li>• Work through issues in service delivery as they arise. Collaborate in issues management, problem solving, and prioritizing work.</li> <li>• Work in relationship. Demonstrate a joint responsibility to supporting, nurturing, and growing each other's staff.</li> </ul>	
<ul style="list-style-type: none"> <li>• Support staff to create one service plan with families. Plans are to be created collaboratively by the Neighbourhood Centre, Agency, family and any others considered to be part of the team. <b>Families are core members of the team.</b> Decisions, whenever possible, should be made by the team.</li> </ul>	
<ul style="list-style-type: none"> <li>• Working in partnership, engage and lead staff to implement and utilize strengths based practice that is family-centered, culturally appropriate, evidenced-based and focused on well-being.</li> </ul>	



# **“OUT OF THE BOX THINKING”**

## **Kahkiyaw: Kelly’s Story**

In December 2013 a mother called the Edmonton Region CFS seeking support as she was struggling with two of her teenage children. The mother explained that both her children were previously PGO and that she worked hard to have them returned to her care. She expressed difficulty connecting and building a relationship with her two children. She further explained that upon their return to her care they were angry and often took off from the family home to use drugs and alcohol.

Upon receiving the referral, Kahkiyaw assigned a Family Wellness Worker to attend the home with an assessor from the Central Office. During the first meeting the mother was in a state of hopelessness and mentioned several times that she felt like giving up. The assessor empowered the mother by reminding her of the hard work and dedication she demonstrated in having her children returned to her care. This allowed the mother to refocus her feelings and continue to fight for her families’ well-being. Through joint collaboration and service delivery, the team (including the family) was able to agree on goals that included connecting the family to Kahkiyaw’s Elders and implement cultural appropriate services. A “Healing Circle” for the family was organized and conducted with the guidance of Kahkiyaw’s Elders. During the healing circle the two children were able to express some of the root causes of their anger. The youth shared experiences of being in foster care and treatment centres, and felt safe to express some of the traumatic events they experienced. For instance, one of the youth shared her experience of witnessing a peer attempting to commit suicide by hanging herself. The children also had the chance to share with their stepfather how important he was to both of them. This was emotionally significant for the stepfather, as he was unaware of their feelings towards him. The experience was a start to the family’s emotional journey and healing. Services from a Family Wellness worker, as well as counseling, community program, and healing circles assisted this family to understand one another and establish healthy parent-child relationships.

## **TFC: Jane and Lynn’s Story**

Jane gave birth to her second daughter, Lynn in May 2013. Her first daughter had been apprehended shortly after birth, went PGO and is residing with Jane’s mother. At the time of Lynn’s birth, Edmonton Region CFS was contacted by the hospital, as there were concerns about Jane’s ability to care for her new baby. Jane and Lynn were released from the hospital three days after the birth and went directly to live in a fully supported Reunification home where Jane could learn to care for her baby in a safe, nurturing environment. The initial prognosis for Jane and Lynn was not positive. With the hands-on support of the TFC house staff and intense work by her TFC FIG, who was supported by her Edmonton Region CFS partner, Jane and Lynn were able to successfully transition out of the TFC Reunification home into the community within three months. With ongoing supports and connections to her community, Jane continues to successfully parent Lynn. Jane has said that without the Reunification home and supportive team, she would not be where she is today. She also talked about the significant difference between the experiences she has with both of her daughters, the positive impact CSD has had on her life and ultimately the life of her daughter. In some other cases with similar dynamics, children who had previously been apprehended were able to return to the care of the parent(s).



# CHILD INTERVENTION

## KEY CHILD INTERVENTION DOMAINS

### CHILD INTERVENTION PRACTICE FRAMEWORK

The Alberta Child Intervention Practice Framework (CIPF) describes values and principles that support the casework practice model and underpins caseworkers' work with children and families. It outlines specific approaches and techniques that support "family centered practice with child-centered outcomes."

**Vision:** An environment where family strengths are recognized and where all children and youth are respected, valued and supported within the communities they live.

**Mission:** Ensure the safety and well-being of children and youth, by working together with families and communities to develop nurturing and safe environments for children, youth and individuals.

**The following CIPF practice principles guide our work with children, youth and families**

#### Aboriginal Experience

Aboriginal peoples have always had their own ways of ensuring that vulnerable members, including children, are safe, protected and nurtured. We honour this by recognizing their expertise in matters concerning their 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 or spiritual 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-centered. 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.

The following chart provides an overview of child intervention services.

Front-End Activities	Not In Care		In Care		Post-Intervention Supports
Initial Calls are Screened Intakes Brief Services Referrals to Community Agencies Safety Phase Assessments	Family Enhancement Agreements	Supervision Order Open Under Assessment Interim Access Order	Temporary Care Temporary Guardianship Order Custody Agreement Custody Order Apprehension Order	Permanent Care Permanent Guardianship Order Permanent Guardianship Agreement	Supports for Permanency Supports to Young Adults under Support and Financial Assistance Agreements
	Family Enhancement	Child Protection			

## FRONT-END ACTIVITIES

Child intervention services are tasked with front-end activities, which include the screening of calls, creating intakes, completing safety assessments, and making initial court applications.

### Intakes & Safety Phase Assessments Vision:

Neighbourhood Centre staff are responsible for completing intakes and safety phase assessments. The intake process provides a preliminary assessment of the child's need for intervention. If the referral provides reasonable and probable grounds to believe that a child may be in need of intervention, the referral is considered a report. A number of options are available to the intake workers to assist families during the intake process, such as the provision of brief services, making referrals to community agencies (diversion from child intervention to preventative services), and forwarding the intake to safety assessment.

An intake is forwarded to Safety Assessment when it is determined the needs of the family are too great, or the safety and well-being of the children are at-risk. The safety phase assessment activities involve gathering, consolidating and analyzing information for a structured in-depth assessment of the child's needs, parental capacities and environmental factors. The safety phase is concluded when a determination is made about the safety condition of the child, and the child's need for ongoing intervention. Like the intake process, there are a number of options

and early intervention services available to assist families while the assessors are completing the safety phase assessment.

- Intake: must be completed within 5 working days. Safety Assessment must be completed within 40 working days from the date of referral from intake.

**At the conclusion of the safety assessment phase, the file may close (with or without community referrals) or open to family enhancement or child protective services.**

## **Brief Services**

Brief services are goods and/or services provided on a one-time basis to the child or family during the 5 day screening period to alleviate immediate needs. The services that are provided must not be accessible through any other means and are limited to:

- Repatriation;
- accommodations/rent/damage deposit;
- utilities;
- groceries;
- emergency clothing;
- emergency care;
- medical/dental/optical: one-time assistance with medical, dental or optical costs not covered by any other program; and
- support services (e.g. homemaking services).

## **Defining Need for Intervention: *Child Youth and Family Enhancement Act***

### **Decision Matrix – CYFEA Section 1 (2)**

In Alberta, a child is in need of intervention if there are reasonable and probable grounds to believe that the survival, security or development of the child is endangered because of any of the following:

- a. the child has been abandoned or lost;
- b. the guardian of the child is dead and the child has no other guardian;
- c. the child is neglected by the guardian;
- d. the child has been or there is substantial risk that the child will be physically injured or sexually abused by the guardian of the child;
- e. the guardian of the child is unable or unwilling to protect the child from physical injury or sexual abuse;
- f. the child has been emotionally injured by the guardian of the child;
- g. the guardian of the child is unable or unwilling to protect the child from emotional injury;
- h. the guardian of the child has subjected the child to or is unable or unwilling to protect the child from cruel and unusual treatment or punishment.

### **Matters to be Considered – CYFEA Section 2 (2)**

If a child is in need of intervention due to any of the reasons listed above, a Court, an Appeal Panel and all persons who exercise any authority or make any decision under this *Act* relating to the child must do so in the best interests of the child and must consider the following as well as any other relevant matter:

- a. the family is the basic unit of society and its well-being should be supported and preserved;
- b. the importance of stable, permanent and nurturing relationships for the child;

- c. the intervention services needed by the child should be provided in a manner that ensures the [least disruption to the child](#);
- d. a child who is capable of forming an opinion is entitled to an opportunity to express that opinion on matters affecting the child, and the [child's opinion should be considered](#) by those making decisions that affect the child;
- e. the [family is responsible for the care, supervision and maintenance of its children](#) and every child should have an opportunity to be a wanted and valued member of a family, and to that end
  - i. if intervention services are necessary to assist the child's family in providing for the care of a child, those [services should be provided to the family](#), insofar as it is reasonably practicable, in a manner that supports the family unit and prevents the need to remove the child from the family, and
  - ii. a [child should be removed from the child's family only when other less disruptive measures are not sufficient to protect the survival, security or development of the child](#);
- f. subject to clauses (e) and (g), if a child has been exposed to domestic violence within the child's family, [intervention services should be provided to the family in a manner that supports the abused family members and prevents the need to remove the child from the custody of an abused family member](#);
- g. any decision [concerning the removal of a child](#) from the child's family should take into account the risk to the child if the child remains with the family, is removed from the family or is returned to the family;
- h. if it is not inconsistent with protecting the survival, security or development of a child who is in need of intervention, and appropriate community services are available, the child or the child's family should be referred to the community for services to support and preserve the family and to prevent the need for any other intervention under this Act;
- i. [any decision concerning the placement of a child outside the child's family should take into account](#)
  - i. the benefits to the child of a placement within the [child's extended family](#);
  - ii. the benefits to the child of a placement within or [as close as possible to the child's home community](#),
  - iii. the benefits to the child of a placement that respects the child's [familial, cultural, social and religious heritage](#),
  - iv. the benefits to the child of [stability and continuity of care and relationships](#),
  - v. the [mental, emotional and physical needs of the child](#) and the child's mental, emotional and physical stage of development, and
  - vi. whether the proposed placement [is suitable for the child](#);
- j. the provision of intervention services is intended to remedy or alleviate the condition that caused the child to be in need of intervention;
- k. intervention services are most effective when they are provided through [a collaborative and multi-disciplinary approach](#);
- l. if a child is being provided with care under this Act, the child should be provided with a level of care that is adequate to meet the needs of the child and [consistent with community standards](#) and available resources;
- m. if a child is being provided with care under this Act, a [plan for the care](#) of that child should be developed that
  - i. addresses the child's need for stability, [permanence and continuity of care](#) and relationships, and
  - ii. in the case of a youth, addresses the youth's need for preparation for the [transition to independence and adulthood](#);

- n. a person who assumes responsibility for the care of a child under this Act should endeavour to make the **child aware of the child's familial, cultural, social and religious heritage**;
- o. there should be **no unreasonable delay** in making or implementing a decision affecting a child;
- p. if the child is an aboriginal child, **the uniqueness of aboriginal culture, heritage, spirituality and traditions should be respected** and consideration should be given to the importance of preserving the child's cultural identity.

## FAMILY ENHANCEMENT

When it is decided that intervention is required, but the safety of the child and the needs of the family can be met through a voluntary agreement, a Family Enhancement Agreement is signed. This means that the child remains at home, and his/her parents agree to work voluntarily with child intervention services. **Family Enhancement Agreements can vary in length, but at minimum must be re-evaluated every three months.**

### Enhancement Agreement with Guardian or Custodian (EAG)

The Director may enter into an Enhancement Agreement with a guardian or person who has custody (custodian) of a child when:

- the child is in need of intervention;
- the child's needs for intervention can be satisfied by family enhancement services and the child's safety can be assured while the child remains in the care of the guardian or custodian; and
- the guardian or custodian is willing to enter into an agreement.

The director may sign an EAG for periods of up to three months at a time.

Services may be extended under subsequent EAGs with supervisory review and approval. If enhancement services are provided for a period longer than six months, supervisory approval and managerial notification are required.

**If a child or youth requires out of home placement while under an Enhancement Agreement with Guardian, financial assistance is available under the Support for Family Based Care (SFBC) program. See below for details.**

### Enhancement Agreement with Youth (EAY)

The director may enter into an Enhancement Agreement with a youth, 16 years of age or older, when a youth:

- is living independently from their guardian; and
- requires intervention to meet their needs with a limited degree of supervision and support.

An enhancement agreement may be signed with a youth for a period of up to nine months. The director may continue to enter into subsequent EAYs with a youth until the youth's 18<sup>th</sup> birthday.

### Support for Family Based Care (SFBC)

Legislation states that once an assessment has been completed and the child is determined to be in need of intervention, the least intrusive service that ensures the safety and well-being of

the child be employed. Only when the Director is satisfied that a child's need for intervention cannot be satisfied through the provision of Family Enhancement, are protective services applied. There are times when a child may need to move outside of the home while the family is receiving enhancement services. SFBC is a financial program to assist families and significant others provide care to said children when their needs can be adequately met without protection services.

**NOTE:** Under an EAY, the director does not assume guardianship or custody of the youth; therefore, a youth under an EAY is not in care. A youth with an EAY cannot be placed with an approved placement provider (i.e. foster care, kinship care, group care or residential treatment), as this requires a CAY at minimum. The youth must be living independently, (e.g. in a room and board setting, in a shelter program, a supported independent living (SIL) program or independently in a private residence).

## **Eligibility**

SFBC is a practice option within Family Enhancement services that allows families and communities to intervene and keep children safe when the child cannot remain in parental care due to intervention concerns. This option; however, is only applicable when:

- a) the guardian is present and consents to the child living with another caregiver; or
- b) the guardian is unavailable to provide their consent.

The SFBC arrangement mirrors kinship care insofar as the child's caregiver (who is known to them) is financially supported and services are provided to the child. The main difference however, is the child is **NOT** in the care of the Director.

SFBC requires a collaborative conversation with the guardian when the child cannot remain in parental care and when successful, allows the child to reside with loved ones who are known to them, ensures their protection and allows for supports to be provided (as an intervention file is opened under family enhancement) and allows for financial support (comparative to kinship care) to be provided to the child's caregiver; all the while accurately reflecting the Matters to be Considered outlined in the CYFEA.

*(If the child is determined to NOT be in need of intervention and yet they are unable to return to their guardian's care, the matter should be referred to the Child and Youth Support (CYS) Program).*

**NOTE:** The team should assess the child's need for a guardian to consent to medical care, mental health services, educational assessments etc. If the guardian is unavailable and consent for services is needed, the team may need to consider more intrusive measures to ensure that a guardian is available to the child. The team must also assess if the arrangement with the caregiver is a temporary arrangement or more long-term. If it appears that the caregiving arrangement under SFBC will be more of a long-term arrangement, the team should address the caregiver's willingness to make an application for private guardianship.

## **CHILD PROTECTION**

When it is decided that intervention is required, but the safety of the child and the needs of the family cannot be met with the child remaining home under a Family Enhancement Agreement, a

child protection status is sought. Child protection legal authorities include in-care and not-in-care statuses:

## Not-in-Care Status

<b>Supervision Order</b>	Allows Child and Youth Services the authority to supervise the family in the home while providing specified services which include frequent visits to the home by a social worker or the assessment and treatment of the child or other person residing with the child. An Order may not exceed <b>six months</b> , but may be extended indefinitely by the court.
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## In-Care Statuses

<b>Custody Agreement</b>	This is where a child or youth enters the care of the Director voluntarily under an agreement. Custody Agreements can be signed with either a parent or youth age 16 years or older. A custody agreement can be signed for periods up to a maximum of <b>six months</b> at a time.
<b>Custody Agreement with Guardian (CAG)</b>	<p>The Director can enter into a custody agreement with a guardian when the child is in need of intervention and the survival, security or development of the child cannot be adequately protected if the child remains with the child's guardian.</p> <p>May sign a CAG for periods up to a maximum of <b>six months</b> at a time.</p> <p>Other criteria to consider include:</p> <ul style="list-style-type: none"> <li>• less intrusive measures cannot adequately protect the child;</li> <li>• it is not in the best interests of the child to remain with the guardian;</li> <li>• the parent is willing and able to participate in planning; and</li> <li>• the child is not the subject of a Family Support for Children with Disabilities (FSCD) agreement or the FSCD agreement will be terminated once the guardian enters into a CAG.</li> </ul> <p><b>NOTE:</b> Under a CAG, the level of guardianship authority delegated to the Director by the parents is determined when the agreement is negotiated and is documented on Custody Agreement with Guardian. Under a CAG, a child is eligible for all services available to any child in care.</p>
<b>Custody Agreement with Youth (CAY)</b>	The Director can enter into a custody agreement with a youth age 16 years or older when the youth is in need of intervention and the survival, security or development of the youth can be adequately protected through the agreement. May sign a CAY for periods up to a maximum of six months at a time.
<b>Custody Agreement with Youth (CAY) Continued</b>	<p>Other criteria to consider include:</p> <ul style="list-style-type: none"> <li>- a youth is living independently from their guardian,</li> <li>- less intrusive measures cannot adequately protect the youth,</li> <li>- it is not in the youth's best interest to return to the guardian,</li> <li>- the guardian cannot or will not protect the youth, and</li> </ul>



	<ul style="list-style-type: none"> <li>- the youth is not the subject of an FSCD agreement or the FSCD agreement will be terminated once the youth enters into a custody agreement.</li> </ul> <p><b>NOTE:</b> Under a CAY, the director does not assume guardianship of the youth. Under the CAY, a youth is eligible for all services available to any youth in care.</p>
<b>Apprehension Order</b>	An apprehension order gives the Director the authority to take the child from the custody of their guardian when there are grounds that a child is in need of intervention. After a child has been apprehended, the Director has exclusive custody of the child until the child is returned to their guardian, or another order has been granted. If a child has not been returned to the parent/guardian within 2 days of being apprehended, then the Director must make an application the Court within 10 days for a supervision order, a temporary or permanent guardianship order, or an order returning the child to parent/guardian's care.
<b>Custody Order (Interim)</b>	After an apprehension, an application for initial custody must be made if the Director is applying for a TGO or PGO. Initial custody may be granted after an apprehension if the Director has made an application for a TGO or PGO.
<b>Temporary Guardianship Order (TGO)</b>	Granted when the child is in need of protective services and is unable to remain at home, but is expected to return home or become independent within a reasonable time. The child's cumulative time in care cannot exceed 9 months if the child is under the age of 6, or 12 months if the child is 6 years of age or older.
<b>Permanent Guardianship Order (PGO)</b>	Children and Family Services is appointed the sole guardian of the child and the parent or other guardian no longer has the right or responsibility to care for the child. The Order is effective until the court terminates, a private guardianship order is made, adoption is made, the child turns 18 or the child marries.
<b>Permanent Guardianship Agreement (PGA)</b>	A parent voluntarily relinquishes a child to a Director for the purposes of adoption. All parental rights are terminated. Custody and guardianship are permanently transferred to a Director.

## Case Transition Between Enhancement & Protective Services

An open case may be transitioned between enhancement and protective services when it is determined that the intervention needs of the child would be more appropriately met in the other program.

## POST-INTERVENTION SUPPORTS

### Support and Financial Assistance Agreement (SFA)

Services can be provided to young adults between 18 and 24 years by entering into a SFA.

### Edmonton Region Eligibility

Young adults who on their 18<sup>th</sup> birthday were the subject of a PGO, a Permanent Guardianship

Agreement, a TGO, a CAY or an Enhancement Agreement with Youth.

### **Length of Agreements & Expectations**

A Support and Financial Assistance Agreement shall be signed with all youth who are eligible and wish to enter into an agreement. Agreements will be 9 months in length for as long as possible given the child's age unless the youth directs that the agreement may be a shorter length.

A Transition to Independence plan is completed with the youth, and caseworker will ensure that the youth is actively involved in the development of the plan and that it is reflective of the youth's goals. A Service Team Meeting will be held a minimum of once every 90 days to review the Transition to Independence Plan.

Involvement under a Support and Financial Assistance Agreement will be terminated only under one of the following conditions:

- The youth has reached the age of 24; or
- The caseworker, the casework supervisor and the youth all agree that the youth has become fully independent and no longer requires supports; or
- The youth does not want to enter into a Support and Financial Assistance Agreement with the Director

A Support and Financial Assistance Agreement does not have a list of mandatory services or tasks. Tasks for achieving goals agreed upon by the youth are developed specifically for each case. What services are appropriate to provide at any given time remains in the discretion of the supervisor in consultation with the caseworker and youth, but must reasonably be able to successfully transition the youth to independence - assuming the youth's cooperation by 24 years of age.

### **Supports for Permanency**

The Supports for Permanency program is designed to ensure permanent, loving homes to children in care have the means to advocate for them and meet their unique needs. The program provides financial support to families who **adopt or obtain private guardianship** of children in permanent government care who were subject to a permanent guardianship order or agreement.

# LEGISLATION, POLICY & FRAMEWORK

## WEBLINKS

Access to complete copies of the *CYFEA* and the *CYFEA* Policy Manual can be found at:

*Child, Youth and Family Enhancement Act* (pdf copy current as of July 23, 2014 from Queen's Printer): <http://www.qp.alberta.ca/documents/Acts/c12.pdf>

Enhancement Act Policy Manual (pdf copy revised July 22, 2014):  
<http://humanservices.alberta.ca/documents/Enhancement-Act-Policy-Manual.pdf>

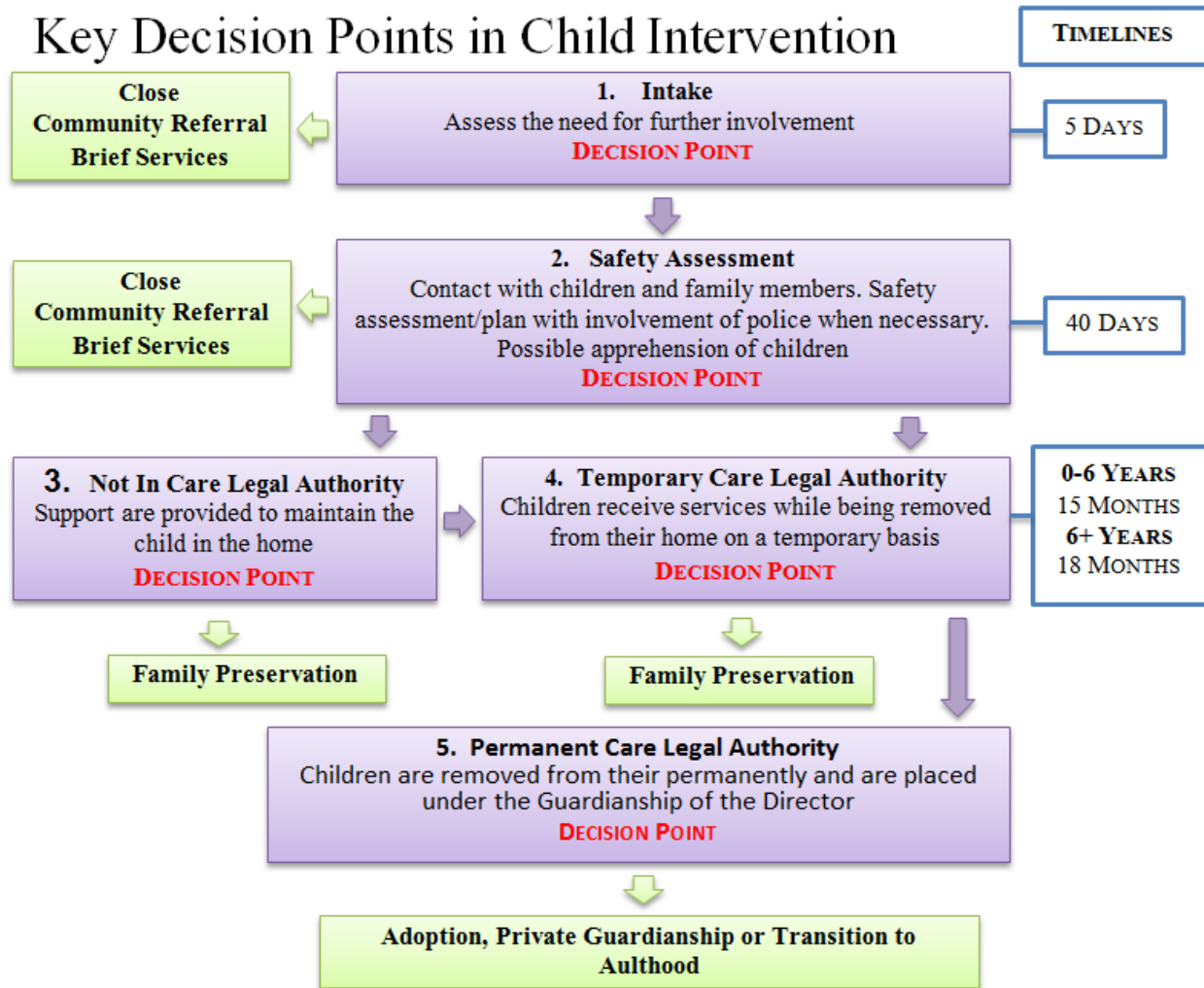
Alberta Human Services Webpage with link to Enhancement Act Policy Manual:  
<http://humanservices.alberta.ca/publications/enhancement-act-policy-manual.html>

The following link provides access to the Child Intervention Practice Framework:  
<http://humanservices.alberta.ca/abuse-bullying/17242.html>

For links to related legislation: *PSECA*, *DECA*, *PAFVA*:  
<http://www.humanservices.alberta.ca/abuse-bullying/14861.html>

# KEY DECISION POINTS IN CHILD INTERVENTION

The following chart outlines the key decision points in the life of a child intervention file. It also shows the timelines associated with involvement. As can be seen at the first decision point, a decision to open or close at intake must occur within 5 business days.



