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0.0 Revisions

February 2002

4.4.10 Procedures - 1st bullet - Investigation - changed to 2 days (NOT 5 days)

4.4.10 Practice Guidelines - last page Role of SFFA - deleted "or Program Administrator"

12.19 SFFA Sample Support Letter - first paragraph amended to read Chapter 4.4.10 (NOT Chapter 4.4.9)

March 2002

8.3 (Procedures) changed code FHCLRERS to FHFHRERS

12.19 Saskatchewan Foster Families Association support letter - changed to SFFA letterhead and added text blocks for typing in (not lines)

April 2002

5.7 Special Adoption Program Travel Subsidy - Noted that for private transportation – the rates remain the same as in the PSC/SGEU agreement of October 1, 2001. (Ordinary - 34.10 cents/km; North of the 54th Parallel - 36.72 cents/km)

6.2 Foster Care Maintenance Rates - new rates effective April 1, 2002

6.6 Ranch Ehrlo Society - changed word contact to "contract" under EXPENDITURE added Dave Norminton, CO, as approval for Ranch Ehrlo and PAGC added Facility Director as approval for Dales House and Saskatoon Children's Shelter added Per Diem rates for Ranch Ehrlo and PAGC effective April 1, 2002

6.6 Emergency/Receiving Homes - new rates effective April 1, 2002

6.6 TAPS Homes - new rates effective April 1, 2002

6.6 Therapeutic Foster Homes - new rates effective April 1, 2002

7.6 Travel Costs - Noted that for travel above basic rates for kms travelled is calculated using the rates as in the PSC/SGEU agreement of October 1, 2001. (Ordinary - 34.10 cents/km; North of the 54th Parallel - 36.72 cents/km) Procedures - renamed point #11 to "d)" under point #10. Renumbered point #12 to point #11.

8.4 Respite - Therapeutic Homes - policy revised

8.9 Foster Parent Training - Noted that for private transportation - the rates remain the same as

in the PSC/SGEU agreement of October 1, 2001. (Ordinary - 34.10 cents/km; North of the 54th Parallel - 36.72 cents/km)

9.2 Witness Fees - Noted that for private transportation - the rates remain the same as in the PSC/SGEU agreement of October 1, 2001. (Ordinary - 34.10 cents/km; North of the 54th Parallel - 36.72 cents/km)

9.3 Interpreter Fees - Noted that for private transportation - the rates remain the same as in the PSC/SGEU agreement of October 1, 2001. (Ordinary - 34.10 cents/km; North of the 54th Parallel - 36.72 cents/km)

9.7 Tariff of Fees for Physicians & Surgeons - Noted that for private transportation - the rates remain the same as in the PSC/SGEU agreement of October 1, 2001. (Ordinary - 34.10 cents/km; North of the 54th Parallel - 36.72 cents/km)

PSC meal rates changed effective April 1, 2002 - Per Diem: $38.00; Breakfast: $8.00; Lunch: $13.00; Supper: $17.00

May 2002

6.6 "Team Homes" added to Basic Rates for Specialized Out of Home Care (fourth bullet added) and rate added into the table below.

6.6 An error in calculating rates for the TAPS Saskatoon, TAPS and Parent Therapist was made in April. New rates have been implemented. (32 cents added to old rates of 2001)

6.6 Therapeutic Foster Homes - removed TAPS Saskatoon, TAPS and Parent Therapist rows from table.

June 2002

12.9 Numbering sequence changes only on pages 3 and 5

August 2002

8.3 Calculation change towards payment for the substitute caregiver (1st bullet on page 13)

January 2003

5.7 Special Adoption Program Travel Subsidy - Policy

7.6 Travel Costs - Practice Guidelines

8.9 Foster Parent Training – Policy

9.2 Witness Fees – Procedures

9.3 Interpreter Fees – Procedures

9.7 Tariff of Fees for Physicians & Surgeons

April 2003

6.6 Per Diem Rates revised for Ranch Ehrlo Society and Prince Albert Grand Council Child Care and Education Centre for fiscal year 2003/04.

May 2003

6.2 Foster Care Maintenance Rates revised for the fiscal year 2003/04 effective April 1, 2003.

6.6 Emergency/Receiving Homes per diem rates revised for the fiscal year 2003/04 effective April 1, 2003.

6.6 TAPS and TEAM Homes per diem rates revised for the fiscal year 2003/04 effective April 1, 2003. Note that the TAPS row was deleted.

6.6 Therapeutic Foster Homes per diem rates revised for the fiscal year 2003/04 effective April 1, 2003.

June 2003

6.3 Policy: Skill Development Fee - the $100 amount was added into the first sentence. Second paragraph was revised to include dollar amounts.

6.5 Procedures: Fee for Service Payments for Developmentally and/or Physically Disabled Children. Table at bottom was revised to indicate the code column and approval column.

November 2003

7.9 Christmas Gift Allowance has been increased to $75.00 from $65.00.

March 2004

6.4 Additional information added to Standards (page 14) and Procedures (pages 15, 15A & 15B). New section - Practice Guidelines added (pages 15C, 15D & 15E).

12.21 New form - Rate Board Approval Letter re Foster Care (DCRE 2309)

12.22 New form - Medical Letter re Foster Care (DCRE 2310)

12.23 New form - School Letter re Foster Care (DCRE 2311)

April 2004

6.6 Per Diem Rates revised for Ranch Ehrlo Society and Prince Albert Grand Council

Child Care Education Centre for fiscal year 2004/05. THIS AMENDMENT WAS PREVIOUSLY SENT IN EARLY APRIL/04. See page number change below.

6.2 Foster Care Maintenance Rates revised for the fiscal year 2004/05 effective April 1, 2004.

6.6 Emergency/Receiving Homes per diem rates revised for the fiscal year 2004/05 effective April 1, 2004.

6.6 TAPS and TEAM Homes per diem rates revised for the fiscal year 2004/05 effective April 1, 2004.

6.6 Therapeutic Foster Homes per diem rates revised for the fiscal year 2004/05 effective April 1, 2004.

6.6 Group Homes/Assessment and Stabilization/Private Treatment (Ranch Ehrlo, PAGC) - page number revised to "24" from "14".

May 2004

TABLE OF CONTENTS Additional sections added in Chapter 12 Forms.
12.12 Foster Home Agreement Form has been revised.

12.14 2 forms: 1) Fee Calculation Guide - Fee for Service form (DCRE 2373) and
2) Fee for Service - Guidelines for Foster Parent Documentation. (These forms should have been sent out with the March 2004 amendments.)

October 2004

6.6 Page 24: Group Homes/Assessment and Stabilization/Private Treatment - Ranch Ehrlo Society Per Diem Rates added for Assessment and Stabilization Program - $270.00. Effective June 1, 2004.

0.0 Revisions

November 2004

Senior Program Consultant, Children's Services has been amended to read "Senior Program Consultant, Foster Care" in the following chapters:

- Chapter 1, Page 17
- Chapter 4.4.2, Page 24
- Chapter 4.4.7, Page 48
- Chapter 4.4.8, Page 56
- Chapter 4.4.10, Pages 65, 67, 68
- Chapter 4.4.12, Page 83, 84
- Chapter 8.6, Page 21
- Chapter 8.8, Page 28
- Chapter 11.12, Page 35
- Chapter 12.19 (SFFA letter - paragraph 1)

Also, in Chapter 6.5 - Fee for Service Payments for Developmentally and/or Physically Disabled Children: Procedures, Page 17 - Table at bottom Assessment Level 4 Approval Column is now Senior Program Consultant, Foster Care NOT Therapeutic Foster Care.

All chapters have been replaced with "Department of Community Resources and Employment OR Community Resources and Employment OR DCRE" from "Department of Social Services OR Social Services OR DSS".

April 2005

6.2 Foster Care Maintenance Rates revised for the fiscal year 2005/06 effective April 1, 2005.

6.6 Emergency/Receiving Homes per diem rates revised for the fiscal year 2005/06 effective April 1, 2005.

6.6 TAPS and TEAM Homes per diem rates revised for the fiscal year 2005/06 effective April 1, 2005.

6.6 Therapeutic Foster Homes per diem rates revised for the fiscal year 2005/06 effective April 1, 2005.

6.6 Per Diem Rates revised for Ranch Ehrlo Society and Prince Albert Grand Council Child Care Education Centre for the fiscal year 2005/06 effective April 1, 2005.

13.3 Updated List of Operational FNCFS Agencies and Associated Bands (did not send paper amendment).

0.0 Revisions

April 2006

6.2 Foster Care Maintenance Rates revised for the fiscal year 2006/07 effective April 1, 2006.

6.6 Emergency/Receiving Homes per diem rates revised for the fiscal year 2006/07 effective April 1, 2006.

6.6 TAPS and TEAM Homes per diem rates revised for the fiscal year 2006/07 effective April 1, 2006.

6.6 Therapeutic Foster Homes per diem rates revised for the fiscal year 2006/07 effective April 1, 2006.

6.6 Per Diem Rates revised for Ranch Ehrlo Society and Prince Albert Grand Council Child Care Education Centre for the fiscal year 2006/07 effective April 1, 2006.

May 2006

3.5 Policy wording changed from "at least annually" to "annually".

4.4.5 Clarification provided - inserted wording to reflect that the agreement must be reviewed (not re-signed) annually and reference to the formal Foster Home Assessment and Review (see Chapter 4.4.8).

4.4.10 Inserted third bullet under Final Report to reflect that all reports are to be placed on the foster home file.

7.16 4th bullet under 3. in Procedures – a dental checkup once per year (changed from twice per year).

8.2 Under Standards - first bullet, clarification and change provided – wording changed to provide more flexibility for how respite is to be taken. Instead of a mandatory 5-day block, changed to "it is recommended that the 5 days be taken in a block, however this is not mandatory."

11.17 NEW Section: Protocol for Inter-Region/Inter-Office Case Transfers - new provisions to guide practice as it pertains to case transfers between regions/offices.

September 2006

10.1 Change of Address for Public Trustee of Saskatchewan

0.0 Revisions

March 2007

9.4 Revised Policy - Legal Fees for Department in Hearings under *CFSA*: Changes to Hourly Fees

10.5 FNCFS Agency caseload information numbers - File Hills Agency deleted and Athabasca Denesuline and Turnor Lake added

April 2007

3.4 Planning for Permanent and Long-Term Wards - direction for the department to contact the office of the Public Guardian and Trustee when a child or youth has been permanently committed to the care of the Minister.

4.4.1 Approval of Foster Homes - added requirement that a criminal record check must be conducted on each applicant and any other adult over age 18, including adult children, sharing living quarters with the applicants and demonstrate the suitability of each applicant.

4.4.2 Foster Home Study Procedures - Police Record Check - DCR form no longer required by police - police detachments have their own form they return to the individual.

4.4.8 Foster Home Assessment and Review - guidelines to staff regarding supports to foster families as it pertains to identification of training needs.

6.2 Foster Care Maintenance Rates revised for the fiscal year 2007/08 effective April 1, 2007.

6.6 Emergency/Receiving Homes per diem rates revised for the fiscal year 2007/08 effective April 1, 2007.APS and TEAM Homes per diem rates revised for the fiscal year 2007/08 effective April 1, 2007.

6.6 Therapeutic Foster Homes per diem rates revised for the fiscal year 2007/08 effective April 1, 2007.

6.6 Per Diem Rates revised for Ranch Ehrlo Society - also new section - rates added for Clients with Developmental Disabilities. Also Prince Albert Grand Council Child Care Education Centre for the fiscal year 2007/08 effective April 1, 2007.
10.3 To amend the Children's Special Allowance policy to include both the Child Tax Benefit (CCTB) AND the Universal Child Care Benefit (UCCB) - the UCCB applies to children under six years of age.

11.5.1 NEW SECTION ADDED - Death of a Child/Youth Review Policy; also in the Family - Centred Services Manual - Chapter 3.16.

11.13 Amended Interprovincial Protocol - Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories - Consolidation as of December 15, 2006.

July 2007

2.6 Policy - Added clarification and direction regarding department contact standards for children in care who are residing in staffed residential settings, for those youth receiving extension of support services, and process to grant exceptions.

3.9 Policy - Removed statement that provides direction to terminate services when a former ward marries.

3.9 Practice Guidelines - Paragraph 7 inserted to state if the former ward becomes married or is residing in a common law relationship, the circumstances should be reviewed as to what supports are still required.

6.6 Emergency Placements/Receiving Homes - added provision for emergency rate payments to Intern foster homes and to change time frame for notice given to foster families from 12 hours to 24 hours. Provides consistency of practice in all regional offices throughout the province.

6.6 Therapeutic Foster Homes - amended to include Northern Rates for these homes in keeping with the basic maintenance rates as established within Regular Foster Care homes of both Southern and Northern Rates.

12.19 Notification of Foster Home Investigation Letter (sample) - replaces the former Saskatchewan Foster Families Association Support Letter.

September 2007

NOTE: All revisions are effective SEPTEMBER 1, 2007.

6.2 Standards for Foster Care Maintenance Rates to increase the rates by 15 per cent and change the age categories 0 - 1 years and 1 - 5 years to one category 0 - 5 years.

6.3 Skill Development Fee rate increase from $100/child to $125/child and to indicate that the Skill Development Fee will remain in place at a rate of $125/child for those families receiving Fee for Service payments.

6.6 Rate increases for Specialized Out of Home Care: Alternate Care and Person of Sufficient Interest and to provide for additional payment for special needs on a case by case basis in consultation with Supervisor/ Regional Director or designate.
6.6 Basic Rates for Specialized Out of Home Care Emergency Placements/Receiving Homes to

increase the rates, calculated by adding 15 per cent to Basic Maintenance portion of rates.

6.6 TAPS, Parent Therapist and TEAM Homes policy amended to reflect changes to Foster Care Maintenance Rates. Increase reflects an increase in the Basic Maintenance portion of the per diem payment.

6.6 Therapeutic Foster Homes policy amended to reflect changes to Foster Care Maintenance Rates. Changes reflect 15 per cent increase to maintenance per diem. No increase to Skill Development Fee.

8.1 Payment for Foster Home Support - Babysitting for Foster Families to increase the rates.

Amendments necessary to increase hourly babysitting rates and adjust daily babysitting rates for foster families as per increases.

8.2 Payment for Foster Home Support - Respite - Regular Foster Care to increase the respite days provided from 5 days to 10 days per year and to increase the rates.

November 2007

4.4.12 Removed the Appeal Process portion from the Conflict Resolution process and added new procedures allowing for provision of dispute resolution services by Saskatchewan Justice to assist in conflict resolution.

4.4.13 NEW section added – Appeal Process – changes to criteria for appeals – only foster home closures may be appealed. New policy sets out the process for foster families to appeal the decision to close their home and provides for review of the decision by an independent adjudicator selected jointly by the ministry and the Saskatchewan Foster Families Association.

6.3 Removed the word "PRIDE" from Policy and Standards. Those foster parents who have taken "NOVA" pre-service training are also eligible for the skill development fee rate increase to $125.00.

7.3 Amended procedures to include statement to cover meals for foster parents and additional children as agreed upon in advance when taking a foster child for visits, counseling, appointments or recreational activities as part of the child's approved case plan.

8.8 Moved to Chapter 10.8 and renamed to Advertising for Foster Home Recruitment (originally Advertising for Foster Homes).

10.8 New Section added to Payment Related Policies – Advertising for Foster Home Recruitment (see above).

0.0 Revisions

January 2008

Name change from "Department of Community Resources and Employment" to "ministry of Social Services"

February 2008

4.4.3.1 NEW SECTION ADDED under Chapter 4.4.3 Building/Health/Safety Requirements - Smoking in Foster Homes: Preamble, Policy, Standards, Practice Guidelines. New policy prohibits smoking in foster homes and vehicles used to transport children in care.

6.3 To ensure that foster parents also continue to receive the skill development fee when receiving exceptional fee for service payments as determined by a Daily Living Support Assessment (DLSA).

7.16 To clarify what is and what is not covered through Children's Services Special Needs, in terms of physician-prescribed drugs.

March 2008

11.5.1 Revised Section ADDED - Serious Case Incident, Critical Injury and Death of a Child/Youth Review Policy to replace ALL information in the previous Chapter 11, Section 5.1. REMOVE Pages 18-1 to 18-15 and Appendix A (5 pages).

April 2008

6.2 Foster Care Maintenance Rates revised for the fiscal year 2008/09 effective April 1, 2008.

6.6 Alternate Care and Person of Sufficient Interest rates revised for the fiscal year effective April 1, 2008.

6.6 Emergency/Receiving Homes per diem rates revised for the fiscal year 2008/09 effective April 1, 2008.

6.6 TAPS and TEAM Homes per diem rates revised for the fiscal year 2008/09 effective April 1, 2008.

6.5 Therapeutic Foster Homes per diem rates revised for the fiscal year 2008/09 effective April 1, 2008.

6.6 Per Diem Rates revised for Ranch Ehrlo Society for the 2008/09 fiscal year. New information added regarding rates for Wi Ci Ti Zon Group Home, other First Nations Group Homes, and 4

Directions Stabilization & Assessment Centre. Also Prince Albert Grand Council Child Care Education Centre for the fiscal year 2008/09 effective April 1, 2008.

August 2008

11.12 Name of chapter changed from Interprovincial Correspondence to Interprovincial Requests and Correspondence. Policy added and Procedures amended to reflect the role of the Interprovincial Coordinator. Revised TABLE OF CONTENTS accordingly.

November 2008

4.3 To provide policy, standards and practice guidelines regarding the approval and support of extended family and persons of sufficient interest to care for children who have been found to be in need of protection and for reasons of safety cannot remain in parental care.
NOTE some subsections have been rearranged as follows and some new subsections added:

4.3.1 Private Arrangements - Standards added.

4.3.2 Extended Family as Place of Safety - title changed. Five additional Standards added.

4.3.3 Is now called Self Declaration for Extended Family and Persons of Sufficient Interest Pending Completion of a Formal Police Record Check - Practice Guidelines.

4.3.4 Alternate Care Provider - Additional information added in Policy (renamed from Definition). Also Standards added 1 - 11. Practice Guidelines and Home Assessment pages removed.

4.3.5 Added subsection Person Having a Sufficient Interest in a Child - Policy, Standards 1 - 11.

4.3.6 Added subsection Extended Family/PSI Assessment - Standards and Practice Guidelines.

4.3.7 Added subsection File Administration for Alternate Care and Person of Sufficient Interest Caregivers - Standards and Practice Guidelines.

12.24 Form added: Self-Declaration for Extended Family (Pending Completion of a formal Police Record Check)

12.25 Form added: Extended Family/PSI Home Safety Check List

12.26 Form added: Extended Family/PSI Assessment Approval Check List

12.27 Form added: Extended Family/PSI Assessment Outline

0.0 Revisions

March 2009

4.4.10 Removed requirement that a formal review be completed following a foster home investigation

May 2009

4.4.1 – Approval of Foster Homes – In Home Assessments Amendment includes revisions required for PRIDE implementation, reference to the five core competencies of PRIDE, as well as to change terminology to coincide with the PRIDE model, i.e. "Mutual Family Assessment/Homestudy" replaces "Homestudy".

4.4.2 – Approval of Foster Homes – Background Checks

Amendments include revisions required for PRIDE implementation, reference to the five core competencies of PRIDE, and changes to terminology.

The policy is also amended regarding procedures for Police Record Checks to include Vulnerable Sector Check requirement and a "Criminal Record Check Information" hand-out to provide foster care applicants with information.

Chapter 12 - "Forms"

The following new forms were added to Chapter 12:

12.31 - Criminal Record Check Information
12.32 - Criminal Record Check Note to File
12.33 - Mutual Family Assessment Homestudy
12.34 - Annual Review / Family Development Plan
12.36 - Foster Family Formal Review

July/August 2009

4.3.4 Amendment includes provision to pay babysitting and respite costs at rates set out in Chapter 8 – Payments for Foster Home Support.

4.3.5 Amendment includes provision to pay babysitting and respite costs at rates set out in Chapter 8 – Payments for Foster Home Support

4.4.8 Amendment adds the requirement of completing a Formal Review when a child is adopted by the foster family.

Amendment also adds the requirement that an Agreement for Foster care Services is reviewed and signed annually with the foster family at the time of the Annual Review.

6.6 Amendment includes provision to pay babysitting and respite costs at rates set out in Chapter 8 – Payments for Foster Home Support.

7.6 Amendment pertaining to travel costs when a child in care travels with a foster parent on special holidays increases the maximum allowance payable per trip from $300 to $500 (Chapter 7.6.2 was added to provide procedures for obtaining passports for children in care due to recent changes to passport requirements for travel outside of Canada).

7.13 Amendment allows for contracting with individuals and agencies to facilitate and support future placements and permanency planning as part of the child's case plan.

7.15 Amendment updates Children's Services policy pertaining to funeral costs. (Rates for funeral costs for children in care are approved in accordance with the adult and child rates in the Saskatchewan Assistance Plan regulations)

8.1 Increase to babysitting rates and co-ordinate daily rate with daily respite rate (daily babysitting rate increases from $30 to $40).

8.2 Combine chapters 8.2, 8.3. to provide foster parents up to 10 respite days per year for regular placements, and 21 respite days per year for placements of children with disabilities. Amendment also clarifies language and increase daily rate to $40.

8.4 Increase respite rates for TFC home to $40 per day in keeping with the regular foster care rates.

8.8 New policy allows for payment of a Finder's Fee to foster families when they refer a new family who is approved as a foster family with the ministry.

8.9 Amendment provides for foster parents to be compensated for attendance at PRIDE training, in addition to covering expenses.

September 2009

2.4 Amendment clarifies the process for providing information to caregivers when children are placed in care, states that caseworkers must use the Caregiver Information Form as the standard document for sharing information.

November 2009

4.4 Amendment is to broaden the approval of staff as "caregivers" for the ministry and to include more details surrounding the actual approval process. This policy amendment has been

jointly developed in consultation with Public Service Commission in accordance with their Conflict of Interest guidelines.

11.5/11.5.1 Amendment is to omit "runaways" from being included under the category of a Serious Case Incident as a separate policy, as new policy Children Missing from Care (Chapter 11.18), has been developed.

To delete the prior reference made to the Residential Policy Manual; regardless of the child's care placement, the Serious Case Incident Policy as outlined in the CSM applies (procedures in the Residential Policy Manual are for reference by the program/facility operators).

11.18 New Policy to outline policy, standards and procedures for caregivers and ministry officials when a child goes missing from care.

March 2010

8.6 Damage Compensation
Changes to process for providing damage compensation to foster families by adding the option of professional damage assessment to be coordinated and contracted by the SFFA.

12.15 Damage Compensation Request form replaces the "Application for Damage Compensation" form.

3.4 Planning for Permanent and Long-Term Wards
Amendment removes the Standards:

- "Permanent wards who are First nations will not be registered for adoption without agreement by the child's Band and First Nations Child and Family Services Agency in accordance with First Nations Adoption guidelines: Chapter 5.4."
- "Where agreement for adoption planning has been reached with the child's Band, priority will be given to an approved Indigenous adoptive home."

5.3 Registering Children for Adoption
Amendment removes the statement:
"The ministry will not place permanent wards who have First Nations Status for adoption without specific written approval/support from the child's band regarding the future plans (adoption) for the child.

- The letter of approval must be included in the child's adoption registration package that is submitted to the Adoption Registry, Central Office."

5.4 Adoption of First Nations Children
Amendment removes reference to the "teen and young parent caseworker" and "family connections caseworker", as per discontinuation of these programs.

April 2010

6.2 Foster Care Maintenance Rates
Amend to Foster Care Maintenance Rates, to increase the rates by 1.5 per cent to be effective April 1, 2010 for the 2010/11 fiscal year.

6.6 Basic Rates for Specialized Out of Home Care
Amendment to Alternate Care and Person of Sufficient Interest rates to increase the rates by 1.5 per cent effective April 1, 2010 for the 2010/11 fiscal year.

December 2010

2.9.1: Admission to Out of Home Care:
Amendment adds a clause specifying that when application is made to Vital Statistics for certified copies of birth registration, child care staff must order these birth registrations only if required for court or other purposes and must review the child care file to ensure that there are no registrations already on file.

Removes the requirement that the caseworker completes the following forms:

"Child Care Status and Placement Record" and "Child Care Resource Placement Record" as these forms are outdated and no longer required.

The "Administrative Checklist" in Chapter 12 "Forms" has been updated.

3.4 Planning for Permanent and Long-Term Wards
Amendment removes the Standard: "The child's eligibility for adoption must be carefully considered and, if the child is under 12 years of age and deemed to be eligible for adoption, the child is to be registered for adoption with the Central Adoption Registry within 90 days. (refer to Chapter 5, Adoption)." This is no longer required as the Adoption Services Manual is being updated and will include detailed policy entitled "Child Registration for Adoption", which will eventually replace Chapter 5 in the CSM. Existing Standards were re-ordered; first Standard was deleted as it repeated the policy statement; two Standards were moved to Practice Guidelines.

3.5 Reviewing Case Plans for Permanent and Long-Term Wards
Practice Guidelines were amended to remove the word "annual" from the statement, "The annual Child Assessment and Developmental Plan should be completed in advance and form the basis of the review".

Some "Standards" were incorporated into "Procedures".
3.6 Parental Responsibility for Permanent and Long-Term Wards
Amendment adds the word "Minister's" to the title "Parental Responsibility for Permanent and

Long Term Wards" to avoid confusion with the biological parents' role.

Removes the sentence "A comprehensive Assessment and Developmental case plan must be completed within the first three months following wardship and annually thereafter." (This was an error in the manual as Child Assessment and Developmental Plans are to be completed every 120 days, not annually.)

Standards were reviewed - several "Standards" were moved to "Practice Guidelines".

4.4.5 Agreements for Foster Care Services
Amendment is required to coincide with changes in Ch 4.4.8 "Foster Home Assessment and Review" which requires that the Agreement for Foster Care Services be signed each year at the time of Annual Review of the foster home. (Previously the requirement was that the Agreement be signed just once - at the time of approval of the home.)

Practice Guidelines were revised by removing several guidelines pertaining to placement planning for children in care, which are addressed in Ch 2.4.

4.4.9 Foster Home File
Amendment is required to update the documentation required on the foster home file according to PRIDE implementation, i.e. to remove "Self-Assessment forms" and include "Mutual Family Assessment".

Updates the organization of file sections according to the "Provincial File Format" standard.

Removes the provision: "Foster families may access their file under the supervision of a worker, supervisor or manager." This change is required as foster home files contain third party confidential information which must be severed prior to sharing file information with the foster family.

April 2011

6.2 Foster Care Maintenance Rates
Amendment to change Foster Care Maintenance Rates, increasing the rates by 2.5 per cent to be effective April 1, 2011 for the 2011/12 fiscal year.

6.6 Basic Rates for Specialized Out of Home Care
Amendment to Alternate Care and Person of Sufficient Interest rates to increase the rates by 2.5 per cent effective April 1, 2011 for the 2011/12 fiscal year.

May 2011

4.4.10 Investigating Allegations of Abuse and Neglect
Amendment to change the policy and practice of sharing information with the Saskatchewan

0.0 Revisions

Foster Families Association (SFFA) when a foster family is under investigation for abuse and/or neglect of a child – notifications will no longer be made to the SFFA. Revised policy also requires that staff obtain a signed consent form in order to speak with the SFFA about a foster home investigation.

Notifications regarding foster home investigations are sent to the Director, Service Delivery, Central Office.

Revisions were made to the Standards and Procedures to more accurately reflect the appropriate requirements in this section.

A Preamble was added.

4.4.11 Conflict Resolution Between Foster Parents and Ministry Employees
Revisions were made to reflect updated organizational structure (including position titles).

Co-ordination of foster home mediations are to be completed by the Director, Service Delivery, Central Office.