## CHILDREN'S RIGHTS

### CHILDREN'S PROCEDURAL RIGHTS

Children need to know what to expect if they are receiving services under the *CYFEA*. Informing a child of his or her procedural rights is not only required by *CYFEA*, but it provides an opportunity to develop the child's problem-solving capacity. Under legislation:

- a child who is capable of forming an opinion is entitled to the opportunity to express his or her opinion and have it considered in making decisions that affect the child.
- the Director, when it is appropriate, must inform a child of the child's procedural rights under Section 2(2.1).

- When intervention services include removing the child from the parental home, the child must receive a copy of the appropriate Children Have Rights booklet and have the opportunity to have a discussion that includes an explanation of their procedural rights and general rights.
- If the case involves a court hearing soon after the child is placed, the child must be informed of his or her procedural rights prior to the court hearing as Court will want to ensure that the child is aware of his or her rights.

Copies of the 'Children Have Rights' and 'Children and Young People Have Rights' booklets are found at the following addresses:

- <http://www.humanservices.alberta.ca/documents/Children-have-Rights.pdf>
- <http://www.humanservices.alberta.ca/documents/Children-and-Young-People-have-Rights.pdf>

## OFFICE OF THE CHILD AND YOUTH ADVOCATE (OCYA)

The OCYA provides advocacy services for children and youth who are receiving services under CYFEA and PSECA, and assists them in exercising their procedural rights. The OCYA enables children and youth to be active participants in the decision processes that affect their lives.

Referrals for advocacy services can be made in a variety of ways:

- A young person may make a self-referral.
- A caseworker may make a referral on behalf of a young person. Under certain circumstances defined in policy, a caseworker must make a referral, or mandatory notification, on behalf of the young person.
- Any person, including family and community members, may make a referral or take issues forward on behalf of a young person.

A referral may be made to the OCYA Advocacy Services if a person believes that:

- The young person's needs are not being met;
- The young person's rights are not being protected; or
- A case plan or decision affecting the young person has been made without taking into account the young person's viewpoint or interests, or without consideration of all relevant information.

*The young person will be assigned to an individual advocate for services. The individual advocates from the OCYA are not decision makers and do not have any custodial or guardianship authority.*

**NOTE:** There may be times when the Lead agency or Neighbourhood Centre will refer a matter to the OCYA. In this event, it is best to let your partner know a referral was made.

OCYA Website can be found at: <http://www.ocya.alberta.ca/>

OCYA Act (pdf copy current as of May 14, 2014 from Queen's Printer) can be found at: <http://www.qp.alberta.ca/documents/Acts/c11p5.pdf>

## OFFICE OF LEGAL REPRESENTATION FOR CHILDREN AND YOUTH (LRCY)

Under the auspices of the Office of the Child and Youth Advocate, the LRCY was created to oversee the administrative appointment of lawyers for children and youth who are receiving services under the *CYFEA* or the *Protection of Sexually Exploited Children Act (PSECA)*, if the child or youth:

- Is, or may be subject to an application or appeal under *CYFEA* or *PSECA*;
- Wishes to apply for an order under the *Protection Against Family Violence Act (PAFVA)*; or,
- Is, or may be subject to, an application or appeal under the *CYFEA*.

## ADMINISTRATIVE REVIEW PROCESS

In situations where a person who is directly affected by a decision of a Director within a Edmonton Region CFS or DFNA, and is unable to come to a resolution with those providing direct child intervention services, that person may request an administrative review within 30 days of receiving the Director's decision. The *CYFEA*, Section 117.1, specifies which decisions are subject to an administrative review.

Two senior staff members within the respective Edmonton Region CFS or DFNA, who were not involved in the original decision, conduct the review. The Director has the power to confirm, vary or rescind the decision that has been reviewed. Within 15 calendar days of the initial request, a Director must provide the person who requested the review with a copy of the decision, including the reasons for the decision.

## APPEAL PROCESS

The Child, Youth and Family Enhancement Appeal Panel (Appeal Panel) is the most formal method of appeal and operates at arm's length from the Ministry of Human Services. Individual panel members are volunteers with various backgrounds from across Alberta and are not employed by Human Services. The Appeal Panel is bound by the *CYFEA* and Regulations but not by ministry policy.

Within 30 days of receiving a decision from an administrative review, a person may appeal the decision to the Appeal Panel (if they qualify under Section 120 of the *CYFEA*). A Notice of Appeal form must be completed and delivered to the Edmonton Region CFS or DFNA in the specified timeframe.

Once the Notice of Appeal has been filed, the appellant and Director will be asked to attend a preliminary appeal meeting led by a manager from the Appeal Secretariat to ensure an effective and efficient hearing process by clarifying information and discussing the jurisdiction of the Appeal Panel.

For the appeal hearing, three members of the Appeal Panel form the hearing panel and review all of the submitted documents, hear all evidence and arguments and make the decision about the appeal. A written decision is prepared by the hearing panel which includes: a statement of

the issue considered; the findings of fact on which it based its decision; the decision and; reason for the decision. The decisions of the Appeal Panel do not set precedent.

Under Section 119(2.1) of the *CYFEA* a decision of the Appeal Panel may be appealed to the Court of Queen's Bench.

For further information on the Child, Youth and Family Enhancement Appeals:

<http://humanservices.alberta.ca/departments/appeals-under-the-child-youth-and-family-enhancement-act.html>

## **DELEGATED RESPONSIBILITIES OF DIRECTOR**

### **RESPONSIBILITIES OF DELEGATED CASEWORKERS**

- Applying for legal authorities
- Writing a court report
- Placing a child in a placement where a delegation of authority to caregivers is required
- Signing voluntary agreements with families or youth
- Medical consents
- High Risk Activities consent
- Travel out of country or province consent
- Safety Environment Check

## **PROVINCIAL STANDARDS: CHILD INTERVENTION**

### **Standard 1: Emergency Response and Safety**

The caseworker will respond urgently, taking immediate action if there are concerns regarding the child's immediate safety.

#### **Measure:**

- File demonstrates there was an emergency response when required.

### **Standard 2: Initial Client Contact**

The Director investigates a report to determine whether a child is in need of intervention under the *CYFEA*. In order to assess the safety of the child, it is important to gather the child's perspective on matters related to intervention under the *CYFEA*.



### **Measure:**

The Safety Phase Assessment must include:

- Face-to-face contact and interview with the child in need;
- Private interview with school-aged child, apart from the family;
- Face-to-face contact and interview with all other children living in the home who may be at risk;
- Face-to-face contact and interview with guardian(s).

## **Standard 3: Planning for Permanency**

When children are involved with intervention services, it is important that relevant planning take place in order to ensure desired outcomes for children, youth and families.

### **Measures:**

- The file should demonstrate a collaborative, inclusive process involving at minimum: the child (if capable), the caregiver, significant others, and the guardian (if applicable).
- The process should designate specific responsibilities to those involved and clearly outline the goals to be achieved.
- Planning is done to address the child's needs for stability, continuity of care, culture and relationships.
- The file information should reflect the overall plan for the child on a long-term basis.
- The permanency plan is to be reviewed every three-months and actively worked on/supported.

## **Standard 4: Caseworker Contact**

Central to the caseworker role is the requirement to actively build relationships with the child, guardian(s) and caregiver. Purposeful communication and regular contact are critical to this process in order to best understand the needs of the child, guardian(s) and caregiver.

### **Measures:**

- Was the monthly contact with the child sufficient to have obtained information related to the child's well-being and safety?
- Was there face-to-face contact, in-person or videoconference, with the child every three months that was sufficient to have obtained information related to the child's well-being and safety?
- Does file information demonstrate that the caseworker actively engaged, or made attempts to engage with the child in order to build a relationship?
- Was there contact with the caregiver that was specific to the child's well-being and case plan, a minimum of once every three months?
- Was there face-to-face contact, in-person or videoconference, with the caregiver every three months?
- Was there contact with the guardian(s) that was supportive and focused on the achievement of case plan goals, a minimum of once every three months? 'N/A' for PGO files.
- Was there face-to-face contact, in-person or videoconference, with the guardian(s) every three months? 'N/A' for PGO files.

## Standard 5: Cultural Connectedness for Indigenous Children

An Indigenous child's self-identity and sense of belonging is positively affected by their learning and participation in their culture. Children need to be in direct contact with individuals that tie them to their heritage and facilitate their ongoing learning of cultural practices. Additionally these contacts will be focused on meeting the cultural goals outlined in the child's case plan.

### Measures:

- Is the Indigenous child receiving intervention services through a Family Enhancement Agreement or a Supervision Order?
- Is the child placed in their parental home, with extended family/Kinship care, or in a home on their reserve/Métis settlement?
- If the child is not placed in their parental home, with extended family/Kinship care, or in a home on their reserve/Métis settlement, does the file reflect cultural planning through any of the following activities:
  - Elder is involved
  - Indigenous resource worker
  - Attendance and participation in ceremonial activities
  - Contact with family
  - Other significant Indigenous relationships
  - Visits to community (reserve/settlement)
  - Traditional teachings (hunting, cooking, dancing, story-telling, history)
  - Cultural education (workshops, conferences, courses)
  - Speaks and/or is learning traditional language
  - No cultural activities on file
  - Child refuses participation or involvement
  - Caregiver/guardian refuses participation or involvement for the child
  - Other (please indicate in comment box)
- How many times did the child participate in cultural activities in the past year? (Indicate number in numeric box).

## Standard 6: Placement

When the Director is appointed as a custodian and/or guardian of a child it is expected that safe environments are provided for children receiving out of home care. The placement must be licensed/accredited as required. For those placements that are not required to be licensed or accredited, intervention and criminal record checks will be completed and a caseworker must have visited the home prior to, or at the time of the child's placement. This visit must include a safety assessment of the home environment.

Issues related to the safety of the child, quality of care and suitability of the placement must be addressed on a timely basis.

### Measures (not all questions apply to every placement):

1. Is the child's placement required to be licensed or accredited?
2. Is the license or accreditation current?
3. If the child's placement is not required to be licensed or accredited, was the child placed in a newly opened placement in the past year? Answer N/A if the youth's placement is not supported by the caseworker, and proceed to and answer question 9
4. Were intervention record checks completed prior to, or at the time of placement?
5. Were criminal record checks completed within 30 days of placement of that child?

6. Did the caseworker visit the home and assess its safety prior to, or at the time of placing the child?
7. If the home was already considered an open placement at the time the child was placed, did the caseworker ensure that there were criminal record checks completed within the last three years?
8. If the home was already considered an open placement at the time the child was placed, did the caseworker ensure that a safety environment assessment had been completed within the last year?
9. If the child's placement is not supported by the caseworker, did the caseworker make an effort to complete a home visit to assess the safety of the child's placement?
10. Were there any issues related to the safety of the child, quality of care or suitability of the placement?
11. Were these issues addressed by the caseworker assessing the situation and the necessary action taken? Necessary action refers to steps taken by the caseworker to deal with the issue and may include interviewing the child and/or others, conducting an investigation, meeting with pertinent parties, developing a plan on how to resolve the issue, and/or making necessary referrals.

## **PSECA AND DECA INFORMATION**

### ***Protection of Sexually Exploited Children Act (PSECA)***

This legislation offers protection to children who are sexually exploited through their involvement or risk of involvement in prostitution. *PSECA* offers specialized services through the community or when required by allowing police or Children and Youth Services to apprehend and confine them for their protection and safety. This legislation is based on the following guiding principles:

- Sexually exploited children are victims of sexual abuse.
- Children have a right to physical and emotional safety, security and well-being.
- Children have a right to be safe from sexual abuse and protected from sexual exploitation.
- Children involved in, or at risk of becoming involved in, sexual exploitation through prostitution require victim protection services and support.
- Families should be actively involved in ensuring the safety of children involved in sexual exploitation through prostitution.
- Children involved in sexual exploitation through prostitution and their families do not require child intervention status to receive support.
- Children and their families require access to support services.
- Perpetrators of child sexual abuse – sex trade offenders and pimps – must be held legally accountable for their actions.

Access to a complete copy of the *PSECA* Manual and legislation can be found at:

- <http://www.humanservices.alberta.ca/documents/PSEC-manual.pdf>
- <http://www.humanservices.alberta.ca/abuse-bullying/14861.html>

### ***Drug Endangered Children Act (DECA)***

This legislation makes it clear that children exposed to an adult's involvement in serious drug activity, such as manufacturing and trafficking, are victims of abuse and need protection.

Section 1 (2) states for the purpose of this *Act*, a child is a drug-endangered child if:

- (a) the guardian exposes the child or allows the child to be exposed to, or to ingest, inhale or have any contact with, a chemical or other substance that the guardian uses to illegally manufacture a drug;
- (b) the guardian illegally manufactures a drug in the presence of the child, or causes or allows the child to enter or remain in any place or premises where a drug is illegally manufactured or stored;
- (c) the guardian possesses a chemical or other substance with which the guardian intends to illegally manufacture a drug in a place or premises where a child resides;
- (d) the guardian exposes the child or allows the child to be exposed to an indoor cannabis grow operation, or to the process of extracting oil or resins from cannabis plants;
- (e) the guardian involves the child in or exposes the child to trafficking;
- (f) the child has been or is being, or there is a substantial risk that the child will be, physically injured, emotionally injured or sexually abused because the guardian is exposing the child to other forms of illegal drug activity.

Access to a complete copy of *DECA* can be found at: (pdf copy current as of November 1, 2013 from Queen's Printer): <http://www.qp.alberta.ca/documents/Acts/d17.pdf>

## COURT/LEGAL PROCESSES

### DISCLOSURE

**Definition:** *Disclosure means revealing what previously was private knowledge.*

When writing notes for a file, workers (Agency and Neighbourhood Centre) need to be aware that everything in the file may be subject to disclosure to the guardians or their lawyer if the case ever goes to trial and/or the client requests access to the file (depending upon the process determined to allow clients access to their information). For this reason, keep notes factual, avoid writing opinions that are unsupported by the information available, and be professional.

### VETTING

**Definition:** *To vet something, means to subject it to thorough examination or evaluation.*

When files are requested for disclosure, they are to be provided in their entirety to the lawyers representing the Edmonton Region CFS. Files/reports will then be vetted prior to being presented in court and some information (that is protected by law) will not be made available (i.e. name of a referral source or foster parent).

### SOLICITOR-CLIENT PRIVILEGE

Under current legislation, solicitor-client privilege applies only to conversations between the Edmonton Region CFS lawyer and Edmonton Region CFS staff. For this reason, there will be times agency staff will be excluded from conversations with the Edmonton Region CFS lawyer regarding a family served by CSD in order to protect privilege. For instance, in the event that CSD agency staff are involved in a meeting with the Edmonton Region CFS lawyer regarding a family, the opposing lawyer (for those contesting) may call the agency staff member to the stand

and require the agency staff member to disclose the conversation. Since privilege does not extend to agency staff, he or she would be forced to provide information.

**NOTE: Opposing lawyers may try and question Lead agency staff outside of the courtroom to coax information or differences of opinion. If this occurs, “no comment” or “I cannot discuss this matter” is appropriate. Let the court process take care of the matter.**

## WHAT DOES AN ORDER MEAN?

An application for a court order must be made by a delegated worker, and is accompanied by a court report. Despite what an Edmonton Region CFS staff member may request in an application, a judge can amend the application, order additional actions or services, or not approve the application at all. In other words, Edmonton Region CFS staff and agency staff must be prepared to follow orders they may not always agree with, or agree with in their entirety. Judges have the power to order what they believe is best based upon the legislation available to them. Once orders are made, they **must** be followed unless (and until) appealed and struck down.

(For additional information on CSD and legal processes please see appendix L “Tip Sheet for CSD sites and Agency Leads”)

## CUMULATIVE TIME IN CARE

As per legislation, the total cumulative time that a child may be in the care of the Director cannot exceed:

- 9 months if the child is under 6 years
- 12 months if the child is 6 years or older.

If a child turns six while in the care of the Director, the total cumulative time in care shall not exceed 12 months.

*The court may grant one further TGO\* for one period of not more than six months if the court is satisfied that:*

- *there are good and sufficient reasons to do so, and*
- *it is anticipated that the child may be returned to the custody of the child's guardian within the period of the order.*

*\*This applies to both children under, and over, the age of six.*

Therefore, the **maximum total cumulative time** that a child may be in the care of the Director or the subject of a TGO is:

- up to 15 months if the child is under 6 years, or
- up to 18 months if the child is 6 years or older.

# PLACEMENT SERVICES

When bringing a child into the care of the Director, the least intrusive placement that meets the need of the child is sought. Keeping the best interests of the child at the forefront also applies to placement services. Looking for alternative placements within the child's extended family and community is the first step. If immediate placement with extended family or community members is not available, a foster home, child and youth care, or SIL placement may be accessed.

This section outlines each placement type and services applicable for all children in care.

## SERVICES TO ALL CHILDREN IN CARE

### Clothing

Clothing must be brought up to standard when a child initially comes into care. It is the placement provider's responsibility to maintain the child's wardrobe after the clothing is brought to standard through the per diem they receive for the child.

### Annual Medical, Dental and Eye Care

The placement provider is normally delegated responsibility for a child's medical, dental and optical care. Children in care are required to receive annual medical, dental and eye care.

The placement provider must have written approval prior to obtaining a service that is not covered. Once approved, the placement provider obtains the service and pays with a Purchase Authorization and Invoice, claims the service on a Child Maintenance Invoice, or the Edmonton Region CFS is billed directly.

### Medication

Placement providers purchase any needed non-prescription drugs for the child using the per diem. Prescription drugs are purchased using the treatment service card or Treaty Authorization Number.

The placement provider supervises the administration of all medications. The child may only be allowed access to a medication if the caseworker and the placement provider agree that the child is capable of self-administration.

### Education

Approve payment for:

- school supplies and books according to the school supply list provided by the school
- field trips, preschool costs and tutors

Reimburse the placement provider upon receiving the school supply list and receipts for all purchases.

### Spending Allowance

Spending money will be provided to the child for expenses such as minor recreation, toys, magazines and CDs/DVDs. Children receive a weekly allowance that is determined by their age.

An older child may be encouraged to earn money in other ways as long as school performance does not suffer.

## Recreational Fund

The child's recreation fund is intended to cover costs of recreational activities such as sports, creative arts or music lessons as well as recreational equipment and supplies.

## Vacation Allowance/Camp Fees

Compensation may be authorized for summer camp or for the child to accompany the placement provider on holidays or participate in holiday activities.

## Lunch Room Fees

Some school districts charge a lunchroom fee for children who have their lunch at the school to cover the cost of supervising students during the lunch hour. Each Region determines reimbursement for lunchroom fees.

## Additional Services Available to Children in Care

A variety of other services may be available to a child and their placement provider while in the care of the Director. These may include, but are not limited to:

- counselor or psychologist
- youth workers
- homemakers
- parent aides
- drivers

## FOSTER CARE

The foster care program is based on the belief that a family unit and parent model is the most beneficial and desirable setting for raising a child. A licensed foster home is a temporary placement for a child in the custody or in the guardianship of a Director who cannot remain with his or her own family.

## SUPPORTING THE PLACEMENT

New placements are most successful when a foster parent has received all of the information available about a child. Intensive support from the foster care worker and the caseworker during the first three months may prevent a removal request due to attention to emerging issues.

The foster care support worker is to coordinate with the caseworker and CSD worker to ensure the child and the foster parent are appropriately matched and are receiving the services and supports they require for the first three months. Contact and support is based on:

- the needs of the child;
- the skills of the foster parent; and
- other factors specific to the child and the case plan.

**NOTE:** If the child's placement needs score is higher than the classification of the foster home, the foster care support worker will collaborate with the child's caseworker and CSD worker to complete and implement a Foster Care Support Plan, and if necessary, will collaborate with the child's caseworker to complete the special rates forms.



## Foster Home Capacity

Each foster home must be assigned a number of child placements. The number of placements is based on an assessment of the foster home's capacity and is tied to the foster home classification level, as follows:

- Level 1 foster home: 1 or 2 placements
- Level 2 foster home: 1, 2, 3 or 4 placements

**NOTE:** A foster home is not eligible for additional placements beyond the number allotted for its classification. This applies even if the home is licensed for more placements.

### Considerations to assign additional child placements beyond the classification level

A foster home may be eligible for a child placement beyond the classification level in the following circumstances:

- it would keep a sibling group together,
- it would meet a child's ethnic or cultural needs,
- it would place a child who is returning to care in his or her previous placement, or
- the situation is so exceptional that no other alternative is reasonable (e.g. teen with a child).

**NOTE:** The manager's approval of a placement beyond the classification level is only valid for the child specific to the request.

## Foster Care Support Plan

Support plans are to help provide foster parents with the supports necessary to meet the needs of children in their care. Support plans are done when there is a need for additional support due to the complex needs of a child or exceptional circumstances of a foster home.

**NOTE:** Support plans require the approval of the caseworker's supervisor. Additional support services that may be provided in a support plan may include:

- |                            |                            |
|----------------------------|----------------------------|
| • child care               | • a homemaker              |
| • a youth worker           | • a tutor                  |
| • one-to-one worker        | • exceptional recreation   |
| • training                 | • counseling/assessment    |
| • cultural advisor/support | • transportation (drivers) |

## Financial Compensation

Refer to Foster Care Rate Schedule in Appendix F for amounts.

## Basic Maintenance

Basic maintenance is a per diem rate paid to foster parents intended to cover all of a child's day-to-day needs including:

- food
- clothing
- personal care items (toiletries and hair products)
- general household costs
- spending allowance for the child
- gifts (for the foster child and from the foster child to other family members)

Basic maintenance is paid for every day a child is in the foster home including the day of arrival and the day the child departs from the home.

### Skill Fees

Level 1 and level 2 skill fees are an acknowledgement of the foster parents' skills, training and experience. Skill fees are based on the classification of the foster home. Foster parents are paid skill fees for each child in the placement and for each day the child is in the placement, including the day of arrival and the day the child departs from the home. **A level 2 foster home receives the level 2 skill fee even if a child placed in the home does not require a level 2 placement.**

## CHILD & YOUTH FACILITIES

Child and youth programs provide care to children and youth, 18 years of age or younger, who are under the guardianship of a Director designated under the *CYFEA*. A range of programs including group homes, secure services, youth emergency shelters and youth assessment centres are classified as child and youth programs and are licensed under the *CYFEA*. Most of these programs are operated by not-for-profit or profit organizations; however, some are government operated.

## SUPPORTED/INDEPENDENT LIVING PROGRAMS

Independent living and supported independent living programs support youth in preparing for independence in the community. Funding is provided to the youth for living expenses and accommodation. Youth meet regularly with a support worker who provides ongoing mentorship to increase knowledge in life skills such as budgeting, nutrition, shopping (on a budget), cooking, cleaning, personal wellness, problem solving, conflict resolution, communication and relationship skills, and finding employment. As the youth increase their ability to live independently, there is a gradual withdrawal of support services.

When exploring independent living with a youth, it must be considered in relation to the youth's goals, education, employment development, life skill development, program supports and family and community connections. Youth considered for independent living should meet the following entrance criteria:

- The youth has reached the age of 16 and has an active Transition to Independence Plan. Exceptions may be made for those under the age of 16 with the approval of the manager.
- The Transition to Independence Plan must show that the youth has actively participated in the creation of their plan and is committed to it.
- The youth is currently involved or working towards a full time day program (a minimum of 25 hours per week). The day program may consist of a combination of the following: education, employment, volunteering or a therapeutic program.
  - The Transition to Independence Plan is completed and on file. The plan includes appropriate goals and tasks necessary to following the personal safety plan. It should also include maintaining a day program

# ADOPTION & PRIVATE GUARDIANSHIP

For family members and others considering caring for a child or children on a permanent basis, there are two options of either Adoption or Private Guardianship. When an Adoption or a Private Guardianship Order is granted, the child's Children's Services status is terminated. A comparison of the two statuses regarding commonly asked questions are provided below:

Topic	Adoption	Private Guardianship
<b>When can orders be made?</b>	For children in the care of Children's Services, Adoption occurs after a Permanent Guardianship Order (PGO) is granted or a Permanent Guardianship Agreement (PGA) is signed. Other adoptions include spousal or direct private placement adoptions.	Private guardianship can be granted pre or post PGO.
<b>Rights and Responsibilities</b>	<p>Adoptive parents are given all the rights and responsibilities of the birth parents. The child's live birth registration changes to show the adoptive parents' names instead of the birth parents.</p> <p>Adoption is a permanent, lifelong relationship and the adopted child has the same rights (including inheritance rights) as a birth child would have.</p>	<p>The Private Guardians are given legal responsibility for the child and assume the rights of care, custody and supervision of the child until the age of 18. Private Guardianship legally recognizes the private guardians' relationship to the child giving the rights of a parent/guardian. Under Private Guardianship, a child would not automatically have the same inheritance rights as a birth or adopted child so provisions would have to be made through the Guardians' will.</p> <p>Although Private Guardianship ends once the child reaches adulthood, most legal guardians take on this commitment as a life-long relationship as one does with a birth or adopted child.</p>
	When the adoptive parents are married, both parents must adopt	When married, either one or both spouses may be named as private guardian.
	The adoptive parents determine the child's legal name. The child's last name usually changes to the adoptive parents' last name.	The child retains his or her legal name unless there is a legal name change that is a separate process.

Topic	Adoption	Private Guardianship
<b>What Happens if Caregivers Pass Away</b>	In the event of death of the Adoptive Parent(s) and if they have named an alternative (guardian) caregiver in their will, the named alternate (guardian) caregiver will become the guardian (if accepted by that person at the time).	The same applies to Private Guardianship if there are no other guardians of the child.
<b>Access</b>	There may be a written or verbal agreement for ongoing access between the child and birthparents, siblings and extended family.	In an application for Private Guardianship, there is an ability to address access. Each specific situation needs to be evaluated in terms of access and the best interests of the child.
<b>Band/Métis Settlement Consent</b>	Involvement/Consent with the Band is required for the adoption of Treaty Status children. Métis Settlement (Region 10) is to be involved for a child who is determined to have affiliation with a Métis Settlement.	Involvement/Consent from the Band/Métis Settlement is required for the Private Guardianship of children who have status with either.
<b>Court Process</b>	Adoptions are granted in the Court of Queen's Bench. Usually there is no hearing. Children 12 years old and over are required to consent to the adoption application.	Private Guardianships are granted in Family Court and involve a brief court hearing. Children 12 and over are required to consent to the Private Guardianship Application.
<b>Home Assessment</b>	Adoption requires a regulated Home Assessment Report that includes Child Youth Information Module (Child Youth Information Module/ Intervention Services Information System (CYIM/ISIS) and Criminal Record Checks, medicals, references, family history, etc.	Private Guardianship requires the same regulated Home Assessment Report format as Adoption.
<b>Orientation to Caregiver Training</b>	Orientation to Caregiver Training (OCT) is mandatory for pure Adoptive applicants.	If applicants for Private Guardianship are interested in attending OCT, it would be available to them.
<b>Supports for Permanency*</b>	Adoptive parents are eligible for Supports for Permanency if the child was subject to a PGO or PGA prior to adoption.	Private Guardians are eligible for SFP if the child was subject to a PGO.
	*If an adoptive parent or private guardian dies, the new caregivers will no longer be eligible to receive SFP	

# CSD SERVICE DELIVERY: PART 1

## ROLES & RESPONSIBILITIES

Lead agencies provide the entire spectrum of support services, either themselves, or through sub-contracting arrangements. Neighbourhood Centre staff are responsible for assessing the needs of children and families in relation to existing legislation. Like partners in any relationship, Neighbourhood Centre and Lead agency staff are meant to complement one another in the service to children and families. While there is great flexibility and opportunity in working together, at times, it can be confusing for staff. Both pilot sites indicate that assisting staff is ongoing, as each file presents new challenges – but managers state that the work required in mentoring staff is worth the effort.

*“Managers within the Neighbourhood Centres and Lead agencies need to be prepared to mentor staff on an ongoing basis. It is a conversation you have over and over, as each file presents new conversations.”*

*Judy Shine  
Manager*

*Central Neighbourhood Centre*

## BREAKDOWN OF ROLES & RESPONSIBILITIES

Collaboration can and should occur once a file is deemed most likely to open by the Edmonton Region CFS, and throughout involvement with a family. Services are dependent upon the identified needs of the child and family.

It is ultimately the Region’s responsibility to adhere to the *Child Youth and Family Enhancement Act* legislation, regulation, policies and Intervention Standards throughout the various stages of assessment and intervention with a child and family. More specific collaboration between agencies and authorities should occur within the activities of:

- Referral;
- Joint assessment;
- Joint planning;
- Service delivery;
- intervention/assessment review; and
- closure.

A key element to successful implementation of a collaborative approach is the ability to reach consensus on these activities where possible. Where there is an inability to reach agreement, please follow the conflict resolution process on page 58.

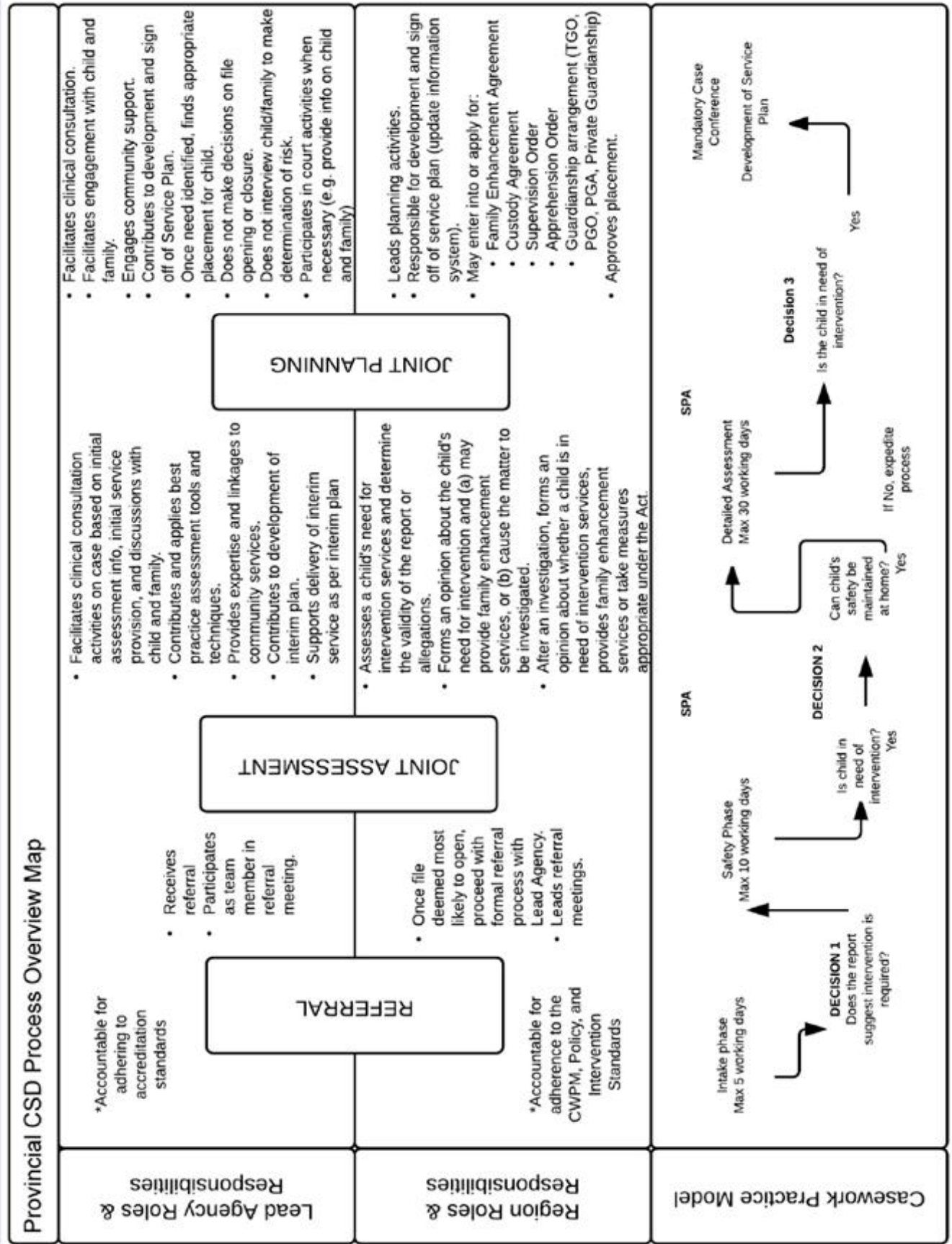
The following table highlights opportunities for key shifts in practice and clarifies delegation of authority throughout collaboration points. ***Please note the Edmonton Region CFS’s practices described within the table outline the minimum responsibilities of the Edmonton Region CFS in meeting its legislative mandate.***

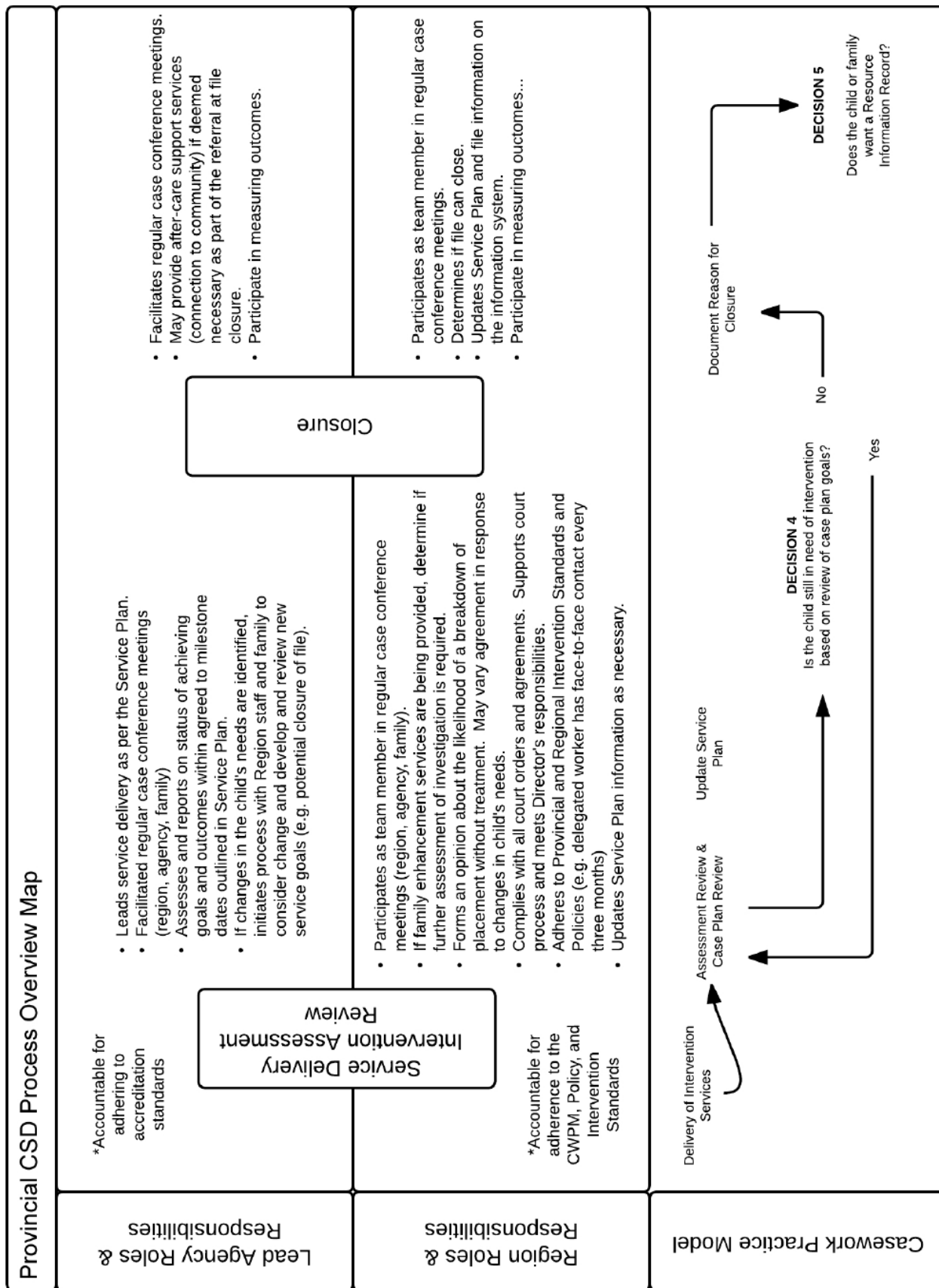
<b>Edmonton Region CFS</b>	<b>Lead Agency</b>
Determines when a file is most likely to open and makes referral to Lead agency.	Offer agency expertise on case analysis/assessment. Contribute to the discussions about anticipated permanency plan outcomes, initial goals, strengths of family, and safety concerns. Provide support to case activities.
Individual to team-based assessment and planning which will be seen through a higher level of transparency given team conference activities (Region, agency and family) and use of one Service Plan.	Provide expertise and linkages with community-based services. Participate in team-based assessment and planning.
Case presentation and facilitation skills are an asset to successfully support collaboration	Provide expertise in approach to family engagement and solicit feedback on child intervention experience throughout and after case closure.
Responsible for adherence to legislation, policies and intervention standards throughout the case.	Participate in court activities when necessary i.e. provide information on child and family in court setting.
Ensures balance of safety/risk in assessing and meeting intervention needs with what is clinically indicated for the child and family to achieve agreed to outcomes.	Offer perspectives on case decisions based on direct service delivery involvement with family with a view to achieving long-term outcomes for children and families.
Adhere to resolution approach in creating consensus on understanding of assessment information and creation of one service plan.	Adhere to resolution approach in creating consensus on understanding of assessment information and creation of one service plan.
	Adhere to accreditation standards and provide high quality services that promote change, growth, development and safety that are based on evidence and leading practices.

## CSD Process Maps

The following pages outline Regional and Lead agency roles within the context of the Casework Practice Model key decision points. The above table and the following process maps are to be used as part of the staff training and the agency engagement activities to facilitate the current understanding of CSD collaboration to arrive at an integrated service delivery model.







# JOINT COMMUNICATION & DECISION-MAKING

While delegated responsibilities cannot be shared (see below), other tasks can be shared. It is expected that each file will differ, as each family differs, and the types of relationships forged between team members will differ. A key element to successful implementation of a collaborative approach is the ability to reach consensus on activities where possible. To support this endeavor, solid resolution processes provide the opportunity to bring opinions and expertise forward as it relates to assessment and planning (please see the CSD Resolution Process, page 59).

Some shifts in practice are necessary to support more collaborative work with children, youth and families. It is ultimately the Edmonton Region CFS's responsibility to adhere to the *CYFEA* legislation, regulation, policies and Intervention Standards; however this responsibility is best met through collaboration and shared decision-making. Rather than being "either-or", this practice embraces a "both-and" approach.

## Making it Work

Neighbourhood Centre staff and Lead agency workers have different spheres of authority and decision-making responsibility, but both need ongoing communication about what is happening with a child so that both are able to make the highest quality decisions for which they are responsible. The **Joint Casework Communication and Decision-Making** pictorial was created to map out the process.

# Collaborative Service Delivery (CSD)

## Joint Casework Communication and Decision-Making

(More Mechanics of Working Together)

Regional CFS staff and CSD Workers have different spheres of authority and decision-making responsibility; but both need ongoing communication about what is happening with a child so that both are able to make the highest quality decisions for which they are responsible. Ideally, that communication would be seamless so that all information is discussed transparently and most decisions are made at Service Team meetings with the input of all appropriate parties, including service providers, placement staff, caseworkers, CSD Workers, parents, extended family, and children. Nevertheless, the reality of human services is that many decisions cannot wait for the next Service Team meeting, or for a gathering of all of the parties.

The following events, needs, or decisions require up-to-date communication (and in some cases, formal reporting). Depending on the specific situation, decisions may be the responsibility of one party or the other, but they will always be improved by seeking others' input before the decision is made, when possible.

### SAFETY

(May require immediate verbal notification from Agency staff to CFS staff [and vice versa]. A written critical incident notification by Agency staff may also be required.)

- Critical incidents of all types - immediately verbal, written within 24 hours (afterhours connect with After Hours Unit for verbal portion).
- Concerns that are safety risks (to children, family members or to professionals attending the home).
- Protection concerns for children (physical, emotional abuse, neglect, substance use).
- Suicidal ideation by a child, family member, etc.
- Unsuccessful attempts to locate or connect with the family that causes concern.

### CASE PLANNING AND PLACEMENT

- Placement Intakes, or moves.
- All Status Changes and Extensions, including Apprehensions and Secure Treatment Orders.
- Transfers from assessor to caseworker, between CSD Workers, or between caseworkers.
- Permanency consultations.
- Court applications, especially terms.
- Discussion of status direction – EAG or SO, for example.
- Discussion of Service Plan - goals & tasks.
- Closure of services or file (when it is appropriate; possible transition plans).
- Organizing initial visits with children, siblings & parents.
- Changes to visits with parents, siblings.
- Kinship Care – set-up costs & non-standard costs - what's available & appropriate (furniture, child care, etc) - discussion of any barriers for caregivers.
- Independent living – set-up costs & non-standard costs - what's available & appropriate - discussion of any barriers for youth.

### MEDICAL, OPTICAL & DENTAL

- Medical: treatment / testing / immunizations.
- Discussion of needs such as – glasses, braces, dental, orthotics, medication that requires additional approval or payments.

### TRAVEL, RECREATION & VACATION

- Travel for kids – vacation; out of province; out of country; passports.
- Recreation funds – discussion of what's available & appropriate.
- Vacation funds – discussion of what's available & appropriate.

## **The following is a breakdown of the Joint Casework Communication and Decision-Making pictorial:**

Ideally, communication is transparent and the majority of decisions are made at Service Team meetings with the input of all appropriate parties (including service providers, placement staff, caseworkers, CSD workers, parents, extended family and children). Nevertheless, the reality of Human Services is that many decisions cannot wait for the next Service Team meeting, or for a gathering of all parties.

The following events, needs, or decisions, require frequent communication (and in some cases, formal reporting). Depending on the specific situation, decisions may be the responsibility of one party or the other, but they will always be improved by seeking others' input before the final decision is made.

## **Key Decision Making Domains**

### **Safety**

(May require immediate verbal notification from Agency staff to Regional staff [and vice versa]. A written critical incident notification by Agency staff may also be required.)

- Critical incidents of all types – immediately verbal, written within 24 hours (after connect with Alberta North After-Hours Child Intervention Services Office for verbal portion.)
- Concerns that are safety risks (to children, family members, or to professional attending the home.)
- Protection concerns for children (physical, emotional abuse, neglect, substance use).
- Suicidal Ideation by a child, family member, etc.
- Unsuccessful attempts to locate or connect with the family that causes concern.

### **Case Planning and Placement**

- Placement Intakes or moves.
- All Status Changes and Extensions, including Apprehensions and Secure Treatment Orders.
- Transfers from assessor to caseworker, between CSD workers or between caseworkers.
- Permanency consultations.
- Court applications, especially terms.
- Discussion of status direction – EAG or SO, for example.
- Discussion of Service Plan – goal and tasks.
- Closure of services or file (when it is appropriate; possible transition plans).
- Organizing initial visits with children, siblings and parents.
- Changes to visits with parents, siblings.
- Kinship Care – set up costs and non-standard costs – what's available and appropriate (furniture, child care, etc.) - discussion of any barriers for caregivers
- Independent Living – set up costs and non-standard costs – what's available and appropriate - discussion of any barriers for youth.

### **Medical, Optical and Dental**

- Medical: treatment / testing / immunizations.

- Discussion of needs such as – glasses, braces, orthodontics, medication that required additional approval or payments.

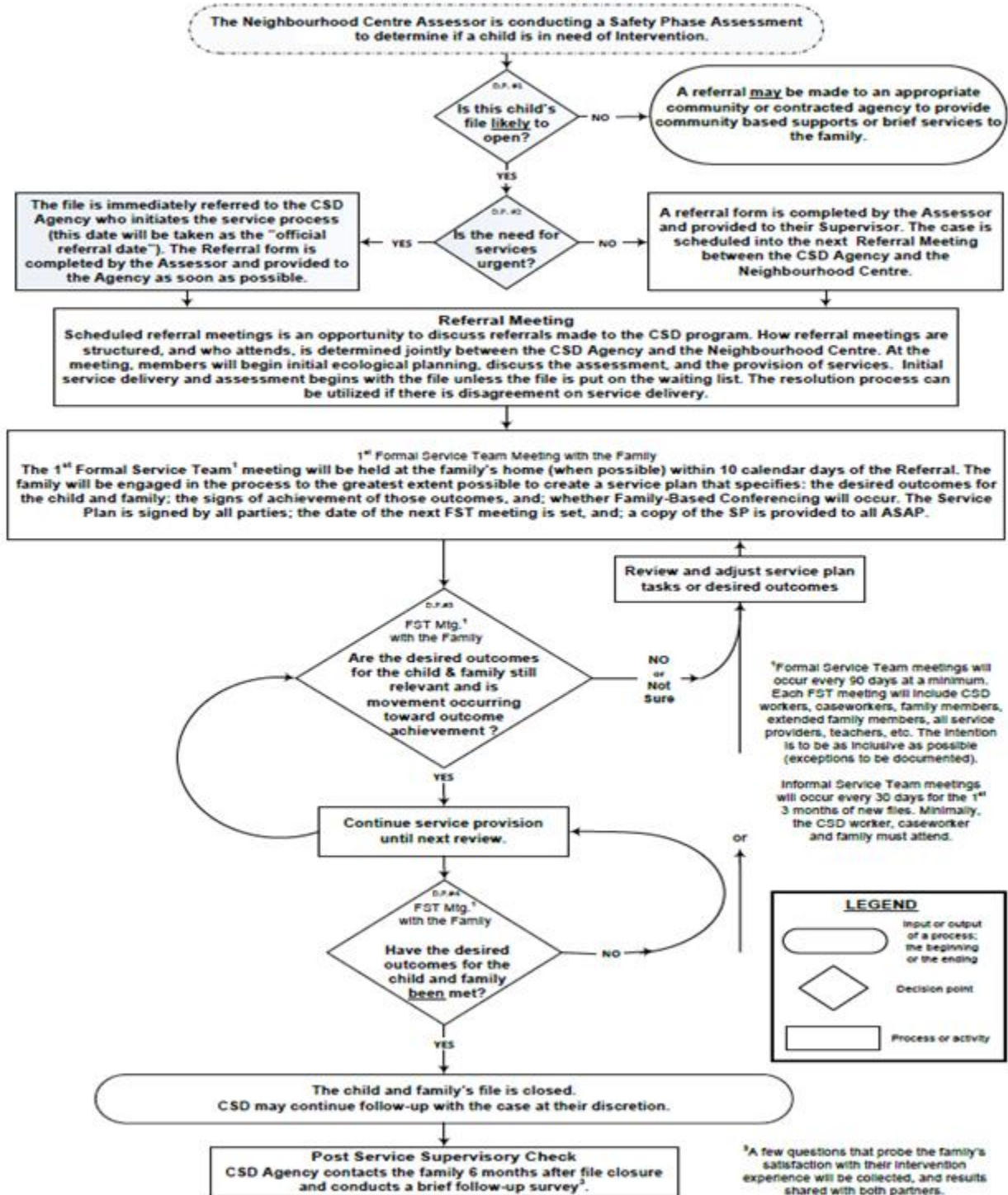
## **Travel, Recreation and Vacation**

- Travel for kids – vacation; out of province; out of country; passports.
- Recreation funds – discussion of what's available and appropriate.
- Vacation funds – discussion of what's available and appropriate.



# Collaborative Service Delivery (CSD) Joint Casework Protocol – New Referrals

(The Mechanics of Working Together)





## **The following is a breakdown of the Joint Casework Protocol – New Referrals pictorial:**

With a shared practice approach, roles and responsibilities can be at times unclear. It is expected that decisions regarding roles and responsibilities are made as a team, based on the needs of children and families, and clearly documented in service plans.

- **The Neighbourhood Centre Assessor conducts a Safety Phase Assessment** to determine if a child is in need of intervention. **Is this child's file likely to open?**
  - NO - a referral may be made to an appropriate community or contracted agency to provide community based supports or brief services to the family.
  - YES – Is the need for services urgent?
    - NO – a referral form is completed by the Assessor and provided to their Supervisor. The case is scheduled into the next referral meeting between the CSD agency and the Neighbourhood Centre.
    - YES – The file is immediately referred to the CSD agency who initiates the service process (this date will be taken as the “official referral date”). The referral form is completed by the Assessor and provided to the Agency as soon as possible.
- **Referral Meeting - is an opportunity to discuss referrals made to the CSD program.**
  - How referral meeting are structured, and who attends, is determined jointly between the CSD agency and the Neighbourhood Centre.
  - At the meeting, members will begin initial ecological planning, discuss the assessment, and the provision of services.
  - Initial service delivery and assessment begins with the file unless the file is put on the waiting list.
  - The resolution process can be utilized if there is disagreement on service delivery.
- **First Formal Service Team Meeting with the Family**
  - Will be held at the family's home (if possible) within 10 calendar days of the referral.
  - The family will be engaged in the process to the greatest extent possible to create a service plan that specifies:
    - the desired outcomes for the child and family;
    - the signs of achievement of those outcomes; and
    - whether Family-Based Conferencing will occur.
  - The Service Plan is signed by all parties; the date of the next FST Meeting is set; and a copy of the Service Plan is provided to all ASAP.
- **Second Formal Service Team Meeting with the Family**
  - Will occur every 90 days at a minimum and will include CSD workers, Caseworkers, family members, extended family members, all service providers, teachers, etc. The intention is to be as inclusive as possible (exceptions to be documented).
  - Informal Service Team meetings will occur every 30 days for the first 3 months of new files. Minimally, the CSD worker, caseworker, and family must attend.
  - Are the desired outcomes for the child and family still relevant, and is movement occurring toward outcome achievement?
    - NO (or Not Sure) – review and adjust service plan tasks or desired outcomes
    - YES – continue service provision until next review.
- **Additional Formal Service Team Meetings with the Family**
  - Have the desired outcomes been met?
    - No – continue service provision until next review OR review and adjust service plan tasks or desired outcomes.
    - Yes – the child and family's file is closed. CSD may continue to follow-up with the case at their discretion.
- **Post Service Supervisory Check** – CSD agency contacts the family 6 months after file closure and conducts a brief follow-up survey to probe the family's satisfaction with process.

# SHARED PRACTICE FRAMEWORK

*This document was developed by the North Central Neighbourhood Centre and The Family Centre.* This framework is based on a shared, collaborative model that was developed to achieve better outcomes for children and families. The four areas of focus identified are critical components to joint case planning between clients, Agency staff and CFS staff. When approached collaboratively, our shared practice is grounded in evidence and will result in more intentional, congruent, strengths based decisions.