4.4.13 Appeal Process Between Foster Parents and Ministry Employees
Revisions were made to reflect updated organizational structure (including position titles)

Co-ordination of foster home appeals are to be completed by the Director, Service Delivery, Central Office.

12.19 Foster Family Notification of Investigation template letter
Revision to letter includes adding the paragraph:

"We wish to expedite this manner as quickly as possible and will endeavour to have the investigation completed within 30 calendar days. Should it take longer than this, you will be notified in writing."
All chapters have been updated with correct position titles:
"Director, Service Delivery" replaces "Regional Director" "Manager, Service Delivery" replaces "Area Service Manager" "Manager, Service Delivery" replaces "Regional Manager"
"Executive Director, Service Delivery" replaces "Executive Director, Child and Family Services"
"Director, Service Delivery, Central Office" replaces "Senior Program Consultant, Foster Care

July 2011

2.5.2 Preserving a Child's History in a Lifebook
Added the word "supplies" to the following sentence in Practice Guidelines: "The actual cost of supplies, film and developing for pictures for the life book will be reimbursed to the caregiver."

7.11 Lifebooks
Added the word "supplies" to the following sentence in Procedures:
"The actual cost of the book (album or scrapbook) and cost of pictures and supplies for the life book may be paid as a purchase order through FYAP".

12.16 Transfer of Responsibility to FNCFS Agency
Revised and updated form to remove reference to "Family Connections Worker"
Added the statement:
"NOTE: For cases in which the agency is considering placing children in high cost residential resources, these cases will be referred to the ministry's Special Placement Committee."

12.19 Saskatchewan Foster Families Association Support Letter
Renamed "Saskatchewan Foster Families Association Support Letter" to "Notification of Foster Home Investigation Letter"

12.20 Foster Home Approval Checklist
Revised form to update the language: "Applicant 1" and "Applicant 2" replaces "Male" and "Female" applicants.

12.28 Foster Care Application
Revised form to update the language: "Applicant 1" and "Applicant 2" replaces "Male" and "Female" applicants, "Mother" and "Father".

Revision also provides authorization to the ministry to complete a ministry Record check (ACI or Linkin), and to contact global references.

12.29 Foster Care Reference
Revised form to include the addition of several questions which allow for more detailed comments regarding the family's strengths and supports.

12.30 Physician's Report
Added section for foster family consent to Physician's Report form.

12.33 Mutual Family Assessment/Homestudy
Revised form to update the language in order to acknowledge current varying family groups and relationships, i.e. avoids reference to "Male" and "Female" applicants, "Mother" and "Father", "marriage".

September 2011

5.3 Registering Children for Adoption
The timeline for registering children for adoption changed from 90 days to 120 days from the date of the permanent wardship. If the child is not being adopted, a summarization of the

permanency plan is to be completed within 120 days.

5.5 Adoption Selection
Revisions include approved changes that mirror the Adoption Services Manual. The selection procedures for both infants and permanent wards have been expanded to include further clarification of the selection process. Language has been updated to incorporate PRIDE competencies to reflect the competencies considered in the selection process.

5.6 Adoption Placement
Revisions include language that mirrors the approved changes in the Adoption Services Manual. Additional instruction and clarity is provided for caseworker reference, for example, Health registration, out-of-province placements and pre-placement planning

5.7 Adoption Program Travel Subsidy
Language update completed to reflect the correct name of the Program and the Manager – "Domestic Adoption Program" and "Service Manager" replaces "Special Adoption Program" and "Regional Director".

5.8 Assisted Adoption
The updated Policy includes a Preamble that describes the children who are eligible for Assisted Adoption and the supports that are available. A Policy statement is included that confirms that all children who are wards of the Minister are eligible for designation for Assisted Adoption and that eligibility is for Domestic Adoption only.

The Assisted Adoption policy regarding maintenance was updated to state "equal to 90 per cent of current basic foster rate" rather than "up to a maximum of 90 per cent".

Revised Procedures provide substantial information and clarity concerning designation and Assisted Adoption program requirements to assist caseworkers in their day-to-day practice. It also provides information about extension of services, required annual reviews and procedures for children residing out-of-province.

Practice Guidelines have been revised to mirror the statement in the Adoption Services Manual (Chapter 7) dated March 2010.

December 2011

5.1 Introduction
Updated Introduction to clarify caseworkers' reference to Children's Services Manual policies and Adoption Manual policies and the overlap of the two manuals.

5.2 Access Orders and Adoption
The procedures were updated to change the time for registering a child from 90 to 120 days. The same change in policy indicates that an alternate plan, if the plan is not for adoption, must be identified in the same timeframe.

5.4 Adoption of First Nations Children
Updated the form used for Affidavit purposes (2268) as this was amended in 2009 to reflect a change from 'birth mother' to 'birth parent'.

5.9 Disclosure of Information – Adoptive Applicants
Entire section updated to reflect the change in registration process that was approved in 2010. According to the new process, caseworkers send a photocopy of the child care file to Central Adoption Registry, where it is redacted and a binder created. The binder, as well as the Child Adoption Registration Summary, is provided to prospective adoptive parents who are in selection for a child. Binders are provided for both specifically and non-specifically identified children and become part of the ministry's information disclosure to prospective adoptive applicants.

January 2012

4.3 Placement with Extended Family
This chapter has been revised to update Children's Special Allowances (CSA) application procedures based on changes to the federal *Children's Special Allowances Act,* which stipulate that a caregiver who is receiving maintenance payments from a child welfare agency is not eligible for Canada Child Benefit payments. The ministry will apply for CSA when a caregiver receives maintenance payments from the ministry. As well, additional minor revisions were made to provide clarity and continuity between sections; policy statements and definitions were added in some sections and standards were revised to establish consistency of the approval process for all extended family caregivers. Linkin updates were also added.

6.6 Basic Rates for Specialized out of Home Care – Alternate Care and Person of Sufficient Interest
This section was updated to provide the new basic maintenance rates for extended family caregivers. The increased payment (equivalent of foster care basic maintenance rates) is provided to offset caregiver families' loss of federal benefit payments.

10.3 Payment Related Policies – Children's Special Allowances
Revisions were made to set out the new procedures for application for Children's Special Allowances for all children in out of home care, including those in extended family placements.

11.16 MSS and First Nations Shared Planning for Children and Families
Updated policy provides clarity for casework staff and managers specific to planning for children

and families when there has been a transfer of casework responsibility between "on and off reserve". The amended policy also provides direction with regard to the administrative requirements for transition from Automated Client Index to the LINKIN Case Management System.

February 2012

4.4.6 Out of Home Care - Foster Parent Training
Revisions include the addition of the following mandatory training:
Foster parent applicants must successfully complete the following training prior to approval of their home and placement of children:

- OH&S recognized First Aid and CPR Training (Level B – 17 hours)
- Saskatchewan Aboriginal Culture module (3 hours)

Approved foster parents must complete the following training subsequent to the approval of their home:

- Two mandatory PRIDE Core in-service modules (21 hours)
- OH&S recognized First Aid and CPR Training (Level B – 17 hours) re-certification every 3 years
- Fetal Alcohol Spectrum Disorder (FASD) (3 hours)

8.8 Payments for Foster Home Support – Foster Parent Training
Adds the above-mentioned training as sessions that the ministry will compensate foster families to attend.

12.28 Forms – Foster Care Application
Adds an additional consent line to the Foster Care Application form to allow the ministry to release foster parent applicant names to SFFA for the purposes of First-Aid/CPR training registration.

March 2012

6.2: Foster Care Maintenance Rates

Policy amended to add COLA increase to Foster Care Basic Maintenance rates, effective April 1, 2012.

6.6 Basic rates for Specialized Out of Home Care
Policy amended to add COLA increase to Specialized Out of Home Care, effective

April 2012

12.12 Agreement for Foster Care Services
Agreement for Foster Care Services updated to add SFFA information to the "Foster Family

Consent to Disclose Information" page; some statements in the agreement were also re-ordered.

12.34 Annual Review Family Development Plan
This form was updated to reflect the caseworker name changes, i.e. "Resource Coordinator" to "Resource Worker" as per the ministry's naming conventions; reference to ministry Record check in Linkin was also added.

New Sections:

7.17 Special Needs – Child Disability Benefit Adjustment
The Child Disability Benefit Adjustment is a new policy section which authorizes the ministry to provide an equivalent payment to the maximum federal payment previously (prior to federal *Children's Special Allowances Act* changes) received by families caring for children with severe and prolonged disabilities.

12.39 Special Needs Request
The Special Needs Request form was added to Chapter 12 "Forms" in order to provide a form for caseworkers to submit a request to pay the Child Disability Benefit Adjustment.

July 2012

4.4.1 Approval of Foster Homes – In Home Assessments
The final points in Procedures were re-ordered and the clause (in parentheses below) was added:

> *18. A copy of the letter of approval is sent to the Director, Service Delivery, Central Office and with the foster family's signed consent (as per the Agreement for Foster Care Services) to the provincial Saskatchewan Foster Families Association.*

October 2012

4.4.7 Maximum Number of Children in a Foster Home
Revision updates policy pertaining to the use of the new Linkin case management system to record and approve over maximum placements. The revision also adds time frames within which over maximum placements must be entered and approved in the Linkin system; as well, the final approval level is changed from "Regional Director or designate" to "Service Manager".

Revision also changes the requirement for bi-weekly re-approval of over maximum placements by the Service Manager, allowing for re-approval for a time period of up to 90 days when a child is placed in a long-term stable placement.

8.9 Payments for Household Support to Foster Families
New policy section authorizes the provision of household supports to foster families and provides a framework for determining eligibility and process for delivery of support services.

A contract for services template "Household Support Services Contract" has been developed and is included in Chapter 12 "Forms".

11.2 Income Assistance Programs and Children in Care
Revision updates the information regarding Income Assistance programs and the interface with Child and Family Programs.

Policy is also updated with regard to the January 2012 changes pertaining to Children's Special Allowances and extended families' eligibility for federal child benefits when they are receiving maintenance payments from the ministry.

11.8 Disposal of Files
Section re-named "Retention of Files".
Revision increases the retention periods for Child and Family Programs files.
Policy revision removes the sections in "Procedures" detailing processes for the Manager of Records and Forms, the Provincial Archivist, and the Office Supervisor as the procedures for file destruction are the responsibility of Corporate Services.

12.40 Household Support Services Contract
New form "Household Support Services Contract" – provides a template for use in provision of household support services to foster families.

December 2012

2.9 Admission to Out of Home Care and Administrative Checklist (12.2 Forms)
This policy replaces Chapter 2.9.1, Chapter 2.9.2 and Chapter 2.9.3 to reflect changes following the revisions and proclamation to *The Vital Statistics Act, 2009* and The Vital Statistics Regulations, 2010. As a result, the process by which the ministry acquires Birth Certificates for children and youth in care changed. The policy has been updated to reflect these changes. In addition, a number of other revisions including Linkin updates, were made to ensure current content and language within the policy.

4.4.3 Building, Health and Safety Requirements
This section has been completely revised to include Standards for Sleeping and Bedroom Accommodations, Infant and Vulnerable Individual Safety, Fire Safety, Firearms and Weapon Safety and General Home Safety. It also includes in the Practice Guidelines sections on Safe Sleeping Practices, Home and Yard Cleanliness and Recreational Safety.

The Residential Care Services: A Building, Health and Safety Guide (Chapter 13.1) has been removed as guidelines are now included in Chapter 4.4.3.

The existing Foster Home Checklist was replaced with a new Foster Home Safety Record

(Chapter 12.11) which incorporates all standards in the new policy and includes guidelines for determining compliance to standards for use by Resources workers.

The Agreement for Foster Care Services (Chapter 12.12) was revised to include the following provision in Section B.8:

"To ensure the provision of a safe environment for a child and adhere to the standards as per the ministry's Building, Health and Safety policy (4.4.3) including allowing full access to the home and exterior and permit pictures to be taken if required."

4.6 Facility Care
The original policy listed the names of group homes and facilities, some of which no longer exist. The original policy also described services that no longer exist in the ministry's residential resource continuum. The policy revision updates policy to accurately reflect and describe the ministry's facility care program.

4.7 Private Residential Treatment
Title changed to "Specialized Care" and policy updated to accurately reflect the "specialized care" program. The updated policy reflects more appropriate language and clarification regarding what constitutes "specialized care" services and procedures for admission.

4.9 Young Offender Custody Facilities
This section has been deleted as Young Offender Facilities are managed by the ministry of Corrections, Public Safety and Policing.

4.9 Investigations of Abuse Allegations Against Group Home Resources (New)
New policy provides clarity regarding managing complaints and allegations of physical and sexual abuse against children by staff members, board members or volunteers working at group homes operated or licensed by the ministry. Clear roles and responsibilities for those involved in the investigation are highlighted including the role of the investigator.

6.6 Basic Rates for Specialized Out of Home Care – Group Homes/Assessment and Stabilization / Private Treatment
This payment section has been deleted in accordance with changes in Chapter 4.6 and 4.7 as individual group homes and facilities are no longer listed.

7.15 Special Needs – Funeral Costs
Amendments increase the rates for funeral expenses for children in care in keeping with the increases approved in the Saskatchewan Assistance Regulations October 24, 2012.

12.2 Administrative Checklist
Updated to reflect changes in Chapter 2.9.

12.11 Foster Home Safety Requirements Checklist was replaced with a new Foster Home Safety Record and Guidelines.

12.12 Agreement for Foster Care Services
Revised Agreement for Foster Care Services to include the following provision in Sec B.8: "To ensure the provision of a safe environment for a child and adhere to the standards as per the ministry's Building, Health and Safety policy (4.4.3) including allowing full access to the home and exterior and permit pictures to be taken if required."

13.1 Residential Care Services: A Building, Health and Safety Guide
This section has been deleted as per revisions in Chapter 4.4.3 Building, Health and Safety Requirements.

February 2013

7.15 Special Needs – Funeral Costs
Amendment increases the rate for floral arrangements for funerals for children in care from $100.00 to $150.00 and includes allowance for floral arrangements for parents of children in care.

April 2013

6.2: Foster Care Maintenance Rates:
Policy amended to add 1 per cent COLA increase to Foster Care Basic Maintenance rates, effective April 1, 2013.

6.6 Basic rates for Specialized Out of Home Care:
Policy amended to add 1 per cent COLA increase to Specialized Out of Home Care, including Alternate Care, Person of Sufficient Interest, and basic maintenance portion of Emergency/Receiving, TAPS, Parent Therapist, TEAM and Therapeutic foster homes effective April 1, 2013.

July 2013

3.4 Planning for Permanent and Long-Term Wards
Updated and re-ordered Standards, Procedures and Practice Guidelines. Moved Standard re: notification to Public Guardian and Trustee to Section 3.6 "Minister's Parental Responsibility for Permanent and Long-Term Wards"

3.5 Reviewing Case Plans for Permanent and Long-Term Wards
Renamed to "Annual Reviews of Case Plans for Permanent and Long-Term Wards" Clarifies that Annual Reviews are completed by a review committee and updates Standards, Procedures and

Practice Guidelines.

3.6 Minister's Parental Responsibility for Permanent and Long-Term Wards
Adds requirement of applying for Registered Disability Savings Plan for all permanent and long-term ward children and includes detailed Procedures. Two forms, "Service Canada Letter for SIN Application" and "RDSP Tracking Form" were added in Chapter 12.

4.4.12 Conflict Resolution between Foster Parents and ministry Staff
Includes the option that foster families may request support from sources other than the Saskatchewan Foster Families Association (SFFA), i.e. Elders, clergy or other community support persons; clarifies the procedures in the Conflict Resolution process; clarifies that the decision of the Director, Service Delivery, is final in all matters except the closure of a foster home; adds "Best Practices for Procedural Fairness" guidelines (adapted from Ombudsman Saskatchewan).

4.4.13 Appeal Process between Foster Parents and ministry Staff
Clarifies the procedures in the Appeal process, specifically with respect to the process for foster families to invoke an appeal by contacting either the SFFA or the ministry.

6.2 Foster Care Maintenance Rates
Adds the Dependent Child allowance ($195) for youth in foster care (Allowance was previously contained only in Independent Living section). Updates policy to authorize10 day payment to foster family for AWOL youth (as per Linkin procedures).

6.6 Basic Rates for Specialized Out of Home Care
Increases the rates allowed for rent from $320/month to $450/month and the personal spending amounts from $30 to $40/month for youth in Independent Living and Room and Board placements and adds the Dependent Child allowance for youth in Alternate Care and Person of Sufficient Interest placements.

Amendments throughout this section revise the authority levels for approvals of payments such as Independent Living and Room and Board rates, and Change of Placement clothing for children and youth in care. Revisions will more accurately reflect Worker, Supervisor and Director or designate approval levels.

7.5 Education Costs
Increases the rate for Spending and Personal allowances for youth on Extension of Support Agreements (Chapter 7.5 Education Costs).

7.13 General Services and Supplies
Clarifies that completion of a contract is not required when purchasing supplies to maintain a child's placement in a home and increases the dollar amounts which may be approved at the level of Supervisor, Manager and Director.

0.0 Revisions

Amendments throughout this section revise authority levels required for approvals of routine payments, e.g. Change of Placement clothing for children and youth in care.

9.0 Legal Services Expenditures
Amendments in this section revise authority levels required for approvals of payments for legal expenses on behalf of children and youth in care, including professional legal and witness fees, and costs associated with legal representation for children in care.
Amendments also update and simplify the procedures for payment.

12.41 Elder Honorarium Agreement

12.42 Service Canada Letter for SIN Application

12.43 RDSP Tracking Form

October 2013

11.3 Health Care/Medical Treatment
Policy revision provides that children/youth in care have the right to consent to their own medical treatment (in the same way as children in the general population) when assessed by a medical practitioner as having the capacity to do so.

Policy revision ensures that children and youth participate, be informed and be heard before any decision affecting their health care is made.

Policy revision also provides clear standards and procedures regarding authority for consent for medical treatment for children in care who cannot consent to their own treatment.

11.4 Life Threatening Illness /Terminally Ill Children in Care
Revisions provide clear direction regarding authorization of a 'No Resuscitation' order, distinguishing between children in care who are Permanent wards, for whom the ministry is sole guardian, and those who are in care via long term or temporary orders, apprehended, or voluntary agreement, whose families must provide consent before a 'No resuscitation' order is authorized.

11.7 Pregnancy Planning for a Youth in Care
Revisions provide clarity in standards and procedures for pregnancy planning, including the youth's right to independently consent when assessed as having capacity to do so and the authority and procedure to provide consent for pregnancy termination for those youth who are not deemed as having capacity to consent on their own behalf.

13.3 Royal University Hospital – "No 99 Order"
This section was deleted as it was outdated.

February 2014

Chapter 2.0 Family Centered Out of Home Care:
Chapter renamed to **"Placement in Out of Home Care"**.

2.5 Case Planning for Children in Out of Home Care
Section re-named to **"Assessment and Case Planning for Children in Out of Home Care"**.
Amendments in this section clarify requirements for completion of Child Assessment and Developmental Plan (CADP), including that the first CADP is due at 45 days (previously 30 days) and no CADP is required for children in care less than 45 days. The CADP requirement for long term and permanent wards is changed from every 120 days to every 180 days.

Procedures and Practice Guidelines were updated and the Linkin process for documentation in contact logs was added.

2.5.1 Assessment and Case Plan Forms
This section has been deleted.

2.6 Contact Standards
Added definitions of "Child in care", "Collateral contact", "Face to face contact"
This amendment revises the contact standards for children in temporary care to align with the Structured Decision Making (SDM®) Policy and Procedures Manual.

This amendment also provides new minimum standards of contact for children who are long term or permanent wards, changing the standard for case worker face to face visits to once every three months with an additional face to face contact in between by a ministry worker such as a case assistant.

Also updated Procedures and Practice Guidelines and added process for Linkin documentation in contact logs.

3.10 Youth in Care Network
Updated address and contact information

4.4.3 Building Health and Safety Requirements
This revision incorporates minor policy changes to clarify use of bedroom locks in foster parent bedrooms.

4.4.6 Foster Parent Training
This revision incorporates minor policy changes to clarify payment of Skill Development Fee to foster families.

6.4 Fee for Service for Approved Foster Homes
This revision removes the requirement that foster families must be at the practitioner level (having fostered for at least one year) prior to having eligibility for Fee for Service payments.

12.5 Child Contact Checklist
New form used for tracking contact with children in care.

13.1 Liability Issues - Recordings
Chapter 13.1 is removed from the Children's Services Manual as it is dated information (excerpt from a Civil Law presentation in 1998) and no longer required as caseworkers are able to access this information in other locations, e.g. Family Centered Services Manual.

13.2 List of Operational FNCFS Agencies and Associated Bands
Chapter 13.2 is removed from the Children's Services Manual as the list of Operational FNCFS agencies is updated monthly and distributed to service areas.

April 2014

6.2 Foster Care Maintenance Rates
Amendments increase the Foster Care Basic Maintenance rates by 2 per cent effective April 1 2014 for the 2014/15 fiscal year.
Amendments also update the Practice Guidelines, removing reference to the "Foster Parent Manual"

6.6 Change title to "Alternate Care, PSI and Specialized Out of Home Care Rates"
Amendments increase the Alternate Care, PSI and Specialized Out of Home Care Rates by 2 per cent effective April 1, 2014 for the 2014/15 fiscal year.

Subsection titled "Emergency Placements/ Receiving Homes" changes to "Initial Placements". This revision changes "Emergency" rate to "Initial Placement" rate and applies this payment to all initial placements, removing the stipulation "when (the foster parent) receives less than 24 hours' notice of the placement".

11.3 Health Care Medical Treatment
Added italicized provision as below: "that the child's parents should be advised of the child's need for medical treatment and should have involvement in the decision making process *when the child does not have capacity to make decisions and consent to their own treatment*".

11.4 Life Threatening Illness, Terminal Illness and Children in Care
Added italicized provision in the following statement: "If the physician is recommending that there be no resuscitation *and the child is not deemed to be able to provide consent on their own behalf*, the Director, Service Delivery may provide consent on behalf of the Minister."

11.7 Pregnancy Planning for a Youth in Care
Changed Policy statement as follows:
"Any youth who is pregnant while in the care of the Minister will receive support and services to help them plan for the pregnancy." to:
"Any youth who is pregnant while in the care of the Minister will receive support and services to *assist them with decisions and planning regarding* the pregnancy."

Changed the Procedures statement as follows:
"The youth must be actively involved and participating in the planning" to:
"The youth must be actively engaged and informed of all options in order to make decisions regarding the pregnancy."
Added the following statement in Procedures:
The youth must be advised of her right to contact the Advocate for Children and Youth at any point during her pregnancy.
Clarified Procedures "When ministry Consent is Required to Terminate a Pregnancy (Youth is NOT deemed competent)":

12.34 Annual Review/Family Development Plan
A new form: Foster Home Annual Review/Family Development Plan - Caseworker Assessment has been created for use by resources workers when requesting that caseworkers evaluate foster homes in which they have placed children. This form becomes part of Chapter 12.34.

12.36 Foster Family Formal Review
Status of Foster Home – changed "Suspension with Conditions" to "On hold with conditions".

August 2014

2.6 Contact Standards:
Children in care with a goal of re-unification in all placement types:

- One face–to-face visit per month with the child (the visit with the child must occur where the child is placed);
- If the assigned caseworker is not present when the child is placed, the child must have a face-to-face visit within two working days;
- One face-to-face visit per month and one collateral contact per month with the caregiver;
- Individual names, purpose, date and observations must be recorded in the Contact Log section in the Linkin case management system.

Changed the third bullet above to:

- One face-to-face visit per month with the caregiver and one collateral contact per month.

4.6 Facility Care
Removed "Assessment and Stabilization" section as the facilities providing this service (Dales House in Regina and Red Willow in Saskatoon) were closed on March 31, 2014.

0.0 Revisions

5.0 Adoption
Title changed to "Adoption Planning"

5.2 Voluntary Committal
Information provided to enhance understanding of the Voluntary Committal process and ministry obligations when working with birth parents who choose this option.

5.2.2 Dispensing with a Birth Parent Signature on Voluntary Committal
Clarification provided regarding the ministry's role in making application for dispensation in a voluntary committal. Examples of dispensation timelines were added to provide clarity.

5.2.3 Revocation (Voluntary Committal)
Examples of revocation timelines were added to provide clarity.

5.3 Child Registration
Additional information/clarification provided on registering children and youth for adoption. A template for use in completing a birth parent history in a voluntary committal was added (*Birth Parent Social History*, 2202).

Timelines for updating a child registration package to Central Adoption Registry were included.

Completion of the ***Assisted Adoption Designation*** is no longer a requirement; any permanent ward who is eligible to be adopted is automatically eligible to receive benefits through the Assisted Adoption Program.

5.3.1 Decision to Not Register/Deregistration
Exception to a Plan for Adoption (2099) was updated to include deregistration and notification to Central Adoption Registry.

5.4 Selection
Enhanced information/clarification on process provided.
Change of name to *Disclosure of Information to Adoptive Applicants* (2238); additional space was provided on this form to include names of professionals with whom adoptive parents intend to share information from the child's file.

5.4.1 Placement
Information & guidelines were provided on the placement process. A side-by-side table was added to describe what processes/forms the children's services and adoption workers complete.

The *Agreement for Communication* (2228) was added as a requirement to assist caseworkers in developing communication agreements with birth and adoptive parents (or other parties, as the case may be). There is an option on the agreement to indicate none is being completed and for what reasons.

5.6 Independent Adoptions
A section was added to distinguish what different obligations/processes the ministry has in an Independent Adoption versus a Voluntary Committal.

6.2 Foster Care Maintenance Rates – Practice Guidelines
Item 7 – Recreation – removed "bicycles" from this item:

- "Includes items like books, toys, bicycles, admission to movies or other events, memberships, lessons, sports equipment and gifts for children one year and older." (Bicycles may be purchased through Special Needs – Recreation Allowance - Chapter 7.7).

6.6 Basic Rates for Specialized Care – Independent Living
The following corrections were made:
Expenditure rates for Food and Household changed from $250 - $300/month Personal allowance changed from $40 South, $45 North to $50 South, $62 North.
These corrections were required for consistency with rates in the Support Services to 16 and 17 Year Olds Manual.

8.5 Payment for Foster Home Support – Damage Compensation
Amendments include a time limitation of two years for submitting damage compensation requests. The procedures are more clearly defined, with the intention of reducing complexity of requests and increasing financial accountability. There were several minor changes to wording and ordering of the Procedures.
12.11 Foster Home Safety Record
This form has been revised to align checkboxes in Section C – Fire Safety Standards, and add the Guidelines for Resources Workers.

October 2014

2.1 Practice and Case Management
Minor wording revisions were required to update this section.

2.2 Recommending Out of Home Care
Revised Standards to clarify priority of placement with extended family prior to foster care and notification of appropriate First Nations agency when Indigenous children are placed in care.

2.3 Placement Selection
Minor changes were required to update the Practice Guidelines.

2.4 Placement Planning and Preparation
Revised Standards to state that caregivers are to be provided with the Caregiver Information form when a child is placed in their home and that visitation is to be arranged as soon as possible following the placement. Also clarifies that a child's personal health information is to

be shared with the caregiver, using the Caregiver Information Form.

Added section in Practice Guidelines "Safety Precautions" to address circumstances where a child has past history related to drugs, alcohol or weapons, i.e. caseworker informing the caregiver and assisting in unpacking of belongings to ensure no weapons are brought into the foster home.