Critical Decision Points	Permanency	Legal Status	Placement	Access
Principles	<p>Parents know what they need to change to get well; professionals are there to support the journey. Voice and choice of families is important to all decisions made.</p> <p>Community connection and cultural identity are important to a child's wellbeing.</p> <p>Every child is entitled to a sense of belonging, stability, permanence and continuity of care and relationships.</p> <p>There is a moral and professional responsibility, in partnership with the larger community, to find a permanent home for each child and youth in care.</p>	<p>The intervention services needed by the child should be provided in a manner that ensures the least disruption to the child (CYFEA).</p> <p>The family is responsible for the care , supervision, and maintenance of its children and every child should have an opportunity to be a wanted and valued member of a family, and to that end: If intervention services are necessary to assist the child's family in providing for the care of a child, those services should be provided to the family, insofar as it is reasonably practicable, in a manner that supports the family unit and prevents the need to remove the child from the family, and a child should only be removed from the child's family only when other less disruptive measures are not sufficient to protect the survival, security or development of the child; (CYFEA).child (CYFEA).</p>	<p>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.</p> <p>Children in temporary care are quickly reunited with their families; children in permanent care are quickly placed in permanent homes.</p> <p>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 in care, have a plan for their care where they are involved in the decision-making process.</p>	<p>Access to those important in a child's life increases the circle of support during an increased time of need and maintains important attachments and bonds.</p> <p>Access is a tool to increase parental capacity through teaching, modeling, and active parenting and an opportunity for parents to retain as much parental responsibility as deemed safe.</p> <p>Access is not a stagnate decision, attachment theory suggest it is paramount to health and wellness of the both the child(ren) and the parents. Therefore access needs to be liberal and reviewed frequently.</p>

Critical Decision Points	Permanency	Legal Status	Placement	Access
Child Centered and Safety Questions	<p>Are we thinking about the whole child's safety and wellbeing in the short and long term?</p> <p>Are people who have relationship with the child involved in decision making for the child?</p> <p>Are we clear what the danger is to the child and what the complicating factors are?</p> <p>Are youth moving towards independence connected and supported according to their needs and wishes?</p>	<p>What does the child(ren) want/say about their situation? (Good things/worries/dreams).</p> <p>Who do the child(ren) say are important people in their lives?</p>	<p>Has the child been asked if there is someone they could stay with?</p> <p>Can a child remain in their own community and their school?</p> <p>What are the specific cultural or spiritual needs of the child?</p> <p>Can children be placed together?</p> <p>What kind of supports does someone need in order to care for this child?</p>	<p>Who should have access to a child? Who does the child say they want to have access with?</p> <p>What needs to happen for access to important people in a child's life to be increased or altered?</p> <p>Should visits be supported or unsupported?</p>
Family Focused Questions	<p>Is the family at the centre of decision making? Have their voices been heard?</p> <p>Are we aware of the family's strengths, protective factors, and the safety factors in the home? (What's working well?)</p> <p>Are all involved clear about their responsibilities in ensuring the child(ren) safety and wellbeing?</p>	<p>What does the family need to keep their children safe in their home?</p> <p>Who does the family identify as their support? Are there ways to increase their circle of support?</p> <p>What are the protective factors in this home?</p> <p>Have there been previous experiences with other services? If so, what was helpful?</p>	<p>Does placement allow and support access to parents?</p> <p>Have the parents/ significant relatives been asked who the children could stay with?</p> <p>Could support be put into the home and the parents stay elsewhere?</p> <p>Anyone in the home who could care with supports?</p>	<p>What parental responsibilities can the parent maintain (driving kids to and from school for example)?</p> <p>Can visits occur safely in the family home?</p> <p>How can we maintain as much contact with the parents as possible?</p>
Planning Questions	<p>Are decisions and plans supporting safety, stability, and belonging?</p> <p>Are services and plans being reviewed as agreed and in partnership with all involved?</p>	<p>What are our worries?</p> <p>What needs to happen next?</p> <p>What is going well?</p>	<p>Previous placements?</p> <p>Any siblings in care?</p> <p>Child specific info – needs, health, school, community?</p> <p>Permanency plan?</p> <p>Short term or long term placement required?</p>	<p>What do we need to know and do to ensure supported access visits are successful?</p> <p>Frequency, duration and location for visits?</p>

# COLLABORATION

## Collaboration = Communication

Ongoing communication among team members is critical to ensure the delivery of Outcome Based Services. Collaboration is not a one-time event but rather an ongoing investment to achieve a broader goal of a system that supports the safety and well-being of children, youth and families. In short, regular communication is critical to collaboration. The best decisions for children and families occur when all relevant parties participate in the decision making process and where all opinions are respected. This means that in addition to the Neighbourhood Centre and Lead agency partners, all other service providers and involved family members should be involved.

## Collaboration = Involving Families in Decision-Making

Shared and collaborative practice respects the involvement of family as key stakeholders. Families are experts of their own situation and should, whenever possible, lead the decision-making process. By engaging families in service delivery, it supports families to take ownership of their situations, encourages them to adopt responsibility for their decisions and helps them to become invested in the outcomes.

## Collaboration = Opportunities for Conflict

While conflict makes many people uncomfortable, living in a world where there is more than one person makes it inevitable. Whenever there is more than one opinion, there is opportunity for conflict to occur. This is to be expected. In fact, conflict can be a very good thing. Questioning one another about actions and decisions allows for critical thinking and collective problem solving. Rather than avoid conflict, use these opportunities to become skilled in communication and conflict resolution. These are the very same skills we encourage in the families we work with.

## Collaboration = Opportunities for Improvement

Entering into partnerships where Lead agencies share decision-making and financial responsibility for services with the Neighbourhood Centre means that questions and discussion regarding all matters of service provision will likely occur at some point. Opening up topics for discussion can be opportunities to learn and opportunities to improve. At times these questions might be uncomfortable and frustrating, but if approached openly and honestly, even better outcomes can be achieved.

### **Example: Parenting and Psychological Assessments**

Through the CSD partnership, many areas of service delivery became topics for discussion between the two Lead agencies and the Neighbourhood Centres. One area that agencies began asking about was assessments. Specifically, questions were posed about the appropriateness of assessments, what each assessment actually measures and defining the information needs of the court. In response to this discussion, partners became more informed about assessments from the professionals providing assessment services and Lead agency and Neighbourhood Centre workers have become more adept at determining when assessments are actually necessary, and if so, which assessments best meet their needs.



# CSD SERVICE DELIVERY: PART 2

## ALBERTA NORTH AFTER-HOURS CHILD INTERVENTION SERVICES (CIS) OFFICE

### 24/7 SERVICES

The Alberta North After-Hours Child Intervention Services Office provides emergency child intervention services, which is available 24 hours a day, 7 days a week. The phone numbers are:

Phone: 780-422-2001

TDD / TTY: 780-427-1561

After Hours Number: 780-427-3390

After Hours Number Toll Free Number: 1-800-638-0715

Child Abuse Hotline Toll Free Number: 1-800-387-5437

Bullying Help Line: 1-888-456-2323

## SERVICES BASED AT ALBERTA NORTH AFTER-HOURS CHILD INTERVENTION SERVICES OFFICE

### Child at Risk Response Team (CARRT)

Child at Risk Response Teams consists of one Constable and one Child Intervention Assessor. CARRT investigates the following:

- Incidents involving imminent risk to children caused by neglect and/or physical or sexual abuse.
- Incidents involving a caregiver who is unable or unwilling to provide adequate care to any child in their care.
- Requests for assistance from EPS members and/or Child Intervention staff.
  - Action requests from Child Welfare that originate from the Alberta North After-Hours Child Intervention Services Office or any Neighbourhood Centre Office in Edmonton.
  - Requests for investigation that originate from the Sergeant in charge of CARRT.
- Incidents involving the welfare of any child that has been placed in care of the Director of Child Intervention Services.

CARRT is available 24/7 and provides front line services to children at risk.

### Alberta Vulnerable Infant Response Team (AVIRT)

AVIRT is a multi-disciplinary team (child intervention, health and law enforcement) that supports families known to the ministry who have very young infants up to four months old. When at capacity; however, Neighbourhood Centres will conduct intakes and safety phase assessments services for these infants. In all cases, once files have been opened, Neighbourhood Centres accept the open files.

## PRAT (Placement Resource Assessment Team)

When concerns about a child's safety in a licensed in-care placement occurs, referral to PRAT, for their consideration and follow-up is the appropriate first step. A unit of assessors who specialize in assessing placement resources are based out of the Alberta North After-Hours Child Intervention Services Office.

## Protection of Sexually Exploited Children (PSECA)

Under the *Protection of Sexually Exploited Children Act (PSECA)*, children involved in prostitution are recognized as victims of sexual abuse and in need of protection. Programs and services exist not only to support youth in ending their involvement in prostitution, but also to assist those who are considered at risk to become involved. Such intervention includes education, risk assessment, and appropriate service provision whether in the community or in a confined setting.

*PSECA* legislation allows for youth who are considered at immediate risk to engage in prostitution to be apprehended by police or a delegated *Enhancement Act* caseworker and taken to a protective safe house. Youth at risk may be confined from five to 47 days and then connected to community support services and placement services, if unable to return to the parental home.

Edmonton Region CFS has two Human Services Workers placed in the Alberta North After-Hours Child Intervention Services Office to implement *PSECA* legislation. If you are aware of, or suspect a child is engaged in or at risk of becoming engaged in prostitution, please contact a *PSECA* worker at the Alberta North After-Hours Child Intervention Services Office.

A child or parent who wishes to access voluntary *PSECA* support services to assist a child in exiting prostitution may call the *PSECA* office directly at 780-422-4820.

## Foster Parent Support

Foster parent support is another service provided at Alberta North After-Hours Child Intervention Services Office. When foster parents need to speak to someone about issues arising in the home, a support person from CASA is available to listen to the foster parent, provide expertise and/or forward any concerns that require further assistance.

## CSD AFTER HOURS SERVICES

### Remember the Alberta North After-Hours CIS Office Serves the Edmonton area and Northern Alberta

The Alberta North After-Hours CIS Office is dealing with the Edmonton area and all of Northern Alberta. They do the best they can to refer matters to the correct program or Neighbourhood Centre, but sometimes errors are made. It is going to take time for them to get to know all of the partners, and even then, at times there may be confusion. The principle that Edmonton CSD applies is **“do what is best for the child and family”** and sort out logistics on the next business day.



FYI:

- When apprehension is being considered after-hours, the Alberta North After-Hours Child Intervention Services Office staff and agency on-call workers are to discuss what is happening for the children and explore whether there are other options. They will consider together what placements would best be suited for the children and whether natural placements can be accessed.
- When a placement is required for a child, Alberta North After-Hours Child Intervention Services Office staff are responsible for locating and securing the placement. The CSD agencies have limited access to internal placements that may be offered as an option, if available and suitable.
- It is the delegated responsibility of Alberta North After-Hours Child Intervention Services Office staff to approve all placements and to provide the sub-delegation.

## **CSD SERVICES ARE 24/7**

Lead agencies provide responsive, timely and individualized services, and have the ability to provide these services 24 hours a day, seven days a week. Lead agencies provide the entire spectrum of support services (excluding placements), either themselves, or through sub-contracting arrangements.

When the needs of a child or family come to the attention of child intervention after normal office hours, the Lead agency and the Alberta North After-Hours Child Intervention Services Office will work collaboratively to accommodate the needs of the child and family.

## **Opportunities for Innovation After-Hours**

The Alberta North After-Hours Child Intervention Services Office received a phone call regarding an infant who was residing in a kinship care placement. A death occurred in the kinship aunt's extended family, and the aunt needed to attend her family right away. As she was the infant's caregiver, she asked The Alberta North After-Hours Child Intervention Services Office if she could take the baby with her. Because of the number of no contact orders with extended family members who would be in attendance at the home and funeral, The Alberta North After-Hours Child Intervention Services Office was not comfortable with the aunt taking the infant with her. The Alberta North After-Hours Child Intervention Services Office contacted Kahkiyaw, who arranged for the infant's biological mother and the infant to be placed together in a 24/7 staffed home for the weekend while the aunt was away. This afforded the biological mother an opportunity to be with her baby (for an extended visit), while supervised, until the aunt was back a couple of days later to resume care. Kahkiyaw reviewed the decision with the North Central Neighbourhood Centre staff and manager when business resumed the following Monday. In the meantime, an arrangement that was best for the baby and family was configured until the kinship aunt returned a few days later.

# CLIENT PROFILE

Age appropriate services are provided to clients as follows:

- Children and youth, from infancy to 24 years of age, with status under the *CYFEA*;
- Children, youth and families in crisis or identified as at-risk of harm to/from self and/or others;
- Caregivers experiencing a lack of supports, and/or coping skills necessary to maintain the child in the home; and
- Parent/Guardian with a child in care.

# SINGLE POINT OF ENTRY

CSD is intended to provide an integrated “single point of entry” into the service delivery system. Lead agencies provide an array of services and support options in order to accommodate and respond to changing individual and family needs within their community. The integrity, quality and performance of CSD depend on appropriate matching of the strengths and needs of children and their families to services that enhance strengths and address deficiencies.

Lead agencies must have the capacity, either internally or through sub-contractual relationships, to deliver an array of traditional services normally utilized in Children and Family Services. Lead agencies are encouraged to develop additional or different effective services as required to achieve the desired outcomes.

## OPEN FILE PRINCIPLES FOR CSD

- A family is referred to a CSD Lead agency at the assessment phase when there is a high degree of certainty (95% or more) that a file will open to legal status.
  - The CSD referral form is completed by the Assessor and sent to the CSD agency prior to a CSD intake/referral meeting taking place.
  - The date of the CSD intake/referral meeting will be the “Open File Date” for each referral.
  - In urgent cases, the “Open File Date” will be the date service was first provided.
  - In urgent cases, the “referral form” will be forwarded as soon as possible
- The Neighbourhood Centre office and the CSD agency must work together to ensure processes are in place to track the opening and closing of files on their CSD caseloads. In particular, the CSD Administrative Lead for the Neighbourhood Centre office is responsible to ensure proper tracking of the CSD caseload and that an CSD flag is recorded on ISIS.

# REFERRAL PROCESS

Referrals to CSD occur mostly at the assessment stage with families newly involved (or re-involved) with child protective services. Lead agencies coordinate and/or provide services to **all** files newly opened to legal status at their partnering Neighbourhood Centre offices. Services are provided to the referred child, youth and/or family until the file has closed, permanency has been reached, or the file has been transferred to another office. Please see below regarding referring legacy files to CSD.

*Under special circumstances, when a file is transferred or reopens at another office, a Lead agency **may** continue their work with a child, youth and/or family if requested by the family, and/or when a relationship exists that would be beneficial and helpful to the client, and the team believes it would be detrimental to end the relationship. The ability to continue providing services is also dependent upon available resources.*

**NOTE:** When a file is *likely to open*, or is *imminently opening*, a referral is made by the Neighbourhood Centre to the Lead agency. The official date of referral is the date the agency **accepts the file**.

## LEGACY FILES

Referrals to CSD regarding children who have an existing legal status **and** an “in care” status may occur, but are considered on a case-by-case basis. Both the Managers of the Neighbourhood Centre and Lead agency must agree on the referral and agree on the benefits of the referral. In these cases, consideration must be given to the Lead Agency’s capacity to taking the file.

## DEALING WITH CONFLICT

### COMPLAINTS FROM SERVICE RECIPIENTS & OTHERS

When *minor complaints* are raised by those receiving services, or by others somehow involved in the file, attempts at resolution should be undertaken immediately. If the concerns involve the CSD partner, it may be necessary to bring the CSD partner into the discussion. If the concerns can be diffused or resolved by the person hearing the complaint, efforts to resolve the matter should be made.

In the case that *serious allegations or complaints* about the services being provided by Neighbourhood Centre and Lead agency staff are made, those hearing the complaint(s) should consult with their supervisors and/or managers.

### RESOLUTION PROCESS FOR CSD PARTNERS

As stated earlier, conflict is inevitable, and while uncomfortable, it provides an opportunity to evolve practice and relationships in a positive way. If any matter between CSD partners requires resolution under the Collaborative Service Delivery model in Edmonton Region Child and Family Services, both parties shall participate in the following formal resolution process:

1. Attempts at resolution should first occur between frontline workers of the Region and Agency.
2. If resolution is not achieved, the matter will be resolved between the frontline workers’ respective Supervisors.
3. If resolution is not achieved, the matter is to be resolved within one business day by the Managers of the Neighbourhood Centre Office and Agency.
4. If no resolution is achieved, a conference with the applicable Senior Managers of the Lead agency and the Region will attempt resolution within the next business day.

5. If no resolution is achieved, the Region's Regional Manager of Community Partnerships, Services & Supports will make the final decision based on:
  - 1) the presented practice issues;
  - 2) contract terms and the intent of the contract; and
  - 3) input from the Senior Operating Officer of the Lead agency.
6. This process must be completed to resolution within 3 working days.

## Suggestions for Dealing with Conflict

1. When conflict occurs, and the matter is not urgent, wait to speak to the person until the next day. When emotions are running high, thinking is low. Give yourself time to let the emotions settle. Give yourself time to examine the conflict from a less "upset" perspective.
2. Call the person and set up an opportunity for a face-to-face meeting. If that is not possible, discuss the matter over the phone.
3. Let the other party know that you do not agree with x,y,z, but you value the relationship with them, and want to do what is best for the child and family.
4. If you and the other party cannot come to agreement, follow the conflict resolution process.
5. Remember, these are your colleagues, and you need to work together.

*"Folks' tendency is to address a difficult situation over email because it is "easier", but the long-term impact is less effective...the use of email can be problematic, as it is more about showing who is right, as opposed to talking things out. Building relationships is important, and we have to coach our staff to meet with people and talk things out."*

*Cheryl Whiskeyjack  
Executive Director*

*Bent Arrow Traditional Healing Society*

## FAMILY INTERVENTION SERVICES

Lead agencies ensure that all services delivered are grounded in principle and that staff are trained and/or knowledgeable in evidence based practice approaches. Lead agencies work closely with their partnering Neighbourhood Centre offices and the community sector in collaboratively planning and delivering of services based on the unique needs of the families and the community and on the intended outcomes. Overarching outcomes can be understood in terms of: family preservation, family reunification and permanency.

## FAMILY PRESERVATION, FAMILY REUNIFICATION & PERMANENCY

Services are focused on preserving and supporting family while ensuring child safety and well-being. If a child cannot remain in their family home focus shifts to reunification and permanency. Lead agencies provide children and family an array of resources to support their unique needs. Services include, **but are not limited to:**

- intensive family stabilization and preservation services
- family intervention and support services, family reunification services

- youth work
- low ratio crisis intervention services
- transitioning youth to adulthood

Lead agencies utilize a variety of tools such as family meetings, family group conferencing and relative searches in order to support families to find their own solutions. These tools also assist families in identifying extended family and/or significant caregivers who can provide support, and if necessary, home based care, such as Kinship Care.

Lead agencies are responsible for building and supporting Kinship Care placements as part of the continuum of services provided. When Kinship or extended family placements are not available, and a child or youth requires a placement, the Lead agency, Edmonton Region CFS staff, and providing placement agency (e.g. foster care, group care, SIL) work together to achieve positive child well-being outcomes and strive for reunification and/or a permanency solution.

## FAMILY ENGAGEMENT TOOLS

### ECO-MAP

The eco-map is to be completed as part of the comprehensive and collaborative assessment process and updated annually or when significant changes occur, to ensure that it provides a current representation of the child or family's ecosystem.

An eco-map is a pictorial representation of a child and/or family's connections to persons and systems in their environment. It can illustrate three separate areas for each connection:

- The **strength** of the connection (weak/tenuous; strong)
- The **quality** of the connection (stressful; not stressful)
- The **impact** of the connection (none; draining resources or energy; providing resources or energy)


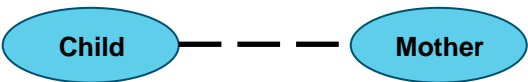

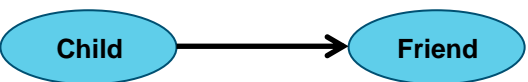
The purpose of an eco-map is to support the assessment of the child and/or family's needs and to assist in decision-making about potential interventions. It also creates a shared awareness between the child, family and caseworker of significant connections and their possible negative or positive influences.

In an eco-map, the child or family unit is placed at the centre of the diagram and each person and organization that forms a part of the child or family's network is named in a separate circle. For example:

- Significant personal relationships (can include friends and extended family)
- Neighbourhood: the physical area where they live
- Community services: includes medical, mental health, substance abuse, family violence, Human Services, legal, court etc.
- Social groups: church, civic, faith, spirituality, culture, sports etc.
- Education
- Employment/income support

## Eco-Map Design

The connection between the child or family and an individual or organization is indicated by a line drawn between them:

An <b>unbroken bold line</b> illustrates a strong or close relationship	A <b>line of dashes</b> illustrates a weak or tenuous relationship
	
A <b>broken line</b> illustrates a stressful relationship	To illustrate the impact of the connection, place an arrow(s) to show whether resources and energy are flowing to a person or away from a person.  For instance: <ul style="list-style-type: none"> <li>No arrow indicates no impact, no flow of energy or resources.</li> <li>Arrows at both ends indicates a reciprocal flow of energy or resources.</li> </ul>
	

## GENOGRAM

A genogram (minimally three generational) must be completed as part of the comprehensive and collaborative assessment process and updated annually or more often if significant changes occur to ensure that it provides a current representation of the child's family.

A genogram is a diagram representing the membership of the child's family in a simple and organized format. Genograms are useful tools for identifying resources within the family. Common experiences, characteristics and trans-generational patterns of behaviour can also be identified during this collaborative process, thereby helping the child and/or family members to recognize repetitive patterns and hereditary tendencies.

In completing the genogram:

- Use circles for females, squares for males and triangles for people of unknown gender.
- Identify deceased individuals with an "X" over the circle, square or triangle.
- Draw a line around the family members of the child's household.
- Indicate the quality of relationships by the types of lines used (**which are the same as the eco-map**):
- Include any family members, aunts, uncles, cousins, etc. that are important to the child or family.
- Indicate birth order of children by placing the oldest child to the left.
- Record geographical location of members, dates of birth and death, causes of death, adoption, major personal attributes, significant medical issues and other life cycle events.
- Record substance abuse, family violence, suicide, criminal behaviours, occupation and education, where appropriate.

## INDIGENOUS APPROACHES

Incorporating indigenous approaches such as smudging prior to a family gathering is an appropriate and respectful way to engage indigenous families. Being sensitive to the cultural practices of families is an important aspect of CSD.

## RELATIVE SEARCHES, EXTENSIVE GENOGRAMS & FAMILY TIMELINES

Family timelines are used when a family comes to the attention of CSD with an extensive child intervention history. A timeline of intervention is documented and the file is reviewed to look for strengths, successes and barriers. Families are engaged to “help fill in the blanks”, and former child intervention staff and agency providers are contacted to provide insights. The purpose of this exercise is to find out how best to serve the families and build upon prior successes.

Extensive genograms and relative search techniques are developed to try and locate family members, those members nobody has ever heard of before. Efforts to contact known extended family members who can lead staff to other family members are often employed in these exercises.

## FAMILY GROUP CONFERENCING (FGC)

The purpose of a Family Group Conference is to build a process through which a family can come together with kin, close friends, and community members to develop a plan for a child or youth requiring intervention services. The goal is to find healthy adults who will commit to helping care for children and also to expand the family’s circle of support. Training FGC facilitators through the approach espoused by **Blue Quills College** is encouraged. It is the gold standard in FGC. The first challenge encountered in FGC and Family Meetings is finding family members and supportive friends.

## Family Circle/Family Meeting/Healing Circle/Sharing Circle

A Family Circle meeting is a variation of an FGC. Not all families require a formal FGC, but may benefit from a meeting that is more structured than a Service Team Meeting. There are also times where healing circles and sharing circles make the most sense for a family. In these cases, cultural and/or spiritual aspects may lead the process or provide a safe place to share thoughts, feelings and experiences.

*“We have begun to think of FGC, Family Searches and Circle meetings as a continuum of services. Some families might benefit from each of these components at different times, while other families may only require one or two pieces. We strive to be flexible, accommodating and as supportive to families and the service team as possible through the use of these tools.”*

*The Family Centre*

Kahkiyaw and TFC have provided examples of their Family Group Conference forms and reference documents. These can be accessed in Appendix A.






## SIGNS OF SAFETY TOOLS

Signs of safety are designed to build upon the strengths within the family, and allow the family to articulate the issues and possible solutions. One risk assessment tool is the “three houses”. In this exercise, children and young people are asked to draw and/or describe their homes within three categories: worries, good things, dreams/wishes. An example of its use with a child is provided below:

### The Three Houses

**Craig**

		
<b>House of good things</b>	<b>House of worries</b>	<b>House of wishes</b>
<p>I don't get shouted at when I am with dad.</p> <p>I like living with daddy because I get lots of hugs.</p> <p>When I'm with daddy I can play with my toys.</p>	<p>I was not happy at my mam's house because she shouted at me a lot.</p> <p>Mam locked all of my toys away and I didn't get all of my Christmas presents they were put in mam's wardrobe.</p>	<p>My wish has come true. I'm living with my daddy and brothers.</p> <p>I wish we had a big house so we had our own room and didn't have to share our beds.</p>

### The Family Centre Signs of Safety Matrix

When engaging with family members, The Family Centre uses a matrix they developed with the three houses in mind - to probe the central issues, feelings, strengths and solutions within a family. Please refer to Appendix B to see a copy of this matrix.