4.3.1 Private Arrangements

Minor wording revisions to update this section

4.3.2 Place of Safety

Clarification regarding Place of Safety designation and ongoing approval

4.3.4 Alternate Care Provider

Added the requirement that Alternate Care providers sign an Agreement for Services (new form Chapter 12.44) at the time of approval and each year at the time of annual review;

Clarified that the Extended Family Assessment is not complete until the Criminal Record Check is received and reconciled and that references provided on the application form will be contacted as part of the assessment process.

4.3.5 Person having a Sufficient Interest

Changes in this section include:

- A stipulation that PSI orders are not sought until a child has been in the ministry's care for at least six months in a stable extended family care placement;
- A requirement that all PSI caregivers be provided with complete information regarding PSI orders (information brochure "A Guide to Being a Person of Sufficient Interest Caregiver");
- A requirement that all PSI caregivers sign an "Extended Family Support Agreement – Person of Sufficient Interest" (new form Chapter 12.45);
- A requirement that Annual Reviews be completed with all PSI caregivers (new form Chapter 12.46);
- A requirement that extended family caregivers provide consent for global references (added to "Alternate Care / Person of Sufficient Interest Application" template and to Children's Services Manual form - Chapter 12.47).

4.3.6 Extended Family Assessment

Changed the requirement for completion of the Extended Family Assessment from 30 days to within 60 calendar days of the child being placed in the home, or as soon as all required documentation is received.

4.4.1 Approval of Foster Homes – In-home Assessments

Amendment adds the stipulation that any approvals of foster homes that are exceptional to the policy be reviewed and approved (signed and placed on the foster home file) by the Assistant Deputy Minister (ADM).

7.3 Special Needs – Food
Adds provision for re-imbursement to a caseworker when purchasing food for a child in care.

7.5 Education Costs
Adds specific amounts to be paid to caregivers for initial school supplies and fees for children in Kindergarten through Grade 12 (policy previously stated that the amount is to be specified by local school boards.)
Procedures were re-ordered for clarity and a heading of Practice Guidelines was added.

7.17 Child Disability Benefit Adjustment
Amount updated to $220.83 as per federal benefit amount.

8.2 Respite Regular Foster Care
Revision clarifies that all foster families are entitled to 10 days' respite, and may receive up to 21 days' respite for those children for whom they are receiving a DLSA payment.

Also the respite rate is increased for children with approved DLSA's from $40/day to $60/day.

11.0 Minister's Referrals
Process for completion of Minister's referrals will no longer be contained in the Children's Services manual as this is subject to frequent change. Service areas will be provided with the process updates in another format, such as e-mail advisory or directive.

11.5 Serious Occurrence Reporting and Review
The "Serious Occurrence Reporting and Review" policy replaces the "Serious Case Incident, Critical Injury and Child Death Review" policy.

12.3 Preliminary Serious Occurrence Report
New form as per policy 11.5 Serious Occurrence Reporting and Review.

Deleted obsolete form "Placement Preparation Tasks" and replaced it with "Preliminary Serious Occurrence Report.

12.6 Foster Home Approval Letter
Deleted obsolete form "Child Care Resource Placement Record" and replaced it with "Foster Home Approval Letter" (previously not included in Chapter 12 – Forms). The Approval letter was also amended to include training completion dates.

12.12 Agreement for Foster Care Services
Updates the Agreement to indicate that the ministry will provide personal health information of a child at the time of placement and also that the foster parent will advise the ministry of all

serious case occurrences directly via telephone or in person (not by voice mail). Also specifies that the foster parent may not post information or photographs of children on social media websites.

12.20 Foster Home Approval Checklist
Updated the form to include dates of completion of Cultural Component training and First-Aid/CPR training.

12.27 Extended Family Assessment
Added section on completion of reference checks.

12.28 Foster Care Application
Clarifies that ministry completes a ministry Record Check, not a Child Abuse Record Check for foster care applicants, consistent with policy in Chapter 4.4.1 Approval of Foster Homes – Background Checks.

12.44 Agreement for Services – Alternate Care
New form

12.45 Extended Family Support Agreement – Person of Sufficient Interest
New form

12.46 Extended Family Annual Review
New form

12.47 Alternate Care / Person of Sufficient Interest Application
Updated form

April 2015

2.4 Placement Planning and Preparation
Standards: Added requirements regarding rescheduling cancelled family visits for children in care as soon as possible when it is deemed to be in the best interest of the child, reviewing all cancelled visits with the supervisor and documenting the supervisory review.

2.5 Assessment and Case Planning for Children and Youth in Out of Home Care Standards: Added a requirement that a photograph of each child or youth in care must be placed on the file and updated yearly. Whenever possible this should occur within **45 days** of the child coming into care and be included with the initial CADP.

Practice Guidelines: A section was added to reflect circumstances that will meet this requirement, and the purpose for the requirement.

2.5.2 Family Social Histories Standards: Removed requirement that a copy of the Family Social History is placed on the child's Lifebook.

2.9 Administrative Requirements
Standards: Added the requirement that a printed photograph of each child or youth in care must be placed on the file and updated yearly.
Procedures: Added the new procedure that a printed photograph of each child/youth in care must be placed on the file within **45 days** of the child entering care whenever possible and updated yearly.

3.6 Minister's Responsibility for Permanent and Long-Term Wards
Standards: Added the requirement that caseworkers of permanent wards will advise the Public Guardian and Trustee (PGT) of circumstances where the child is disabled, has property or money, has earned income and will need to file an income tax return, has had a parent die or is entitled to an inheritance.

4.3.3 Self Declaration for Extended Family Pending Completion of a Formal Criminal Record Check
Procedures: Changed *Child Protection Worker* to *case worker* in the following bullets:

1. The Self Declaration form is signed and dated by the adults in the home in the presence of a *case worker*.
2. The *case worker* witnesses the signatures and signs and dates the forms.

4.3.5 Person Having a Sufficient Interest
Standards: Added clause to following bullet as indicated:

- The caregiver *and all adults in the home* must sign a "Criminal Record Self Declaration for Extended Family" form annually. (A Criminal Record Check will have been completed at the time of approval of the home).

Procedures: Added the following paragraph:
In the case of a foster family who is a designated Person of Sufficient Interest and granted custody of a child, the Annual Review will focus on the child's progress in the home and the caregiver's ability to meet the child's needs. A Foster Family Annual Review / Family Development Plan will be completed by the family's Resources Worker and will include criminal record self-declarations and home safety checks.

5.4 Adoption Planning – Selection
Procedures: Added Linkin documentation procedures to clarify that identifying information regarding prospective adoptive parents and the child's adoptive name is not to be entered into Linkin in order to ensure privacy breaches do not occur.

0.0 Revisions

6.2 Foster Care Maintenance Rates
Updated to reflect increase to Foster Care Basic Maintenance Rates by 2 per cent effective April 1, 2015 for the 2015/16 fiscal year
Updated the information regarding Northern rates, i.e. "north of 54th parallel" by including a chart listing northern communities

6.6 Alternate Care, PSI and Specialized Out of Home Care Rates
Updated to reflect increase to Alternate Care, PSI and Specialized Out of Home Care Rates by 2 per cent effective April 1, 2015 for the 2015/16 fiscal year and increase to rates for Initial Placement, Taps, Team and Therapeutic Foster Care by 2 per cent (increase applies only to basic maintenance portion of per diem rate).

7.3 Special Needs – Food
Procedures: Added provision for exceptional approval by director or designate when food purchased for children in care exceeds PSC meal rate – this was required to account for higher costs of food in the North.

9.6 Legal Assistance for Children in Care (Counsel for Children Program)
Policy and Procedures: Revision incorporates procedures for making referrals to the Office of the Counsel for Children (CFC), as well as for paying for these services as per the implementation of the CFC through the Public Guardian and Trustee, Ministry of Justice in fall 2014.

10.3 Children's Special Allowances
Procedures: Updated information regarding Saskatchewan Benefit Adjustment (see Chapter 11.2) replaced by Transition Benefit for Children.

11.2 Income Assistance Programs and Children in Care
Definitions and Procedures: Updated this section to align with changes in Income Assistance (IA) programs:

Effective March 1, 2015, the Income Assistance Child Benefit Adjustment (CBA) program ends and a new benefit, the Transition Benefit for Children will provide temporary benefits until the family receives the CCTB.

11.5.2 Serious Occurrence Reporting and Review
Procedures – Serious Occurrence High Impact: Removed the bullet:

- The Quality Assurance Unit will prepare a semi-annual report of both High Impact and Medium Impact Serious Occurrences that will be provided to the Directors of Service Delivery/Executive Directors of First Nations CFS Agencies and the ACY.

12.36 Foster Family Formal Review
Added the heading: *Time Frame*

12.46 Extended Family Care Annual Review
Deleted the heading: *Record of contacts with child and extended family:*
Deleted the *Director/Designate* signature line.

May 2015

6.5 Children's Services Expenditures – Fee for Service Payments for Developmentally and Physically Disabled Children
Amendment clarifies procedures in completing Daily Living Support Assessments and specifies that final decisions in appeals of fee payment assessments are sent to the Director, Service Delivery Support.

6.6 Alternate Care, PSI and Specialized Out of Home Care Rates
Independent Living and Room and Board:

- Delete Northern rates for Personal and Spending allowance
- Add Northern Allowance of $50/month
- Change approval level from Supervisor to case worker for specific Independent Living payment items such as utilities, damage deposit, food and household allowance.

July 2015

4.3.2 Place of Safety
Amended policy to clarify Procedures when approving Place of Safety arrangements; Added requirement to contact FNCFS agency to request information regarding a caregiver living on reserve;
Added requirement to provide copies of ministry's Discipline Policy and for children under two years of age, the Safe Sleeping Practices.
7.17 Special Needs – Child Disability Benefit Adjustment
Updated Child Disability Benefit Adjustment amount to $224.58 as per Service Canada web page information.

11.6 Marriage of a Child in Care
This policy section became obsolete as per legislative changes introduced and passed on June 18, 2015: As a result of Bill S-7 – *Zero Tolerance for Barbaric Cultural Practices Act 2015* and provisions respecting the *Civil Marriage Act* it is not legal in Canada for a child under the age of 16 to marry. This section is therefore removed from the Children's Services Manual.

12.48 Forms
Added new form "Place of Safety Designation"

0.0 Revisions

October 2015

2.5.2 Family Social Histories
Clarified the Standard:

- The child's caseworker is responsible for ensuring information is gathered and the Family Social History is completed for every family with a child in out-of-home care more than six months.

11.15 Transition Planning for Youth in Care of the Minister to Community Living Service Delivery (formerly titled "Protocol - Adult Transition Planning of Individuals in Care of the Minister")
Updated policy regarding transition of youth in care of the Minister to adult services through Community Living Service Delivery (CLSD). Timelines are included to begin the transition process at age 13 for youth who may be eligible for CLSD services, and a joint planning protocol is outlined once eligibility for services is established.

12.30 – Physician's Report for a Foster Care Applicant and Physician's Report for the Child of a Foster Care Applicant
Updated forms to remove reference to Adoptive Applicant; also removed outdated and repetitive sections.

November 2015

4.0 OUT OF HOME CARE RESOURCES

4.3.1 - Private Arrangements

4.3.2 - Place of Safety

4.3.3 - Self Declaration for Extended Family Pending Completion of a Formal Criminal Record Check

4.3.4 - Alternate Caregiver

4.3.5 - Person Having a Sufficient Interest
4.4.2 - Approval of Foster Homes – Background Checks
The following procedure was incorporated into each of the above sections:

- "A criminal history which includes the following charges or convictions must be reviewed and signed by the Executive Director:
- Any criminal charge or conviction regarding a sexual assault;
- Any criminal charge or conviction regarding a physical assault against a child;
- Any homicide charge or conviction;
- Any manslaughter charge or conviction."

Changes also include reference to "Director, Service Delivery or designate" which is changed to "Director, Out of Home Care, or designate" to align with new organizational structure re: Out of Home Care.
Section 4.3.2 was updated to include the procedure of opening a provider file in Linkin and a paper caregiver file when a Place of Safety is approved.

4.3.6 Extended Family Assessment
Practice Guidelines – Added heading: Use of Alcohol and Drugs

4.4.1 Approval of Foster Homes – In Home Assessments
Amended policy in this section to clarify that any foster family who re-locates to Saskatchewan must be approved according to Saskatchewan policies and requirements, including attendance at PRIDE training.

4.5 Specialized Family Based Care
This section was removed as it contained dated information regarding specialized programs now being sunsetted as per Chapter 6.6.

6.6 Alternate Care, PSI and Specialized Out of Home Care Rates
Updated policy regarding TAPS and TEAM homes to indicate these are sunset programs.
Updated policy regarding Parent Therapist Homes to provide more details of program and differentiate from Therapeutic Foster Care.

8.1 Payment for Babysitting to Foster Families
Added provision to pay child care costs when foster families are employed outside the home.

12. Forms
Added the following forms:

12.49DLSA Face Sheet (updated)
12.50DLSA Assessment and Scoring
12.51 DLSA Summary
12.52 DLSA- Administration and Scoring Instructions
12.53 School Allowance Form

March 2016

2.3 Placement Selection
Added the following Standard:

- When placing a child or youth with sexualized behaviours the caseworker must ensure that the child is placed with a resource family that can provide individual sleeping accommodations for the child or youth.

2.4 Placement Planning, Preparation and Family Contact (formerly titled: Placement Planning and Preparation)
Added a sentence to the policy statement to include that family contact should be supported and considered as part of the placement and preparation process.

Moved the statement, "when children are not placed with extended family, the child and family will be engaged in identifying extended family members who could be approached for placement" from a practice guideline to a standard.

Added procedures to provide clarity and circumstances where support can/should be provided to family to assist maintaining family contact (funding to support children in out-of- home care, their siblings and their families – transportation, groceries, supplies, hotels and other expenditures required to support family contact etc.).

Practice guidelines were rearranged for clarity.
An expenditure chart was added for reference (these rates are outlined in the business catalog).

2.6 Contact Standards
Changed the Standard:

- *When age appropriate each child* must be interviewed separately from the caregiver a minimum of once every six months to read:
- *All children who are of school age (6years or older)* must be interviewed separately from the caregiver a minimum of once every six months.
- Changed the following Practice Guideline to add "or moving to a new placement":
- When a child is admitted to care *or moving to a new placement*, the caseworker for the child should transport the child to a placement. If this is not possible, the assigned caseworker *is required to* have contact within two working days with the child and the caregiver for the following reasons: …
- Added the following bullet under Notes:
- *For children/youth who are long-term or permanent wards, contact within two working days of placement is not required, however, efforts should be made to see the child/youth as soon as possible following placement for reasons outlined in Practice Guidelines.*

2.9 Administrative Requirements
Updated to incorporate changes reflecting the implementation of Linkin Financials and Payments system.

4.3.2 Place of Safety
Amendment changed the requirement for manager re-approval of Place of Safety from 30 days to 60 days.

4.3.6 Extended Family Assessments
Amendment clarified that an Extended Family Assessment must be completed for each new placement of a child or sibling group in a home.
Included clarification that the Extended Family Assessment is not used for placements with a non-removal parent.

4.3.8 Placement with Non-Removal Parent
The following sections also contain related amendments such as the definition of "Non-Removal Parent" and the definition of "Place of Safety" to include a non-removal parent:
4.1 Introduction
4.2 Residential Services for Children and Youth in Out-of-home Care
4.3 Placement with Extended Family - Overview
4.3.1 Private Arrangement
4.3.2 Place of Safety
4.3.3. Self Declaration for Family/Extended Family Pending Completion of a Formal Criminal Record Check
4.3.4 Alternate Care Provider
4.3.6 Extended Family Assessment
4.3.7 File Administration for Extended Family Caregivers

4.4.6 Foster Parent Training
Moved the following Preservice training requirement in Standards to post approval:
- Standard First Aid and Cardiopulmonary Resuscitation (CPR Level B) recognized by Saskatchewan Occupational Health and Safety (17 hours)

Added a standard indicating that this training will be required for families intending to care for medically fragile children prior to placement of children in the home.

4.4.7 Maximum Number of Children in a Foster Home
Updated policy to indicate that the maximum number of four children applies to specialized and therapeutic foster homes.

6.0 Children's Services Expenditures

6.4 Fee for Service for Approved Foster Homes
Removed reference to FYAP payment system and updated policy regarding payment through service authorization in Linkin.

6.6 Alternate Care, PSI and Specialized Out of Home Care Rates
Changed title to "**Alternate Care, PSI, Initial Placements and Specialized Out of Home Care Rates"**

Corrected Personal Allowance for Independent Living and Room and Board placements to

0.0 Revisions

$51/month to align with Services to 16/17 year olds.

Changed Initial Placement rate to show as a per diem supplement to basic maintenance rather than a total per diem payment for the first 15 days of a child's placement. (The actual payment amount received by foster parents does not change.)

Changed the second sentence in the following exception statement to indicate that payment **can** be made for two days if the child arrives one day and leaves the next day (previously stated "will"):
Exceptions: Payment will be made for one day if the child arrives and leaves on the same day. Payment **can** be made for two days if the child arrives one day and leaves the next day.

7.0 Special Needs
Renamed to "Special Needs/Other Benefit Services" to align with terminology used in Linkin.

Updated policy in applicable sections to incorporate changes reflecting the implementation of Linkin Financials and Payments. References to the FYAP payment system and FYAP coding information has been removed from all sections and procedures throughout describe the use of service authorizations in Linkin as well as case related and non-case related payments.

7.6.1 Travel for Special Holidays/Excursions
Amendment changed the policy statement to read: *The ministry may pay exceptional travel costs to enable a child to take a special holiday with their caregiver*.

The consideration for a second special holiday request was removed, as was the provision to consider special holiday costs in excess of $500 per year.

The stipulation that a caregiver provide two months' written request to the ministry prior to departure of a planned special holiday was changed from a Procedure to a Standard.

The policy was updated to provide clarity regarding parental permission to travel for children in care via Residential Services Agreement (Section 9) and the requirement to purchase medical insurance for children in care when traveling outside of Canada.

Travel letter templates and a letter of parental consent were added to Chapter 12 – Forms as follows:

12.54 Out of Province Travel Letter
12.55 Out of Country Travel Letter
12.56Parent Consent for Travel Letter

7.6.2 Passports for Children in Care
Changed policy statement to indicate that an application for the passport should be completed by the child's caseworker and the caseworker's supervisor should sign as a guarantor.

7.9 Gift Allowance
A policy statement was added to this section.

Procedures were clarified to reflect appropriate disbursement of the allowance based on placement type (CBO workbook updated to reflect the policy).

The expenditure chart was updated.

"Birthday" was removed as an example of when a gift allowance may be issued.

8.0 Payments for Foster Home Support
Updated policy in applicable sections to incorporate changes reflecting the implementation of Linkin Financials and Payments. References to the FYAP payment system and FYAP coding information has been removed from all sections and procedures throughout describe the use of service authorizations in Linkin as well as case related and non-case related payments.

8.5 Damage Compensation
Clarified policy to reduce the number of steps required to submit a compensation request.

Removed requirement to have the foster parent complete a Property Damage Release form.

Amended procedures to indicate that the contracted damage assessor will provide the ministry a statement indicating the assessed validity of the compensation request and/ or an estimate of fair replacement value of damaged items.

Amended procedures to specify that foster families are required to carry sufficient insurance to cover the value of their property.
(Note: A previous amendment in August 2014 added a time limitation of two years in which foster parents must submit compensation requests.)

8.9 Payment of Household Support to Foster Families
Added a provision for household support eligibility when children or youth in a foster home present extreme behavioural challenges that cannot be managed by the caregiver without additional support.

Added the requirement of Director review and approval for contracts exceeding 20 hours per week.

Added the requirement for six-month review of all contracts and quarterly review and approval of contracts exceeding 20 hours per week.

9.0 Legal Services Expenditures

9.1 Legal Documents
The reference to passport application procedure was removed, as this is currently outlined in 7.6.2.

10.0 Payment Related Policies
Updated policy in applicable sections to incorporate changes reflecting the implementation of Linkin Financials and Payments. References to the FYAP payment system and FYAP coding information has been removed from all sections and procedures throughout describe the use of service authorizations in Linkin as well as case related and non-case related payments.

10.4 Overpayments
Added definition of "overpayments".

Updated procedures to be followed in recovering overpayments as per the new Linkin Financials payment system:

- Overpayment recovery is automated and a standard letter advising of the amount owed and the recovery rate is sent to the caregiver 30 days in advance;
- The rate of recovery is based on a set percentage of the maintenance payment, not a set dollar amounts each month;
- If caregivers do not agree with the overpayment information or the re-payment schedule, they may contact their caseworker to request an alternate payment arrangement;
- Collection of overpayments may be referred to Canada Revenue Agency for deduction from refund payments if caregivers do not respond to standard recovery procedures. (See amendments below: Ch 12.12 Agreement for Foster Care Services, Ch 12.44 Extended Family Care Agreement – Alternate Care and Ch 12.45 Extended Family Support Agreement – PSI, which authorize the ministry to refer to Canada Revenue Agency for collection.)

11.5 Serious Occurrence Review and Reporting
Removed the requirement for Quality Assurance to prepare a semi-annual report for high impact serious occurrences.

Removed "This includes long term and permanent wards" from the bullet that states "The caseworker will notify the parent(s) or legal guardian(s) of the child as soon as is practicable".

Redefined Medium Impact serious occurrences to include serious violent offences committed or alleged to have been committed by a youth in care.

Redefined Medium Impact Serious Occurrences to include victims of sexual assault and removed the caveat "that may not result in physical harm but may result in psychological trauma."

Redefined Low Impact serious occurrences to include behavior of a child or youth that impacts the health and safety of others whether or not the behavior occurred in an approved resource.

Redefined High Impact serious occurrences to include victims of aggravated sexual assault as defined in Section 273 of the Criminal Code and removed the caveat "that may result in significant long term physical or psychological trauma as determined by a qualified medical practitioner".

Provided an exception under reporting standards for medically fragile children. Caseworkers will not be required to complete a Preliminary Serious Occurrence report for every serious occurrence that is related to the child's medical condition. Only notification to Quality Assurance via email will be required.

12.7 Letter of Authorization
Updated to include a non-removal parent as a Place of Safety.

12.12 Agreement for Foster Care Services Amended Agreement for Foster Care Services to authorize the Ministry to refer to Canada Revenue Agency for collection of outstanding overpayments from Income Tax or GST refunds.
12.21 Rate Board Approval Letter re Foster Care
Updated letter to specify whether new or updated FFS; when no change in rates, supervisor sign-off only required.
Removed reference to SFFA Peer Support person.

12.24 Self –Declaration for Family/Extended Family
Updated form to include placement with a non-removal parent who had not already been providing care and supervision to the child.

12.40 Household Support Services Contract
Removed the section containing children's names from contract template.

12.44 Extended Family Care Agreement – Alternate Care
Amended Agreement to authorize the ministry to refer to Canada Revenue Agency for collection of outstanding overpayments from Income Tax or GST refunds.

12.45 Extended Family Support Agreement - Person of Sufficient Interest Amended Agreement to authorize the ministry to refer to Canada Revenue Agency for collection of outstanding overpayments from Income Tax or GST refunds.

12.48 Place of Safety Designation
Updated to include a non-removal parent as a Place of Safety and includes change of re-approval requirement from every 30 days to every 60 days.

2.54 Out of Province Travel Letter
Form updated in Templates

12.55 Out of Country Travel Letter
Form updated in Templates
12.56 Parent Consent for Travel Letter
New form, added to Templates

12.57 Non-removal Parent Assessment
New form to be used when a child is apprehended from one parent and placed with the non-removal parent as a Place of Safety longer than 45 days and/or the recommendation to the court is for the child to be placed in the custody of the non-removal parent.

July 2016

4.3.8 Out-of-Home Care Resources: Placement with Non-Removal Parent
Amended definition of "parent" to reflect the definition of "parent in *The Children's Law Act, 1997*.

Changed requirement for re-approval of a Non-Removal Parent Place of Safety from every 30 days to every 60 days in order to be consistent with recent revisions to the "Place of Safety" policy (March 2016).

Clarification of standards for completion of the CADP for children place with a non-removal parent: the CADP is not required at 45 days but required at 120 days in rare and unique circumstances where a child is in a non-removal parent Place of Safety for 120 days.

Clarification of case administration procedures:

- The ministry will not apply for the Children's Special Allowance and maintenance payments will not be provided;
- The non-removal parent may apply for the Canada Child Benefit (CCB) and the caseworker should provide a letter to the non-removal parent confirming that the child is residing with them and the ministry is not making maintenance payments;
- When enrolling a non-removal parent as a provider in Linkin, the "Type of Service" will be "Place of Safety – No Pay".

6.2 Foster Care Maintenance Rates
Added "Initial Placement rates" to this section as these apply only to foster family placements, not Alternate Care (heading renamed to reflect this change).

6.6 Alternate Care, PSI, Initial Placements and Specialized Out of Home Care Rates
Removed "Initial Placements" section and inserted into Chapter 6.2 "Foster Care Maintenance

Rates" (heading renamed to reflect this change).

- **Independent Living:**

Added "Purchase of cell phone and minutes" to Utilities.

10.6 Children in Care Establishing Residence in Another Jurisdiction
This section was deleted but heading remains in the manual temporarily to re-direct to the Provincial/Territorial Protocol on Children, Youth and Families Moving Between Provinces and Territories in Chapter 11.13.

11.5.6 General Application Policies and Protocols: Serious Occurrence Notification and Reporting Quick Reference Appendix "A"
Amendment includes addition of the notification standard that the Supervisor must notify the FNCFS Agency when a First Nations child is impacted by a Medium Impact Serious Occurrence. (This standard is already in the notification standards in the body of the policy and now reflected in the Quick Reference chart.)

11.9 Child Welfare Alerts
This section was deleted but heading remains in the manual temporarily to re-direct to the Provincial/Territorial Protocol on Children, Youth and Families Moving Between Provinces and Territories in Chapter 11.13.

11.12 Interprovincial Requests
This section was updated to outline the responsibilities of the Interprovincial coordinator and Service Area staff as per the new Provincial/Territorial Protocol on Children, Youth and Families Moving Between Provinces and Territories (effective April 1, 2016); also references Linkin documentation and payment processes.

11.13 Provincial/Territorial Protocol on Children, Youth and Families Moving Between Provinces and Territories
The new P/T Protocol replaces the 2006 Protocol in this section.

12.17 Interprovincial Forms
This section contains the new forms created for use with the P/T Protocol – these are also found in the I drive Templates

12.48 Place of Safety Designation
Updated form to include review of caregiver/provider history.

October 2016

2.4 Placement Planning, Preparation and Family Contact
Updated reference to Caregiver Information Form as Out of Home Placement Referral/Caregiver

Information Form (Ch. 12.4).

4.1 Out of Home Care – Introduction
Added paragraph explaining the use of the new Out of Home Care Placement Referral/Caregiver Information Form to be used for all prospective placement resources (replaces Caregiver Information form currently used to provide information to caregivers at the time of placement).

4.4.10 Investigation of Complaints of Abuse and Neglect
Added a description differentiating between "quality of care" concerns and reports that indicate allegations of abuse and neglect in foster homes.

Updated policy to reflect the current Child and Family Programs organizational reporting structure (the Director, Out of Home Care, Central Office is to be notified of all foster home investigations and their outcome for tracking purposes).

11.5 Serious Occurrence Reporting and Review
Amended policy to state that notification to the Coroner's office must occur in the case of a child death (previously stated "child in care" death) to align with the MOU between the ministry of Social Services and the Chief Coroner of Saskatchewan.

11.17 Protocol for Inter-Service Area/Inter-office case transfers
Added Policy and Intent statements.

Added definitions for:

- Case Transfer
- Service Area
- Referring Office
- Receiving Office
- Relocation
- Courtesy Service

Added a heading for Standards (Standards had previously been included in the procedures).