# CASE PLANS

In CSD, focus is on the creation of **one** case plan that is created *collaboratively* by the family, Lead agency, the ECFS staff, and any others considered part of the service team. Families are core members of the team. Families should be encouraged, whenever possible, to lead decision-making.

The case plan is the map for the delivery of services. Plans are needs based, rather than service driven, resulting in safety, well-being, stability and permanency. Services are to be uniquely tailored to the presenting needs and designed to result in the desired outcomes. For example, one family may require intensive family support and a CSD Worker is assigned, whereas another family may require counseling to deal with past trauma and a referral to a counselor is made.

**As per accreditation expectations for agencies, the first case plan is created within 10 working days of opening a file to CSD.**

# PERMANENCY

Permanency planning is a child-specific, dynamic process that begins as soon as a child becomes the subject of an EAY, CAY, CAG, TGO, PGO or PGA. The CSD team (minimally the Neighbourhood Centre, Lead agency and family) is responsible for developing either the concurrent plan or the transition to independence plan (depending on the child's legal status and age) and reviewing the plan regularly to address permanency for the child. Both Neighbourhood Centre and Lead agency staff play integral roles in identifying significant relationships in a child's life, as well as stable, enduring relationships.

Enduring relationships and stable placements with a parent, that offers them legal rights and social status are two key components of permanency, and are fundamental to a child's healthy development. The earlier permanence occurs, the more beneficial it is for the child. 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. A successful permanency outcome is one that builds on stability, attachment and belonging for the child. **As a team, the Neighbourhood Centre and Lead agency ensure the permanency needs of each child remain in the forefront.**

## PERMANENCY PLANNING

Permanency planning is a collaborative process, where team members work together. The process:

- Occurs in a purposeful and collaborative way;
- Respects the specific circumstances of the child and family;
- Ensures the child's physical, emotion, social, cultural, cognitive and spiritual well-being;
- Recognizes the value of past and current significant relationships for the child,;
- Maintains the child's positive connections to family history, traditions, race and ethnic heritage, culture, community, religion, and language;
- Maintains the child's positive connections to extended family, siblings and other significant adults where appropriate, based on the child's needs;

- Minimizes disruptions for the child;
- Considers the perspective of the child;
- Considers the best interests of the child, in keeping with the Matters to be Considered in s.2;
- Ensures that the child has the opportunity to mature to his or her potential with a strong natural support network; and
- When transitioning a child into a new placement, a team-developed transition plan is key to successful transitions and stable placements.

**NOTE:** TFC and Kahkiyaw have found that longer transition processes, which utilize pre-placement visits, supported visits and ensure all parties have been given relevant information (background and current) has led to better transitions and more stability of placements.

## SUPPORTING LIFE LONG CONNECTIONS

It is critical for each child to have a positive, enduring relationship with at least one significant adult. The caseworker and Lead agency worker support the child in building healthy relationships and maintaining enduring relationships. To this end:

- Utilize the genogram, assessments and the Relative and Significant Other Search to locate potential alternative placements for the child, and to locate persons who are significant to the child.
- Utilize the eco-map to encourage the child to identify the significant relationships in his or her life.
- Facilitate the stability and continuity of significant positive relationships for the child by promoting and supporting ongoing contact.
- Facilitate the extended family having a positive role in the life of the child in the event that extended family members are unable to provide care or pursue long-term custody.
- Recognize that if a child has developed a positive, healthy attachment to a temporary placement provider, that person can become a significant adult to the child.
- Document any decision about potential placement or maintaining ongoing contact with extended family or with significant individuals identified for a child, including the rationale behind the decision and who was consulted when considering various permanency options for a child.

## ANCILLIARY SUPPORT SERVICES

### DRUG TESTING

It is the responsibility of the Lead agency to pay for this service if the team has been given approval to proceed with drug testing. Drug testing refers to the use of various biologic sources such as urine, saliva, sweat, hair, breath, blood and meconium to identify the presence of specific substances and/or their metabolites in a client's system. Drug testing does not make a distinction between dependency and consumption. Positive drug test results indicate only that the drug or its metabolite is present at or above the established concentration cut-off level in the test specimen. They do not reveal whether a client abuses or is dependent on illicit or prescription drugs. Drug testing **is one of many tools** used to guide decision-making for families who come to the attention of CSD.

Best practice dictates that in order to evaluate the probability that someone is not using drugs, the caseworker/assessor and CSD worker should use a combination of self-reports, observations of behavioural indicators such as positive changes in hygiene and grooming; improved functioning in daily life; improved work behaviour; avoidance of people, places and things associated with drug use; and improved consistency in complying with Child and Family Services and substance abuse treatment case plan requirements; along with random drug testing.

**NOTE:** Due to the intrusive nature of drug testing, to monitor trends and practice and in order to share accountability of decision making at all levels at the worksite, **consultation must occur between the caseworker, the CSD worker, supervisors and managers before drug testing (urine or hair follicle testing) is utilized.**

**Surehire is the service provider being used by TFC/ North Central and Kahkiyaw/Central sites.**

See Appendix C for a copy of the Regional directive for drug testing.

## DNA TESTING

It is the responsibility of the Lead agency to pay for this service. DNA testing is not a commonly accessed service, but there are times when paternity and family affiliation requires a DNA test. When this is determined as necessary or has been court ordered, the team's supervisors will seek the approval of their managers to proceed with a test. **Genotek** is the service provider being used by the North Central/TFC CSD site.

## MULTI-CULTURAL SERVICES

Providing a continuum of culturally appropriate services and supports for children, youth and families referred by the Neighbourhood Centre is provided by the Lead agency.

- Given that over 60% of the child intervention caseload in the ECFS is Indigenous, it is critical that each site has access to services that are culturally responsive to the needs of Indigenous children, youth and families.
- Depending upon the unique location of each CSD partnership, it is equally important that services reflect the cultural diversity found in the local communities.

### **Example: TFC and Kahkiyaw**

**TFC:** Hiring a number of African staff (who represent a number of different countries) has been integral to service provision in the North Central area of Edmonton, where there is a large population of African families. Further, TFC will often contact Kahkiyaw when trying to find specific Indigenous services.

**Kahkiyaw:** Hiring Indigenous and multi-cultural staff to reflect the Central area of Edmonton is part of their multicultural service provision. Kahkiyaw has hired a staff person whose responsibility is connecting Indigenous families with resources. Kahkiyaw is in the process of hiring another staff who will connect multi-cultural families with the right resources.

## PSYCHOLOGICAL SERVICES AND ASSESSMENTS

CSD Lead agencies are responsible for providing or sub-contracting psychological services, such as counseling, group therapy, psychological assessments, neuropsychological, and parenting assessments are an important part of the continuum of services and supports for children, youth and families. CSD teams are encouraged to work collaboratively when determining the most appropriate types of psychological supports and assessments for their clients.

Current CSD partners have learned that “parenting” and “psychological” assessments can refer to many different types of inventories and assessment tools. They have also learned from several professionals that:

- Assessments are often not able to contribute much more than is already known by the caseworkers and family support staff;
- CSD teams need to be clear about what they want or would find helpful to know, and then match the assessment appropriately – which may require assistance from psychologists and professionals who are well versed in assessment tools.

**NOTE:** As a general rule, TFC and North Central do not seek psychological or parenting assessments unless there is possibility that a Permanent Guardianship Order may be sought.

**Kahkiyaw has provided an example of a referral form for psychological and parental assessments in Appendix D.**

## SUPPORT FOR FAMILY BASED CARE (SFBC)

There are times when a child may need to move outside of the home while the family is receiving Family Enhancement services. SFBC is a financial program to assist families and significant others provide care to said children when their needs can be adequately met without protection services.

When the Neighbourhood Centre, Lead agency and family or significant others agree that the needs of the child are best met in this arrangement, the Lead agency is responsible for providing the caregivers financial assistance. **Assistance is based on the need of the family.**

The SFBC arrangement mirrors kinship care insofar as the child’s caregiver (who is known to them) is financially supported and services are provided to the child. The main difference however, is the child is **NOT** in the care of the Director.

**NOTE:** If the child is determined to NOT be in need of intervention and yet they are unable to return to their guardian’s care, the matter should be referred to the Child and Youth Support Program (CYSP).

## **Financial Assistance**

- Financial assistance for SFBC is paid for by the Lead agency and can be **up to 90** percent of current basic maintenance rates (see Appendix F for basic maintenance rates).
- Assistance can be manually paid to the caregiver for the duration of the agreement(s) in addition to any other services (or start-up items) required.
- Recreation funds and vacation funds are **not** provided to children under a Supports for Family Based Care Agreement. These monies are not taxable.
- The child **does not** qualify for a Treatment Services Card under SFBC. If the guardian does not already have coverage for the child for medical, dental or optical services, either the guardian or caregiver can make an application to the Alberta Child Health Benefit Plan through Alberta Works. The Health Benefit Plan is income tested and the person making the application will be the one that must declare their income.
- To emphasize a guardian's responsibilities, guardians are to be encouraged to make in-kind contributions to their child's care. If appropriate, the CYS caseworker, in consultation with their supervisor and manager can also work with SFBC caregivers and sign Child Support Agreements.

## **CSD PLACEMENT RELATED COSTS TABLE**

### **COST RESPONSIBILITY IN COLLABORATIVE SERVICE DELIVERY; TABLE OUTLINING PAYMENT RESPONSIBILITY**

Collaborative Service Delivery (CSD) requires a significant level of collaboration between an CSD agency and the partnering Neighbourhood Centre. This collaboration extends to decisions about the allocation of resources for clients.

CSD Agency budgets do not have direct placement costs included in the Cost per Day rate, with the exception of Kinship Care. It is the responsibility of Edmonton Region Child and Family Services (CFS) to pay these costs, and only these costs. However, this distinction can be confusing; the table below aims to bring more clarity.

<b>Foster Care</b>	<b><i>Administration of monies for an CSD child accessing Foster Care services</i></b>
Agency Daily Rate	Edmonton Region CFS Pays
Daily maintenance	Edmonton Region CFS Pays
Skill Fee	Edmonton Region CFS Pays
Special Rates	Edmonton Region CFS Pays
Over and Above Costs (For clothing, food, etc.)	Billed to CSD agency
Negotiated Foster Care kms	Billed to CSD agency
Medical expenses that need to be reimbursed	Billed to CSD agency
School supplies	Billed to CSD agency
Infant Care Costs, Infant Needs, First Time in Care costs	Billed to CSD agency



Child care costs, respite, babysitting, relief	Billed to CSD agency
Sports, Arts and Recreation	Billed to CSD agency
Vacation /Camp	Billed to CSD agency

<b>Kinship Care</b>	<b><i>Administration of monies for an CSD child accessing Kinship Care services</i></b>
Agency Daily Rate	Billed to CSD agency
Daily maintenance	Billed to CSD agency
Negotiated Kinship Care kms	Billed to CSD agency
Medical expenses that need to be reimbursed	Billed to CSD agency
Over and Above Costs (For clothing, food, etc.)	Billed to CSD agency
School supplies	Billed to CSD agency
Infant Care Costs, Infant Needs, First Time in Care costs	Billed to CSD agency
Child care costs, respite, babysitting, relief	Billed to CSD agency
Sports, Arts and Recreation	Billed to CSD agency
Vacation /Camp	Billed to CSD agency

<b>Group Care</b>	<b><i>Administration of monies for an CSD child accessing Group Care</i></b>
Per diem (Includes food, clothing expenses, spending money)** When a youth is in Residential Services, a bus pass is an CSD Agency cost	Edmonton Region CFS Pays
Over and Above Costs (For clothing, food, etc.)	Billed to CSD agency
Medical expenses that need to be reimbursed	Billed to CSD agency
School supplies	Billed to CSD agency
Infant Care Costs, Infant Needs, First time in care costs	Billed to CSD agency
Sports, Arts and Recreation	Billed to CSD agency
Vacation /Camp	Billed to CSD agency
Specialized Support	Billed to CSD agency

<b>SIL</b>	<b><i>Administration of monies for an CSD child accessing SIL Services</i></b>
Monthly Allowance (Rent, Food, Clothing, Bus Pass, Utilities, spending money, telephone, etc.)	Edmonton Region CFS Pays
Start-up costs & Dependent start-up costs	Billed to CSD agency
Over and Above Costs (For clothing, food, etc.)	Billed to CSD agency
Medical expenses that need to be reimbursed	Billed to CSD agency
School supplies	Billed to CSD agency



Sports, Arts and Recreation	Billed to CSD agency
Vacation /Camp	Billed to CSD agency

<b>Independent Living</b>	<b><i>Administration of monies for an CSD child who is in an Independent Living Situation</i></b>
Monthly Allowance (Rent, Food, Clothing, Bus Pass, Utilities, spending money, telephone, etc.)	Edmonton Region CFS Pays
Start-up costs & Dependent start-up costs	Billed to CSD agency
Over and Above Costs (For clothing, food, recreation, sports, medical expenses, school supplies, etc) Please refer to Regional Policy #3260-1 "Independent Living Policy" for guidance.	Billed to CSD agency

<b>Basic Needs</b>	<b><i>Administration of monies for an CSD child who is receiving basic needs</i></b>
Monthly Allowance ( Food, Bus Pass, Personal items, Phone Card)	Edmonton Region CFS Pays
Over and Above Costs (For clothing, food, recreation , sports, medical expenses, school supplies, etc)This would include initial purchase of a cell phone and two sets of clothing and one pair of shoes seasonally appropriate. Please refer to Regional Policy #3260-4 "Provision of Basic Needs" for guidance.	Billed to CSD agency

<b>Support and Financial Assistance (18-24)</b>	<b><i>Administration of monies for an CSD child with a Support and Financial Assistance Agreement</i></b>
Monthly Allowance (Rent, Food, Bus Pass, Utilities)	Edmonton Region CFS Pays
Over and Above Costs (For clothing, food, utility hookups, damage deposits, etc) Please refer to Regional Policy #3260-6 "Support & Financial Assistance Agreement Usage" for guidance.	Billed to CSD agency

The "**Caregiver Reference Guide**" is a useful document as it outlines what is covered in the Daily Maintenance Rate (Edmonton Region CFS Responsibility) and what costs for the child fall outside that rate and would therefore be the responsibility of the Neighbourhood Centre to pay, or in the case of Collaborative Service Delivery, the CSD Agency to pay.

While the document focuses specifically on Foster Care, the same logic applies to other placement resources. For example, a youth living in a group care home would have the maintenance of their clothing be taken care of from the per diem the agency is given, but if they are going to a graduation ceremony and require a dress or a suit – those special clothing costs fall outside of that rate and would be the responsibility of the CSD Agency.

**\*\*For the most part, what group homes cover in their per diem is consistent, however, there may be a few anomalies. If a cost is not covered in a per diem, it then becomes the cost of the CSD agency. If a group home indicates that they do not pay for a particular cost, please have your linked Regional Contract Consultant verify this.**

## **Other Placement Costs**

### **Child Residing with Parent - Costs**

At times, placement costs incur for the entire family under a Family Enhancement Agreement or a Supervision Order. These costs are the responsibility of the CSD agency. For example, a family may be moved into an Agency Facility, in order to keep the family together. These costs are the responsibility of the CSD Agency. Before making these type of financial decisions it should be discussed as a team and should only be considered for short term measures.

### **Supports for Family Based Care**

These costs are the responsibility of the CSD agency, as children in Family Based Care are not in the care of the Director. This is a practice option that uses family enhancement services to keep children safe when the child cannot remain in parental care due to intervention concerns. The guardian however, must consent to the child living with another caregiver. This service is financially supported and the family providing care receives **up to** 90% of Kinship Care benefits per child. Financial compensation should be based on the needs of the caregiver to successfully care for the child.

### **Child is transferred to a DFNA**

If a former Edmonton Region CFS off-reserve child is transferred to a DFNA for case management, Edmonton Region CFS is still responsible for all child related costs + the monthly administration fee. These costs are billed and paid by the CFS Regional office and are not a CSD cost.

### **Specialized Contract Placements**

Specialized Contract Placements (SCPs) are child specific agreements with agencies that provide a tailored placement program. In general, SCPs are like Group Care placements with a per diem that is paid by Edmonton Region CFS. However, some SCP arrangements may have extra costs outside of that per diem, like a special school cost, or certain kinds of therapy that would be the responsibility of the CSD agency to pay.

# CSD SERVICES FOR CHILDREN IN CARE

## Clothing

Clothing inventory should be completed to ensure the child has an adequate wardrobe when placed. Initial costs to bring the wardrobe to the standard set by the Region are covered with prior approval. The costs for CFS foster/kinship homes are either covered by re-imbursement of caregiver's expenditures or by providing a Purchase Authorization and Invoice (CS0018C) to the caregivers to purchase wardrobe items. For Agency homes and CSD files, their process for reimbursement will apply.

Regional Policy 3126-5 Clothing to Standard – For a child or youth in which the director has assumed responsibility for the provision and maintenance of clothing, the caseworker, caregiver(s), family of origin and/or the youth themselves (whenever possible) all have a shared responsibility to ensure an acceptable wardrobe exists and is maintained. The maximum dollar amount to bring the clothing to standard is as follows:

Infants to 1 year	Up to \$300.00
1 – 6 years	Up to \$400.00
7-17 years	Up to \$600.00

After clothing is brought to standard, the caregiver maintains it using the basic maintenance. The basic maintenance includes the following clothing allowance:

Age	Per Month
0-1	\$26.90
2-5	\$37.60
6-11	\$49.05
12-15	\$68.45
16-17	\$70.05

If the child requires clothing after clothing has been brought to standard because of atypical growth, a handicap or behaviour has caused exceptional wear, or the child has moved without adequate clothing, the team may approve issue of supplemental clothing. Supplemental clothing is approved on a case by case basis and is not necessarily approved at the maximum amount of the initial clothing to standard. If the file is affiliated with CSD, the agency will cover the supplemental costs.

## Child Care

Caregivers may require resources to provide child care while they attend appointments, other responsibilities and to allow for breaks from the day-to-day demands of parenting.

Caregivers may utilize child care options that fall along a spectrum, ranging from babysitting, relief care, respite care to alternate care providers. Each child care type is used for a different purpose and has distinct expectations for approval and reimbursement. For CSD files, the agency will cover the cost of babysitting, respite and relief.

The caregiver must:

- provide the child's caseworker with information about the child care arrangements they make; and

- provide the child care provider they use with emergency contact information for themselves and the child's caseworker.

## **Annual Medical, Dental and Eye Care**

The placement provider is normally delegated responsibility for a child's medical, dental and optical care. Children in care are required to receive annual medical, dental and eye care.

The placement provider must have approval prior to obtaining a service that is not covered. In the event that a child requires another pair of eyeglasses or dental appliance for some reason the placement provider must have approval prior to purchase. The payment for these over and above services will be paid by the Lead agency.

## **Medication**

Placement providers purchase any needed non-prescription drugs for the child using their per diem.

Prescription drugs are purchased using the treatment service card or Treaty authorization number. In the event that a prescription is not covered, managerial approval is required to acquire the prescription. In this case, the Lead agency will reimburse the placement provider for these costs.

## **Education**

Lead agencies and Neighbourhood Centre approve payment for:

- school supplies and books according to the school supply list provided by the school;
- field trips;
- preschool costs;
- tutors; and
- lunch room fees (this does not refer to meals, but lunch room supervision costs).

The Lead agency will reimburse the placement provider upon receiving the receipts/proof of payment for all approved purchases.

## **Recreational Fund**

The child's recreation fund is intended to cover costs of recreational activities such as sports, creative arts or music lessons as well as recreational equipment and supplies. The Lead agency covers these costs if the purchases have been approved up to \$775 per year depending on the age of the child.

## **Vacation Allowance/Camp Fees**

Lead agencies cover the costs of summer camp and/or holiday activities up to \$500 per year.

Placement providers are expected to discuss their camp/vacation plans with the caseworker in advance. A letter of authorization is required when the child is travelling out of Alberta and Canada.

If a kinship or foster care provider plans to go on vacation without the child, they are to arrange alternate care. For the period of time they are away, they may claim the per diem to pay the alternate caregiver.

## **Additional Services Available to Children in Care**

A variety of other services may be available to a child and their placement provider while in the care of the Director. Examples of services provided by and/or paid for by the Lead agency include, but are not limited to:

- counselor or psychologist
- youth workers
- homemakers
- parent aides
- drivers
- emergency services

## **CSD SUPPORTED ACCESS & DRIVES**

CSD Lead agencies are responsible to provide supported access services for referred clients. How this occurs is determined by the agency and in collaboration with Regional staff, families and other relevant parties. Relationships are paramount to ensuring successful service to clients and therefore it is recommended that the agencies strive for consistency in service providers delivering this service.

Supported Access Services must embody the following principles:

- Services are child focused and family centered with the child being moved or transported as little as possible;
- Supported Access Services occur in the community where the child resides, as much as possible;
- Services are coordinated in collaboration with Regional staff, families, and other relevant partners; and
- Supported Access Services provide mentoring support to parents to facilitate a quality visit and contribute to building the capacity of parents to care for their children.

Supported Access Services not only ensures that visits occur and are supervised, but capitalizes on these opportunities by providing modeling, mentoring and teaching to parents. Supported Access Services is part of the continuum of tools that contribute to the achievement of the desired outcomes.

At times, drives are also a required service for clients and should be considered within the spectrum of responses that contribute to the desired outcomes. It is important, when considering the need for a drive that the purpose is intentional and clear and that the determination of need is decided collaboratively.

## **Transporting Children**

Children must be transported in a safe manner, with appropriate child safety seats. Ensure the vehicle used for transport is in safe, working condition and the driver has a valid operator's license and carries the appropriate amount of insurance.

- All children ages 12 and under must be transported in the backseat of a vehicle.

## **Child Safety Seats**

Any child weighing less than 18 kilograms (40 pounds) must be transported in an approved child safety seat, properly installed according to the manufacturer's instructions and the owner's manual for the vehicle.

- Ensure a child safety seat has an affixed label certifying that the manufacturer complied with all standards according to the *Canadian Motor Vehicle Safety Standards*.
- A child must be transported in a rear facing child safety seat until they are at least one year of age and weigh twenty pounds.
- Utilize a tether strap and anchor when transporting a child in a forward facing child safety seat.
- Arrange for installation of a tether anchorage if a personal vehicle is without one and obtain reimbursement through an expense claim.

## **Booster Seats**

A child must be transported in a booster seat if one of the following is true:

- the child weighs between 18 and 36 kilograms (40 and 80 pounds);
- the child is nine years of age or younger; or
- the child is under 145 cm tall (4'9).

## **Public Transportation & Bus Tickets**

Obtain approval from the supervisor to pay the fare of a child and an accompanying individual when utilizing public transportation (e.g. bus, airplane, ferry). Ensure that the individual has the legal authority to accompany the child. At times, CSD Lead agencies will be responsible for paying for these services. Consultation between Neighbourhood Centre and Lead agency partners (at the supervisory level) will be required when deciding whether a child is allowed to travel alone.

## **Taxi**

Only arrange for a child to be transported alone by taxi if there is no other option for transportation and the child is mature enough to travel alone. Obtain approval from the supervisor to transport a child alone by taxi. The supervisor must consider:

- the age and maturity of the child;
- the availability of other means of transportation; and
- the cost of the travel. Document the supervisor's approval and the rationale for using a taxi.

## **STRUCTURED ANALYSIS FAMILY EVALUATION (SAFE) HOME REPORT**

Home Assessment Reports (HARs) are completed for prospective foster homes, adoptive homes, kinship care homes and private guardians. In CSD, it is the responsibility of the Lead agency to complete, or sub-contract home study practitioners to complete the SAFE home assessments for prospective kinship caregivers, adoptive parents and private guardians.

Home studies take place in the applicants' home. A minimum of four interviews are conducted with the family and must include:

- joint interviews with the applicants,

- individual interviews with the applicants,
- interviews with others who reside or are frequently in the home, including children and other adults,
- interviews with references by telephone (or in person as necessary), and
- any other collateral contacts deemed necessary with the applicants' consent.

Once the gathering and interview process is completed:

- the home study practitioner prepares a report and ensures that all areas of concern are thoroughly addressed,
- the applicants review the report for accuracy and sign the report, if in agreement that the information is accurate,
- the home study practitioner makes a recommendation to approve or not to approve the applicants,
- the home study practitioner's supervisor confirms supervision of the practitioner during the home study process and confirms agreement with the practitioner's recommendation, and
- the applicants are informed on the report that the Director may accept or not accept the home study practitioner's recommendation.

**SAFE HAR Training is provided provincially. Notification will be sent to Lead agencies when HAR training is available.**



# KINSHIP CARE

Kinship care should be the first placement alternative explored upon a child being brought into the care of the Director. Kinship relationships include family members or individuals who have a significant relationship with the child or are members of the child's cultural community. The objective is to nurture, protect and care for children by utilizing relatives or individuals with whom the child has a meaningful connection. The kinship care program allows children to achieve and maintain an optimal level of connection to their family, their cultural ties and their community while supporting permanency planning.

## KINSHIP CARE PLACEMENT AND APPROVAL PROCESS

Whenever possible kinship care homes are to be approved prior to placing the child in the placement. The Caseworker or Assessor is responsible to make an initial judgment about the feasibility of the placement and must complete the Kinship Placement Package. **Please refer to Appendix H for the Kinship Care Approval Process Quick Sheet.**

### Kinship Caregiver Eligibility

Upon identifying a prospective kinship care provider, the child's caseworker obtains information from the prospective kinship care provider that confirms that the prospective kinship care provider:

- is at least 18 years of age,
- is willing to have the identified child(ren) placed in their home,
- understands the expectations of a kinship care provider, and is willing to proceed with the application and approval process.