Added the following new standard:

- *Arrange and facilitate a case conference with all key service providers, the referring office (including caseworker and supervisor) and the receiving office (including caseworker and supervisor)* ***within 30 days*** *of case transfer. (While every effort should be made to hold a case conference in person or by video conference, a phone conference would meet this requirement.)*

Updated Procedures:

- General provision, Schedule A (Child Care Services) and Schedule B (Child Protection Services) was removed from the procedures section and included in the new Child Protection Manual.
- Examples from Schedule A were incorporated into the procedures sections. Some

changes were made to the language to reflect SDM, Linkin and current practice.
- Additional examples were included to clarify roles and responsibilities.
- Three sections were included to clarify procedures for the breakdowns:
  - If a placement breaks down (foster care or alternate care)
  - If a placement breaks down (PSI)
  - Death of a PSI caregiver.

12.4 Out of Home Placement Referral / Caregiver Information Form
New form replaces Caregiver Information Form.

12.18 Protocol for Case Transfer
Deleted this form as no longer in use.

12.18 Re-assigned the new form Transfer of Responsibility Checklist
This form is intended to accompany policy in Ch.11.17- Protocol for Child Care Case Transfers.

Note: The **Transfer of Responsibility Checklist** is also used for the transfer of responsibilities for child protection services and has been included in the Child Protection Services Manual Ch.8.31.

December 2016

2.7 Returning a Child Home
This section was removed as it contained dated policies, procedures and guidelines. A re-direct to the Child Protection Services Manual, Chapter 4.3 was included as this contains the updated policies.

4.3.2 Place of Safety
Amended the definition of Place of Safety to include "any person who has a close relationship with a child" in order to allow for placement with non-family members such as health care professionals or child care providers.

Added the requirement that a Place of Safety approved on the basis of any exception to standards requires Executive Director signature.
Included a new Place of Safety Caregiver Agreement to be signed with the caregiver – see Ch.12.58.
Relocated Appendix A "Safe Sleeping Practices" to Chapter 4.3.9.

12.4 Out-of-Home Placement Referral / Caregiver Information Form
Updated form to add name of parents' First Nations agency and Band (if applicable) and amended final section regarding required documents to be included with referral if available.

12.58 Place of Safety Caregiver Agreement

0.0 Revisions

New form to be signed with Place of Safety caregiver outlining expectations of the caregiver and ministry.

March 2017

3.4 Planning for Long Term and Permanent Wards
Added the following sentence to policy statement:

- The ministry is responsible to ensure that case planning for permanent and long-term wards includes planning for their safety, well-being, developmental and permanency needs.

Moved Practice Guidelines from Chapter 3.6 to this section.

3.6 Minister's Parental Responsibility for Permanent and Long-Term Wards
Changed Policy statement to read:

- The ministry is responsible to ensure that case planning for permanent and long-term wards includes planning for their future to ensure their financial affairs are represented and that they receive all benefits available to them through various federal or provincial programs.

Updated process of application for Registered Disability Savings Plan (RDSP) for permanent and long-term wards:

Added correct link to federal webpage for access to Application form (T2201)
Included instruction that when completing Form T2201, staff disregard Part A: Section 2 "Information about the person claiming the disability amount" (Social Insurance Number) and Section 3 "Adjust your income tax and benefit return" form under heading "Adjust your income tax and benefit return".

3.9 Extension of Support for Former Wards
Updated this section as per changes to the Provincial /Territorial Protocol to clarify that the ministry is financially responsible for all wards and former wards living outside the province, including those who are receiving Extension of Support services and that wards of other provinces are the responsibility of their originating province.

4.3.4 Alternate Care Provider
Procedures: Annual Review:

- Added stipulation that the first Annual Review is due one year from the date of the child's placement.
- Added bullet to clarify that in the case of a foster family who is a designated Alternate Care Provider, the child's worker is only responsible to speak to the child's progress in the home and the caregiver's ability to meet the child's needs, while the resources worker is responsible to complete the Annual Review of the home as per requirements.

4.3.5 Person Having a Sufficient Interest
Procedures: Annual Review:
Added stipulation that the first Annual Review is due one year from the date of the child's placement.

4.4.1 Approval of Foster Homes – In-home Assessments
Added to Procedures:
"The supervisor ensures that all information regarding the foster home and residents in the home is accurately entered into the Provider information in Linkin prior to final approval."

4.4.2 Approval of Foster Homes - Background Checks
Added to Standards:
"The ministry's records (Linkin and ACI - Automated Client Index) must be searched for a history of involvement on each applicant and resident in the home **and this information must be documented in the Provider information in Linkin**."
Added to Procedures:

> "All adults living in the home must be recorded as provider members in Linkin and this must be updated any time there are new residents in the home."

4.4.9 Foster Home File
Updated this section to indicate which documents are to be filed on the paper foster home file.

5.3 Child Registration
Updated this section as follows:

- Added a bullet regarding procedures if the plan for the child does not include adoption;
- Removed information that speaks directly about deregistration as it is mentioned in Ch. 5.3.1;
- Added form numbers to provide clarity;
- Removed redaction guidelines as per change effective September 2016 that redaction services are completed by Legislations Information Management (LIM);

5.3.1 Decision not to Register & Deregister
Updated this section as follows:

- Revised Form 2099 to clarify expectation and timeline of 120 days;
- Clarified processes regarding what is expected if a child will not be registered for adoption and the section of Form 2099 that needs to be completed and emailed to CAR and Program Effectiveness Consultants (PECs);
- Bullet added to explain process when a child is deregistered and process to fill out Part B of the Form 2099;
- Clarified that permanent wards will be tracked by PECs team when the child is not registered or deregistered for adoption and CAR will track permanent wards that are registered for the purpose of adoption.

5.4.1 Adoption Planning – Placement
Removed reference to: Form 'N' – Birth Parent Acknowledgement and Form 'O' – Adoptive Parents' Agreement, which are no longer in use as per legislative changes in *The Adoption (Birth Registration Information) Amendment Regulations, 2015*.

5.4.2 Ward Placed for Adoption Out of Province
Removed reference to "B1" Transfer agreement and replaced with Interprovincial Placement Agreement

6.5 Fee for Service Payments for Developmentally and/or Physically Disabled Children
Added the following to Procedure #4:

> "To process the payment, the caseworker provides the completed DLSA Face Sheet to Admin Support, who will enter the payment amount into Linkin."

11.3 Health Care/Medical Treatment
This amendment clarifies that the ministry has responsibility for consenting to medical treatment for all children in care by apprehension or court order. It also adds a Procedure indicating that parents are to be advised of the need for medical treatment and be given opportunity for input into the decision (previously a Practice Guideline).

12.25 Extended Family/PSI Home Safety Checklist
Revised checklist to align with Place of Safety Checklist

12.29 Foster Care/Extended Family Care Reference
The Foster Care Reference letter and Reference form are modified to allow for use when approving extended family caregivers as well as foster families.

12.39 Special Needs Request Form
Removed and replaced with Service Authorization form as required for Linkin payments.

May 2017

1.1 Manual Structure
Removed reference to Top Drawer and added sentence: "Paper manuals are no longer in use."

2.5 Assessment and Case Planning for Children and Youth in Out of Home Care Updated section to align with new CADP template and process of competing outside of Linkin; added Linkin /Administrative procedures

2.5.1 Preserving a Child's History in a Life Book
Removed the statement: "Key elements of the life book should also be recorded on the Child

Assessment and Developmental Plan."

2.6 Contact Standards
New section: Contact Standards - Child in Care and Placement Caregiver

- Added Intent statement;
- Added definitions, including "assigned" caseworker, "alternate" caseworker and "medically fragile" child;
- Defined circumstances where an alternate caseworker contact may occur;
- Added new standards:
    - The caseworker will have, at minimum, one collateral contact per month. In circumstances where the child is medically fragile, the collateral will include a medical professional who regularly provides medical services to the child. (See "medically fragile" definition above);
    - In all circumstances, the majority of required contacts will be completed by the assigned caseworker. (See Procedures - Alternate caseworker contact)
- Removed standards for children/youth who are long term/permanent wards (now contained in new section 2.7);
- Added Quick Reference chart.

2.7 New section: Contact Standards - Children/Youth who are Long Term/Permanent wards

- Added Intent statement and definitions as above;
- Added new standards:
    - The majority of required contacts in a six-month assessment period will be completed by the assigned caseworker.
    - One collateral contacts every six-month assessment period.
- Added Quick Reference chart.

2.9 Administrative Requirements
Changed the bullet regarding update of the Child Assessment and Development Plan (CADP) in Linkin as CADP no longer completed in Linkin.

4.3.2 Place of Safety:
Standards: Added standard for completion of home safety check when the family moves to a new home or there is significant change in the home.

4.3.4 Alternate Care Provider
Standards: Added standard for completion of home safety check when the family moves to a new home or there is significant change in the home.

4.3.5 Person Having a Sufficient Interest
Procedures: Added bullet to reflect the requirement of completing home safety checks when a family moves to a new home.

6.6 Alternate Care, PSI and Specialized Out of Home Care Rates
Therapeutic Foster Care:
Added the statement:

- When a child or youth is absent from care and expected to return to the therapeutic foster home, the foster parent will continue to receive payment for a period of 30 days if the expectation is to keep the space available.

Correction: Approval level for Northern Therapeutic Foster Care Rates changed from worker to Supervisor.

Room and Board:
Added the statement:

- When a child or youth is absent from care and expected to return to a Room and Board home, the provider will continue to receive payment for a period of 10 days to hold the space in the home.

8.3 Respite – Therapeutic Foster Care
Removed outdated "Absent Without Leave – AWOL" policy

10.1 Monies Received for Children in Care
Updated information pertaining to victim compensation program.

12.9 Child Assessment and Case Plan
New template and Guide replaces previous SDM® Child Assessment and Developmental Plan (to be completed outside of Linkin).

July 2017

3.2 Formal Review of Permanency Plans for Children
Revised to remove references to the "Formal Review" section of the Assessment and Case Plan to reflect the new template and Linkin documentation process.

4.4.14 Support to First Year Foster Homes
New policy section to ensure provision of enhanced support to first year foster homes by providing procedures and guidelines for ministry staff in supporting foster homes during their first year of service.

6.5 Fee for Service Payments for Developmentally and/or Physically Disabled Children
Update title of central approval to reflect new position title: Director, Workforce Development, Central Office.

7.17 Child Disability Benefit Adjustment (for Children Placed in Extended Family Care)
Updated benefit amount as per Canada Revenue Agency website: $227.50

11.15 Transition Planning of Individuals in Care of the Minister to Community Living - Application & Eligibility
Under Procedures added the following clarification points:

- The caseworker will indicate on the (tracking) form if the child is in the ministry's care for medical reasons only.
- Funding will transition the month following the individual's birthday or as per Transfer of Responsibility agreement on CFP/CLSD Tracking form).

12.26 Extended Family/PSI Assessment Approval Checklist
Added requirements for Extended Family Agreement for Services, Discipline Policy and Safe Sleeping Practices (for child under 2 years)

12.38 CFP CLSD Tracking Information

- Added checkbox to indicate whether a child is in care for medical needs only
- Added checkbox to indicate "End Date of Legal Status"
- Included a "Transfer of Responsibility" Agreement to the form
- Added the form to Chapter 12 "Forms" (previously available only in Templates)

12.59 Request for Child Immunization Record
New form replaces "Referral of Children" Form # 2103 previously in Templates.

October 2017

3.2 Formal Review of Permanency Plans for Children
Added bullets to include expectations for the outcomes in planning committee meetings, i.e. that all staff involved with the family, foster families, birth families and Agency/Band representatives are asked to join the meetings to review the permanency needs of the child and all meeting members understand the rationale for the decisions made.

4.4.11 Existing Policy Title: Discipline in Foster Homes
New Policy Title: Discipline in Foster Homes and Extended Family Care

- Changed the title of the chapter to include extended family;
- Replaced the term foster parent with caregiver throughout the chapter;
- Updated definition of discipline and intervention to reflect current knowledge;
- Heading of "Restraint and Use of Force" was replaced with the heading "Use of Physical Restraint";
- Updated policy reflects current best practice research and supports the child's development.

0.0 Revisions

4.4.11 Support to First Year Foster Homes
Added reference to First Year Foster Homes Checklist (Chapter 12.63)

5.3 Child Registration
Registering a Permanent Ward

- Included detailed information on planning meetings that are to occur prior to a child being registered for adoption; included a reference to additional chapters within the Children's Services manual;
- Updated the bullet regarding redaction of the child's registration binders from Legislation Information Management (LIM) Branch - LIM will provide two redacted binders (instead of one redacted binder) and one non-redacted binder.

Practice Guidelines:

- Joined the bullet about the use of acronyms to the previous bullet recommending the use of respectful language
- As recommended by LIM, the information that is gathered and documented on the child registration package is to be child specific. The information provided about the birth family, should be limited and be respectful of the privacy of the birth families.
- Added clarity in documentation process.

8.1 Existing Policy Title: Payment for Babysitting to Foster Families
New Policy Title: Payment for Babysitting to Foster Families and Extended Family Caregivers

- Included provision for payment to extended family caregivers as well as foster families;
- Clarified the process of case related payments for child needs vs. non-case related payments for caregiver needs, i.e. employment purposes;
- Included a language change to indicate Standards are intended for ministry caseworkers to advise caregivers of expectations in selecting babysitters;
- Incorporated CFP expense forms into Chapter 12 which are currently found in I drive Templates (see 12.60 and 12.61).

11.2 Income Assistance Programs and Children in Care
Updated information pertaining to child benefits within Saskatchewan Income Assistance programs and references to the federal Canada Child Benefit (formerly Canada Child Tax Benefit).

11.18 Existing Policy Title: Children Missing from Care New Policy Title: Children/Youth Absent from Care

- Changed title and language from "Children Missing from Care" to "Children/Youth Absent from Care";
- Clarified "Immediate" and "Non-immediate" reporting requirements;
- Added Linkin Procedures for documentation of children and youth absent from care;
- Removed references to Form 12.38 "Children Missing from Care Monthly Tracking", which is

no longer required as Linkin provides this information;
- Clarified use of Briefing Note and Issue Alert format when communicating with Central Office and Minister's Office regarding missing children/youth.
- Added Practice Guidelines for interviewing children/youth upon return to care.

12.0 Forms

12.38 Children Missing from Care Monthly Tracking
Discontinued form no longer in use (Form number assigned to CFP/CLSD Tracking Information)

12.60 Child and Family Programs Expense Form (#2307) updated
12.61 Babysitting / Daycare Reporting Form (#2431) updated

12.62 Social/Developmental History – New form replaces "Social History"

12.63 First Year Foster Homes Checklist – New form as referenced in Chapter 4.4.14

November 2017

Ch. 5.2.3 Revocation (Voluntary Committal)
Change revocation period from 14 days to 21 days in policy and procedure section. Practice Guidelines: Examples were updated to reflect new revocation period

February 2018

4.3.2 Place of Safety
- Added requirement that caregiver provide consent (via signature on Place of Safety Designation form) for ministry record check;
- Added option of completion of Child Welfare Record Declaration for caregivers who have lived outside of Saskatchewan, pending receipt of formal information from previous jurisdiction(s);
- Added option that the caseworker may provide the caregiver with a Direct Deposit Authorization form in order to expedite maintenance payments.

4.3.3 Criminal Record Declaration for Caregivers (formerly "Self Declaration for Family/Extended Family Pending Completion of a Formal Police Record Check")
Updated policy as per new process and form which includes criminal record declaration for all caregivers (foster care and extended family).

4.3.4 Alternate Care Provider
- Added option of completion of Child Welfare Record Declaration for caregivers who have lived outside of Saskatchewan, pending receipt of formal information from previous jurisdiction(s);

0.0 Revisions

- Added requirement that an updated Extended Family Assessment must be completed whenever there is a significant change in the household, i.e. new adult residents or children in the home, the family relocates to a new home, employment responsibilities change, etc.

4.3.5 Person Having a Sufficient Interest
Added web link for the publication: "A Guide to Being a Person of Sufficient Interest Caregiver".

4.4.2 Approval of Foster Homes – Background Checks
- Added Procedures regarding Child Welfare checks in other jurisdictions in which the applicants lived as adults, along with option to complete a Child Welfare Record Declaration form pending receipt of formal results from other jurisdictions;
- Added new section: Criminal Record Procedures for Immigrant Families, indicating that immigrant applicants require a Canadian Permanent Resident card when submitting a foster care application.

4.4.10 Foster Home Investigation
Correction to clarify that the letter of notification of a Foster Home Investigation is to be signed by the Resources Supervisor.

11.3 Health Care / Medical Treatment
- Clarified procedures for obtaining immunization records for children in care and obtaining consent for same;
- Added a Procedure regarding consultation with physicians for provision of annual flu vaccines to children who may be identified as being more susceptible to illness.

11.15 Transition Planning of Individuals in Care of the Minister to Community Living - Application & Eligibility
Removed reference to funding transition and Transfer of Responsibility agreement on CFP/CLSD Tracking form pending further review.

12.4 Out of Home Care Placement Referral / Caregiver Information Form
Added check boxes to provide information regarding CLSD eligibility, Current Psych Ed Report, Medical Diagnosis by whom, treatment provided and young offender charges.

12.6 Foster Home Approval Letter
Updated to reflect correct title of Director (Out of Home Care) and remove "Office Use Only" section.

12.7 Letter of Authorization
Updated to indicate parents' contact information is optional and added reference to Place of Safety.

12.21 Rate Board Approval Letter
Updated to remove "Office Use Only".

12.24 Criminal Record Declaration for Caregivers (New)
Combined 12.24 "Self-Declaration for Family/Extended Family" and 12.35 "Criminal Record Declaration for Foster Families".

12.28 Foster Care Application
Amended "Authorization and Declaration" to authorize the ministry to complete a child welfare record check from other jurisdictions if applicable, as part of the requirement for approval.

12.35 Child Welfare Record Declaration for Caregivers (New - formerly "Criminal Record Declaration Form for Foster Families")
New form to be completed by foster, adoptive and extended family care applicants who have resided in other jurisdictions.

12.38 CFP CLSD Tracking Information
Removed "Transfer of Responsibility" Agreement from form pending further review.

12.48 Place of Safety Designation
- Added consent/signature section for child welfare record check and description of risk factors if applicable;
- Added option of completing Child Welfare Record Declaration for prior out of province/country residents;
- Added check box for provision of Direct Deposit Authorization form.

12.54 Out of Province Travel Letter
Added sentence indicating that the child's health number has been provided to the caregiver.

12.55 Out of Country Travel Letter
Added sentence indicating that the child's health number has been provided to the caregiver.

12.64 Direct Deposit Authorization Form (New)
Form provided to caregivers for direct deposit of ministry payments

March 2018

12.48 Place of Safety Designation
Removed updated form which was added in February 2018 and replaced with previous version as further revisions are required.

0.0 Revisions

May 2018

3.3 Recommendation for Permanent and Long Term Wardship

Removed reference to youth marriage in the following paragraph in Practice Guidelines:

- Upon reaching the age of 18, youth in either long term or permanent care may enter into an agreement to receive extended services in order to continue their education or training, until they; either complete their education, are 21 years of age, or marry, whichever occurs first.

3.6 Minister's Parental Responsibility for Permanent and Long Term Wards

Added the following information regarding compensation for child victims of crime:

- For children who are victims of crime and/or abuse, the supervisor may make application to the Victims Compensation Program on their behalf, provided the matter was reported to the police and application is made within two years from the date of the offense. (Compensation is not paid for lost, damaged or stolen property.) Awarded money will be administered by the PGT.

6.2 Foster Care Maintenance Rates, Initial Placement Rates

Updated to reflect increase to Foster Care Basic Maintenance Rates by 2 per cent effective April 1, 2018 for the 2018/19 fiscal year and Initial Placement rate (basic maintenance portion only)

6.6 Alternate Care, PSI and Specialized Out of Home Care Rates

Updated to reflect increase to Alternate Care, PSI and Specialized Out of Home Care Rates by 2 per cent effective April 1, 2018 for the 2018/19 fiscal year and increase to rates for, Taps, Team and Therapeutic Foster Care by 2 per cent (increase applies only to basic maintenance portion of per diem rate).

8.2 Respite – Regular Foster Care

- Changed title to "Respite – Regular Foster Care and Extended Family Care";
- Added clarification that extended family care providers are eligible for respite.

10.5 Case Transfers and Financial Re-imbursement to First Nations CFS Agencies

- Updated policy section to reflect Linkin automation;
- Removed requirement to notify Central Office of a case transfer;
- Updated language to remove reference to "Administration file" (outdated terminology no longer applicable in Linkin)
- Indicated paper file will remain active in office of assigned caseworker.

12.4 Out of Home Care Placement Referral /Caregiver Information Form

- Updated form to add question: "Where is the child/youth currently residing?"

0.0 Revisions

December 2018

3.4 Planning for Permanent and Long-Term Wards

- Removed reference to children under 12 years of age in the Standard pertaining to exceptions to a plan of adoption (form 2099) - this must now be completed on any child who has permanent ward status.

4.4.3 Building Health and Safety Requirements

- Added cannabis products to the list of items which must be stored in a secure location in the caregiver's home.

4.4.3.1 Smoking in Foster Homes

- Clarified that smoking either tobacco or cannabis in foster homes or vehicles used to transport children is prohibited;
- Clarified that the policy is not intended to restrict the use of medical cannabis.

5.3 Child Registration

- Updated to reflect process to register all children who received a permanent ward order regardless of age, i.e. rationale must be provided when adoption is not the plan for any permanent ward child;
- Added process for accepting pictures and videos of a child that will be included in the child registration package (picture/video is free from any other person/identifiers and will be shown to prospective adoptive applicant(s) and stored until an agreement is made to proceed with adoption planning);
- Clarified process for documenting the shared understanding of a child's permanency plans that will be included in child's registration package.

5.3.1 Decision to Not Register & Deregistration

- Added bullet to explain children who are placed with extended family may not be registered for adoption;
- Added procedure describing when an adoption plan has changed the child will remain on the adoption registry.

7.4 Special Needs – Clothing

- Added provision to include bedding as a special need when required to support a placement of a child with an extended family member (Place of Safety or Alternate Caregiver).

7.13 General Services and Supplies

- Clarified that bedding may be provided to support placement with extended family.

7.17 Child Disability Benefit Adjustment (for Children in Extended Family Care)

- Rate increase to $230.91 as per Canada Revenue Agency webpage information.

0.0 Revisions

10.4 Overpayments

- Added process for recovery of overpayments to Out of Home care providers for non-case related payments.

11.12 Interprovincial Requests and Correspondence

- Added clarification regarding roles and responsibilities of interprovincial coordinator, Central Office, and service area managers in referring and/or accepting referrals from other provinces or territories;
- Added process for obtaining out of country child welfare background checks for caregiver applicants, including use of International Social Services (ISS Canada).

11.15 Transition Planning of Individuals in Care of the Minister to Community Living - Application & Eligibility

- Changed the policy title to "Transition Planning for Youth in Care of the Minister to Community Living Service Delivery - Application & Eligibility";
- Clarified process and role of CFP Program Effectiveness consultants in maintaining a transition database, entering tracking information and facilitating regular meetings between CFP and CLSD directors, managers and supervisors to forecast future support or resource requirements;
- Updated CLSD eligibility criteria to establish intellectual disability;
- Added a section on "Provisional Diagnosis";
- Added a section regarding eligibility and application process for income assistance benefits for youth (SAID, SAP or TEA);
- Added "Appendix E – Income Assistance Required Documentation".

12.7 Letter of Authorization

- Added statements to indicate:
- the ministry is responsible for case planning and financial support of the child;
- the caregiver is not eligible for Canada Child Benefit payment when receiving maintenance payments from the ministry.

12.11 Foster Home Safety Record and Guidelines

- Added cannabis products to the list of items which must be stored in a secure location in the caregiver's home.

12.38 CFP CLSD Tracking Information

- Added a "Final Transfer Notification" document to the CFP CLSD Tracking Information Form.

April 2019

4.7 Specialized Care Programs

- Changed policy title to Residential Stabilization Programs

0.0 Revisions

- This policy update reflects the new process for utilizing Residential Stabilization Programs (RSP's), including changes to the referral and placements process, as well as the case management of children/youth placed in these group homes.

8.1 Payment for Babysitting to Foster Families and Extended Family Caregivers

- Added clarification that a contract for services is not required for extended family care providers when utilizing child day care services;
- Added clarification that background checks and home safety checks are required only for full or part time babysitters or unlicensed home day care facilities;
- Included direction to use the Child Welfare Record Authorization/Declaration form (Chapter 12.35) to obtain consent for child welfare record search;
- Increased maximum rates for "Child care to support caregiver with outside employment - babysitting or day care" category from $500/child/month maximum to $1000/child/month maximum (approval level up to $1000 Supervisor, over $1000 Director or designate).

11.12 Interprovincial Requests and Correspondence

- Included a requirement for the creation of a provider paper file whenever a provider case is generated in Linkin.

11.17 Protocol for Child Care Case Transfers

- Updated procedure for case transfers of children moving to Residential Stabilization Programs (as per policy update in Chapter 4.7)

12.33 Mutual Family Assessment Homestudy

- Removed requirement of medical reports for children of foster care applicants when completing a Mutual Family Assessment Homestudy

October 2019

4.4.6 Foster Parent Training

Added training requirement of "Trauma Competent Caregiver Training"

4.4.14 Support to First Year Foster Homes

Added bullet regarding oversight by Resource worker to ensure foster parents are on target for completion of required training

5.3 Child Registration

Clarified that the 120-day time requirement to register a child for adoption will begin after the expiry of the 30-day appeal period following the court order.
Added provision for extension of 180 days to the current 120-day time frame in specific defined circumstances

0.0 Revisions

Clarified that two child registration information packages are to be provided to caseworkers for general adoptions, while one redacted package is provided for specific adoptions

5.3.1 Decision not to Register & Deregister
Clarified that the 120-day time frame for registering a child for the purpose of adoption will begin after the 30-day appeal period of the court order

New form: Extension Request (Form 3012)
Form created to track the time extensions and rationale to be approved and signed by the Director

New form: Child Registration (Form 2256)
New child registration form replaces the previous document

New standard letters (3010 and 3011)
New letters created to invite, where applicable, First Nations/Métis Service agency to share in planning discussions for the child with ministry staff

6.1 Authority for Case Related Expenditures
Removed reference to Skill Development Fee and Fee for Service

6.3 Skill Development Fee for Approved Foster Homes – deleted and replaced with:
6.3 PRIDE Level Payments for Approved Foster Homes
PRIDE level payments replace Skill Fee and Fee for Service (FFS) payments to approved foster homes effective October 1, 2019

New policy provides a PRIDE level payment of $500/month/child to be applied as a supplementary payment (over and above basic maintenance) when foster families complete specified PRIDE Core training modules and other required training.

6.4 Fee for Service for Approved Foster Homes – deleted and replaced with:
6.4 Exceptional Foster Child Specific Supplement Payments for Approved Foster Homes
New policy section replaces the previous Fee for Service and Exceptional Fee for Service policy, providing an option for exceptional payments for higher needs children

7.17 Child Disability Benefit Adjustment (for Children Placed in Extended Family Care)
Updated monthly benefit amount to $236.00 as per Canada Revenue Agency website

8.2 Respite – Regular Foster Care and Extended Family Care
Specified that respite of 21 days is only paid to families with DLSA rating of Level 3 or higher

12.14 Fee Calculation Guide
Removed form

12.21 Rate Board Approval Letter
Removed form

12.22 Medical Letter re Foster Care (2310)
Removed form

12.23 School Letter re Foster Care (2311)
Removed form

12.63 First Year Foster Homes Checklist
Removed reference to Skill Fee and Fee for Service

July 2020

4.3.10 Sleepovers and Other Social Activities
New policy section provides guidelines to address the approval of sleepovers and other social activities for children and youth in care and to assist caseworkers and providers when making such decisions.