Prospective kinship caregivers must complete an Application to Become a Kinship Care Provider (if placing immediately, within 72 hours of placement).

- Each adult in the home who will take on the role of a kinship care provider must be named as an applicant.
- Persons with whom an applicant is a legal spouse or in an adult interdependent relationship must also be named as an applicant, even if that adult will not take on the role of a caregiver.

### Approval Activities

The caseworker and CSD kinship care worker complete:

- the Intervention Record Check for all applicants and any other adults living in the home;
- the Safety Environment Assessment; and
- two copies of the Conditional Approval Letter naming the applicant and the children placed.
- If placing children imminently, **the caseworker** must also complete the Delegation of Powers and Duties to a Child Caregiver.
  - The kinship caregiver requires one copy of the Conditional Approval Letter, the Delegation of Powers and Duties to a Child Caregiver, the Intervention Record Check and the Criminal Record Check with instructions to complete both the Intervention Record Check and the Criminal Record Check for all adults living in the home within the next five working days.

- The family is referred for a SAFE HAR to be completed prior to placement or within 60 days of placement.

A mandatory review of the kinship care home is required at three points in the approval process and must minimally involve the child's caseworker and the kinship care worker:

- During the kinship telephone intake conference (occurs one working day following receipt of the kinship care placement intake)
- Following the completion of the first home visit by the kinship care worker (occurs within seven working days of the receipt of the kinship care placement intake)
- Following the completion of the HAR or 90 calendar days following the kinship intake conference (whichever occurs first)

If at any time in the assessment or approval process, the applicant no longer appears willing or able to accept services through the kinship care program, the appropriateness of placement must be re-assessed and the child's placement needs determined. When in dispute, the corresponding intervention and CSD supervisors and/or Lead agency and Neighbourhood Centre managers may be required to provide direction and decision making authority.

## Immediate Placement

In the event that a child comes into care unexpectedly and requires immediate placement, an informal intervention record check and criminal record check must be completed on the applicants and any other adult living in the home **prior** to placement. **If a formal criminal record check is not available, a Statutory Declaration is to be completed with the caregiver(s) and other adults in the home.**

## Prior to Placement or at Placement

### Kinship Placement Package

When considering the kinship care program and/or placing a child in the kinship home, the caseworker or CSD kinship care worker must first review the Kinship Placement Package with the kinship caregivers. The kinship placement package is comprised of the following documents:

- Kinship Care Brochure
- An Intervention Record Check for applicants and any other adult living in the home
- A Criminal Record Check for every adult (over 18 years) living in the home
- A Safety Environment Assessment for Caregivers
- A Conditional Approval Letter
- A Delegation of Powers and Duties

## Financial Compensation

**Upon referral and/or immediate placement, the home is coded as a kinship care placement and is eligible for basic maintenance (see Appendix F for basic maintenance rates).** Until the completion of all required approval documents, the home remains conditionally approved as a kinship care home. **The family will begin receiving monthly basic maintenance payments (including the auto payment for respite).** **Kinship care homes are not eligible to receive skill fees or special rates.** The home is not formally approved until a SAFE HAR is completed recommending the placement as a kinship care home and a Kinship Care

Agreement is signed. Both the caseworker and the kinship care worker are responsible for informing the family as to the above.

**See page 68-70 for information on what costs are the responsibility of the Lead agency.**

Within a maximum of seven working days of the receipt of the kinship care placement intake, the assigned CSD kinship care worker will:

- Attend the kinship care home to follow-up on outstanding information requirements such as the Intervention Record Check, the Criminal Record Check and any issues noted in the Safety Environment Assessment
- Review and discuss requirements for beginning the Home Assessment Report ensuring that the kinship caregiver provides personal and medical reference information Review the SAFE Questionnaire (one) document and the financial information record with the kinship caregiver for completion and,
- Review and complete the Kinship Care Application form and the Kinship Care Agreement with the kinship caregiver. Telephone and face-to-face contact with the kinship caregiver will occur thereafter in accordance with program standards and related directives.

**NOTE:** The cost for a medical reference is reimbursed upon approval of the home, or if the cost will be a hardship for the kinship caregiver.

The caseworker or assessor is responsible to inform the CSD kinship care worker (within 24 hours) of any change in the child's legal status or any other development that may affect the placement.

**NOTE:** If the home is not approved, the caseworker shall immediately remove the child from the placement. If the caseworker and their supervisor disagree with the non-approval recommendation, the worksite managers are to be consulted. Should the child remain in the home, a safety and support plan must be created, approved by the Neighbourhood Center manager and documented in ISIS (Intervention Services Information System Special Caution tab). Additionally, the caseworker for the child must notify the Caregiver that basic maintenance payments will cease upon the closure of the kinship care facility file.

## **KINSHIP CARE MONITORING AND SUPPORT**

### **Monitoring & Review**

- CSD kinship care workers are responsible to supervise the placement and monitor the care provided by maintaining:
  - for a new placement face-to-face contact must occur monthly for the first three months. Tailor the amount of contact, the nature of the contact and with whom to have contact by considering at least:
    - the number and needs of the children placed;
    - the experience and skills of the kinship care provider;
    - the kinship care provider's responsibilities under the case plan; and
    - the relationships among the various children living in the home.
- contact the kinship care provider at least once a month;

- visit the kinship care provider face-to-face at least once every three months; and
- any additional contact specified in the Kinship Care Support Plan or in the child's case plan.
- Kinship care workers are expected to participate in case planning (i.e. Service Team Meetings), monitor and evaluate the kinship care home to establish standards and maintain regular contact with the caseworker.
- Kinship care workers are also required to complete an annual evaluation of the kinship care home on the anniversary of the child's placement.

## Reviewing the Placement

The kinship care provider, CSD kinship care worker and the child's caseworker shall review the progress of the child's placement on an ongoing basis, including:

- the kinship care provider's success in dealing with any problems that arise (behavioural, emotional, relationship), the behaviour management strategies;
- the child's adjustment to the home, school, neighbourhood, peers and other community contacts; and
- contacts the child has with the caseworker, service providers and family members.

## Review the child's case plan

The CSD kinship care worker will review the kinship care provider's ability to support the child's case plan, including:

- progress in completing assigned tasks, use of community resources;
- ability to maintain cultural connections; and
- relationship with the caseworker, service providers and the child's family members.

## Annual Evaluation

The CSD kinship care worker will complete the Kinship Care Annual Evaluation Report on an annual basis. The following factors should be considered when completing the evaluation:

- the kinship care provider's input;
- the family's general wellbeing and its response to the experience of being a kinship care provider;
- the family's strengths and challenges;
- the results of a new criminal record check(s) and vulnerable sector searches for each adult in the home whose criminal record check is over three years old;
- any child in the home 12 years or older has been involved in the criminal justice system and, if so, what were the details;
- any concerns regarding the expectations of *CYFEA* and policy;
- any identified training needs;
- any identified support needs; and
- a newly completed Environmental Safety Assessment for Caregivers.

## Kinship Reassessment

CSD kinship care workers reassess the kinship home using the Caregiver Reassessment when any of the following conditions are present:

- there has been a change in the family structure or a change in who resides in the home;
- there have been sufficient health changes to any member of the kinship care family;

- there has been a change to the living space of the residence;
- the provider has experienced a sufficient financial change;
- there has been a criminal charge against a resident of the home;
- the provider has changed residence; or
- a change has occurred that might affect the kinship care provider's ability to provide care.

## Communication

The child's caseworker, CSD kinship care worker and the kinship care provider have a responsibility to communicate about:

- issues pertaining to the child;
- supports and resources needed;
- significant events or changes in the kinship care family; and
- any new adult who takes up residence in the home and obtaining the required documentation on that individual.

## Discuss the use of Child Care Arrangements

If the kinship care provider expresses an intention to place the child in child care, (babysitting, relief care, respite or alternative child care providers), the CSD kinship care worker must inform the kinship care provider that:

- the child may be placed in child care only if the caseworker consents;
- there are different expectations regarding types of child care; and
- the costs of child care may be negotiated as part of a kinship care support plan.

## Discuss Safety and Child Management

The kinship care worker must review with the kinship care provider 3.2.5 Child Management, 3.2.6 Child Safety and 3.2.7 Environmental Safety.

## Permanency Planning

If the child's caseworker is considering the kinship care provider as a permanent placement, the CSD kinship care worker and the case worker will discuss with the kinship care provider:

- the kinship care provider's understanding of the child's immediate and long-term needs;
- the kinship care provider's interest and ability to make a permanent commitment to the child through adoption or private guardianship;
- the supports the family would need to adopt or obtain private guardianship; and
- their role in supporting permanency if they choose not to apply for adoption or private guardianship.

## Expectations of Kinship Caregivers

Current provincial foster care policies regarding discipline, weapons storage, medication storage, storage of toxic substances, crib usage and air bag safety apply to kinship care homes.

## Supports and Training

- Children placed in a kinship care home are eligible for the recreation and vacation allowances, full medical, dental and optical coverage, coverage of school expenses and

supplies and any other such allowances typically afforded to children in the care of the Director.

- Based on the individual needs of the child, additional funding may be provided. This includes but is not limited to, costs associated with daycare, initial/seasonal/exceptional clothing allowances, start-up costs (crib, bed, car seat, etc.), day or after school programs, tutoring and graduation.
- Kinship caregivers may access respite similar to foster homes (see Ongoing Supports section below).
- Kinship care workers will discuss all financial assistance matters with the caregiver and with the child's caseworker obtaining written approval on behalf of the kinship caregiver prior to purchasing the material and/or service.

## **Training**

- Orientation to Caregiver Training (OCT) is mandatory for all kinship caregivers. In the event that a kinship caregiver is unable to attend training sessions, they are provided with an OCT manual that can be reviewed with the kinship care worker.
- Kinship care families should be supported to access ECFS foster care training. A training plan is to be developed with the kinship care family on an annual basis by the kinship care worker and is to be documented as part of the home's annual evaluation.
  - Please note that Safe Babies Training is mandatory for providers caring for a child age 26 months or younger.

**NOTE:** A kinship care provider may take any relevant foster care training and is entitled to the same compensation for related costs as a foster parent.

## **Kinship Care Support Plan**

A Kinship Care Support Plan must be developed for all kinship homes to prepare kinship care providers to meet the needs of children placed in their homes.

### **Initial Supports**

Initial supports may include safety expenses, start-up costs (i.e. beds, dressers, clothing, car seats, food, baby monitors, high chair and stroller).

### **Ongoing Supports**

Ongoing supports may include child care, youth work, one-to-one aides, in-home support, training, cultural advisor/support, a homemaker, exceptional recreation, counseling/assessment, transportation (drivers) and respite.

### **Respite**

Pre-approved monthly respite may be up to three days per month at the regional rate of \$65 per day. These days can be banked as well.

### **Additional Supports**

Ongoing informal supports should be identified in the support plan such as the family's existing support systems, monthly face-to-face contact, increased contact with the home, how and when contact will occur, and child-specific training, etc.

## **ALLEGATIONS AND COMPLAINTS AGAINST KINSHIP CAREGIVERS**

If a complaint is made regarding intervention or non-intervention concerns for the care a child or youth is receiving in a kinship care home, the kinship care worker will contact the caseworker or caseworker supervisor immediately. Kinship care providers may access the support of a Foster Allegation Support Team (FAST) representative through the Alberta Foster Parent Association (AFPA) should they wish to do so. Edmonton's Placement Resource Assessment Team (PRAT) is responsible for completing all placement safety assessments.

## **KINSHIP HOME CLOSURE**

The kinship care provider file is closed immediately if the child is removed, adopted or becomes the subject of a private guardianship order. If the kinship care provider expresses interest in fostering, tell the provider how to apply to be approved and licensed as a foster home.

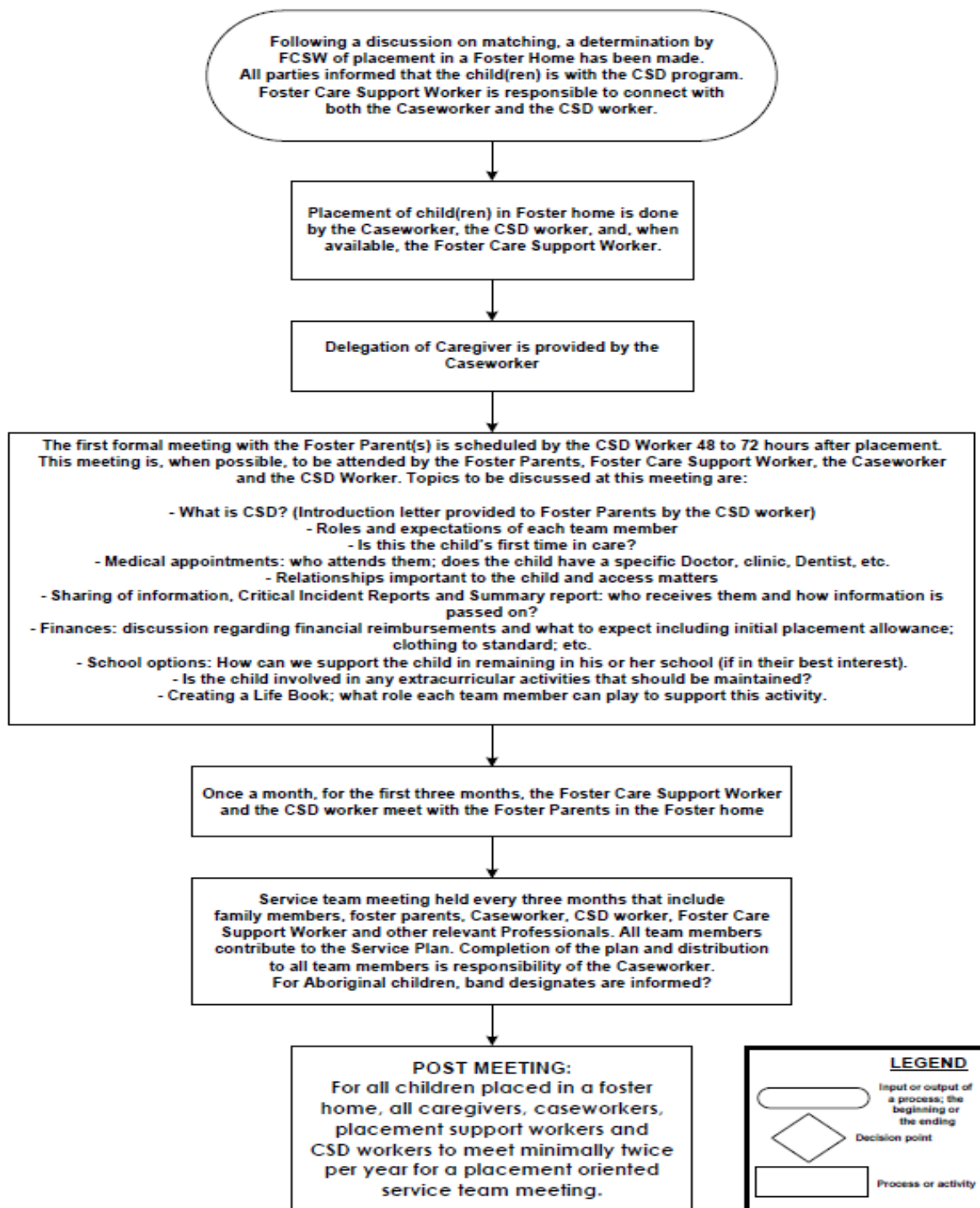


# FOSTER CARE

The foster care program is based on the belief that a family unit and parent model is the most beneficial and desirable setting for raising a child. Foster home placements are considered temporary placements, where foster parents are part of the child's support team.

## CSD FOSTER CARE PROTOCOL

(The Mechanics of Working Together)



## FOSTER CARE PROTOCOL – KEY ELEMENTS

First	<p>Following a discussion on matching, the Foster Care Support Worker (FCSW) makes the final determination about placement in a specific foster home.</p> <ul style="list-style-type: none"> <li>• All parties are to be informed that the child(ren) is with the CSD program.</li> <li>• FCSW is responsible to connect with both the Caseworker and the CSD worker.</li> </ul>
Second	<p>Placement of child(ren) in foster home is done by the Caseworker, the CSD worker, and, when available the FCSW.</p>
Third	<p>Delegation of Caregiver is provided by the Caseworker.</p>
Fourth	<p>The first formal meeting with the foster parent(s) is scheduled by the CSD worker within 48 to 72 hours after placement.</p> <p>This meeting, when possible, is to be attended by the foster parents, FCSW, the Caseworker and the CSD worker. Topics to be discussed at this meeting are:</p> <ul style="list-style-type: none"> <li>• What is CSD?</li> <li>• Introduction letter provided to foster parents by the CSD worker <ul style="list-style-type: none"> <li>○ Roles and responsibilities of each team member</li> <li>○ Is this the child's first time in care?</li> <li>○ Medical appointments: Who attends them, does the child have a specific doctor, clinic, dentist, etc.</li> <li>○ Relationships important to the child and access matters</li> <li>○ Sharing of information, Critical Incident Reports and Summary reports: Who receives them and how information is passed on?</li> <li>○ Finances: Discussion regarding financial reimbursements and what to expect including initial placement allowance; clothing to standard, etc.</li> <li>○ School options: How can we support the child to remain in his/her school (if in their best interest)?</li> <li>○ Is the child involved in any extracurricular activities that should be maintained?</li> <li>○ Creating a Life Book: What role each team member can play to support this activity.</li> </ul> </li> </ul>
Fifth	<p>Placement of child(ren) in the foster home is done by the Caseworker, the CSD worker, and, when available the FCSW.</p>
Sixth	<p>Once a month, for the first three months, the FCSW and the CSD worker meet with the foster parents in the foster home.</p>
Seventh	<p>Service team meeting held every three months that include family members, foster parents, Caseworker, CSD worker, FCSW, and other relevant professionals.</p> <ul style="list-style-type: none"> <li>• All team members contribute to the Service Plan.</li> <li>• Completion of the plan and distribution to all team members is responsibility of the Caseworker.</li> <li>• For Indigenous children, Band designates are informed.</li> </ul>
Eighth	<p>POST MEETING to be scheduled every 6 months when there is more than one caseworker involved. CSD involvement is TBD by the team.</p>

## BACKGROUND INFORMATION AND SUPPORT

- Caseworker and CSD worker ensure the foster parent has received all of the information available about a child.

- The caseworker and CSD worker ensure the child and the foster parents are appropriately matched and are receiving the services and supports they require.
- The child's caseworker and CSD worker will collaborate with the foster care support worker to complete and implement a Foster Care Support Plan, and if necessary, the caseworker and FCSW will complete the special rates forms with the caregivers.

## SUPPORTING THE CHILD'S CASE PLAN

- The caseworker, FCSW and CSD worker will support the foster parents in understanding and meeting their responsibilities in the child's case plan, including linking the foster parent to any resource needed to carry out their responsibilities.

## FOSTER CARE TASK LIST

Task	Participants	Responsibilities
<b>Placement Intake Screening Form</b>	CSD worker	
	Caseworker	Caseworker completes and submits to PCU
<b>Arranging Placement</b>	Caseworker	PCU checks for foster homes and collaborate for other placement options
	FCSW (ECFS/Agency)	Locates and confirms placement match and contacts foster home
<b>Placement</b>	CSD worker	Present for physical move if possible
	Caseworker	Present for physical move and must be present to delegate
	FCSW (ECFS)	Attend if possible
	Agency FCSW	Consent and attend
	Foster Parent	Consent
<b>Information Sharing about Client</b>	CSD worker	Provide necessary information regarding the child(ren) to foster parents
	Caseworker and FCSW (ECFS/Agency)	Provide necessary information regarding children and family to foster parents
<b>Respite, babysitting and relief</b>	CSD worker	Collaborate and negotiate (CSD to compensate)
	Caseworker	Please refer to the Caregiver Rate Schedule (FC1263) for up to date compensation guidelines.
	FCSW (ECFS/Agency)	
	Foster Parent	
<b>Clothing to standard – seasonal updates</b>	CSD worker	Approve in collaboration with Caseworker and reimburse
	Caseworker	Approve in collaboration with CSD worker
	FCSW (ECFS/Agency)	Assess and inform on need
	Foster Parent	Do inventory, inform on need, and provide receipts
	Bio Parents/ Family	Inform on needs

<b>Task</b>	<b>Participants</b>	<b>Responsibilities</b>
<b>Medicals</b>	CSD worker	When appropriate, CSD worker and bio parent(s) attend appointments for child(ren). Receives a copy of the medical report for caseworker
	Caseworker	Receives medical reports and provides the medical form and the medical service care (or ensures treaty # on delegation)
	Agency FCSW	Forwards medical reports to caseworker and CSD worker
	Foster Parent	Facilitate and attends appt., forwards reports to caseworker or Agency FCSW
	Bio Parents/Family	Attends appointment when appropriate
<b>Immunizations</b>	CSD worker	When appropriate, CSD worker and bio parent(s) attend appointments for child(ren)
	Caseworker	Provide consent
	Foster Parent	Facilitate and attends
	Bio Parents/Family	Provide consent, depending on status. Attends apt., when appropriate
<b>Medication/Prescriptions</b>	CSD worker	Reimburse on any over and above costs
	Caseworker	Sign authorization
	Bio Parents/ Family	Provide consent, depending on status
<b>Success in Schools School: enrollment</b>	CSD worker	Participate
	Caseworker	CW to follow SIS protocol & provide consent
	FCSW (ECFS/Agency)	Participate
	Foster Parent	Participate
	Bio Parents/ Family	Participate, if appropriate
<b>School: IPP meetings</b>	CSD worker	Attend
	Caseworker	Attend
	FCSW (ECFS/Agency)	Attend, if possible
	Foster Parent	Attend
	Bio Parents /Family	Attend, if possible
<b>Visitation</b>	CSD worker	All members of the team to collaborate on schedule
	Caseworker	
	FCSW (ECFS/Agency)	
	Foster Parent	
	Bio Parents/ Family	
<b>Critical Incident Reports</b>	CSD worker	Receive from Regional Foster Parent or Agency FCSW, review and follow-up if necessary. Caseworker to forward to CSD worker and Regional FCSW.
	Caseworker	
	Agency FSCW	Receives from Foster Parents and forwards to Caseworker

<b>Task</b>	<b>Participants</b>	<b>Responsibilities</b>
	Foster Parent	Fill out and forward to Caseworker within 24 hours and immediate phone call to Caseworker. Agency Foster Parent to send to Agency FCSW.
<b>Support Plan</b>	CSD worker	Collaborate (CSD compensates)
	Caseworker	Collaborate
	FCSW (ECFS/Agency)	Collaborate and write the plan
	Foster Parent	Collaborate
<b>Compensation: recreation</b>	CSD worker	Collaborate (CSD compensates)
	Caseworker	Collaborate
	FCSW (ECFS)	
	Agency FCSW	Collaborate and approves (agency reimbursed)
	Foster Parent	Collaborate, provides receipts
<b>Compensation: vacation</b>	CSD worker	Collaborate (CSD compensates)
	Caseworker	Collaborate
	FCSW (ECFS)	
	Agency FCSW	Collaborate and approves (agency reimbursed)
	Foster Parent	Collaborate
<b>Compensation: mileage</b>	CSD worker	Collaborate (CSD compensates)
	Caseworker	Collaborate
	FCSW (ECFS)	
	Agency FCSW	Collaborate and approves (agency reimbursed), track and facilitate
	Foster Parent	Collaborate
<b>Accreditation and Safety Standards</b>	Caseworker	Quarterly visit is face-to-face safety standard
	FCSW (ECFS)	Quarterly visit
	Agency FCSW	As per agency policies and accreditation standards
<b>Service Team Meetings</b>	CSD worker	All team members to attend and collaborate
	Caseworker	
	FCSW (ECFS/Agency)	
	Foster Parent	
	Bio Parents/ Family	
<b>Change in Placement</b>	CSD worker	Collaborate
	Caseworker	Collaborate, change info in electronic system, approve
	FCSW (ECFS)	Collaborate and approve
	Agency FCSW	Collaborate
	Foster Parent	
<b>Extra funds for misc. necessities (medical, optical,</b>	CSD worker	Collaborate (CSD compensates)
	Caseworker	Collaborates and approve
	FCSW (ECFS)	Collaborate
	Agency FCSW	Collaborate (agency reimbursed)
	Foster Parent	Collaborate

Task	Participants	Responsibilities
pharmaceutical, etc.)	Bio Parents/ Family	Provide consent, depending on status
Travel Letter	CSD worker	Collaborate
	Caseworker	Collaborate. provide permission, provide travel letter
	FCSW (ECFS/Agency)	Collaborate
	Foster Parent	Collaborate
	Bio Parents/ Family	Be informed and/or collaborate depending on status of child(ren)
field trip permission Extra-curricular activities	CSD worker	
	Caseworker	
	FCSW (ECFS/Agency)	
	Foster Parent	Provide consent and inform others in the team, as per sub-delegation
	Bio Parents/ Family	
Child Management Challenges	CSD worker	May respond when appropriate to provide support as predetermined by the team to be the right response
	Caseworker	Is informed and responds as needed. Informs CSD worker
	FCSW (ECFS/Agency)	Informs Caseworker and provides support to Foster Parent
	Foster Parent	Informs caseworker and FCSW
	Bio Parents/ Family	Depending on status: be informed and provide strategies

## FINANCIAL COMPENSATION

- When an CSD child receives foster care services, placement costs will be paid through the Neighbourhood Centre, **not the Lead agency**. However, approved “over and above” costs and services are the responsibility of the Lead agency. **Please refer to page 68-70 to see which costs are covered by the Lead agency for children and youth in foster care.**
- Refer to **Appendix I** for the [Foster Care Rate Schedule](#).

## LETTER FOR FOSTER PARENTS

To inform foster parents about CSD and what to expect, the following letter has been provided for your use. Feel free to personalize your own message as well.



#### **CSD Letter for Foster Parents**

The Collaborative Service Delivery (CSD) initiatives are transforming how services are delivered to children, youth and families involved with Edmonton Region Child and Family Services (CFS).

Guiding principles of CSD are early engagement, strengths based and family centred approach, child safety emphasis with a focus on family reunification, shared practice that is community based, with flexibility and innovation in the delivery of services.

Families who are referred to the CSD program are assigned an CSD Worker who works closely, as a team member, with the children and families and their assigned CFS Assessor/Caseworker. When children are brought into care, Foster Parents and their Foster Care Support Workers becomes an integral part of that team.

Foster Parents are paramount in the on-going service planning for children and the goal setting that focuses on child safety and well-being. They are an important member of the CSD service team and a part of the circle of support surrounding children and their families that leads to increased resiliency and opportunities for success.

Service team meeting with Foster Parents will typically include the CFS worker, the CSD Worker, the Foster Care Support Worker and, when appropriate, family members and other professionals involved. An CSD Worker works collaboratively with all team members and is responsible for the delivery of services as identified in the service plan.

The intent of CSD is to help families be strong and whole while ensuring their children are safe. It aims to ensure that children are reunited with their families quickly, to increase the stability of placements and to decrease the likelihood that a family will re-enter the system after services have ended. When children are brought into care, and where possible, family members are supported to be involved in medical appointments, school meetings, and other professional conferences concerning their children.

If a child in your care is part of the CSD program, an CSD Worker will connect with you and provide you more information about the program and your role within it.



# GROUP CARE

Child and youth programs, also known as group care, provide care to children and youth, 18 years of age or younger, who are under the guardianship of a Director designated under the *Child, Youth and Family Enhancement Act*. A range of programs are classified as child and youth programs, from parented group homes to secure treatment. While it is the responsibility of the Neighbourhood Centre to provide per diem payment to the group care provider, it is the responsibility of the Lead agency to pay for any over and above costs for a child placed in group care as indicated in section “CSD Services for Children in Care”.

## SUPPORTED/INDEPENDENT LIVING PROGRAMS

### ELIGIBILITY

When exploring independent living with a youth, it must be considered in relation to the youth’s goals and ambitions, their education and employment development, their life skill development, their program supports and their family and community connections. The caseworker and CSD worker must assess the youth’s capacity to be successful in an independent setting and provide appropriate supports and services as necessary.

### PROCESS

Youth and caseworkers can explore several options for independent living arrangements including: room and board, shared accommodations or self-contained accommodation such as an apartment or basement suite.

When caseworkers and Lead agency workers are contemplating a non-agency independent living placement for a youth they will:

1. Discuss with the youth the feasibility of shared accommodations. The benefits of shared accommodation include additional social and financial supports and companionship and may ease the transition to adulthood.
2. Assist and support the youth to find appropriate accommodations.
3. View the accommodation and ensure that it is safe, suitable for the youth and is consistent with the youth’s Transition to Independence Plan.
4. Develop a safety plan with the youth prior to moving into a SIL setting, including:
  - a. A goal that states “I am safe”.
  - b. A plan that addresses the following:
    - i. An explanation of what things/situations put the young person at risk.
    - ii. A plan detailing best way for the young person to deal with these situations.
    - iii. A contract to call the Caseworker at an agreed upon number of times per week/month to ensure they are safe and have an ability to have their basic needs met.
    - iv. A plan for someone or somewhere to call after-hours be it family, supports available in the community or through the Alberta North After-Hours Child Intervention Services Office.
    - v. A statement to the effect that they are valued, worth caring for and too important to allow themselves to risk being harmed.
5. The plan should be signed by the youth, Caseworker, CSD worker and relevant service providers and dated. The development of the Transition to Independence Plan and the completion of the personal safety plan must be driven by the young person and they must be actively involved.

6. In addition to the personal safety plan, the following steps are to occur prior to an independent living arrangement involving a roommate:
  - a. A case conference is held with the young person, caseworker, CSD worker, casework supervisor and any relevant support/service provider. The manager must be apprised and approve of the arrangement. The proposed roommate is also expected to attend the case conference to discuss the shared living arrangement, financial expectations and safety considerations.
  - b. An intervention records check and criminal record check is completed on the proposed roommate.

## FINANCIAL COMPENSATION

- When an CSD youth receives SIL services through an approved agency program, payment will occur just as it does with group care and foster care. In these cases, only approved “over and above” costs are provided through the CSD Lead agency.
- **For an overview of Room and Board Rates, please see Appendix I.**

## UNAPPROVED PLACEMENTS – BASIC NEEDS

The provision of basic needs is a means of meeting a youth’s need for food, clothing and personal items when they are not residing in an approved placement, and/or are not following the Transition to Independence plan. It is also an important tool for engagement and relationship building. Basic needs are provided via vouchers on a weekly or bi-monthly basis, and gives the worker an opportunity to maintain face to face contact with the youth and to ensure that they are safe and their needs are being met.

Under a Permanent Guardianship status, the Director must provide for the youth’s basic needs when they are not able to be met via alternative resources. If appropriate, basic needs can be provided under an Enhancement Agreement with Youth. Please note that CSD Lead agencies are **not** responsible for paying basic needs. Lead agencies are responsible for over and above costs.

**‘Basic Needs’ includes the following:**

Food	\$350.00
Clothing	Two sets of clothing and one pair of shoes (seasonally; winter coat, gloves, toque and boots may also be provided). Caseworker to shop with the youth to build relationship.
Personal Items	\$40 for males and \$60 for females
Monthly bus pass or bus tickets	Current Rate
Cell phone/phone card (if applicable)	Initial cell phone purchase maximum of \$80, phone card max of \$50 per month
Medical Services	Treatment Services Card and/or Indigenous Affairs and Northern Development Canada (AANDC) information and Alberta Health Care Card as required.

# SUPPORT & FINANCIAL ASSISTANCE

In addition to financial support, young adults 18-24 years of age, receiving service under a Support and Financial Assistance Agreement (SFAA) complete a Transition to Independence plan with the caseworker, CSD worker, and any other team member - that it is reflective of the youth's goals. A Service Team Meeting is to be held a minimum of once every 90 days to review the Transition to Independence Plan and assess the youth's progress.

A Support and Financial Assistance Agreement **does not have** a list of mandatory services or tasks. Tasks for achieving goals agreed upon by the youth are developed specifically for each case. What services are appropriate to provide at any given time remains in the discretion of the supervisor in consultation with the caseworker and youth, but must reasonably be able to successfully transition the youth to independence - assuming the youth's cooperation by 24 years of age.

## FINANCIAL SUPPORT

- Support services may be provided without financial supports if financial supports can be reasonably obtained through other means.
- For those who require financial support, either independent living rates or basic needs is provided.
  - Youth 18-24 years of age **do not** qualify for the annual recreation allowance, camp fees and vacation allowance. CSD Lead agencies cover over and above costs only.

**NOTE:** When a youth under a Support and Financial Assistance Agreement chooses to reside with a roommate or partner, Child Intervention checks and Criminal Record checks of the roommate are not required and the Director has no authority to make this request. If the caseworker has concerns with whom the young adult is residing, they should discuss this with the youth and develop an appropriate safety plan. Regular direct and indirect contact with the youth is necessary and will keep the worker informed of the youth's safety.

## FILE CLOSURE PRINCIPLES FOR CSD

- A meeting occurs with all relevant parties: Case Worker, CSD Worker, Supervisors, and Family to discuss closure of the file.
- At the meeting a rationale for closure is articulated along with a closure date.
- The family has a file closure plan that connects them to resources and supports.
- The closure of a file is communicated to all relevant staff members. The CSD Administrative Lead is informed of the closure date for tracking purposes and to close the CSD flag on ISIS. Likewise, the CSD agency must ensure processes are in place to track the accurate opening and closing of files on their CSD caseloads.

**An example of Kahkiyaw's closure process is provided in Appendix J.**

# OUTCOMES

## PROVINCIAL OUTCOMES & INDICATORS

The framework for the outcomes measures for children, youth and families is based upon the National Outcomes Matrix (NOM). Successful proponents will be required to measure and report on the achievement of outcomes in the following four NOM domains: Safety, Well-being, Family and Community Supports and Permanence. Proponents must demonstrate a solid understanding of measurement and data collection processes. More information on the National Outcomes Matrix can be found at <http://cwrp.ca/publications/948>.

\*\*\*\*\*Under construction\*\*\*\*\*

Persons present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Service Provider: \_\_\_\_\_

Family: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Length of visit: \_\_\_\_\_

Signature: \_\_\_\_\_

[illegible]

Initials: \_\_\_\_\_

# APPENDIX C: DRUG POLICY DIRECTIVE



Edmonton Region  
Child and Family Services

## POLICY/PRACTICE NOTE FOR THE UTILIZATION OF DRUG TESTING FOR CLIENTS JUNE 2013

### **BACKGROUND**

Drug testing is a tool commonly used by caseworkers/assessors to assist in determining what services a family requires. Drug testing refers to the use of various biologic sources such as urine, saliva, sweat, hair, breath, blood and meconium to identify the presence of specific substances and/or their metabolites in a client's system. Drug testing does not make a distinction between dependency and consumption. A drug test alone cannot determine the existence or absence of an addiction. Positive drug test results indicate only that the drug or its metabolite is present at or above the established concentration cutoff level in the test specimen. They do not reveal whether a client abuses or is dependent on illicit or prescription drugs.

Drug testing should be *one of many tools* that caseworkers/assessors use to guide decision-making for families who come to the attention of Child and Family Services. As drug tests do not provide sufficient information for substantiating allegations of child abuse or neglect, caseworkers/assessors should, in conjunction with information from other assessments and observations, use test results to make informed decisions regarding child removal, family support services, family reunification, or termination of parental rights.

### **INTENT**

The intent of this Practice Note is to provide a consistent approach to the utilization of drug testing that aligns with the values and practices of Region 6.

### **KEY MESSAGES**

- Drug testing should *not* be the primary activity to engage the issue of substance use/abuse with parents. Least intrusive measures should be employed to engage parents.
- The foremost activity to determine the extent of illicit drug/alcohol use/abuse should be engagement with the client and conversations around their drug/alcohol usage. One of the tools that can be utilized to minimize the impact of substance usage is safety planning, in conjunction with other components of a comprehensive and holistic approach.
- Drug testing is a tool used to assess rather than monitor the parent.
- Best practice dictates that in order to evaluate the probability that someone is not using drugs, the caseworker/assessor should use a combination of self-reports, observations of behavioral indicators such as positive changes in hygiene and grooming; improved functioning in daily life; improved work behavior; avoidance of people, places, and things associated with drug use; and improved consistency in complying with Children's Services and substance abuse treatment case plan requirements; along with random drug testing.
- Any referral for drug testing should be to support the assessment of the safety of the child and impact on the guardian's ability to parent.

- Drug testing is not a stand-alone activity. Drug testing is one component of a comprehensive and holistic family assessment to identify or eliminate substance abuse as a contributing factor to maltreatment.
- Drug tests serve as a mechanism to enhance discussions about recovery. Positive drug tests should be viewed as an indicator that the substance abuse treatment plan needs to be adjusted.

### **PROCESS FOR DRUG TESTING**

- Due to the intrusive nature of drug testing, to monitor trends and practice and in order to share accountability of decision making at all levels at the worksite, consultation must occur between the caseworker, the casework supervisor and the manager before drug testing (urine or hair follicle testing) is utilized.
- In order to engage parents in services caseworkers/assessors should *first* have a discussion with parents which allow them to self-disclose what the drug test results are likely to reveal. This conversation should also encompass their past use of illicit drugs and misuse of prescription drugs, including previous patterns of drug use and the specific drugs that they used. Along with this, caseworkers/assessors should discuss with the parents the need for full disclosure of any medical conditions, prescriptions and over-the-counter drugs/medications in order to obtain an accurate history of current and recent medication. This information should then be provided to the service provider who will be conducting the drug test.
- The caseworker/assessor should advise the parent of the purpose of the drug testing, which is to assist in case planning and to monitor progress if substance abuse treatment services are necessary. The parent needs to understand the consequences of positive or negative test results, how Child and Family Services will interpret a refusal to attend a drug test, and how Child and Family Services will use the results in assessing child safety and risk.
- The caseworker/assessor should describe the drug testing procedure, including the testing location, date and the need for the parent to bring identification to the testing site.
- For random drug testing, the caseworker/assessor should inform the parent of the date of the drug test **directly**, as this activity is part of casework responsibility and should not be sub-delegated to administrative staff.
- If a person admits to drug/alcohol use, or there is evidence of substance use (persons presentation, empty liquor bottles, drug paraphernalia, etc.), drug testing is not needed.
- A positive drug test on a newborn at birth does not determine whether the mother's use, or the extent of the mother's use, has compromised her infant's growth and development. This information should be used as part of a holistic assessment process to determine risk to the child.



## **BEYOND THE DRUG TEST: ADDITIONAL INDICATORS OF SUBSTANCE ABUSE AND SOBRIETY**

- Worker does/does not observe any drugs or alcohol during home visits; this is an even stronger indicator of sobriety if there were multiple visits and visits were unannounced.
- Worker does/does not observe any drug paraphernalia during home visits; this is an even stronger indicator of sobriety if there are multiple visits and visits were unannounced.
- Parents do/do not present as sober during their interactions with workers on phone and in person.
- What is parents' response when they are asked about drug and alcohol use including how they would test on a drug screen were they to participate in one; parents who have historically battled addictions but are denying use should be asked to talk about what they have done to deal with addictions including participation in a treatment program (with their consent this can be confirmed) and what they are currently doing to maintain their sobriety (e.g. Attending AA meetings, meeting with drug and alcohol counselor-get consent and confirm, and self-care activities).
- Consider what type of substance use parents admit to; there is a certain tolerance for alcohol and marijuana use as long as use is not preventing children's needs from being met.
- Verbal children are interviewed privately face-to-face and do/do not disclose witnessing any substance abuse or having needs not met due to substance use; could be stronger indicator of children of sobriety if children have no knowledge of drugs or alcohol; however, keep in mind that in addition to teachings by parents designed to keep children safe, children are taught about substance abuse in Health class and in DARE programs so need to ask children who have knowledge where this knowledge came from.
- A high quality of care of a child can be a sign that substance abuse is not a concern as can indicators like good school attendance and children reporting appropriate levels of structure and routine; though not in and of themselves proof it would be difficult to succeed in these areas if there is active substance and severe abuse; if there is no food in the home and bills are unpaid despite recent payday or cheque release this should lead worker to question with family where the money went; it is possible that family is spending resources to support addictions and could be a sign of substance abuse.
- Collaterals including daycare providers and school personnel do/do not report any indicators of substance abuse; this could include account of interactions with parents in person and by phone when they presented as sober or impaired; kids tell their teachers and daycare workers lots of things about their home situation and young kids tend not to filter much; it is a significant indicator of sobriety if kids are not reporting concerns to teachers and alternative caregivers; these individuals need to be actively engaged in safety planning for children and provided specific information as to what the intervention concerns are as well as to what the plan should be if they identify concerns even beyond the point of file closure.
- Other useful collaterals could include extended family and community professionals; involve these parties in safety planning and remind them of obligations to intervene and duty to report if kids are at risk; ask specific questions related to substance abuse such as was

there ever a time you saw the client and thought they were impaired, when was this, what led you to believe they were impaired, et cetera; if a collateral sees a client once per week for several months and has never had any concerns about substance use this is significant.

- Review of CYIM/ISIS; addictions can have intergenerational patterns so also look at Child in Need history for parents when available; have parents struggled with addictions in the past; were their past concerns related to hard-core drug use and/or alcoholism; has treatment previously been attempted and/or completed.
- Review results of Edmonton Police Service check on the home and/or individuals residing in the home. No reports of alcohol or drug abuse or criminal history that could relate to drug use such as drug trafficking, noise complaints related to partying, et cetera could be a positive indicator while the presence of such reports would be a concern and an indicator of substance abuse concerns.
- Review drug test results for screens completed on newborn babies; parents who refuse to have drug tests completed could be a red-flag and suggestive of drug use as could the following raise concerns: lack of prenatal care, low apgar scores, preterm delivery, withdrawn symptoms and birth defects.
- In cases whereby prescription pill abuse is a concern ask client to see the bottles with their medication; take note of type of medication and prescribed amount; ask client if they are taking in excess of this amount; complete consent to release information with client so that you can follow up with doctor to determine if they have any concerns about overuse; doctor or pharmacist can give you information related to purpose of this medication and any effects related to this medication that would impact parenting; prescribing doctors should be reminded of their duty to report if they think there is overuse that is causing a child to be in need of protection and can be included in safety planning for the child.

Approved by: Regional Strategic Management Team, June 24, 2013

Contact: Cheryl Diebel, Regional Manager,  
Intervention Services partnerships & Initiatives  
780-415-1488

## APPENDIX D: PSYCH REFERRALS

### Kahkiyaw Referral for Psychological/Parental Assessments and Therapy

1. Regarding the client: \_\_\_\_\_, born \_\_\_\_\_.  
Name Date (yyyy/mm/dd)

#### 2. Referral

\_\_\_\_\_ New Referral Yes ☐ No ☐  
Date (yyyy/mm/dd)

To: \_\_\_\_\_ From: \_\_\_\_\_  
Name of Service provider for Agency CSD Worker/Caseworker

\_\_\_\_\_ Worksite name  
Full mailing address

\_\_\_\_\_ Phone \_\_\_\_\_  
vendor number

#### 3. Information from Caseworker/Family Wellness Worker

Why this referral is needed:

\_\_\_\_\_

Documents I am providing:

\_\_\_\_\_

Service objective: (clearly state who the service provider is to involve in the service and what the service provider is to achieve: the question to answer, the specific information to provide, and the objective to meet):

\_\_\_\_\_

#### 4. Terms of Service

This agreement is among \_\_\_\_\_, \_\_\_\_\_  
Client Service provider (e.g. insight psychologist)

and Kahkiyaw.

Each user agrees:

- To the services described below.
- To the cost sharing terms described below.
- That Kahkiyaw is not responsible for any service provided over and above those described.
- That all personal information is subject to Freedom of Information and Protection of Privacy Provisions.

Assessment report due (yyyy/mm/dd) Service report due (yyyy/mm/dd) Frequency of subsequent service reports (yyyy/mm/dd)

Other report due (yyyy/mm/dd)

# APPENDIX E: IL REGIONAL DIRECTIVE

## Edmonton Region Child and Family Services Regional Policies and Procedures

<b>Section:</b>	Child Intervention – Services to Youth	<b>Number:</b>	3260-1
<b>Title:</b>	<b>Independent Living Policy</b>	<b>Approved on:</b>	2014/07/15
<b>Sponsor:</b>	Regional Manager, Adoption/Permanency/Transitional Planning	<b>Date of Issue (Update):</b>	2014/08/01
		<b>Review Date:</b>	2017/07/01

### Policy Statement:

1. Edmonton Region Child and Family Services supports youth in reaching their potential by providing effective and thoughtful planning and supports to guide them as they transition to independence. This transition should be assisted in the same manner as a responsible parent would support independence for their child. Some youth and young adults (under a Support and Financial Assistance Agreement), in accordance with their Transition to Independence Plan, are suitable for independent living situations. When a youth receiving services under the *Child, Youth and Family Enhancement Act* is considered for independent living as per their Transition to Independence Plan, their eligibility for this type of placement must be determined by the caseworker in consultation with a supervisor in advance of facilitating the placement. Financial allocations associated with this type of placement must not exceed the limits prescribed in this policy.
2. All youth and young adults living in a Children's Services sponsored independent living placement or are living independently by their own accord are required to have a personal safety plan. In addition, prior to living with a roommate the process identified in this policy is to be followed.

### Rationale for Policy:

1. Although provincial policy speaks to independent living and transitioning a youth to independence, it relies on regional guidelines to determine the basic eligibility criteria and define the maximum amounts for things like food, clothing, rent and utilities, which vary across the province.
2. This regional policy outlines the eligibility criteria and defines the acceptable limit for all foreseeable costs related to independent living. The values provided are defined by the region. The basic terms and expectations of an independent living arrangement, as negotiated between a caseworker and client, are not covered in this policy.
3. This policy is also intended for youth and young adults receiving intervention services, who are considered to be 'high-risk' and are living independently (either sponsored by CYS or by their own accord).
4. This policy also includes youth who are residing with a common-law partner or roommate. Although the policy is not intended to encourage shared accommodation, it is recognized that such situations do occur. Continued support of the young person and their decision reflects the caseworker's support for their client and is not necessarily approval of the living arrangement. The underlying principle is to reduce harm while providing and maintaining support to the young person.

**Procedures:**

1. When exploring independent living with a youth, it must be considered in relation to the youth's goals and ambitions, their education and employment development, their life skill development, their program supports and their family and community connections. The caseworker must also assess the youth's capacity to be successful in this independent setting and provide appropriate supports and services as necessary.
2. Youth considered for independent living should meet the following entrance criteria:
  - a. The youth has reached the age of 16 and has an active Transition to Independence Plan. Exceptions may be made for those under the age of 16 with the approval of the manager.
  - b. The Transition to Independence Plan must show that the youth has actively participated in the creation of their plan and is committed to it.
  - c. The youth is currently involved or working towards a full time day program (a minimum of 25 hours per week). The day program may consist of a combination of the following: education, employment, volunteering or a therapeutic program.
3. Youth and caseworkers can explore several options for independent living arrangements including: room and board, shared accommodations or self-contained accommodation such as an apartment or basement suite.
4. When caseworkers are contemplating a non-agency independent living placement for a youth they will:
  - a. Discuss with the youth the feasibility of shared accommodations. The benefits of shared accommodation include additional social and financial supports and companionship and may ease the transition to adulthood.
  - b. Assist and support the youth to find appropriate accommodations.
  - c. View the accommodation and ensure that it is safe, suitable for the youth and is consistent with the youth's Transition to Independence Plan.
  - d. Develop a safety plan with the youth prior to the youth moving into an independent living setting.
5. For Youth living independently, a personal safety plan is to include the following:
  - a. A goal that states "I am safe".
  - b. A plan that addresses the following:
    - An explanation of what things/situations put the young person at risk.
    - A plan detailing the best way for the young person to deal with these sorts of situations.
    - A contract to call the Caseworker at an agreed upon number of times per week/month to ensure they are safe and have an ability to have their basic needs met.
    - A plan for someone or somewhere to call after-hours be it family, supports available in the community or through the Crisis Unit.

- A statement to the effect that they are valued, worth caring for and too important to allow themselves to risk being harmed.
  - c. The plan should be signed by the young person, Caseworker and relevant service providers and dated. The development of the Transition to Independence Plan and the completion of the personal safety plan must be driven by the young person and they must be actively involved in the process.
6. In addition to the personal safety plan, the following steps are to occur prior to an independent living arrangement involving a roommate:
- a. A case conference is held with the young person, caseworker, casework supervisor and any relevant support/service provider. The manager must be apprised and approve of the arrangement. The proposed roommate is also expected to attend the case conference to discuss the shared living arrangement, financial expectations and safety considerations.
  - b. An intervention records check and criminal record check is completed on the proposed roommate.
  - c. The Transition to Independence Plan is completed and on file. The plan includes appropriate goals and tasks necessary to following the personal safety plan. It should also include maintaining a day program
  - d. Financial compensation provided to the young person is half of the rent and utilities, what would normally be provided in accordance with this directive, as it is expected the roommate pays half.

### Rates

7. The following rates are to be viewed as **maximum amounts**. The manager must approve any exceptions to these amounts or any additional start-up costs.