4.4.1 Approval of Foster Homes – In-Home Assessments
- Added bullet regarding recommended wait time of two years to apply to foster following a ministry decision to close a foster home;
- Updated procedures and role of Saskatchewan Foster Families Association in responding to foster care inquiries;
- Under Applicant's Finances: Removed reference to "excessive debt" and added bullet to explain payment process, indicating to applicants that foster care payments are not intended as a source of income as most of the funds will be required to care for the children.

4.4.2 Approval of Foster Homes – Background Checks
- Changed wording from "ministry Record Check" to "Child Welfare Record Check";
- Added note that for short term residence of six months or less in another country, child welfare record checks are not required;
- Added clarification that information gained from reference checks is **confidential** and must be addressed with the applicants in a general way as part of the assessment process.

4.9 Investigations of Allegations Against Group Home Resources
- Added 'Quality of Care Concerns' definition;
- Amended Standards to reflect current Serious Occurrence Reporting requirements, as well as current reporting structure and requirements for Resident Services;
- Amended Procedures to reflect the current reporting and investigation process, including the required steps and actions to be taken by the child care worker, the group home, the service area management, and the manager of Resident Services;

- Added Appendix 4.9.1 Allegation Process Flowchart (referenced at the beginning of the Procedures section) to assist in outlining the procedures and process to be followed during an investigation of abuse allegation against a group home staff or resource;
- Added Appendix 4.9.2 Quality of Care Themes to outline behaviours or situations that would constitute a quality of care concern, rather than a full abuse investigation.

6.2 Foster Care Maintenance Rates, Initial Placement Rates

Updated to reflect increase to Foster Care Basic Maintenance Rates by 1 per cent effective July 1, 2020 and Initial Placement rate (basic maintenance portion only).

6.6 Alternate Care, PSI and Specialized Out of Home Care Rates

Updated to reflect increase to Alternate Care, PSI and Specialized Out of Home Care Rates by 1 per cent effective July 1, 2020 and increase to rates for Taps, Team and Therapeutic Foster Care by 1 per cent (increase applies only to basic maintenance portion of per diem rate).

7.17 Child Disability Benefit Adjustment (for Children Placed in Extended Family Care)

Updated monthly benefit amount to $240.50 as per Canada Revenue Agency website

12.12 Agreement for Foster Care Services

Amended the Agreement for Foster Care Services to include provision for the foster parent to authorize consent for notification to the Saskatchewan Foster Families Association (SFFA) in the event of investigation of allegations of neglect or abuse in their foster home.

12.19 Notification of Foster Home Investigation

Amended the Notification of Foster Home Investigation letter to include signed consent of the foster parent to notify the SFFA of the foster home investigation.

12.33 Mutual Family Assessment (MFA) Homestudy

- Updated template to condense and remove repetitive questions;
- Added prompts to some sections to assist caseworkers in gathering relevant information.

September 2020

4.3.1 Private Arrangements

- Changed wording from "ministry Record Check" to "Child Welfare Record Check"

4.3.2 Place of Safety

- Changed wording from "ministry Record Check" to "Child Welfare Record Check" throughout and added that a record check includes Linkin/ACI, First Nations Child and Family Services Agency or Inter jurisdictional involvement;
- Clarified procedures and requirements for child welfare record checks when caregiver applicants have lived on reserve or in other provinces/countries;

0.0 Revisions

- Clarified that placement of children may proceed with manager approval pending receipt of child welfare history information from a First Nations agency or another jurisdiction;
- Added that in circumstances where a child is placed in a hospital as a Place of Safety, completion of background and safety checks are not required.

4.3.4 Alternate Care Provider

- Changed wording from "ministry Record Check" to "Child Welfare Record Check";
- Added that placement of children may proceed with manager approval pending receipt of child welfare history information;
- Changed requirement of due date of annual review to one year from date of approval of the home (previously date of child's placement which created confusion).

4.3.5 Person Having a Sufficient Interest

- Changed requirement of due date of annual review to one year from date of approval of the home (as above)

4.3.6 Extended Family Assessment

- Added reference to the new Extended Family Assessment Guide

12.4 Out of Home Placement Referral

- Changed title to **OOHC Child Placement Referral and Extended Family Care Request**, for use with all placement and extended family care requests;
- Added drop down options throughout to replace checkboxes;
- Added type to differentiate between OOHC, Family Connections or Family Finder's referral;
- Added notification to First Nations, Métis local or other Agency;
- Changed language to reflect Indigenous terms i.e. First Nations, Métis local or other Agency, registration/ citizenship, etc.;
- Added space for cultural and identity needs of the child;
- Added section regarding caregiver support required for cultural practices;
- Added *Integrated Practice Strategies* language;
- Expanded information re: youth justice involvement (identify "Community Youth Worker" title, office location and court appearance location);
- Added section: Child's Network of Support - included significant relationships and informal supports, Elders, Knowledge Keepers and Community members;
- Added section to identify proposed extended family resource information, drop down to identify where proposed resource falls within placement priorities identified within federal legislation;
- Attachments section has added requirement for provision of Genogram and Notification to FNCFS to accompany Extended family requests, educational information.

12.24 Criminal Record Declaration

- Added lines for witness signature;
- Amended Part B – "Completion at time of Annual Review" to include Extended family

caregivers (previously for foster families only).

12.27 Extended Family Assessment

- Added the domain Cultural and Family Connections to elicit information in relation to child(ren)'s cultural needs to assist in subsequent planning discussion(s) with caregivers;
- Added Child and Caregiver prompts to highlight the importance of planning for cultural needs to support healthy child development;
- Added section Caregiver/Provider Strengths and Needs to identify the support needs of the caregiver(s) in relation to the specific placement needs of the child(ren);
- Added policy reference(s) in relation to home safety, child protection/caregiver/provider history and Criminal Record Check requirements;
- Added option to cross reference information obtained in the Place of Safety assessment to avoid replication within the Extended Family Assessment;
- Added the following acknowledgements of caregiver when signing completed Extended Family Assessment:
- "I understand some information in this document may pertain to other individuals, including children. I agree to keep this information confidential at all times."
- Added Signature boxes for approvals;
- New Extended Family Assessment Guide includes a description of each section of the Extended Family Assessment template and prompts to assist caseworker in completing the assessment.

12.31 Criminal Record Check Information

- Added the following categories to list of possible options found under heading of Criminal Convictions: Negative; Incomplete; Possible Match; Match to Other Police Service Records; Adverse Information Located;
- Removed acronym "CRC" as no longer in use;
- Added link to RCMP website for list of detachments.

12.32 Criminal Record Check Note to File

- Added space for date criminal record check was completed.

12.35 Child Welfare Record Declaration/Authorization

This form was updated and adapted to be used as consent for a child welfare record search for all caregiver applicants, including those who have lived in other jurisdictions (inter provincial requests) and First Nations agency requests for searches of ministry records. Changes to the form include the following:

- Added space for applicant to list alternate names used and previous places of residence;
- Changed language to "child welfare/ child protection record" throughout;
- Added space for caregiver to specify where previous involvements occurred, i.e. province, country or First Nations Agency;
- Added consent/signature of applicants to share information with others in the household

if necessary;
- Added statement regarding privacy policy;
- Added option to withdraw consent.

12.47 Alternate Care/PSI Application
- Added space to include telephone number of references;
- Updated language throughout from "home study" to "Extended Family Assessment".

12.48 Place of Safety Designation
- Increased structure in template (added type boxes, check boxes, signature lines for initial and extension approvals);
- Added prompts for information required for approval, i.e. 60-day extension;
- Included policy references;
- Added new section to identify supports available or required by the family/child(ren) in relation to the child's immediate needs;
- Added criteria for 60-day extension approvals (must demonstrate completion of the following):
  - In home contact with the caregiver(s) to begin the Extended Family Assessment
  - Collateral contact with the child care worker to gather information for the Extended Family Assessment
  - Reference checks completed
  - Child welfare record check information has been received/reviewed or rationale if not received
  - Outstanding criminal record checks have been requested, including finger print checks if required
- New Guide for completion includes description of each section of Place of Safety Designation template and provides additional prompts for information to be included to assist in completing a thorough assessment.

12.62 Social / Developmental History
- Added language that is consistent with the Indigenous legislation;
- Added additional and clarifying criteria for self-identification.

4.3.8: Placement with Non-removal Parent
- Added a procedure that there may be times when an immediate placement of a child who is a temporary ward with a non-removal parent may be in the best interests of the child, while waiting for the court to vary the temporary order. In these circumstances the child may be placed with the non-removal parent as a place of safety in the interim until the court varies the order.

October 2020

4.6 Facility Care
- Renamed to "Group Home Care"

0.0 Revisions

- Updated policy to reflect the new expanded continuum of group home services, including changes to the referral and placements process.
- Updated admissions procedures.

10.9 Payment for Damages in Group Homes

- New policy section outlines the process to be followed when a group home is seeking compensation from the ministry for damages caused by a child in care.

December 2020

11.19 Children/Youth at Risk of Suicide

- New Policy section that provides standards and guidelines for caseworkers and caregivers who are working with or caring for children/youth in care who are at risk of suicide.

12.65 Personal Safety Plan

- New safety planning template that can be used by caseworkers to assist in safety planning with children/youth in care who are at risk of suicide and their caregivers.

January 2021

2.5.3 Cultural Planning with Indigenous Children and Youth

- Established standards and procedures for completion of cultural plans applicable to children in out of home care:
  - Plans are to be completed for all Indigenous children (First Nations, Métis, Inuit) and updated every 120 days for children in temporary care, 180 days for long term and Permanent Wards, and updates included in Annual Reviews for children under Person of Sufficient Interest and Assisted Adoption orders;
  - Identified minimum representation by the child/youth's family, Indigenous community as members of the planning team to build connections and access existing resources.

Note: Language has been updated throughout the manual to use the term "Indigenous" to be inclusive of First Nations, Métis and Inuit peoples.

12.66 Cultural Connections Plan Template and Guide:

- Developed a Cultural Connections Plan template and Guide for completion to document the child/youth's identity, family and cultural goals.

February 2021

1.3 Parenting Children in Care

Changed "First Nations and Métis" people to "Indigenous" peoples

2.2 Recommending Out of Home Care
Changed "First Nations or Métis" child to "Indigenous" child

2.3 Placement Selection
Changed "First Nations" children to "Indigenous" children

4.3.2 Place of Safety
Changed wording to consistently use "Director or designate" as approval level throughout.

7.17 - Child Disability Benefit Adjustment
This policy amendment removes the provision for payment of the Child Disability Benefit (CDB) adjustment to extended family caregivers (Persons of Sufficient Interest and Alternate Caregivers) effective February 1, 2021. Payments to caregivers receiving the benefit adjustment as of January 31, 2021 are grandfathered and continue to receive the adjustment payment as long as the child remains eligible for the federal benefit and/or reaches the age of eighteen.

11.1 Children's Services Young Offender Interface
- New Policy Title: **11.1: Child and Family Programs/Youth Justice Interface**
- Changes include:
  - Updated terminology to accurately reflect the current services and titles of youth community services and youth corrections workers;
  - Updated language to remove stereotyping and change use of "child" to "youth" throughout.
  - "Children's services worker" is replaced with "youth's case worker".
  - Removed sections: "Police Taking Statements from Minors" and "Polygraph Testing of Children in Care" as these are no longer relevant to current police practices.

May 2021

2.9 Administrative Requirements
Added reference to the form number (12.59) for requesting a child's immunization record.

7.17 - Child Disability Benefit Adjustment
Further to policy amendment of February 2021, the Child Disability Benefit Adjustment grandfathering clause is extended to March 31, 2021.

11.3.1 (NEW POLICY) Accessing Personal Health Information for Children in Care
New procedures clarify ministry's authority to access health records for children in care, using a form letter (12.68), which was developed in consultation with the Saskatchewan Health Authority (SHA), outlining the Minister's role as parent and identifying the child's legal status, the type of record being requested and a timeframe to receive the information.

12.8 Notification of a First Nations Child Taken into Care
Updated form to reflect name change of *Aboriginal and Northern Affairs Canada (AANDC)* to *Indigenous Services Canada (ISC)*.

12.59 Request for Child Immunization Record
Updated to include reference to *The Health Information Protection Act (HIPA)*

12.68 Request for Child in Care Health Record
New form letter to access health records for children in care

June 2021

4.3.2 Place of Safety
- Added reference to the brochures "Water Safety for Caregivers of Children and Youth" (12.69) and "Information for Caregivers of Children/Youth at Risk of Suicide" (12.69), to be provided to Place of Safety caregivers upon approval.

4.4.3 Building Health and Safety Requirements
- Added a health and safety category on water safety. New water safety standards are based on a layered approach to water safety in foster homes and other locations where foster families engage in water activity such as public pools, secondary residences such as cabins and other locations near lakes, dams and rivers. Preventive measures referenced in the policy include supervision, water safety barriers, water safety aids, water safety planning, and watercraft safety.
- Added standards for foster homes with private swimming pools and hot tubs.

11.19 Children/Youth at Risk of Suicide
- Added a reference to the "Information for Caregivers of Children/Youth at Risk of Suicide" brochure.

12.11 Foster Home Safety Record
- Added Water Safety category.
- Added requirement that "Water Safety for Caregivers of Children and Youth" brochure be provided to all caregivers upon approval.
- Added requirement to provide "Information for Caregivers of Children/Youth at Risk of Suicide" brochure.

12.25 Extended Family/PSI Home Safety Checklist
Added requirement to provide "Water Safety for Caregivers of Children and Youth" and "Information for Caregivers of Children/Youth at Risk of Suicide" brochures.

12.26 Extended Family/PSI Approval Checklist
Added above documents to checklist.

12.69 Information for Caregivers of Children/Youth at Risk of Suicide
New brochure for caregivers of children/youth at risk of suicide, including foster care providers, alternate care providers, place of safety providers and PSI care providers. This brochure is to be provided to caregivers at approval or when a child or youth at risk of suicide is placed in the home. This document is included on the Foster Home Safety Record and the Extended Family/PSI Home Safety Check list.

12.70 Water Safety for Caregivers of Children and Youth
New brochure on water safety for caregivers, including foster care providers, alternate care providers, place of safety providers and PSI providers. This document is to be provided to existing caregivers and new caregivers upon approval.

August 2021

2.5.4 Indigenous Registration: Identity and Belonging
- New policy section includes the following:
  - Registration eligibility as a standard to be initiated for all Indigenous children/youth upon admission to care;
  - Direct links for staff to access the appropriate registrar for the application and/or documentation requirements pertaining to Métis citizenship and First Nations registration;
  - Identifies beneficiary enrolment with either of the 4 Inuit Land Claims, as a process requiring navigation support from the ministry's Indigenous Services Registration Support Worker;
  - Registration support extends to youth in care via voluntary Section 10 or Section 56 agreements, Adoptive parents and PSI caregivers, upon request;
  - Created new form **12.71 Indigenous Registration: Planning and Consent Form** (see below).

4.34 Alternate Care Provider
- Added requirement that a Criminal Record Check and a Child Welfare Record check be completed whenever a new adult moves into a caregiver's home;
- Listed requirements to be completed with each annual review (these were previously only stated on the Extended Family Annual Review template).

4.35 Person of Sufficient Interest
- Added requirement that a Criminal Record Check and a Child Welfare Record check be completed whenever a new adult moves into a caregiver's home;
- Listed requirements to be completed with each annual review (previously only stated on the Extended Family Annual Review template).

4.48 Foster Home Assessment and Review
Added requirement that adult foster family members complete a Child Welfare Record Authorization/Declaration at the time of Annual Review.

8.8 Foster Parent Training
- Amended policy section to reflect increased rate of pay for Elder/Knowledge Keeper services provided to the ministry;
- Included reference to "Knowledge Keepers" in addition to Elders;
- Added provision to pay a per diem for Elder/Knowledge Keeper assistants when required.

11.16.1 Child Welfare Record Search (Approval of Caregiver Applicants)
- New policy section provides reciprocal procedures for ministry and First Nations Child and Family Services agencies when requesting child welfare history for caregiver assessments (foster care and extended family care);
- Procedures include the requirement of caregiver consent to search records, using the existing Child Welfare Record Authorization/Declaration form (12.35).

11.17 Protocol for Child Care Case Transfers
- Policy title has been changed to **Case Transfer Protocol – Children in Out-of-Home Care and Extended Family Providers**;
- A guideline for courtesy service timeline of 30 days has been included in the definition;
- Clarified role of the supervisor (Standards);
- Updated the timeframe for the completion of Child Strengths and Needs Assessment to reflect the policy change from 30 to 45 days;
- Clarified roles and responsibilities (Procedures);
- Updated the Transfer of Responsibility checklist to include Extended Family Provider file case transfers (which typically accompany the child care case transfer);
- Added a line to the child care checklist to include update of the child's Cultural Connections Plan;
- Reference to the checklist (8.31) is included in both the CSM and CPSM (formerly 12.18 in the CSM).

12.34 Annual Review/Family Development Plan
Removed the requirement of completing a child welfare record check at the time of annual reviews of foster homes and replaced with the use of the Child Welfare Record Declaration/Authorization.

12.41 Elder Honorarium Agreement
Updated agreement to reflect increased rate of pay for Elder/Knowledge Keeper services.

12.46 Extended Family Care Annual Review
Removed the requirement of completing a child welfare record check at the time of annual

reviews of extended family care homes and replaced with the use of the Child Welfare Record Declaration/Authorization.

12.71 Indigenous Registration: Planning and Consent Form

- New form for use with children/youth under voluntary care arrangements (section 9 agreements). The form is intended to:
  - be completed with parents/ guardians to document consent;
  - provide the opportunity for parent/guardians to provide consent at a later date, as part of the ongoing assessment and case plan with children/youth in care, where consent is not provided at the time of admission to care;
  - be flexible for use with individual children and/or a sibling group.

2.9 Administrative Requirements

5.6 Independent Adoptions

7.6 Travel Costs

7.15 Funeral Costs

10.3 Children's Special Allowances

11.2 Income Assistance Programs and Children in Care

11.15 Transition Planning for Youth in Care of the Minister to Community Living Service Delivery

Policy updates in the above sections remove all references to Saskatchewan Assistance Plan (SAP) and Transitional Employment Assistance (TEA) programs and replace with Saskatchewan Income Support (SIS).

December 2021

5.2.1 Voluntary Committal and First Nations Parent

Policy is under review and noted as such in the Children's Services Manual.

January 2022

3.3 Recommendation for Permanent and Long Term Wardship

- Included bullets to initiate a search for siblings for children who are eligible for adoption so that siblings are placed together or in close proximity to maintain sibling relationships wherever possible;
- Added bullet to ensure review is completed regarding sibling caregivers that may be a

potential support or placement option for the child;
- Added bullet to advise First Nations/Métis representatives to discuss case planning whenever adoption is considered.

3.8 Preparing Youth for Independence
- Included standards to be followed in the preparation of youth to exit care;
- Added requirements for preparing Indigenous youth for transitioning to independence.

5.2.2 Dispensing with a Birth Parent Signature on a Voluntary Committal
Completed minor edits to sentence structure and language.

5.3 Child Registration
- Included the requirement for Indigenous children to have a Cultural Connections Plan completed with the prospective adoptive family and other important members of the child's life;
- Included reference to the Saskatchewan Adoption Information Sheet for Birth Parents, which provides information regarding the federal Indigenous child welfare legislation to be reviewed with birth parents and signed, ensuring they understand their rights;

5.4 Selection
- Included placement priority for adoption services: attempts will be made to select adoptive parents of the same or similar cultural background as the child and where the child's needs can be met;
- Modernized language throughout.

5.4.1 Placement
- Included Preamble and Intent sections to share information regarding the federal Indigenous child welfare legislation and the importance for caregivers and caseworkers to ask specific questions to understand the child's background and identity;
- Added procedures identifying that Indigenous children will have a plan of care that is culturally informed;
- Added that placement will include focus on support of child's culture and a family celebration to include important members of the child's life, including family and Indigenous community.

7.16 Health Services
Revised policy section to update information regarding benefits provided to children in care under the Supplementary Health Benefits program and clarify medical, optical and dental expenses the ministry may re-imburse as special needs. The following specific changes were made:
- Added the statement: "The Ministry of Social Services will not re-imburse a prescribed medication that is not recommended for coverage under the Saskatchewan Drug Plan.";
- Added a statement listing health care providers who may apply for Exceptional Drug Status if

the prescribed drug is not covered under the Saskatchewan Drug Plan;
- Added the statement: "On the advice of a certified orthodontist, the cost of orthodontic work not covered under the Supplementary Health program may be paid by the Ministry of Social Services as a special need.";
- Added a bullet indicating that the ministry may pay for replacement glasses if a child in care has broken or lost their glasses and there is no available coverage through Supplementary Health;
- Updated the list of medical supplies included in Supplementary Health benefits and indicated those supplies not covered which the ministry may pay as a special need;
- Added bullet indicating that many over the counter products can be free of charge to caregivers if they receive a prescription (i.e. cough syrup, Tylenol, etc.);
- Clarified that the ministry will pay for the cost of replacement batteries for hearing aids not covered under Supplementary Health;
- Removed reference to Plan 3 coverage, an outdated and inaccurate term and replaced with "Supplementary Health benefits" throughout;
- Added web links for the Ministry of Health, Supplementary Benefits information and Drug Plan formulary.

7.18 Cultural Planning Supports and Services
- Added policy and procedures to guide and support approvals for services and items related to cultural planning with Indigenous children and youth under the following categories (pending availability of corresponding Linkin codes):
  - Traditional Practices
  - Organized Activity or Programming
  - Traditional Clothing and accessories
  - Travel, accommodation and meals

11.16 MSS and FNCFS Shared Planning for Children and Families
Removed section as per duplicate policy in Child Protection Services Manual, Section 7.4.

12.8 Financial Services Notification of an On-Reserve First Nations Child Taken into Care
Updated form to reflect name change of Aboriginal Affairs and Northern Development Canada to Indigenous Services Canada and add parent address information.

12.48 Place of Safety Designation
- Added reference to providing Water Safety for Caregivers and Suicide Information for Caregivers to the checklist;
- Removed reference to reviewing Smoking in Foster Homes policy with Place of Safety caregivers.

12.48 Place of Safety Designation Guide
- Added reference to providing Water Safety for Caregivers and Suicide Information for Caregivers to the checklist;

0.0 Revisions

- Removed reference to reviewing Smoking in Foster Homes policy with Place of Safety caregivers.

12.66 Cultural Connections Plan

- Added provision that the contents of the Cultural Connections Plan will be shared with the child/youth upon request;
- Added the acknowledgement of participants that personal information contained within the Cultural Connections Plan will be retained by the ministry unless consent is withdrawn in writing;
- Included an opt-out clause of consent where the participant may choose not to have their information shared.

12.69: Children and Youth at Risk of Suicide – Information for Parents and Caregivers
Revised the brochure so that it may be provided to families receiving in-home child protection services and have a child/youth at risk of suicide, as well as for caregivers of children in care.

May 2022

2.4 Placement Planning, Preparation and Family Contact
Removed references to Saskatchewan Assistance Plan (SAP) and Transitional Employment Assistance (TEA) programs and replaced with Saskatchewan Income Support (SIS) and Saskatchewan Assured Income for Disability Program (SAID)

2.5 Assessment and Case Planning for Children and Youth in Out-of-Home Care
Added policy to allow for the identification of youth in Linkin and other required documentation (i.e. CADP's) by their chosen/preferred name, pronoun and gender

2.9 Administrative Requirements
Added process to allow for the identification of youth in Linkin by their chosen/preferred name, pronoun and gender

4.4.3 Building, Health and Safety Requirements

- Update to definition of non-climbable enclosure
- Update to preventative measures regarding layers of safety and foster parent water safety training (see update to 4.4.6 Foster Parent Training)
- Update to water craft safety to include that personal flotation devices may be purchased for children/youth
- Update to water safety at home requiring that homes present an initial safety plan
- Boat operators must have a Pleasure Craft Operators card

4.4.6 Foster Parent Training
Foster families with a pool or hot tub must complete the Parent Lifeguard course through the Lifesaving Society of Saskatchewan prior to the placement of children in the home.

11.3 Health Care/Medical Treatment
Clarified the ministry's authority and process for immunization of children in care, particularly when parents are opposed to vaccines

11.7 Pregnancy Planning for a Youth in Care
Clarified that the ministry is not obligated to notify parents of a youth's decision to terminate pregnancy, with the exception of youth in care via Section 9

12.11 Foster Home Safety Record and Guide
Updated to reflect changes to 4.4.3 Building, Health & Safety Requirements

12.4 Out of Home Care Placement/Extended Family Care Request
Expanded categories for use in presenting youth for care needs assessment to determine PRIDE level payment eligibility

12.8 Financial Services Notification of an On-Reserve First Nations Child Taken into Care
Updated form to remove mailing address and replace with email address

12.72 Care Needs Assessment Decision Letter
New template letter used to inform foster families of the Provincial Levels of Pay Assessment Panel decision regarding level of care needs assessments

12.76 Hotel Authorization
- New template for authorizing payment of hotel rooms to facilitate family visits for children in care

June 2022

1.2 Children Services
- Update the description of the Agreement for Residential Services to include circumstances when family reunification is not the plan because of disability or special circumstances of the child that are beyond the capacity of the parent to care for the child (not due to an act or omission by the parent).

2.2 Recommending Out-of-Home Care
- In procedures, clarified that an Agreement for Residential Services may be entered into, with Executive Director approval, when the child's plan no longer includes reunification, the child cannot safely remain at home and the parent(s) are actively engaged in planning.

3.2 Formal Reviews of Permanency Planning
- Under Definition, included that permanency plans may be considered for children in care by way of an Agreement for Residential Services when reunification is no longer the goal.

0.0 Revisions

- Under Practice Guidelines, added that parents who are willing but unable to safely care for the child at home due to the child's disability or significant impairment may be eligible to enter into an Agreement for Residential Services.

3.4 Planning for Permanent and Long-Term Wards

- In Practice Guidelines, added that there may be circumstances when the Agreement for Residential Services may be considered as the child's permanency plan and the agreement may be extended beyond 24 months.

3.9 Extension of Supports for Former Wards

- Provide clarity regarding the ministry's ability to enter into a Section 56 Extension of Support Agreement with a First Nations youth who is receiving partial extension support through their First Nations.

4.3.2 Place of Safety,

- The home must have a functioning, installed, smoke alarm in each bedroom and;
- in the hallway of each level of the home, including the basement and occupied attics.
- The home must have a functioning, installed, electrical carbon monoxide detector/alarm with battery backup in each bedroom or within 5 meters of each bedroom space (measured along the hallway),
- There are many different types of alarms that are acceptable for use: hard-wired alarms, 10-year battery-operated alarms, and in the case of carbon monoxide alarms, ones that can be plugged into an electrical outlet. Specifically, tamper-proof carbon monoxide alarms, combination carbon monoxide and smoke alarms or plug- in alarms with a 10- year integrated battery are permitted.
- Posted evacuation plan, and fire escape options
- Safe storage of chemicals, cleaners and flammable products;
- Uncluttered corridors and a reasonable level of cleanliness is maintained

4.4.3 Building, Health and Safety Requirements

- The addition of "There are many different types of alarms that are acceptable for use: hard-wired alarms, 10-year battery-operated alarms, and in the case of carbon monoxide alarms, ones that can be plugged into an electrical outlet. Specifically, tamper-proof carbon monoxide alarms, combination carbon monoxide and smoke alarms or plug-in alarms with a 10- year integrated battery are permitted;"
- In the sentence, the home must have a functioning, installed, smoke detector/alarm in "each bedroom and in" the hallway of each level of the home, including the basement and occupied attics;
- The requirement to ensure all doorways, exits, ramps, and stairs are kept unobstructed;
- The requirement to replace smoke and carbon monoxide detector(s)/ alarm(s) every ten years;
- The requirement to discuss safe candle use with foster parents;
- The definition for "capable of self-preservation";

- The Evacuation Plan (12.78), which includes a detailed plan to safely evacuate; and
- The requirement for foster parents who reside in an apartment building to develop an escape plan according to the fire escape procedures outlined by the building's management.

4.4.8 Foster Home Assessment and Review:

- Professional Development Agreements (PDA's) which were previously contained within the Family Development Plan have been separated into the Professional Development Agreement - Family Development Plan (annual review), Professional Development Agreement - Change of Circumstances and Professional Development Agreement - Quality of Care;
- The Formal Review has been updated with the addition of more targeted domains and detailed information;
- Developed a Letter of Notification of Formal Review to inform the foster parent that a formal review is pending, and the reason for the review;
- Added requirement that an updated criminal record check be completed for all adult foster family members every three years.

4.4.10 Investigations of Concerns of Abuse and Neglect in Foster Homes:

- Updated this section to include the role of the Provincial Resource Assessment Team (PRAT) in overseeing all ministry foster home investigations;
- Updated language to reflect a more collaborative approach to working with foster families, including the addition of helpful conversation starters to assist staff in discussions with foster parents during investigations or quality of care reviews;
- Updated the Foster Home Investigation Report with the addition of prompts/description to the domains;
- Developed a template for an Investigation Findings Letter to be sent to the foster family at the conclusion of the investigation.

5.2.1 Voluntary Committal and First Nations Parents

- Updated the chapter title to "Voluntary Committal and Indigenous Parents" to modernize language and be consistent with Federal legislation
- In the Procedures, added the importance for caseworkers to explain the benefits and importance of involving the band or Indigenous community in planning.
- Removed the requirement to complete an affidavit if the birth parents do not want to involve an Indigenous Agency, Band or Elder in planning.
- Added that once the committal papers are executed and the adoption planning for the child is made, the Indigenous band or representative will be invited to participate in the completion of the Cultural Connection Plan

5.4.1 Placement

- If an adoptive parent is not willing to engage in a reunification plan and/or is not willing to identify an extended family member to care for the child, a reassessment of the child's birth

family may be in the best interests of the child.
- Added process for caseworkers when an adoption is at risk of disruption.

12.11 Foster Home Safety Record and Guidelines:
- The requirement for the resource worker to ensure the **Evacuation Plan (12.78)** is utilized.
- The requirement to ensure all doorways, exits, ramps, and stairs are kept unobstructed.
- The requirement to discuss safe candle use with foster parent.
- The definition of "capable of self-preservation" as well as the requirement of the detailed plan developed in the evacuation plan.
- How-to steps regarding the following:
  - Review with foster parents the definition of "self-preservation" and the steps needed to ensure children unable to self preserve have assistance to safely exit. Fire drills can be utilized as a benchmark for whether a person is considered capable of self-preservation;
  - Ensure residents with limitations affecting their response time for evacuation have bedrooms nearest to the exits where possible;
  - Review with foster parents the benefit of fire escape practices occurring at various times of the day; and
  - Advise foster parents of the expectation to limit the use of candles in the kitchen and eating areas when under supervision.

12.13 Foster Home Investigation Report
- Changed name from Foster Home Final Investigation Report
- Updated headings

12.14 Investigation Findings Letter
- New template letter to provide foster family with investigation findings

12.25 Extended Family/PSI Home Safety Checklist
- Changed smoke detector to "alarm" for consistency.
- Added working smoke alarms in each bedroom
- Added working carbon monoxide alarms in on all levels

12.36 Foster Family Formal Review Template
- Expanded template to include PRIDE competencies and historical information re: previous investigations and quality of care reviews

12.36.1 Formal Review Notification Letter
New template letter

12.73 Family Development Plan – Professional Development Agreement
New template to be completed annually with foster families – replaces Annual Review template

0.0 Revisions

12.74 Quality of Care – Professional Development Agreement
New template to be completed when quality of care concerns in a foster home are reported

12.75 Change of Circumstances – Professional Development Agreement
New template to be completed with foster family when circumstances in the foster home change, including range of acceptance.

12.78 Evacuation Plan

- Names of individuals required to assist with evacuation (e.g., in-home support worker);
- Location of safety items and meeting locations; and
- Detailed actions required to assist children under the age of three, and or not capable of self-preservation.

September 2022

4.4.9 Foster Home (Paper) File
Revisions include reference to the 'Transfer of Responsibilities Checklist – Foster Home' which was added as a procedure to the CSM
4.4.9 when supervisors transfer Foster Home cases (including paper files) between service centres/areas. The chapter was revised to include updated forms (Professional Development Agreements, Provincial Resource Assessment Team Investigations).

8.9 Payment for Household Support to Foster Families

- Renamed **In-Home Support for Foster Families**. This policy section has been revised to reflect a new assessment tool and criteria guide for accessing in-home supports for foster families in Saskatchewan;
- Requirements to complete a support assessment prior to/ or within 2 working days of a planned overmax placement;
- The inclusion of input from caseworkers, foster parents, SFFA and other supports in the assessment;
- Completion of a reassessment following requests for an increase or decrease in hours;
- A review of the contract every 6 months and a 3 month review of all contracts exceeding 20 hours per week; options to contract with an alternate CBO in exceptional circumstances, increased compensation rates from $12hr to maximum of
- $20hr to align with SFFA/CBO rates. Two additional bullets were added to clarify disagreements regarding recommended supports.

11.12 Interprovincial/Territorial Requests and Correspondence
The policy has been updated to provide clarity and added accountability regarding all incoming and outgoing requests for services. Revisions include:

- follow up on referrals for services that can be accommodated within 30 days-

Interprovincial coordinator
- responsibility for caseworkers to notify the IPT desk when incoming or outgoing requests are completed.
- roles and responsibilities of IPT Coordinators, Service Areas, FNCFS Agencies

12.40 Household Support Services Contract
Replaced with the **In- Home Support Assessment and Guide.** The NEW "In- Home Support Assessment" template was developed in cooperation with the SFFA to provide consistency and clarity when assessing in-home support needs for over maximum foster homes or foster homes requiring increased supports. A guide document has been created to accompany the new In-Home Assessment.

12.79 Transfer of Responsibilities checklist- Foster Homes.
NEW Template was created to assist staff with ensuring all required documents are included on the paper file when transferring a foster home case (and corresponding paper file) between service centres/areas.

2503. 1 - Interprovincial Placement Agreement (IPPA) GUIDE-
NEW guide developed to provide direction in completion of IPPA Agreements.

2505 - Interprovincial Placement Agreement (IPPA) Negotiation Meetings GUIDE-
NEW guide developed to assist in planning for participation in meetings with other Provinces and Territories for the purposes of negotiating an IPPA.

November 2022

4.3.2 Place of Safety

4.3.8 Placement with a Non-removal Parent Forms

12.57 Non-removal Parent Assessment
Replaced use of the Non-removal Parent Assessment with completion of the Place of Safety Designation for all assessments of a placement of a child with the non-removal parent.
These changes result in subsequent updates to identified sections within the Children's Services Manual and Child Protection Services Manual, in addition to discontinuation and removal of the Form 12.57: Non-removal Parent Assessment from SharePoint.

7.16 Health Services
In consultation with Health, language was updated to clarify benefit coverage, including the following specific changes:
- Added language to clarify that a "A new health card may be requested from the Ministry of Health as needed";
- 1. Drugs: removed the statement regarding Responsibility for the review and approval of

prescription medications; replaced the word "regular" benefit with "Formulary" benefit; added the sentence, "The Ministry of Social Services will not reimburse a prescribed medication that is not recommended for coverage under the Saskatchewan drug Plan" to "a prescribed medication that is not listed in the Saskatchewan Formulary"; removed the statement regarding Physicians applying for exceptional drug status and added a statement regarding alternate treatment options listed on the Saskatchewan formulary; added the statement regarding select prescribed over-the-counter (OTC) products and drugs available at no charge (i.e., cough syrup, Tylenol, etc.)"; and replaced "Exceptional Drug Status" with "Exception Drug Status".

- 2. Medical Supplies and Devices: replaced "and include the following" to "examples include" in the second bullet; removed the statement regarding prior approval from Supplementary Health program and must be supplied through a pharmacy or pharmaceutical supply company relating to hernia trusses; removed bullet regarding Elastic stockings; updated Saskatchewan Abilities Council to read SaskAbilities; removed the statement regarding accessories provided through the Saskatchewan Chiropody Program and moved the statement regarding over the counter products available at no charge under drugs (above).
- 3. Hearing Aids, Repairs and Accessories: replaced prior approval "obtained through the Saskatchewan Hearing Aid Plan" with "…must be obtained through an approved hearing provider" and replaced the statement regarding replacement batteries for beneficiaries over twenty years of age with the statement "Hearing aides and replacement batteries are provided without cost to beneficiaries of the Supplementary Health Program.
- 6. Medical Examinations and Reports: updated statement to include "costs are primarily processed within the Ministry of Health" and will be paid as a special need.

8.1 Payment for Babysitting to Foster Families and Extended Family Caregivers
The policy was updated to include a definition of "babysitting", criteria and procedures for selecting a babysitter and clarification regarding compensation for travel over 50 KM. Clarity regarding roles of the caseworker and resource worker to ensure safe care of each child when selecting a babysitter and exceptional circumstances requiring manager approval were identified. References to "daycare" have been removed as new policy has been developed.

8.2 Payment for Respite to Foster Families and Extended Family Caregivers
Revisions to the policy include a definition of "respite", added clarity regarding respite calculated per calendar year versus approval date and guidelines regarding use of respite. Identified the requirement to complete a child welfare declaration check prior to completion of the child welfare check and removed reference to completion of the DLSA to align with the PRIDE levels of pay and caregivers eligible for 30 days of respite per calendar year.

8.10 Payment for Daycare to Foster Families and Extended Family Caregivers (NEW)
New policy was developed to differentiate between supports provided to caregivers. The new daycare policy identifies circumstances in which daycare costs may be provided, including caregivers working outside of the home and when deemed essential to meet the developmental

needs of the child. Information regarding licensed and unlicensed care is identified, including information regarding eligibility for subsidy. Identified standards regarding unlicensed home day care providers and included procedures regarding caregivers responsibility to explore all available options for licensed care and/or determine eligibility for childcare subsidy. Approval for daycare costs have been identified as supervisor level for costs up to $1000 month and Director or designate level for costs exceeding $1000 month per child.

Form 12.60 Child and Family Programs Expense Form
Renamed **Weekly Expense Form CFP.** The form was updated to be more user friendly with separate sections to identify Respite and/or Babysitting costs. Reference to daycare was removed and the form was updated to include a section for caregivers to document mileage, meals, training etc. needed to provide respite or babysitting services. A signature line was also added for exceptional approvals.

Form 12.61 Monthly Babysitting Day Care Form
Renamed **Monthly Daycare Reporting Form.** The form is used solely for day care costs. A signature line was added for exceptional approvals.

April 2023

CSM 3.3 Recommendation for Permanent and Long Term Wardships
Added requirement for an application for citizenship on behalf of children/youth who do not have Canadian Citizenship when a recommendation for long term or permanent wardship is considered. Included link for Canada.ca information and guidelines.

CSM 3.8 Preparing Youth for Independence
Added requirement for an application for citizenship on behalf of children/youth who do not have Canadian Citizenship when preparing youth for Independence. Included link for Canada.ca information and guidelines.

3.11.1 Changing the Name of a PSI Child (NEW)
This new policy clarifies circumstances in which eHealth Saskatchewan will consider changing the name of a child who is in PSI care.

3.11.2 Relocating with a PSI Child (city/town, First Nations, Province) (NEW)
This new policy identifies risks associated with caregivers relocating from their current residence with a PSI child. The policy acknowledges that, while birth parents may not have the right to make day to day decisions about the child, their parental rights have not been severed and they continue to have the right to be informed about decisions that affect their child. Practice guidelines have been included to guide discussions regarding communication and ongoing contact with families in planning decisions.

0.0 Revisions

3.11.3 Relocating Outside of Canada with a PSI child (NEW)
This new policy identifies risks associated with caregivers relocating Outside Canada with a PSI child. The policy identifies the requirement for Executive Director (ED) approval when PSI caregivers are planning to relocate outside of Canada with a PSI child. Procedures outline the process for obtaining ED approval and practice guidelines identify information to consider when making a recommendation for a decision by the ED.

3.11.4 International Travel Health Insurance for Children in PSI Care (NEW)
The new policy clarifies the ministry's ability to reimburse costs for health insurance purchased on behalf of the PSI child for the purposed of international travel. The policy identifies risks for consideration by caregivers regarding international travel without adequate travel health coverage.

4.3.5 Person's Having a Sufficient Interest in a child

- Added note to clarify that, in order to have a child placed with a PSI, the courts must designate the person pursuant to Section 23 as a Person Having a Sufficient Interest in a Child **AND** make an order pursuant to Section 37 placing the child in their custody.
- Updated the policy statement to consider whether the placement is "meeting the child's needs for safety, stability and connection" when recommending a child be placed in the custody of a PSI.
- Standards identify a review of the "Guide to Being a Person of Sufficient Interest" with the caregiver, in addition to providing the document to the caregiver family.
- Procedures were updated to require an in-person meeting with the caregiver and child at the time of the Annual Review, and to include a review of the child's cultural planning, needs and supports, where the child is Indigenous.

6.2 Foster Care Maintenance Rates, Initial Placement Rates
Updated tables and effective date to reflect the increase to Foster Care Basic Maintenance Rates by 2 per cent effective April 1, 2023, and updated Initial Placement rates (basic maintenance portion only).

6.6 Alternate Care, PSI and Specialized Out of Home Care Rates
Updated tables and effective date to reflect the increase to Alternate Care, PSI and Specialized Out of Home Care Rates by 2 per cent effective April 1, 2023, and updated Independent Living & Room and Board rates to reflect the change to clothing and personal amounts.

7.6 Travel Costs
Added statement in procedures to clarify that parental permission is required for all children in care, under a section 9 agreement, to travel out of the province, in all circumstances. This is consistent with the standard identified in CSM 7/6/1 Travel for special holidays/ excursions.

11.8 Record and Paper File Retention
The title was changed for consistency with CPS. Policy statement was added to clarify requirement to maintain paper and electronic records. Updated procedures to include:

- reference to applicable legislation;
- updated timeframes for consistency with the Operational Schedule (ORS), including clarification that retention timeframes begin at the time of closure;
- included timeframes for Adoption records;
- clarified timeframe extensions subject to legal holds; and

- identified the role of the ministry's Designated Records Officer (Records and Privacy unit) in determining eligible records/files for destruction in accordance with government standards.

11.18 Children/Youth Absent from Care

In circumstances where a non-immediate reporting does not require immediate notification to the local police, the caseworker may delay notification up to 4 hours. If a child is in a Community Based Organization that is using the Operation Runaway missing youth risk assessment tool, the group home will follow the missing youth policy standards set-up by that program. Decisions must be made based on the individual case situation and risk factors.

Form 12.45 Extended Family Support Agreement

- Updated caregiver Information form to be consistent with OOHC Child Placement form title;
- Included ministry's ability to provide supports designed to maintain the family unit (in home supports/special needs);
- Language to clarify:
  - ability to support cultural participation and to include a review of the child's cultural plan where applicable;
  - notice to an IGB when required;
  - caregiver recognition for the child's heritage, and support for visitation;
  - the requirement to notify police, the ministry and birth parents in the event a child goes missing; and
  - the requirement to access supports to avoid placement disruption, and clearly outlined that when requesting a child be removed from the home can result in a child protection investigation and a finding of a child in need of protection.
- Added bullet for caregiver to notify the ministry immediately when anyone over the age of 18 moves into the family home in order to facilitate CRC's.
- Language that requires the caregiver to notify the parents and the ministry when moving to another city, province, country.
- Added requirement for caregiver to meet with the ministry or delegate annually to facilitate an annual review which includes an in-person meeting with the caregiver and child, and the requirement for caregivers to ensure adequate health coverage is purchased when travelling with a PSI child.
- Identifies the need to purchase travel health insurance when travelling abroad with a PSI child and, the requirement for ED approval when relocating outside of the country with a PSI child.

Form 12.46.1 Extended Family Care Annual Review

- Separate Extended Family Care Annual Review specific to PSI care. The revised Annual Review template-PSI has been renumbered to **12.46.1** and titled "**Extended Family Care Annual Review – PSI**"

- Revised the template to include a more fulsome analysis including:
  - Significant changes or events over the year and how they have impacted the child/family.
  - Review of the child's cultural needs and actions demonstrated by the caregiver to facilitate and strengthen those connections (family contact, cultural involvement)
  - Services and supports provided to the child and family – including any special needs funding.
  - Case plan for the following year including supports and special needs.
  - Describe how caregiver is supporting age-appropriate life skill readiness (transition to independence).
  - Explain and identify any stressors the caregiver may be experiencing regarding the care of the PSI child and what supports are needed to strengthen the family unit.

July 2023

4.3.1 Private Placement
Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

4.3.2 Place of Safety
Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

4.3.3 Criminal Record Declaration for Caregivers Pending Completion of Criminal Record Check
Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

4.3.4 Alternate Care Provider
Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

4.3.5 Persons having Sufficient Interest in a Child
Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

4.3.7 File Administration for Extended Family Caregivers
Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

0.0 Revisions

4.3.8 Placement with Non-Removal Parent
Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

4.4.1 Approval of Foster Homes – In Home Assessments
Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

4.4.2 Approval of Foster Homes – Background Checks
Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

4.4.8 Foster Home Assessment and Review
Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

4.4.9 Foster Home (paper) File
Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

6.1 Authority for Case Related Expenditures

- Updated language in the policy statement to include children placed with Persons of Sufficient Interest (PSI).
- Updated Standards to clarify that expenditures to provide for daily living and special needs as identified through case planning also includes children placed with a PSI caregiver and youth who are placed by agreement (Section 10 and 56).
- Updated procedures to clarify:
  - When an order or agreement is set to expire on a child's 18th birthday (long-term, permanent, PSI, Section 10), maintenance payments may be issued to the caregiver until the last day of the month in which the child turns 18 so long as the child remains in the placement.
  - Where a youth is living semi-independently or independently, so long as the youth remains in the placement, rent or room and board payments may be issued for the entire month in which the child turns 18.
  - For youth who have signed an Extension of Support Services (Section 56), maintenance, room and board or rent may be issued until the last day of the month in which the child turns 21 so long as the youth remains in the placement.

6.3 PRIDE Level Payments for Approved Foster Homes

- Added definitions:
  - Provincial Levels of Pay Directors group
  - Child and Caregiver Support Worker
- Included new payment rates for PRIDE Levels 3, 4, and 5;

0.0 Revisions

- Included procedures for foster parent classification and training requirements for PRIDE Levels 3, 4 and 5

6.4 Child Specific PRIDE Level Payments for Approved Foster Homes

- Changed the title of the chapter.
- Removed reference to "Foster Child Specific Supplement payments."
- Added Definitions:
  - Care Needs Assessment
  - Provincial Levels of Pay Assessment Panel
- Added Procedures for assessment of children requiring Level 3, 4 and 5 care based on a panel process and use of the Care Needs Assessment.

6.5 Fee for Service Payments for Developmentally and/or Physically Disabled Children

This section has been removed as the Care Needs Assessment will replace completion of the DLSA for children in out of home care.

6.6 Alternate Care PSI and Specialized Out of Home Care Rates

Added a statement indicating that effective January 2022, all Therapeutic Foster Homes, TAPS, TEAMS and Parent Therapist homes transition to PRIDE Level 3 pending completion of the required training.

7.4 Clothing

The words "up to" have been removed in the chart resulting in the amounts now being reflected as a flat rate. The caveat will be that if the provider does not require the full amount, a lesser amount can be issued with no receipt required.

7.11 Life Books

Updated "costs of pictures and supplies for the life book may be paid 'as a purchase order through FYAP'" to read "via a service authorization in Linkin."

7.17 Child Disability Benefit Adjustment

Updated to reflect the yearly federal increase to the Child Disability Benefit amount.

8.0 Payments for Foster Home and Extended Family Caregiver Support

Name of chapter updated from "Payments for Foster Home Support" to "Payments for Foster Home and Extended Family Caregiver Support" to recognize and include Extended Family Caregiver Supports.

8.1 Payment for Babysitting to Foster Families and Extended Family Caregivers

Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

8.2 Payment for Respite to Foster Families and Extended Family Caregivers

- Added respite eligibility of 30 days per calendar year for foster parents classified as Level 3, 4

and 5.
- Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.

8.3 Therapeutic Foster Care
This section has been removed as Therapeutic Foster Care homes transitioned to PRIDE Level 3.

8.10 Payment for Daycare to Foster Families and Extended Family Caregivers
Updated to include the Vulnerable Sector Check as part of the Criminal Record Check process to provide clarity and consistency throughout the manual.
12 Forms

12.4 OOHC Child Placement and Extended Family Care Request
- Added Care Needs Assessment to referral type and included example of methamphetamine under alcohol and drug use.
- Removed the following forms:
  - Form 12.49 Daily Living Support Assessment Face Sheet
  - Form 12.50 Daily Living Support Assessment Score Sheet
  - Form 12.51 Daily Living Support Assessment Summary
  - Form 12.52 Daily Living Support Assessment Scoring Instructions

October 2023

2.5.2 Social/Developmental Histories
The updated chapter describes the process for completing the Family Health History Form (12.62) with family members. The information on the form may be provided to the child/youth or to the caregiver upon request.

7.5 Education Costs
Updated to include the actual costs of lunchroom supervision fees

12 Forms

12.62 Social/Developmental History Form
Removed and replaced by the Family Health History Form

February 2024

4.4.6 Foster Parent Training
Clarified the circumstances in which foster parents must complete the Parent Lifeguard course through the Lifesaving Society of Saskatchewan.

8.6 Counselling and Elder/Knowledge Keeper Services for Foster Families and Extended Families

- This chapter has been updated to include extended family who may require support due to experiencing trauma as the result of a serious incident related to caring for a child.
- Changes to the chapter also provide the option for the family to select traditional cultural supports of an Elder or Knowledge Keeper to deal with the trauma they are experiencing. Throughout 8.6, there are now references to Elder/Knowledge Keeper services as well as exploring Non-Insured Health Benefits (NIHB) that might be accessible to the family.
- Under practice guidelines, additional examples of trauma that a caregiver and their family members may experience while providing care to a child have been added.

11.20 Use of Secure Detoxification and Stabilization for Youth at Risk of Severe Drug Use

- This new chapter adds *The Youth Drug Detoxification and Stabilization Act* to policy.
- It provides caseworkers an option when working with youth who have severe substance abuse issues.
- The new policy allows youth at risk for severe substance use and overdose and are a risk to themselves or others to be placed in secure detoxification and stabilization to work on their addictions and develop a case plan for when they are released.

12 Forms

- The 12.60 Expense Form 12.61 Monthly Day Care Form have been reformatted to no longer require legal size paper to print.
- Form 12.80 is used to seek a Detoxification Order. The form is from The Youth Drug Detoxification and Stabilization Regulations, where it is referred to as "Form A."

June 2024

1.1 Manual Structure

Revised to reflect that the age of the child has been raised from up to 16 to up to 18.

1.2 Children's Services

- Added the factors listed in Section 4 of *The Child and Family Services Act*, Best Interests of the Child.
- Added references to Indigenous Governing Bodies (IGBs).
- Updated Section 10 content to reflect amendments to the *CFSA*.
- Added information about Section 37(4) of the *CFSA*, which requires involvement of IGBs in planning.
- Updated content on Section 38 to reflect amended *CFSA* language that allows the court to extend an order past 24 months for compelling reasons.
- Removed "permanently committed to the Minister" in the description of Section 39.
- Added to Section 52 that the Minister's rights as a parent cease when a child is placed in the custody of an IGB.
- Updated Section 53 to reflect amendments to the *CFSA*.

1.4 Working with First Nations Bands and Agencies
- Updated the statistic on Indigenous children in care.
- Added references to IGBs.
- Added references to best interests and the importance of maintaining family and cultural connections as outlined in the *CFSA* and federal legislation.

1.5 Roles of Caseworker and Caregiver
Added the involvement of IGBs in planning.

1.6 Right to Appeal/Right to be Heard
Updated the names/titles of positions in the ministry.

2.1 Practice and Case Management
- Added the priority of placement framework.
- Added language to emphasize family reunification.
- Added Agencies and IGBs to the principle of working with others.

2.2 Recommending Out-of-Home-Care
- Added IGBs to the policy.
- Added factors identified in Section 4 of the *CFSA* Best interests of the child to the Practice Guidelines.

2.3 Placement Selection
Embedded the updated priority of placement in the Standards.

2.4 Placement Planning, Preparation and Family Contact
Included the requirement for consideration of placement near siblings.

2.5 Assessment and Case Planning for Children and Youth in Out-of-Home-Care
Replaced a reference to the Social/Developmental History form with Family Health History form.

2.5.2 Family Health History
- Added that "in the event that a family member, who did not provide consent, passes away, their information may be released pursuant to Section 17.02 of The Child and Family Services Regulations."
- Changed the age of the child from under 16 to under 18.

2.7 Contact Standards – Children/Youth who are Long Term and Permanent Wards
- Removed "if applicable" from the phrases "plan for family contact" and "assess visitation quality."
- Added "family" and "Indigenous community members" as other options to explore for providing care.

2.8 Change of Placement
- Embedded considerations from Section 4 Best interests of the Child of the updated *CFSA*.
- Added that re-assessment of immediate and extended family must occur.

2.9 Administrative Requirements
Added conditions for which a temporary ward turning 18 is eligible for a Section 10 agreement.

3.1 Overview
- Added placement with "immediate" family or "within an environment that supports their cultural identity."
- Added "continued reassessment of the potential family preservation."

3.2 Formal Review of Permanency Plans for Children.
- Added "Immediate/extended family members "and Indigenous community members."
- Added "The preservation of the child's cultural identity, connection to language and Indigenous community" and "the risks and merits of the proposed permanency plan compared to the risks and merits of the child returning or remaining within the family" to the policy statement.
- Added "the steps that have been taken to preserve cultural identity, and connections to language and Indigenous community through cultural planning" have been added to the list the Director shall consider.
- Added IGBs to the Procedures section for the purposes of planning.

3.3 Recommendation for Permanent and Long Term Wardship
- Replaced "in situations where family contact is not in the best interests of the child" with "In situations where there may be safety concerns with family contact, planning should occur to mitigate any risks for the child and family."
- Replaced "Social/Developmental" with "Family Health History."
- Added references to "IGBs."
- Added "Immediate" family alongside "extended family" as options to explore.
- Replaced "shall" with "will" in the phrase "In the event that extended family is unable to pursue long term custody of the child, caseworkers will explore extended family having a significant relationship with the child and a role in the child's life."

3.4 Planning for Permanent and Long-Term Wards
- Replaced "should with "will" in the phrase "Extended family placement will be actively sought on an ongoing basis."
- Added "community member" to "When there is no possibility of adoption, every effort must be made to place long term wards or permanent wards with a family or community member who is able and willing to provide a long-term commitment to the child."
- Added "When reassessing placement options, caseworkers should include consideration of the child's wishes, family, siblings, and Indigenous community in their decision making" to

the Practice Guidelines.
- Removed "Where the child has developed an attachment to their caregiver, all reasonable steps should be taken to maintain the placement as long as the child is safe, the caregiver is providing good care and permanency can be ensured to a reasonable extent" from the Practice Guidelines.