<b>Start-Up Costs</b> (these amounts are a one-time issue)	
Power	Connection fee as per utility provider
Telephone OR Cell phone	Connection fee and deposit as determined by telephone provider  A cell phone may be purchased in lieu of connecting a land line. The cell phone is not to exceed \$80.00
Cable and Internet Connection Fee	Connection fee as per utility provider
Damage Deposit	One-time payment of a damage deposit up to one month's rent

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Furniture (includes bed and delivery costs, may include a television and vacuum)	\$1000.00
Household Items (i.e. broom, garbage can, laundry hamper)	\$135.00 \$34.00 for each additional dependent
Basic Staples (i.e. flour, sugar, laundry soap and cleaning products)	\$150.00

<b>Dependent Start-up Costs (per dependent)</b>	
Includes Baby Furniture (crib, dresser, change table, etc.), Car Seat, Stroller, High Chair, Playpen, Layette, Miscellaneous baby items	\$1200.00

<b>Room and Board Accommodation and Basic Living Costs (these amounts are a monthly issue)</b>	
Room and Board (includes food and laundry)	\$850.00
Clothing	\$70.00
Spending Money	\$60.00
Personal Items	\$40.00 for males \$60.00 for females
Bus Pass	current rate
Phone card (if applicable)	\$50.00
<b>Total</b>	<b>\$ 1070.00 for males + bus pass \$ 1090.00 for females + bus pass</b>

<b>Apartment or Basement Suite Accommodation and Basic Living Costs (these amounts are a monthly issue)</b>	
Rent and Utilities (includes heat, water and power)	Cost of rent up to a maximum of \$900.00
Food	\$350.00
Clothing	\$70.00
Personal Items	\$40.00 for males



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	\$60.00 for females
Bus Pass	current rate
Household Items (i.e. light bulbs, cleaning products, batteries, etc.)	\$25.00
Telephone OR phone card, Cable and Internet	\$100.00
Spending Money	\$60.00
Laundry	\$40.00
<b>Total</b>	<b>\$1585.00 + bus pass for males/ \$1605.00 + bus pass for females (with phone card and no landline)</b>

<b>Youth with Dependents</b> (these amounts are a monthly issue)	
Rent and Utilities (includes heat, water and power)	Cost of rent up to a maximum of \$1100.00
Groceries	\$350.00 + \$150.00 per dependent.
Clothing	\$70.00
Personal Items	\$40.00 for males \$60.00 for females +\$20.00 per dependent
Bus Pass	current rate
Household Items	\$25.00
Telephone OR phone card, Cable and Internet	\$100.00
Laundry	\$40.00 + \$15.00 per dependent
Spending Money	\$60.00
Infant formula, diapers, wipes, baby food, baby items	\$150.00 (this amount can be increased with managerial approval depending on the child's needs, (eg: if special formula is needed)
<b>Total</b>	<b>\$2120.00 + bus pass for males/ \$2140.00 + bus pass for females (with phone card, no landline and only one dependent)</b>

Recording

15. The Personal Safety Plan is to be entered in ISIS under Safety Plan.

Monitoring and Evaluation

8. These rates will be reviewed on an as needed basis depending on current community standards.

**Associated Documents:**

- A. Enhancement Policy Manual, [Section 1, Chapter 9.4.1, Daily Living Costs](#)
- B. Enhancement Policy Manual, [Section 1, Chapter 7.5 Minor Parent](#)

# APPENDIX F: BASIC NEEDS REGIONAL DIRECTIVE

Edmonton Region  
Child and Family Services  
Regional Policies and Procedures

<b>Section:</b>	Child Intervention – Services to Youth	<b>Number:</b>	3260-4
<b>Title:</b>	<b>Provision of Basic Needs</b>	<b>Approved on:</b>	2014/07/15
<b>Sponsor:</b>	Regional Manager, Permanency, Adoption and Transitional Planning	<b>Date of Issue (Update):</b>	2014/08/01
		<b>Review Date:</b>	2017/07/15

## Policy Statement:

1. There are times when a youth (16-17 years old) under a Permanent Guardianship Order or Enhancement Agreement with Youth do not engage with services directly or indirectly.
2. When a 16-17 year old youth under guardianship status or voluntary status does not engage with Child and Family Services and subsequently does not follow their Transition to Independence Plan, the Director will continue to provide for the youth's basic needs in accordance with this policy.
3. This policy may apply to young persons 14-15 years of age but only after consultation and approval from a supervisor. Provision of basic needs to a person aged 14 or 15 is to be used only as a last resort to keep the young person engaged and in contact with their caseworker. Efforts to engage these young persons must continue unabated in order to ensure their safety and wellbeing. If approval is given for provision of basic needs due to the youth choosing not to remain in an approved placement, efforts to place the youth must continue.
4. For youth under a Support and Financial Assistance Agreement refer to Enhancement Policy Manual, Section 1, Chapter 5.2.6 and Regional Policy 3260-6 for Support and Financial Assistance Agreement Usage.

## Rationale for Policy:

1. The provision of basic needs is a means of meeting a youth's need for food, clothing and personal items when they are not residing in an approved placement. It is also an important tool for engagement and relationship building. When vouchers are provided to a youth on a weekly or bi-monthly basis, it gives the worker an opportunity to maintain face to face contact with the youth and to ensure that they are safe and their needs are being met. Youth should never be denied the provision of basic needs when they are unable to have their basic needs met from alternate resources. Youth under a Permanent Guardianship status and an Enhancement Agreement with Youth are entitled to receive the maximum amount of \$350 per month for food and \$40 for males or \$60 for females per month for personal items. This amount should not be reduced based on a caseworker's determination of the youth's level of cooperation and engagement with their Transition to Independence Plan.
2. On occasion, youth (16-17 years old) under Permanent Guardianship status may be unable or unwilling to follow the expectations of their Transition to Independence Plan. When this occurs, the Director, as guardians of these youth, must ensure their basic needs are provided for when they are not able to be obtained from alternate resources.
3. Youth under a voluntary status of Family Enhancement with Youth may also be unwilling or unable to follow the expectations of their Transition to Independence Plan and some of these youth would be at risk if their file were to close due to non-compliance or lack of engagement.

Under a Family Enhancement with Youth agreement, these youth have basic needs that need to be met when they are unable to be met from alternate resources.

4. The disbursement of basic needs is an opportunity for the caseworker to complete face to face contact with the youth as well as to attempt to re-engage the youth in case planning and establish a relationship with the youth. Provision of basic needs rests with the caseworker's ability to actually see the youth. If the youth does not make contact with the caseworker and the caseworker is unable to locate the youth, the disbursement of basic needs is not required.

**Procedures:**

5. If the youth does not accept an approved placement and/or work towards the goals identified in their Transition to Independence Plan:
  - The caseworker shall conference the matter with the supervisor, reviewing current circumstances and services provided to date.
  - The caseworker shall arrange a meeting with the youth to discuss their basic needs. The caseworker should attempt to obtain the address where the youth chooses to reside; the caseworker should complete an informal intervention record check on anyone residing with the youth. Ensure that the youth is aware that they have the right to contact the Child and Youth Advocate at any time for any reason.
  - The caseworker will make all reasonable efforts to maintain face to face contact with a youth a minimum of two times per month or more frequently if circumstances permit, to review the young person's circumstances and work at building a relationship with the youth. The disbursement of funds can facilitate this process.
  - A Safety Plan must be developed with the youth and entered into ISIS under Safety Plans.
  - A Transition to Independence Plan is to be developed and reviewed in accordance with provincial policy and should include goals/tasks that would indicate progress with respect to the youth's circumstances.
6. Under a Permanent Guardianship status, the Director must provide for the youth's basic needs when they are not able to be met via alternative resources. If appropriate and in accordance with provincial policy and this directive, basic needs can be provided under an Enhancement Agreement with Youth. 'Basic Needs' includes the following:
  - Medical Services – use the youth's Treatment Services Card and/or Aboriginal Affairs and Northern Development Canada (AANDC) information and Alberta Health Care Card as required.
  - Food – the Caseworker may provide the youth with food vouchers each month to a maximum value of \$350 per month. The vouchers can be disbursed in whatever amount and frequency is appropriate for the youth's situation. If the youth lives with their biological parent(s), previous guardian, a friend's parent(s), or any other adult caregiver, assess the caregiver's financial circumstances and their ability to support the youth, prior to issuing a voucher. Requests to exceed this amount must be approved by the manager.

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- Clothing – Two sets of clothing and one pair of shoes are to be provided (seasonally; winter coat, gloves, toque, and boots may be needed.) The caseworker is to make themselves available to go shopping with the youth to purchase these items which will assist in relationship building if appropriate.
  - Personal Basic Needs – an additional **maximum** amount of up to \$40 per month for males and \$60 per month for females may be provided to cover the costs of personal hygiene items, i.e. soap, shampoo, deodorant, sanitary napkins, etc.
  - Shelter – the caseworker will continue to offer approved placements to the youth.
  - Transportation – Provide bus tickets or a monthly bus pass as appropriate.
  - Cell Phone/ Phone card – Where appropriate and when utilized as part of the youth's safety plan, a cell phone and a phone card may be purchased for the youth. The initial cell phone purchase is not to exceed \$80. The phone card will not exceed \$50 a month.
7. The amounts listed in this regional policy are maximum amounts. The amounts do not carry over to future months if the youth does not receive the maximum amount allotted in a month.

Recording

8. The caseworker will record all relevant information on a Contact Log in ISIS, including the outcome of consultations with their supervisor and/or manager.
9. Safety Plans are to be recorded in ISIS under safety plans.

Monitoring and Evaluation

10. The caseworker will inform the supervisor of any changes to the youth's circumstances.

**Associated Documents:**

- A. Enhancement Policy Manual, [Section 1, Chapter 9.4.1 Daily Living Costs](#)
- B. Enhancement Policy Manual, [Section 1, Chapter 5.2.2 Enhancement Agreement with Youth \(EAY\)](#)



# APPENDIX G: SFAA REGIONAL DIRECTIVE

**Edmonton Region  
Child and Family Services  
Regional Policies and Procedures**

<b>Section:</b>	Child Intervention – Services to Youth	<b>Number:</b>	3260-6
<b>Title:</b>	<b>Support &amp; Financial Assistance Agreement Usage</b>	<b>Approved on:</b>	2014/07/15
<b>Sponsor:</b>	Regional Manager - Permanency, Adoption and Transitional Planning	<b>Date of Issue (Update):</b>	2014/11/10
		<b>Review Date:</b>	2017/11/10

## Policy Statement:

1. This policy describes the Edmonton Region Child and Family Services expectations around signing Support and Financial Assistance Agreements with youth who on their 18<sup>th</sup> birthday were the subject of a Permanent Guardianship Order, a Permanent Guardianship Agreement, a Temporary Guardianship Order, a Custody Agreement with Youth or an Enhancement Agreement with Youth.

## Rationale for Policy:

1. There is a need for standardized practice across the Region regarding eligibility and the provision of services related to youth 18-24 years of age under a Support and Financial Assistance Agreement.
2. The Region values the successes of youth involved with the director in the areas of education, employment and personal well-being.
3. The Region recognizes that youth reaching the age of majority (whether involved with the director or not) are almost never fully prepared to manage the responsibilities of adulthood on their own; and that this agreement is to assist in enhancing the planning for a youth to successfully launch into adulthood.
4. The Region recognizes that youth involved with the director have often suffered significant loss, abuse, and neglect in their lives that cause them to be more likely than non-involved youth to leave school before completing their secondary education, be dependent on social assistance programs, be underemployed or unemployed, be incarcerated or otherwise involved with the criminal justice system, be homeless or experience severe housing instabilities, have mental health problems and be at higher risk for substance abuse problems.
5. The Region recognizes that to grow into healthy, successful adults, youth require:
  - a) at least one supportive adult relationship as they make their transition to independence,
  - b) adequate education,
  - c) stable, sustainable housing,
  - d) sufficient life skills to manage the responsibilities of adulthood,
  - e) self-awareness of their identities (knowing themselves, their history, their culture, etc.),
  - f) emotional healing through 1) recognition that the behaviours youth can exhibit are not for the sake of acting-out, but rather a result of past trauma and 2) addressing the causes of these behaviours rather than initiating punitive responses,

- g) the opportunity to be fully engaged in developing the goals and tasks of their Transition to Independence Plan,
  - h) financial Support, and,
  - i) job skill development and assistance with career planning.
- 6. The Region further recognizes that offering support to youth means the provision of these supports whenever reasonable and possible regardless of the youth's struggles or difficulties with achieving successes in their Transition to Independence Plan.

**Procedures:**

1. A Support and Financial Assistance Agreement shall be signed with all youth who are eligible and wish to enter into an agreement. Agreements will be 9 months in length for as long as possible given the youth's age unless the youth directs that the agreement may be a shorter length.
2. The caseworker will complete a Transition to Independence plan with the youth, and will ensure that the youth is actively involved in the development of the plan and that it is reflective of the youth's goals. A Service Team Meeting will be held a minimum of once every 90 days to review the Transition to Independence Plan.
3. Involvement under a Support and Financial Assistance Agreement will be terminated only under one of the following conditions:
  - a) the youth has reached the age of 24, or
  - b) the caseworker, the casework supervisor, and the youth all agree that the youth has become fully independent and no longer requires supports, or
  - c) the youth does not want to enter into a Support and Financial Assistance Agreement with the director.
4. A Support and Financial Assistance Agreement does not have a list of mandatory services or tasks. Support services may be provided without financial supports if financial supports can be reasonably obtained through other means. Tasks for achieving goals agreed upon by the youth are developed specifically for each case. What services are appropriate to provide at any given time will be determined in consultation with the supervisor, the caseworker and youth, but must reasonably be able to successfully transition the youth to independence - assuming the youth's cooperation - by 24 years of age.
5. When a youth under a Support and Financial Assistance Agreement chooses to reside with a roommate or partner, Child Intervention checks and Criminal Record checks of the roommate are not required and the director has no authority to make this request. If the caseworker has concerns with whom the young adult is residing, they should discuss this with the youth and develop an appropriate safety plan. Regular direct and indirect contact with the youth is necessary and will keep the worker informed of the youth's safety.
6. Financial supports and amounts that are available to youth under a Support & Financial Assistance Agreement can be found in the following Regional Policy:
  - a) 3260-4 Provision of Basic Needs
  - b) 3260-1 Independent Living



7. Youth 18-24 years of age do not qualify for the Annual Recreation Allowance, Camp Fees and Vacation Allowance.
- This does not preclude certain items being purchased for the youth if appropriate eg: a laptop if they are attending school and working towards the goals on their Transition to Independence Plan or a recreation pass at a recreation facility.
  - If items are purchased for the youth, managerial approval is needed for the over and above expense.
  - Workers will have ongoing discussions with the youth regarding recreational activities and encourage youth to participate in recreational activities or camps that promote their health, emotional and physical well-being.
8. The procedure to open a Support & Financial Assistance Agreement is as follows:
- If a file is currently open when the youth turns 18 years old, a Support & Financial Assistance Agreement can be signed without completing a new intake and assessment. An Ongoing Assessment must be completed and entered into ISIS once the youth turns 18 years old.
  - If a file has been closed and the youth returns between the ages of 18 years and 23 years requesting a Support & Financial Assistance Agreement, an 'inter-jurisdictional' intake must be completed to open the ongoing case in ISIS. There is no need to complete an assessment.

NOTE: although the intake for a Support & Financial Assistance Agreement is not inter-jurisdictional, this has been identified as the only way to open an ongoing case in ISIS without having to complete an assessment.

#### Limitations

9. As defined in the Regulations, the following are the only limitations to supports:
- a) Financial Assistance related to training and education can be provided by the director only for youth less than 20 years of age (concurrent use of the Bursary program is encouraged).
  - b) Health benefits can be provided by the director only for youth less than 20 years of age.

#### **Associated Documents:**

- A. Enhancement Policy Manual, [Section 1, Chapter 5.2.6 Support and Financial Assistance Agreement](#)
- B. Child, Youth and Family Enhancement Regulation, [Section 6, Post-18 support, financial assistance](#)
- C. Child, Youth and Family Enhancement Act, [Section 57.3, Post-18 care and maintenance](#)
- D. Edmonton Region, Regional Policy [3260-4 Provision of Basic Needs](#)
- E. Edmonton Region, Regional Policy [3260-1 Independent Living](#)

## APPENDIX H: KINSHIP CARE APPROVAL PROCESS QUICK SHEET

Activity to Complete	Form	Timeline (Within)	Completed By Caseworker/Assessor
Intervention Record Check on applicants and any other adult living in the home	CS2687	Immediate	Started by child's caseworker/assessor and followed up by kinship care worker
Safety Environment Assessment for Caregiver	CS3606	Immediate	Child's caseworker/assessor
Criminal Record Check on the applicants and any other adult living in the home/Stat Dec Crim Form	CS1800	Immediate	Informal completed by child's caseworker/assessor and formal followed-up by kinship care worker
Delegation of Authority, Treatment Services Card	CS1631	Upon placement	Child's caseworker/assessor
Kinship Care Application form	CS3600	7 Working Days After Referral	Kinship Care Worker
Obtain a voided cheque	Hard copy	7 Working Days After Referral	Kinship Care Worker

Activity	Form	Timeline (Within)	Completed By Kinship Caseworker
Kinship Care Agreement	CS3599	7 Working Days After Referral	Kinship Care Worker
Review Criminal Record Check	CS1800	7 Working Days After Referral	Kinship Care Worker
Medical reference on the caregivers	CS0046	Initiated Within 7 Working Days After Referral	Kinship care worker
SAFE Questionnaire One	Hard Copy	Initiated Within 7 Working Days After Referral	Kinship Care Worker
Financial Information Sheet	Hard Copy	Initiated Within 7 Working Days After Referral	Kinship Care Worker
Obtain three positive references	CS0013	Initiated Within 7 Working Days After Referral	Kinship care worker
SAFE Home Assessment Report for Adoption, Foster Care, Private Guardianship and Kinship Care	SAFE HAR	60 Working Days After Referral	Kinship care worker or contracted HAR writer
Kinship Care Orientation Manual Training	Hard copy	60 Working Days After Referral	Kinship care worker

# APPENDIX I: FOSTER CARE RATE SCHEDULE

Please note the effective date for each rate

## Basic Maintenance Rate – Effective April 1, 2014

*(Basic Maintenance per diem rates apply to Foster Care, Kinship Care and Support for Permanency.)*

Age Breakdown	April 1, 2012	April 1, 2014	% Change
0 – 1	\$23.03	\$23.51	2.1%
2 – 5	\$23.41	\$23.90	2.1%
6 – 8	\$25.68	\$26.22	2.1%
9 – 1	\$27.13	\$27.70	2.1%
12 – 16	\$30.72	\$31.37	2.1%
16 -17	\$35.12	\$35.86	2.1%

## Respite Funding for Babysitting/Relief \$2.60 Per Diem – Effective April 1, 2006

In addition to Basic Maintenance, all Region Foster Homes and Region Kinship Homes will receive an additional \$2.60 per day per child for babysitting/relief. This amount is not intended to pay for child specific or foster home specific respite that may be required and would be negotiated as part of a support plan.

## Skill Fees

Classification - per diem	April 1, 2011	April 1, 2012
Level 1	\$13.50	\$15.00
Level 2	\$26.00	\$27.50

*Foster parents classified as specialized will continue to be reimbursed through special rates.*

## Annual Recreation Allowances (Sports, Arts & Recreation) – Effective April 1, 2011

Age Breakdown	April 1, 2010	April 1, 2011
0 – 11	\$625.00	\$675.00
12 - 17	\$725.00	\$775.00

*Exceeding this limit cannot be authorized without prior written approval from the Supervisor*

## Camp Fees & Vacation Allowance – Effective January 1, 2016

\$500.00 per 12 month period.

The funds can be used for vacation and/or camping fees to the maximum amount.

**Travel and Subsistence – Effective July 1, 2008**

*\$0.505 per kilometer (as per government standards).*

<b>Meal</b>	<b>\$</b>
Breakfast	\$9.20
Lunch	\$11.60
Dinner	\$20.75

**Reimbursements for Babysitting – Effective April 1, 2012**

Babysitting for the foster parents' children and the foster children.

<b>Description</b>	<b>April 1, 2008</b>	<b>April 1, 2012</b>
Hourly rate / child	\$5.00	\$6.50
Daily rate / child	\$50.00	\$65.00
Daily rate / child	\$150.00	\$195.00

**Infant Care Initial Expenses – Effective December 1, 2013**

Maximum of \$500 for reimbursement of purchased baby equipment (e.g. crib, car seat) when an infant is placed in a foster home.

Infant equipment is provided to kinship caregivers through the Kinship Care Support Plan (FC3899).

**Infant Care Costs – Effective December 1, 2013**

Maximum of \$150 per month to reimburse foster parents caring for infants 0 – 36 months of age for the costs of formula, diapers and basic baby care supplies.

The costs of formula and diapers is provided to kinship caregivers through the Kinship Care Support Plan (FC3899).

**Automatic Relief/Respite – Effective January 1, 2016**

All foster parents and kinship caregivers will be reimbursed for two day a month of relief or respite for each child placed in their home at \$50 a day per child. Prior approval is not required and the caseworker must be informed of the provider. Intervention Record Checks are required for relief providers while respite providers must be licensed. Foster parents and kinship caregivers can bank up to 6 days of relief/respite to be used at one time.

This automatic relief/respite will be available to all caregivers not receiving relief or respite supports through a Foster Care or Kinship Care Support Plan.

## APPENDIX J: ROOM & BOARD RATES

Maximum payable (without managerial approval):

### One-Time Start Up Costs:

Power	Connection fee as per telephone provider
Telephone/Cell	Connection fee and deposit as per utility provider
	A cell phone may be purchased in lieu of connecting a land-line. The cell phone is not to exceed \$80.00
Cable & Internet connection fee	Connection fee as per utility provider
Damage Deposit	One-time payment up to one month's rent
Furniture (bed, delivery, TV, vacuum)	\$1000
Household items (broom, garbage)	\$135 (plus \$34 for each dependent)
Basic staples (flour, sugar, laundry soap)	\$150

Dependent Start Up Costs (per dependent):	<b>\$1200</b> <ul style="list-style-type: none"> <li>Includes Baby Furniture (crib, dresser, change table, etc.), Car Seat, Stroller, High Chair, Playpen, Layette and Miscellaneous baby items</li> </ul>
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### Room and Board/Basic Living Costs:

Rent	\$850
Clothing	\$70
Spending Money	\$60
Personal Items	\$40 for males and \$60 for females
Bus Pass	current rate
Phone card (if applicable)	\$50
<b>TOTAL =</b>	<b>\$ 1070.00 for males + bus pass</b> <b>\$ 1090.00 for females + bus pass</b>

### Apartment or Basement Suite:

Rent & Utilities	\$900
Telephone or phone card, cable, internet	\$100
Food	\$350
Laundry	\$40
Household items	\$25
Clothing	\$70
Spending Money	\$60
Personal Items	\$40 for males and \$60 for females
Bus Pass	current rate
<b>TOTAL =</b>	<b>\$ 1585.00 for males + bus pass</b> <b>\$ 1605.00 for females + bus pass</b>

### Youth with a Dependent:

Rent & Utilities	\$1100
Telephone or phone card, cable, internet	\$100
Groceries	\$350 (plus \$150 per dependent)
Laundry	\$40 (plus \$15 per dependent)
Household items	\$25
Clothing	\$70
Spending Money	\$60
Personal Items	\$40 for males and \$60 for females (\$20 per dependent)
Bus Pass	current rate
Infant formula, diapers, wipes baby food, baby items*	\$150 (per baby)
<b>TOTAL =</b>	<b>\$ 2120.00 for males + bus pass</b> <b>\$ 2140.00 for females + bus pass</b> (with phone card, no landline and one dependent)

\*can be increased depending upon baby's needs (e.g. special formula required)

## APPENDIX K: KAHKIYAW FILE CLOSURE PROCEDURE

Prior to Kahkiyaw and partners closing the family file, the following must occur:

- A Service Team Meeting (STM), which also includes the family, is arranged to discuss file closure with all relevant partners attached to the family;
- At the STM there is an agreement to close the file and a rationale for file closure is articulated;
- At the STM a date is selected for file closure that is at best a minimum of one (1) month in advance but not limited to the following:
  - A transition plan is created with the family for file closure.
  - Ensure the family is aware of and connected to community resources and supports that can be accessed.
  - At the STM, all present discuss why the family file is being closed, the progress and highlights the family has made, the learning's and strength the family achieved, and the family's resiliency in overcoming challenges/barriers.
- File closure plan receives approval of team supervisors;
- Team supervisors will approve and confirm the file closure, and ensure that both Central and Kahkiyaw administrative and/or financial departments are aware of file closure date.
- The team supervisors will be responsible to advise via email the following information to their respective administrative and/or financial departments of the file closure, and will include the following information:
  - Official file closure date.
  - Why the file is being closed (child returned to parent, adoption, etc.).
  - What community supports the family is connected to or has access to.
  - Names and/or emails of team members agreeing to the file closure.
  - A copy of the email with the above noted will be placed in the family's file.



# **APPENDIX L: TIP SHEET FOR CSD SITES AND AGENCY SOCIAL ENHANCEMENT LEGAL TEAM (SELT)**

## **DO.....**

- Accept disclosures\*\* without a subpoena, agency CSD employees are considered an extension of Children Services in this regard. When providing file content provide either an electronic copy or two paper copies.
- Ask for a subpoena before you testify.
- Set up a system to track ongoing disclosures within your agency.
- Send over documents as is, SELT will vet these documents.
- Ensure your record keeping is up to date on your disclosure files.
- Contact your partner\* to ensure you know each other's perspective.
- Share observations and objective information.
- Ensure information is shared with the partner\* prior to meetings with the legal team.
- Your very best to demonstrate that the decision was made in partnership\*.
- Share the final terms of the court order with your partner\*.
- Be aware CSD agency workers are not covered by solicitor/client privilege. In discussions regarding strategy both notes and emails (between CSD agency and lawyer) can be shared with defense. As a result of the limitations of solicitor/client privilege, CSD workers are not SELT clients, the CSD agency will not be able to participate in all meetings with SELT.
- Ensure all disclosure documents provided to SELT are also provided to the caseworkers. It is the expectation of the court that the caseworker is aware and has all of the case information.
- Ensure you are clear about your objectives when requesting parenting psychological assessments.
- Attempt to respond to the court's wishes in assigning therapists requested by clients.
- Be aware the court may request specific therapists deemed to be court experts.
- Recognize therapists will be assessed based on their professional credentials, experience and qualifications.
- Be aware that testifying in court can be an intimidating process. Access support from your supervisor and team. SELT will meet with you prior to court to prepare.
- Recognize the importance of complying with a court order, do not exercise your discretion, the order is non-negotiable.
- Ask your supervisor if you don't know how to respond.

\*\*A disclosure in the legal context refers to the stage of the litigation process when each party (children services and agency) is required to disclose the documents that are relevant to the issues in dispute to the other party.

\*partnership refers to the partnership between the CSD agency worker and the neighborhood center Children Services worker.