3.6 Minister's Parental Responsibility for Permanent and Long-Term Wards
- Added "If an Indigenous child, who is a long-term or permanent ward is placed in the custody of an Indigenous Governing Body, the rights and responsibilities of the Minister and the PGT are concluded" to the policy statement.
- Added "Caseworkers will advise the PGT when a child is placed in the custody of an Indigenous Governing Body (IGB)."
- Added "The ministry nor the PGT have legal responsibility for an Indigenous child upon transfer to an IGB" to the Procedures.

3.7 Maintaining a Child's Connection to Family
Revised the Practice Guidelines to centre the importance of family connections and the needs of the child: "In consideration of the child's best interests, contact with the child's immediate family and/or extended family will be maintained in a manner that is appropriate and safe. The purpose of the contact should be clear to all involved and is intended to enhance close connections and maintain relationships. Contact must be determined based on the child's need."

4.3. Placement with Extended Family - Overview
Updated the definition of "extended family" to be consistent with the definition in the *CFSA*.

4.3.2 Place of Safety
Updated the definition of Place of Safety to be consistent with amendments to the *CFSA*.

4.3.5 Person Having a Sufficient Interest in a Child
Policy statement revised to include best interests of the child and the involvement of the First Nations, Band, Agency or IGB when assessing placement to ensure the placement is culturally supportive and facilitates ongoing family contact.

4.4 Foster Care
Updated definitions to reflect Part I, Section 2(1)(e) of *CFSA*.

4.4.4 Approving Staff as Caregivers
- Replaced "Service Delivery" with "Out of Home Care."
- Removed references to the Chair of the Public Service Commission as the Conflict of Interest form requires approval by the permanent head.

4.8 Transition to Room and Board/Independent Living Arrangements
- Updated "Services" to include that youth under 18 will be assessed on a case by case basis

on maturity and suitability for living independently.
- Updated to include the criteria for which youth with temporary wardships or with section 10 agreements can be extended via a section 10 agreement past a youth's 18th birthday.

4.9 Investigations of Abuse Allegations Against Group Home Resources
- Revised to indicate that investigations of abuse allegations against group home resources will be conducted by the Provincial Resource Assessment Team (PRAT).
- Updated to reflect that the time frame allotted to complete the investigation report has been extended from seven to 30 days, which is consistent with the time allotted to complete investigations in foster homes.
- Removed Appendix 4.9.1: Allegation Process Flowchart and Appendix 4.9.2 Quality of Care Themes.

9.6 Legal Assistance for Children in Care
Removed "where needed" from the phrase "ensure the child's voice is heard in child protection proceedings."

11.1 Child and Family Programs/Youth Justice Interface
Updated the reference to the *CFSA* to 74(2)(b) from 74(1)b.

11.3.1 Accessing Health Records for Children in Care
Removed Section 18 (apprehended status 16/17 years old).

11.5.2: Serious Occurrence – Categories, Reporting and Review
Added "Provide immediate notification to the Chief Coroner of Saskatchewan in the case of a child who was in care or receiving services pursuant to the Act at the time of the child's death, or within 12 months before the child's death" to the Serious Occurrence section of Procedures.

11.5.3 – Serious Occurrence – Quality Assurance Review
- Added "Métis or Inuit organization" to the statement "In all cases where a child/youth is a member of an Indigenous community or entitled to be registered as a member of an Indigenous community, a representative from the First Nations CFS Agency or Band, Métis or Inuit organization will be invited to participate as a member of the review team."
- Updated Section 74(1) to 74(2) in the statement "Any disclosure of information to the Public Guardian and Trustee, is disclosure of information that is required to carry out the intent of *The Child and Family Services Act* and is pursuant to Section 74(2)."
- Added "long-term" to the requirement to report "all medium and high impact serious occurrences suffered by a child who is a permanent or long-term ward or a child who has been voluntarily committed pursuant to Section 46" to the Public Guardian and Trustee.
- Deleted #5, long term wards.

11.5.5 Responding to a Serious Occurrence
Added "Métis Local or Inuit association" to the requirements for consulting If the child is

Indigenous regarding funeral arrangements.

11.14 Protocol for Section 10 Agreements (Support Services to 16 and 17 Year Olds)
Added to the Policy statement "All protection concerns and requests for services regarding 16 and 17 year old youth will initially be assessed through protection screening to determine whether there is information indicating child abuse or neglect that meets the criteria for a protection investigation."

11.15 Transition Planning for Youth in Care of the Minister to Community Living Service Delivery

- Added a reference to youth 16 and 17 years of age receiving protection services to the "Youth Who Become Involved with CFP at a Later Age" section.
- Removed "Youth aged 16/17 may be apprehended under very exceptional circumstances (Section 18) from the Section 17(1)(b) row in the table in the Transition Planning for Youth in Care of the Minister to Community Living Service Delivery Children's Services Mandate chart.
- In Appendix D, removed "where youth chooses to leave care at 16, file is closed" in the aged 15-18 row of the table.

Throughout the manual, the following terms have been updated:

- "First Nation" replaced with "Indigenous"
- "Domestic" replaced with "interpersonal"
- "Child's best interest" replaced with "best interests of the child"
- "Regional health authority" replaced with "Saskatchewan Health Authority"
- "Ministry" replaced with "ministry"
- "Queen's" replaced with "King's"

12 Forms

12.14 Voluntary Committal
Is now named "Form O" rather than "Form P" to be consistent with the amendments to the Child and Family Services Regulations.

July 2024

2.4 Placement Planning, Preparation and Family Contact
Updated the family visiting allowance from $5.00 a day to $20.00 a day.

7.17 Child Disability Benefit Adjustment
Updated to reflect the federal increase to the monthly benefit effective July 1, 2024, to June 30, 2025.

7.5 Education Costs

- Updated the rates for initial school supplies and fees.
  - For Kindergarten students, the rate has increased from $50.00 to $60.00;

- For elementary students, the rate has increased from $85.00 to 105.00; and
- For High School students, the rate has increased from $130.00 to $160.00.

7.9 Gift Allowances
- Increased the gift allowance from $75.00 to $120.00.
- Changed "Christmas" to "holiday" to be inclusive of all seasonal holidays.

8.1 Payment for Babysitting to Foster Families and Extended Family Caregivers
Increased the hourly babysitting rate for one child, as well as the daily maximum for one child, the maximum for each additional child, and the daily maximum for more than one child.

8.2 Payment for Respite to Foster Families and Extended Family Caregivers
Increased the hourly respite rate for one child, as well as the daily maximum for one child, the maximum for each additional child, and the daily maximum for more than one child.

August 2024

4.3.11 Place of Safety with Community-Based Organizations- Exceptional Circumstances only
Policy and procedures will clarify the process for approval, review and oversight when placing children in a CBO place of safety

October 2024

Forms
12.24 Criminal Record Check Declaration for Caregivers
- The amendment to form 12.24 Criminal Record Declaration for Caregivers includes the addition of a statement indicating that the ministry may conduct collateral checks with RCMP and/or city police to collaborate the information given in the self-declaration, both at the time of application and at the time of annual review/Family Development Plan.
- The statement adds that by signing, the caregiver understands that their information may be shared with others in the household and that their information will be secured according to existing privacy policies of the jurisdiction in which the record exists.
- Further, there is an acknowledgement that the caregiver may withdraw consent at any time.

12.66 Cultural Connections Plan
A space was added to include the date on when the signatures were given on the form.

4.9 Investigations of Abuse Allegations Against Group Home Resources
- Included definitions of emotional abuse and neglect to be consistent with the definitions in the SDM Manual.

0.0 Revisions

- Updated the Group Home Fina Investigation Report to provide more clarity.

November 2024

Throughout the Manual

- "Service Authorization" has been replaced with "Case Plan Decision" and will continue to be located in the Outcome Plan of the Ongoing Case.
- "Non-Case Related Decisions form will replace the spreadsheet process. The Non-Case Related Decisions will be on the Provider page in the Services tab.

February 2025

2.5.3. Cultural Planning with Indigenous Children and Youth
Foster parents have an important role in supporting cultural connections for children and youth. They must be open to learning about each child/youth's unique cultural heritage and participate in available cultural events and practices to assist in preserving the child's cultural identity and help meet the objectives of each child/youth's Cultural Connections Plan. A Cultural Readiness Tool was developed to help determine how comfortable the foster parent is in helping a child meet their goals identified in the Plan.

Forms
12.73 Cultural Readiness Tool
The Cultural Readiness Tool is a best practice approach to support a child/youth's inherent right to be connected to their cultural identity, family, and community. It is now included in policy to ensure staff are aware of the tool and its use.

4.3.8 Placement with Non-Removal Parent
When the parent of a child who is in care through a Section 9 agreement or Temporary Order passes away unexpectedly, A Place of Safety Designation will be completed by the service centre (courtesy supervision) where the non-removal parent resides for the situation to be assessed. The child's file must remain in the deceased parent's name until a Place of Safety Assessment is completed and/or an order is granted.

6.3 PRIDE Level payments for approved Foster Homes

- Revised the policy statement to include PRIDE Level 6A (Emergency Receiving Care for children/sibling groups) and 6B (to support an enhanced family reunification process).
- Expanded the definition of the Provincial Levels of Pay Directors Panel to include decision-making responsibilities when disagreements occur between caseworker and foster parent regarding a child's care needs assessment.
- Added training information in the Procedures section for Levels 4 and 5.
- Added descriptions of Levels 6A and 6B and payment rates to the Procedures section.

8.2 Payment for Respite to Foster Families and Extended Family Caregivers

- Updated the policy statement to clarify when foster parents are eligible for 30 days of respite. They are eligible when they are caring for at least one child in the home who has been assessed at PRIDE Levels 3 and above.
- Added exceptional respite requests to the Standards section (e.g., the foster family has exceeded the yearly allotted amount and has a personal emergency resulting in the need for exceptional respite).

April 2025

6.2 Foster Care Maintenance Rates, Initial Placement Rates

Policy was amended to add an increase to the Foster Care Maintenance Rates by 3 per cent effective April 1, 2025.

6.6 Alternate Care, PSI, and Specialized Out-of-Care Rates

Amended policy to add an increase to the Extended Family Care rates by 3 per cent effective April 1, 2025.

7.18 Cultural Planning Supports and Services

- Defined honoraria for Elders and Knowledge keepers who provide services to CFP to be more clear
- Created third honoraria of $500 for six or more hours of services provided to align more with other ministries.

8.8 Foster Parent Training

Compensating Elders and Knowledge Keepers who provide services for more than six hours with honoraria of $500 is comparable and equitable to what other ministries are providing for similar services.

12.41 Elder Honorarium Agreement

Updated agreement to reflect increased rate of pay for Elder/Knowledge Keeper services

June 2025

2.5: Assessment and Case Planning for children and Youth in Out-of-Home Care

- Updated the policy statement. Moved reference to specific assessments and tools into the standards.
- Updated the standards to reflect the standards of the Child in Care Assessment and Review (CCAR):
  - PART A completed within 45 days of placement in care
  - If child in care fewer than 45 days, PART A required at closure (no requirement if child in care less than 48 hours).
  - PART A updated and PART B completed within 180 days of child placed in OOHC and

updated every 180 thereafter
    - The CCAR is updated when a case is transferred or when the child is discharged from care (less than 45 days, only PART A required a closure or transfer).
- Included a summary of what is included in the CCAR (PART A and B: 11 domain of child's strengths and needs, a family contact plan and a case analysis).

2.5.3 Cultural Planning with Indigenous Children and Youth

- Updated the standards to reflect that the Cultural Connections Plan is to be completed within 45 days of the child being placed in OOHC – and updated reference from CADP to CCAR.
- Removed procedure that required the CADP to be updated with a summary of the progress of cultural planning.

2.9 Administrative Requirements

- Removed reference to registering persons in ACI with CNVL indicating they were registered in Linkin.
- Updated CADP to CCAR within the policy.

2.10 Case Supervision

- Created a policy chapter on case supervision, similar to what is in the Child Protection Manual, that will provide childcare supervisors with clear guidelines for the frequency and focus of supervision, promoting consistency throughout the province.
- Adding standards, procedures and practice guidelines that ensure the child/youth is involved in all aspects of the annual planning process, and that a collaborative approach is used with the child/youth and their support network

3.2 Formal Review of Permanency Plans for Children

- Removed reference to CADP and replaced with CCAR

3.5 Annual Reviews of Case Plans for Permanent and Long-Term Wards

- Updated CADP to CCAR within the policy.

3.8 Preparing Youth for Independence

- Updated CADP to CCAR within the policy.

4.3.2 Place of Safety

- Enhancements to the procedures to describe that when completing a home safety assessment, consideration should be given to the ages and abilities of children in the home. If there are any outstanding concerns, a plan to resolve them is developed prior to placement, which includes timelines.

0.0 Revisions

4.3.8 Placement with Non-Removal Parent

- Updated procedures to clarify that completion of PART A of the CCAR is required at 45 days for children who are on apprehended status and in a "Place of Safety"
- Updated procedure to include that in unique circumstances if a child remains in a POS with a non-removal parent at 180 days, PART B of the CCAR will be required.
- Updated initial review period from 90 days to 180 days.

5.3 Child Registration

- Updated CADP to CCAR in the procedures and removed reference to the Child Strengths and Needs Assessment.

5.4.1 Placement

- Updated CADP to CCAR throughout the policy.

11.15 Transition Planning for Youth in Care of the Minister

- Made updates to language – DLSA – replaced with Care Needs Assessment
- Updated CADP to CCAR
- Removed reference to the Child Strengths and Needs Assessment.

11.17 Case Transfer Protocol – Children in Out-of-Home Care and Extended Family Providers

- Updated language throughout policy – CADP to CCAR
- Included timeframes for completion of PART A and B when transferring a case where a child is in care to another service centre.
- Removed reference to the SDM assessments (CSNA)

11.20 Secure Detoxification and Stabilization for Youth at Risk of Severe Drug Addiction

- Updated the policy title to reflect that involuntary detoxification and stabilization should only be considered in cases of severe addiction and abuse, rather than referencing drug use alone.
- Added requirement for caseworkers to obtain Supervisor and Director or designate approval prior to making an application for a detoxification and stabilization warrant.
- For children in care via Sec 9 or 10, parents are responsible for making an application for the Youth Detoxification Warrant. Caseworkers are encouraged to assist the parent
- Incorporated how information will be captured in the Linkin Case Management System (placement type).

12.15 Child in Care Assessment and Review

- Amalgamate the Child Assessment and Developmental Plan (CADP) with the Child Strengths and Needs Assessment (CSNA) that will now become the Child in Care Assessment and Review (CCAR). The CCAR includes an assessment of the visit plan and an overall case analysis.
- A guide was also developed to assist staff with the completion of the assessment.

0.0 Revisions

12.25 Extended Family PSI Home Safety

- Caseworkers will have clearer guidance when completing home assessments in the field.
- Strengthened language that better defines safe storage and secure locations will mitigate potential gaps in assessing child safety for extended family care placements.
- Unnecessary barriers for potential caregivers will be minimized while safeguarding a child's wellbeing in an extended family placement.

12.77 Opikinawasowin Request Form

- New form was created for staff in requesting Opik services.

July 2025

7.17 Child Disability Benefit Adjustment (for Children Placed in Extended Family Care)

- policy update to reflect the yearly rate increase for the Child Disability Benefit, effective July 1, 2025, as per the Federal Government CRA website.

September 2025

1.7 Information for Children and Youth: Rights & Responsibilities: A Handbook for Youth In Care & Youth Connected to Child & Family Programs

- Created standards which state that children and youth must be encouraged to participate in planning, have their voices heard, and be advised of their rights and responsibilities as it relates to their involvement with Child and Family Programs.
- Every child and youth who is in care or in receipt of services through Child and Family Programs will be provided with a handbook, which will be reviewed with and explained to them.
- Updated procedure to have the caseworker responsible for providing the handbook to the youth and reviewing it with them.
- Added IPSI caregivers to the list of placement types with which the caseworker will review the handbook.
- Updated the list of the Child/Youth's Rights and Responsibilities to reflect the updated handbook.

3.3 Recommendations for Long-term and Permanent Wardship

- Removed outdated procedure that required a letter be sent to a First Nation Agency or Métis Local inviting them to discuss case planning.
- In current practice, consultation, collaboration, and engagement with a child or youth's Agency or Métis Local is occurring throughout the duration of the child in care file and the letter is no longer necessary.
- Provided more clarity that the Planning Committee forum should include staff from Protection, Out of Home Care, and Adoptions to align with CSM 3.2: Formal Review of Permanency Plans for Children.
- Enhanced the requirement to engage, consult, and consider the views of a child or youth's First Nation Child and Family Services Agency, Métis Local, IGB or Inuit Authority through all planning stages.

- Strengthened the emphasis on prioritizing family/extended family placements and planning to facilitate safe family contact in the best interests of the child.
- The ministry will also ensure that the disclosure of any information will be made when legally required or with a signed consent.

5.3: Child Registration

- Added a policy heading and statement for the chapter.
- Removed reference to letter 12.23 (Letter Advising Agency of Adoption Placement) as this was no longer required due to agencies being involved earlier in the lifespan of a childcare file. The requirement to engage in planning and consultation with the applicable First Nation Agency, Métis Local, IGB, or Inuit Authority remains.

Form 12.10 – Long Term/Permanent Ward Form

- The Long Term/Permanent Ward form has been amended to remove reference to discussing adoption planning with foster parents.

11.17 Case Transfer Protocol – Children in Out-of-Home Care and Extended Family Providers

- Quick Fix aligns the procedures with the standards when determining whether an updated CCAR is required when transferring a case to a different service centre (this was an oversight when policy was updated to include new timeframes for the CCAR).

The Cultural Connections Plan (12.66) and Guide 12.67

- Updated to include prompts for additional information regarding a child or youth's Traditional Spiritual Name:
- Updated to improve flow and to have the consent section clearer for those who are indicating consent or a decision to decline consent for sharing personal information.
- The changes were also completed on the Guide to Completing Cultural Plan (12.67) for consistency.

December 2025

2.3 Placement Selection

- Added a section to practice guidelines that highlights children who are non-verbal and/or non-ambulatory, and who also have high medical needs or are medically fragile are exceptionally vulnerable and require consistent monitoring to safeguard their well-being.
- The guideline prompts caseworkers to recognize that when resources and/or caregivers aren't immediately available who are fully equipped to meet the needs of these children, interim safeguards (e.g., access to physicians or home care providers) will be implemented to protect the child's health and safety, until appropriate resources are in place.

0.0 Revisions

2.5 Assessment and Case Planning for Children and Youth in Out-of-Home Care

- Added a section to practice guidelines that ensures case plans for children with high medical needs are made in consultation with health care professionals to determine their ongoing needs in out-of-home care.

2.6 Contact Standards – Child in Care and Placement Caregiver (Goal of Reunification)

- Added procedures to clarify that courtesy contact requests must be acknowledged and accepted by the receiving office/agency and that responsibility for the file remains with the requesting office.
- Caseworkers will have clear direction on how to request, confirm, and document courtesy requests.
- Strengthened standards to ensure that children designated as medically fragile, and/or who are non-verbal and/or non-ambulatory with high medical needs, a healthcare professional who regularly provides care, must be included as a collateral.
- Revised practice guidelines to prompt caseworkers to regularly assess the required frequency and nature of contact with the child, caregiver, and collaterals beyond minimum standards throughout the review period,

2.7 Contact Standards – Children/Youth who are Long Term and Permanent Wards

- Bullets above (in 2.6) are mirrored in Section 2.7
- Added the definition of medically fragile to section 2.7 Contact Standards – Children/Youth who are Long Term and Permanent Wards.

3.5: Annual Reviews of Case Plans for Permanent and Long-Term Wards

Replacing the existing chapter title with Annual Case Plans for Permanent and Long-Term Wards: "My Journey".

- Adding standards, procedures, and practice guidelines to ensure that the child/youth is involved in the annual planning process, and that a collaborative approach is used
- Adding a standard that requires the child/youth to be given a copy of their "My Journey," ensuring transparency and accountability.
- A new form was created for Annual Reviews for Long Term/Permanent Ward that will replace 12.10 – Long Term/Permanent Ward and Annual Review. Form 12.10 will continue to be used for ward reviews.

New Guides to assist in completing My Journey.

12.85 A A Guide for Caseworkers: "My Journey."

12.85 B A Guide for Children and Youth: "My Journey."

4.3.2 Place of Safety

- Priority of placement standards are referenced in the definition of a Place of Safety as well as a new bullet in the Practice Guidelines.

0.0 Revisions

- Procedures were amended to clarify that a Place of Safety may be used for any child brought into, or already in the care of the Minister, not only for those apprehended or in care under a Residential Services Agreement.
- Practice guidelines were created to describe how caseworkers will ensure that both potential caregivers actively participate in the assessment process. Any concerns that arise must be documented in the written assessment, including how the matter was resolved or mitigated.

12.48 Place of Safety Designation and Guide

- Removed the question of the potential caregivers' willingness to commit to longer term care of the child(ren) as part of their case plan and added this to the Extended Family Assessment and Guide. The rationale is that caseworkers had time to observe how the placement was going before initiating discussions about longer term care.
- Added a prompts to discuss the length and quality of the relationship of each applicant to the child(ren) and to identify any concerns that arose during the assessment and how these were resolved or will be mitigated.

4.3.4 Alternate Care Provider

- Priority of placement standards are referenced in the definition of an alternate care provider as well as in Practice Guidelines.
- Procedures were added to identify the requirement to assess joint potential caregivers, with any identified concerns being addressed.
- Practice guidelines were created to outline the process for how caseworkers will ensure both potential caregivers participate in the assessment process.

12.27 Extended Family Home Assessment and Guide

- Added prompts to discuss the quality of the relationship of each applicant to the child and to complete the sections for each caregiver individually.
- Added a prompt to inquire about the willingness of the caregiver(s) to provide longer-term care to the child(ren) and to address any identified concerns identified by the caregiver(s).

8.2 Payment for Respite to Foster Families and Extended Family Caregivers

- Clarified how often a criminal record check (CRC) with vulnerable sector check (VSC), a Child Welfare Record Check, and a home safety check (HSC) must be completed for respite caregivers who provide ongoing respite services.
- Specified that a CRC/VSC, HSC, and child welfare record check, are not required for respite providers of a PSI caregiver.

8.8 Foster Parent Training

- To compensate PSIs with $10.00 per hour to a maximum of $270.00 when they complete Traditions of Caring training is comparable and equitable to what other family caregivers (alternate care, extended family care, foster care) are receiving.

0.0 Revisions

March 2026

- **11.5 Serious Occurrence Reporting and Review**
- **11.5.1 Serious Occurrence Definition**
- **11.5.2 Serious Occurrence Categories, Reporting and Review**
- **11.5.3 Serious Occurrence – Quality Assurance Review**
- **11.5.4 Serious Occurrence Documentation**
- **11.5.5 Responding to a Serious Occurrence**
- **11.5.6 Serious Occurrence Notification and Reporting Quick Reference Appendix "A"**

Updates to Classifications:

Sexual assault definition updated to:

High Impact Serious Occurrence (HISO) updates:

- align with regulatory language: "results in serious injury or requires major medical treatment."
- remove reliance on Criminal Code terminology for aggravated sexual assault.
- include sexual assaults involving a severe invasion of bodily autonomy
- include sexual assaults that occurred in an approved environment that also have additional risk factors.

Medium Impact Serious Occurrence (MISO) updates:

- Amended the MISO definition to focus on occurrences that do not meet the HISO category and are "unscheduled and unforeseen" AND are "atypical and not reasonably expected to occur, given the child/youth's age/development."
- Clarified that sexual assaults and attempted suicides that do not meet the threshold for a HISO are classified as a MISO.

Low Impact Serious Occurrence (LISO) updates:

- Amended the LISO definition to include planned or typical occurrences that could reasonably be expected to occur given the child/youth's age/development.
- Updated LISO threshold to include non-suicidal self-injury or self-harming behavior.

Other Updates:

- Clarified distinction between Initial Reviews and Comprehensive Reviews.
- Reformatted policy and amended language for improved clarity and alignment with the CFSA

0.0 Revisions

4.3.5 Person Having Sufficient Interest in a Child

- Added a new standard requiring caseworkers share information with PSI caregivers about available supports and resources, including 211 Saskatchewan.
- Clarified that discussions about supports and any supports provided must be documented in Linkin.
- Removed duplications of procedures

April 2026

6.2 Foster Care Maintenance Rates

- A budget increase of two per cent for basic maintenance support for foster families, extended family caregivers, and assisted adoption providers comes into effect on April 1, 2026.

July 2026

7.17 Child Disability Benefit Adjustment

- The child disability benefit adjustment reflects the yearly 2 per cent rate increase effective July 1, 2026, to June 30, 2027, as per the Federal Government CRA website.

1.0 CHILDREN'S SERVICES OVERVIEW

1.1 Manual Structure

The Children's Services Manual contains the policies that are specific to children in out-of-home care. The Manual is structured to provide practice direction through clear statements of policy, standards, procedures and practice guidelines. The Manual is available online on the Child and Family Programs SharePoint site and the Government of Saskatchewan Publications website. Paper manuals are no longer in use.

Chapter 1, **Children's Services Overview**, provides the principles that guide the application of the policies.

Chapter 2, **Placement in Out-of-home Care**, contains policies, standards and practice guidelines where the plan is to reunite the child with his or her family. Where family reunification is the primary objective the ministry strives to preserve the family's parental role while assuring the child is safe and well cared for in out-of-home care. The ministry's parental responsibilities while children are in temporary care are in relationship to the child's legal status and case plan.

Chapter 3, **Long Term Care**, contains policies, standards and practice guidelines for children where family reunification is not the primary plan and other permanent or long-term care planning is required. The Ministry of Social Services assumes parental responsibilities for a child who is a permanent or long-term ward. The ministry also has a responsibility to assure that the child remains connected with their family to the degree this is appropriate and possible given the planning for the child.

Chapters 4, Out-of-home Care Resources, contain the policies, standards and practice guidelines related to a continuum of out-of-home placement resources including placement with extended family, residential treatment facilities and approved foster homes.

Chapter 5, Adoption Planning, pertains to registering and preparing permanent wards for adoption and/or planning with birth parents who intend to place their child for adoption through a voluntary committal or independently with someone they know.

Chapters 6 to 10 contain policies, standards and practice guidelines related to payments to meet the basic and special needs of children and youth in out-of-home care.

Chapter 11 contains policy and procedures that have general application across Child and Family Programs.

Chapter 11 also contains specific protocols developed between programs within Child and Family Programs, other Social Services programs, interprovincial agreements and agreements with First Nations Child and Family Services agencies.

Chapter 12 contains a list of forms.

A Note on Language: *The Child and Family Services Act* defines "child" as an unmarried person actually or apparently under 18 years of age. The Children's Services program also provides unique services to youth aged 18 and older. For brevity, most of the policies refer only to the child but would apply to both children and youth except where specified. Most references are to the child, singular, but it is understood that families may have more than one child in care.

The manual has attempted to be gender neutral.

The phrase "best interest" or "best interest of the child" is used as defined in Section 4 of *The Child and Family Services Act*

1.0 CHILDREN'S SERVICES OVERVIEW

1.2 Children's Services

Introduction

Children's Services are part of the child welfare services provided through the Ministry of Social Services, Child and Family Programs (CFP), and as such, must meet the goals and principles of the division.

The Children's Services Program is a child welfare service for children who are in need of protection and for reasons of safety cannot remain at home. These children are in the care of the Minister of Social Services and have been placed in an out-of-home care resource as authorized by *The Child and Family Services Act*.

The Children's Services Program includes both a care and planning function. When a child is in the care of the Minister, the ministry is responsible for ensuring that the child's basic, developmental, cultural, linguistic, and special needs are met. This responsibility includes not only meeting the child's immediate needs but also planning for the child's future. Every effort is made to involve all individuals who have a significant role in the child's life in planning for the child.

Principles

1. Child Safety and Family Support

- Children and youth have the right to enduring relationships which promote their safety, security, and sense of identity, preferably within their own families.

- The first and greatest investment of time and resources should be made in the care and treatment of children and youth in their own homes. The first obligation of the mandate of Children's Services is to provide for the safety of the child and to take into account all factors related to the best interests of children and youth, while providing families with the services and support necessary to preserve and strengthen the family and prevent out-of-home care.

- When a child or youth is placed in out-of-home care, it is important to maintain family and community connections. Discussions should be ongoing with the child/youth, caregivers, First Nations Child and Family Services (FNCFS) Agencies, Band(s) and/or Indigenous Governing Body (IGB) in case planning.

- Children need to be connected with their family, extended family and Indigenous community. When considering out-of-home care, placement with extended family needs to be fully explored. Only when the other parent, extended family, or their Indigenous community is not an option should a child be placed in a foster home.

2. Child and Family Well-being

- Services to children in out-of-home care must meet or exceed the "best interest of the child" as defined in Section 4 of *The Child and Family Services Act* and Section 10 of the federal legislation, *An Act respecting First Nations, Inuit and Métis children, youth and families*.

- When planning for out-of-home care the child's needs must be assessed and matched to the skills and abilities of the caregiver. Caseworkers and caregivers must be sensitive to the unique and individual emotional, mental, physical, educational, racial and cultural needs of family members.

3. Community Supports for Families

- Children, their families, and out-of-home caregivers require a range of appropriate supports and services to ensure optimal personal development and the quality of life that supports nurturing relationships.

4. Family Centered Services

- Planning for the child is an inclusive process with the child, the child's family, the caregiver, the caseworker, and others significant to the child. All participants should be provided with the information they require at the time of and throughout the child's placement in out-of-home care.

- Caregivers and the child's family should be encouraged to share parenting of the child as appropriate and safe.

- A child in out-of-home care must be able to maintain and develop attachments to their family through regular contact with their family.

- Children, families, and caregivers must be treated with dignity and respect and have adequate opportunities to have their views considered.

5. Cultural Competence

- Wherever possible, out-of-home placements need to be culturally appropriate. The caregiver must be prepared to work with the child's family, Band, IGB, and FNCFS agencies.

6. System Accountability and Timeliness

- Planning for children in out-of-home care must be systematic, time limited and goal directed to establish permanent relationships for children at the earliest stage of their development as possible. Services to children in out-of-home care therefore must be provided within the context of permanency planning, defined in Chapter 4.10 Permanency Planning and Time Limited Services, Child Protection Services Manual as:

"Concurrent planning with the family is a case management approach that provides for services designed to preserve the family unit, while simultaneously developing an alternative plan, should efforts to mitigate safety and risk be unsuccessful."

- Children, their families, and caregivers are to be afforded fairness and access to due process regarding decisions made by the ministry that directly affect them.

- Confidentiality must be addressed in a manner that balances the best interests of the child with the privacy of the individual to whom the information pertains while assuring children, families, caregivers, and service providers have sufficient information to ensure the safety and meet the developmental needs of the child.

7. Coordination of System Resources

- Each child in out-of-home care must have a primary caseworker responsible for case planning. Where more than one caseworker is responsible for services to the child and his or her family, caseworkers must mutually assure their work is coordinated and communication is complete. Decisions should be made on what is in the best interests of the child.

- Children must be seen regularly by their primary caseworker in the caregiver's home to assure continuity of planning, ongoing assessment of the child's needs and to assure the quality of the placement.

Mandate

The Child and Family Services Act contains the legislative authority for the provision of services to children in the care of the Minister.

The Children's Services Manual is a companion document to the Child Protection Services Manual (CPSM). Policies and practices are to be implemented within the philosophy and practices of the CPSM and within the mandate of *The Child and Family Services Act*. As such, services are both family centered and child focused and must be provided with regard for the best interest of the child as defined below.

Section 3 and 4 of *The Child and Family Services Act* states:

3. The purpose of the Act is to promote the well-being of children in need of protection by offering, wherever appropriate, services that are designed to maintain, support, and preserve the family in the least disruptive manner.

4(1) If a person or court is required by any provision of this Act other than subsection 49(2) to determine the best interests of a child, the person or court must take into account all factors related to the circumstances of the child, including:

(a) the nature and strength of the relationship the child has with a parent, an extended family member or other person who has a close connection with the child, and the effect of maintaining that relationship;
(b) the mental, emotional, physical and educational needs of the child and the appropriate care or treatment, or both, to meet those needs;
(c) the child's views and preferences, given due weight in accordance with the age and maturity of the child;
(d) the child's cultural, linguistic, religious and spiritual heritage and upbringing;
(e) the home environment proposed to be provided for the child;
(f) the plans, with respect to the care of the child, of the person to whom it is proposed that the care of the child be entrusted;
(g) the importance of continuity in the child's care and the possible effect on the child of disruption of that continuity;
(h) the effect on the child of a delay in making a decision; and
(i) the merits and the risks of any plan proposed by the ministry or agency that would be caring for the child, compared with the merits and the risks of the child returning to or remaining within the family.

(2) If the child is an Indigenous child, in addition to the factors set out in subsection (1) the following factors must be considered in determining the best interests of the child:
(a) in the case of a decision concerning the removal of the child from the child's family, the importance of placement within the child's extended family or community as the preferred environment for the care and upbringing of the child;
(b) the importance to the child of preserving the child's cultural identity and connections to the language and territory of the Indigenous group, community or people to which the child belongs;
(c) the importance of the child belonging to the child's Indigenous community; care for the child, respecting access and opportunities to maintain family, community and cultural experience and connections; and
(e) the importance of involving the Indigenous group, community or people to which the child belongs in planning with respect to Indigenous children and families.

(3) For the purposes of subsections (1) and (2), the best interests of the child are to be a primary consideration with respect to decisions or actions taken by the person or court".

The Children's Services program ensures the provision of services required to meet the basic and special needs of children in the care of the Minister as mandated by *The Child and Family Services Act*. Responsibilities are determined by the legal status of the child.

Section 9 of *The Child and Family Services Act* provides for **Agreements for Residential Services** whereby the parents enter into an agreement to place their children in the care of the Minister. The use of Section 9 agreements for the purpose of providing out-of-home care for a

child reflects the ministry's preference to work with a family by agreement. An agreement under Section 9 of the Act may be entered into where: the case plan is for the child to be returned to the parent or the person having custody of the child or, when reunification is not the plan because of disability or special circumstances of the child that are beyond the capacity of the parent to provide care (not due to an act or omission by the parent). Parents do not lose the right of guardianship by signing an Agreement for Residential Services under Section 9 of the Act.

Section 10 of *The Child and Family Services Act* provides for **Agreements for Services to Sixteen and Seventeen Year Olds** when reasonable efforts to support the child in the home of the child's parent, or another adult person, have been unsuccessful, there is no parent willing to assume responsibility or the child cannot be re-established with family for reasons of safety. Section 17 of *The Child and Family Services Act* provides for **Apprehension** and removing a child to a place of safety when the child is in need of protection and at risk of incurring serious harm.

Section 37(1)(c) of *The Child and Family Services Act* provides for a **temporary order** that places a child in the custody of the Minister for a period up to 6 months.

Section 37(2) provides for a **permanent order** committing the child to the Minister until the child is 18 years old. Where parental rights are to be severed and where adoption is a viable option, a permanent order should be considered.

Section 37(3) provides for a **long-term order** committing the child to the custody of the Minister until the child is 18 years old. Long-term wardship should be considered for older children where the involvement of their family or extended family makes an adoption plan unlikely.

Section 37(4)(c): Acknowledges the involvement of IGBs in planning. Federal legislation outlines that IGBs are to be notified of significant measures ahead of actions being taken; this may extend beyond court involvement.

Section 38, **expiry of orders**, provides for applications for another order under Section 36 or 37 when a temporary order or person having a sufficient interest order expires and the child is still in need of protection. Section 38 also provides for the court to accept compelling reasons to request extensions for children's planning for temporary orders.

Section 39 of *The Child and Family Services Act* provides for an application to **vary or terminate orders** made pursuant to Section 37 except for children who have been adopted or placed for adoption.

Section 46 of *The Child and Family Services Act* provides for the **voluntary permanent committal** of a child to the Minister.

1.2 Children's Services

Section 52 of *The Child and Family Services Act* defines the rights of the **Minister as parent** for children in care under apprehended, temporary, and long term wardship except with respect to adoption proceeding. The Minister has full parental rights as the guardian of a permanent ward and therefore may consent to the adoption of a permanent ward. The Minister's rights as parent are concluded when children are placed in the custody of an IGB. In the case of Agreements for Residential Services, parents do not lose their right as guardian of the child.

Section 53, **Placement Considerations**, requires consideration of the feasibility of placing the child with one of the child's parents, a member of the child's extended family and where practicable, within an environment that is consistent with the child's cultural background. Considerations should also be made to place a child with or near siblings to preserve connections.

Section 55, **Support by Minister**, outlines the Minister's responsibilities in regard to the expense of sheltering, supporting, educating, caring and providing counseling and rehabilitative services for children where residential services are being provided.

Section 56 of *The Child and Family Services Act* provides for the extension of services to permanent wards and long-term wards after they are 18 years of age if they are continuing their education.
The Residential Services Act governs licensing of Community-based organization group homes and private treatment homes.

The Adoption Act governs all adoptions in Saskatchewan.

1.0 CHILDREN'S SERVICES OVERVIEW

1.3 Parenting Children in Care

Principles

The Ministry of Social Services recognizes the broad diversity of Saskatchewan families. This diversity includes a variety of family forms, size, culture, ethnicity, belief systems and available resources. Children who are placed in out-of-home care will encounter many adults who have a parental role in their lives including their families, caregivers and caseworkers. In an ideal situation, all would share similar lifestyles and philosophies about child rearing; however, this may not be the case. Even where the parental figures share much in common, they may have different ideas about specific aspects of parenting such as discipline, appropriate clothing styles, recreational opportunities.

Parenting will need to be shared among the adults involved while a child is in out-of-home care. It is essential that all recognize diversity, respect each other and work together to establish parenting approaches for each child that are complementary. It is important that there is a reasonable level of consensus to reduce the child's feeling of confusion and disloyalty. Should one or more of the parental figures impose a particular parenting or lifestyle in conflict with another, the child cannot be well served.

The Government of Saskatchewan has a Child Action Plan that is a guide for improving the well-being of Saskatchewan children. The ministry has adopted the child developmental goals of the Child Action Plan to guide policy and practice. Anyone who has a parental role with a child in out-of-home care should be striving to achieve the following goals:

Recognizing individuality, development and differences, children must be:

- **Valued** Children's needs must be specifically addressed and given priority in the development of the legislation, policies, programs, and services which affect their well-being. All members of society, to the extent they are able, must accept responsibility to recognize, respect and respond to the needs of children. Children must be recognized as having individual rights, equal rights, and protections under the law. They must be given the opportunity to participate in the decisions affecting the quality of their lives. Positive social values that support the intrinsic worth and well-being of children and families must be cultivated and promoted.

- **Safe** Children must be protected from preventable harm, injury, trauma and death, physical and sexual abuse, neglect and exploitation. They must enjoy healthy physical environments and be protected from environmental hazards. If, as a last resort, a child is placed away from his or her family home, the alternative must be safe, secure and nurturing.

- **Secure** Children must receive adequate food, shelter, clothing and transportation. They must receive adequate financial, social, emotional, recreational and spiritual support through their families and communities. They must be protected by the intervention of individuals, families, communities and the state (provincial, national, and international). Where interventions by the state occur, children must be given the opportunity for a permanent family environment, though the form of the family may vary for each child.

- **Healthy** Children must be protected from preventable disease and disability and unhealthy practices. They must enjoy self-esteem, self-acceptance, healthy lifestyles, and healthy social and physical environments.

- **Culturally Connected** Children must be given the opportunity to value, preserve and participate in the life of their cultural community, and to respect the cultural communities of others. For Indigenous peoples, positive cultural identity and connection to their culture are priority needs.

- **Socially Responsible** Children must be given the opportunity to be productive, to make a meaningful contribution to others, to participate in the life of the community, to value others for their individual and cultural diversity, to have a social and environmental conscience, and to be held accountable under the law.

- **Knowledgeable and Skilled** Children must receive educational opportunities that give them the skills and abilities to develop to their potential. In order to participate effectively in a changing society, they must be given the opportunity to achieve literacy, knowledge, social, and life skills.

1.0 CHILDREN'S SERVICES OVERVIEW

1.4 Working with First Nations Bands and Agencies

Principles

Over 80 per cent of the children in out-of-home care are Indigenous. *The Child and Family Services Act* (*CFSA*) requires that cultural needs must be considered in determining the best interests of the child. The Act specifically mandates several areas where First Nations Bands, First Nations Child and Family Service (FNCFS) agencies, or Indigenous Governing Bodies (IGBs) may be directly involved in decision-making regarding First Nations children who are in need of protection.

Maintaining family and cultural connections, as outlined in *CFSA* and the federal act, *An Act respecting First Nations, Inuit and Métis children, youth and families*, is essential to the development of a healthy sense of identity, belonging and permanence for all children and youth. Further, the best interests are often promoted when the child resides with members of their family and the culture of the Indigenous group, community, or people to which they belong.

Section 23(1)(b) provides for the designation of the Chief or Chief's designate as a person having sufficient interest in a child where the child has his or her name included on a Band List or is eligible to have his or her name included. As a person having a sufficient interest in a child, the Chief or designate is a party to the Family Services Court hearing respecting that child.

Section 37(10) and (11) requires that 60 days' notification be given to the child's band or FNCFS agency when an officer intends to apply to court for an order of permanent wardship Section 37(2) or a long-term order Section 37(3). The Chief or the Chief's designate is a party to the proceedings and may appear in court to make recommendations with respect to the application.

Section 61 provides for the Minister to enter into agreements with a band or other legal entity for the provision of services or the administration of all or any part of the Act. An agency that enters into such an agreement is responsible for exercising the powers of the Minister as specified in the agreement. The Minister has entered into agreements with FNCFS agencies throughout the province. These agencies have the authority and responsibility to provide child welfare services to families living on reserve. In addition, the ministry may transfer Indigenous children admitted to care off reserve to an agency for ongoing case management.

The FNCFS agency and staff have the same level of responsibility and authority as any ministry service area and staff, and as such, should be afforded the same access to information and cooperation in case planning. Issues and practices of mutual concern are addressed through protocols jointly developed by agency representatives and ministry staff.

1.0 CHILDREN'S SERVICES OVERVIEW

1.5 Roles of Caseworker and Caregiver

Caseworker

The Minister of Social Services has parental rights and responsibilities for a child in care. As the designate of the Minister, the role of the caseworker is to carry out those parental responsibilities. The primary focus is the best interest of the child. The caseworker must ensure that quality care is provided to children who are in the care of the Minister of Social Services. The caseworker is to ensure that all services to children, their families and caregivers are provided in accordance with ministry policy, standards, and philosophy.

The caseworker must work in a co-operative partnership with families and caregivers toward the goal of meeting the total needs of children in out-of-home care. Caseworkers will assist the caregiver in developing their role so that the child can succeed in the caregiver's home, school and community, and where appropriate, prepare the child for return to his/her family.

The primary functions of a caseworker in the Children's Services Program include but are not limited to the following:

- be knowledgeable about the impact of out-of-home care on a child's development, identity and sense of belonging;
- match a child in care with a placement resource that best meets their needs;
- provide caregivers with all information about the child that will enable them to adequately meet the child's needs and to share relevant and important information with all those involved in case planning;
- develop, implement and review short-term and long-term individual case plans for children in care;
- have regular visits with the child in the caregiver home or some other setting which is comfortable for the child;
- ensure and facilitate contact between the child and their family as it is safe and appropriate to do so;
- ensure that the child is consulted and permitted to express his/her views, to the extent that is practical given his/her developmental level. This includes input into significant decisions which concern the child, such as medical treatment, education, religion, and discharge from care, or transfer to another placement;
- ensure that the child's family, extended family, Band or IGB is consulted and permitted to express their views.
- This includes input into significant decisions concerning medical treatment, education, religion, change of placement and discharge from care;
- access any necessary resources required to meet the needs of children, youth and their families;
- record/document and safeguard all relevant information to ensure confidentiality;

- provide support and counseling services to children, youth, families and caregivers;
- assure the child, appropriate to age, the child's family and child's caregiver are aware of their right to appeal;
- children, appropriate to age, are to be informed of the Advocate for Children and Youth and provided information on how to contact the Advocate's office.

The quality of the Children's Services program depends upon the effective completion of the above-noted tasks with thorough communication, as well as a high level of co-ordination and co-operation among ministry staff, families, and caregivers.

The complex work referenced in this manual and the gravity of the decisions on individual children, their families and others who are significant to them is recognized. Therefore, an inclusive approach is promoted whereby caseworkers seek out the experience, perspective and contribution of many as they undertake their work.

Caregiver

The role of the caregiver is important in ensuring successful placement for children in the care of the Minister of Social Services. There must be continued communication and co-operation between the caregiver and the caseworker. The caregiver is part of a team working with the child, the child's caseworker, the family, significant others and other professionals.

The responsibilities of caregivers include, but are not limited to:

- Provide the day-to-day care and support of the child;
- Provide for the basic and special needs of the child;
- Maintain the child's connection to their family and Indigenous community by including them in the day-to-day care of the child wherever possible;
- Support the case plan for the child;
- Report immediately to the social worker all serious occurrences including but not limited to:
  - the death of a child/children in care;
  - serious illness, injury, or hospitalization of a child in care;
  - all allegations and accusations of abuse or mistreatment of a child in care whether or not the abuse occurred while the child was in care;
  - absence of the child from the caregiver's home without permission;
  - apprehension by the police and/or a charge under the *Young Offenders Act*;
  - alcohol or drug use by a child in care;
  - the failure of a child in care to attend school, the lack of an appropriate school program or the suspension of the child from school;
  - events that may affect the care or well-being of a child in care;
  - health situations which require intrusive medical intervention, i.e. surgery, medication, etc.
- Ensure that the child receives regular medical and dental care in their home community wherever possible;

- Ensure that the child is placed in an appropriate educational program;
- Ensure that the child participates in at least one quality of life activity to encourage social/recreational/self-development;
- Ensure that any child rearing practices or discipline used respects the dignity of the child and does not cause physical pain to the child. Caregivers must inform the child/youth of the expected standards of behaviour and the consequences, within the ministry's discipline policy, of not meeting those expectations;
- Notify the caseworker of vacation plans at least two weeks in advance (this does not apply to weekend outings, or overnight visits to the home of friends);
- Inform Social Services of any changes in the caregivers' household that may have an impact on the child, such as people moving in or out;
- Appear at child protection hearings concerning children in their home as required.

1.0 CHILDREN'S SERVICES OVERVIEW

1.6 Right to Appeal/Right to be Heard

Principles

Families, children and youth must have a way to voice concerns about any aspect of the services they are receiving. Children and youth in out-of-home care must have opportunities to raise concerns about their care with a caseworker or supervisor. Caseworkers, caregivers and others who are involved with children in out-of-home care must ensure that the children and youth are aware of their right to appeal and the ministry's commitment to listen to the concerns presented and to take the concerns seriously. Children and youth need to be assured that no negative consequences will be encountered by the child or youth as a result of presenting their concerns.

Every family who has a child or youth in care (or receiving any services from the ministry) should be given a copy of the brochure Your Right to Appeal.

Approved Foster families should be made aware of the Conflict Resolution Policy (See Chapter 4).

When children, their families or their caregivers disagree with the ministry's planning, they must be informed of their right to appeal and the process must be explained. The following steps are encouraged to settle any conflict:

- Discuss the problem with the caseworker;
- Contact the caseworker's supervisor;
- Appeal to the Manager, Service Delivery or the appropriate Director, Service Delivery;
- Foster families approved by the ministry may next appeal to the Director, Service Delivery, Central Office and the Executive Director of the Saskatchewan Foster Families Association;
- Contact the Minister of Social Services;
- Contact the Advocate for Children and Youth or the Ombudsman.

Ideally the conflict will be resolved at the earliest stage possible and will only proceed to the next step where resolution cannot be reached. At each stage the individual must be given a clear statement of the ministry's decisions, an opportunity to respond, an assurance that their response will be given objective and fair consideration, and a clear statement of the final decision at that stage.

1.0 CHILDREN'S SERVICES OVERVIEW

1.7 Information for Children & Youth: Rights & Responsibilities: A Handbook for Youth in Care & Youth Connected to Child & Family Programs

Policy

Children and youth will participate in all decisions that affect them. Rights & Responsibilities: A Handbook for Youth in Care & Youth Connected to Child & Family Programs provides information that informs and encourages children and youth to openly discuss their plan, goals, and worries with their caseworker. It is intended for use with youth in care who are 12 years of age and older and may also be used with younger children when it is appropriate.

Standards

Children and youth must be heard and encouraged to participate when planning is taking place about themselves and/or their family. Children and youth must be advised of their rights and responsibilities while in the ministry's care and receive information that relates to their involvement with Child and Family Programs.

Every child and youth who is in care or in receipt of support and services (e.g. Section 10, Indefinite Person of Sufficient Interest) from the ministry is to be given a copy of the *Rights & Responsibilities: A Handbook for Youth Connected to Child & Family Programs*. The handbook should be reviewed with and explained to the child or youth.

Procedures

FOR CHILDREN OR YOUTH:

The caseworker responsible for the child/youth will:

- review the handbook with the child/youth within 30 days of coming into care to ensure they understand the information contained within the handbook;
- assist the young person to complete the information in Section A of the handbook and make any necessary changes; (i.e. change of caseworker, supervisor, etc.); and
- document in Linkin that the handbook was provided and explained to the youth.

1.7 Information for Children and Youth: Rights & Responsibilities: A Handbook for Youth in Care & Youth Connected to Child & Family Programs

FOR CAREGIVERS:

The caseworker will:

- ensure that all caregivers (extended family, foster parents, room and board providers, etc.) are familiar with the information in the handbook within 30 days of a placement in their home (a copy can be accessed on the Saskatchewan Youth in Care and Custody Network's website);
- document in Linkin that the handbook information has been explained to (or reviewed with) the caregivers; and
- review the content of the handbook on an annual basis with caregivers (i.e. with extended family caregivers, foster parents, and IPSI caregivers, as part of the annual review).

Practice Guidelines

The *Rights & Responsibilities: A Handbook for YouthConnected to Child & Family Programs* provides an outline of rights and responsibilities of children and youth who receive services/support from the ministry.
Children and Youth have the **right** to:

- be informed of their rights.
- be treated with dignity and respect.
- be heard.
- participate in their local Youth in Care and Custody Network.
- inclusion and involvement in all decisions that affect the child/youth, including knowing and understanding the care plan.
- a case plan that meets their needs and the **right** to:
    - be involved in the planning process and agree to the plan,
    - express their opinions and ideas about their case and treatment, and
    - be informed of, and involved in, decisions about their guardianship, custody and legal status.
- have as much stability as possible.
- have input in placement plans.
- express their opinion about where they live and for all efforts be made to achieve these goals.
- reasonable privacy and possession of personal property. Specifically, the **right** to:
    - speak privately with family, extended family and friends (if the child/youth wishes and it is safe),
    - speak in private with their caseworker,
    - speak in private with a lawyer, the police, the Advocate for Children and Youth,

    - etc.,
    - receive and send mail privately,
    - have a personal space for their belongings, and
    - discuss their rights and choices with their caseworker.
- live in a, safe, caring, secure, nurturing environment with adequate food, clothing shelter, spending allowance, medical and dental treatment.
- know why they came into care and to know the personal information that is in their file. This includes the **right** to:
    - have their comments/corrections documented in their file, and
- be free and protected from mental, physical, financial and sexual abuse. This includes the **right** to not to be spanked, hit, locked up, verbally abused or deprived of their basic needs (food, shelter, privacy, education, bathroom, etc.),
- receive support if they have been abused.
- express who they are. This includes:
    - their name,
    - gender identity,
    - cultural background, and
    - beliefs.
- stay connected to their family, community, and cultural traditions. This includes the **right** to access:
    - language,
    - ceremonies, and
    - spiritual practices that are meaningful to them.
- have their religious, cultural and linguistic heritage respected.
- legal representation through the Counsel for Children program for any Child Protection Court matters.

Children and youth involved with the ministry have **responsibilities** in accordance with their age and level of maturity. These include the responsibility to:

- learn about their rights and understand them.
- treat others with dignity and respect.
- listen to others.
- talk with their caseworker about their needs and concerns, or if there is something they are having a problem with, or disagree with, in their care plan.
- discuss with their caseworker what they would like to do after they turn 18.
- respect the rules of the residence, provided the child/youth's rights are not being violated.
- speak with their caseworker if they feel their place of residence is violating their rights.
- respect the rights, privacy and property and needs of other residents, staff, caregivers, foster parents and neighbours.
- ensure their belongings do no include anything illegal, and do not violate the safety of

themselves or others.
- ensure their relationships and friendships do not threaten their safety or the safety of others.
- ask questions if they are unsure of something or need advice.
- show up for and take part in meetings that are necessary to fulfill their care plan. This includes:
  - medical and dental appointments, and
  - meetings with their caseworker.
- ensure they understand why they came into care and know what personal information about themselves, and their family is in their file.
- tell someone if they have been abused.
- respect differences in ethnicity, culture, religion, beliefs, disabilities, gender and sexuality of other residents, staff, caregivers, foster families and neighbours.

The above is not exhaustive lists of rights and responsibilities. The handbook provides more detail and should be referred to.

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.1 Practice and Case Management

Introduction

When a child is assessed as being in need of protection, as defined by Section 11 of *The Child and Family Services Act (CFSA)* and is at risk of serious harm the caseworker must be sure that the child will be safe. When a child cannot safely be cared for in their own home, even with family support services, the decision to place the child in out-of-home care must be made by the caseworker in consultation with a supervisor. When out-of-home care is necessary to ensure the safety of a child, *The CFSA* requires consideration of placement with the other parent, extended family or placement in their community as a priority.

As continuity of care is so important to the healthy development of the child, emphasis is placed on maintaining family connections with the child in out-of-home care. Case planning for children in out-of-home care must include the family reunification tasks, family contact plan and shared parenting plan. Caseworkers are encouraged to use family support services (see Child Protection Services Manual, Chapter 3.6) to facilitate an early return of the child from out-of-home care to the family.

When a child is placed in out-of-home care there are many tasks and activities that the caseworker, family, child, and caregiver must accomplish to work towards family reunification.

Principles

Principles of practice and case management for children in family centred out-of-home care are:

- Providing services designed to maintain the family unit wherever possible as a first and primary choice.
- Working with parents, children, extended family, caregivers and others including First Nations Child and Family Services (FNCFS) agencies and Indigenous Governing Bodies (IGB) where applicable, to identify family needs, strengths, issues and solutions that support timely reunification.
- Where reunification is the primary plan, the worker must also develop concurrent plans for permanency in the event reunification may not be possible.
- Timely case planning that includes parents, children, extended family and caregivers in meeting the child's needs and moves toward a permanency plan which recognizes the critical years of growth and development for a child.

Parents need to be provided with opportunities to actively maintain their parenting role and responsibilities. Where children are placed out of the home, shared parenting must be encouraged as safe to do so.

Central to the permanency plan should be the child's right to live in families that offer continuity

of relationships with nurturing parents or caregivers and the opportunity to establish lifetime relationships.

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.2 Recommending Out-of-Home Care

Policy

The caseworker and supervisor shall determine if out-of-home care is necessary to protect the child from incurring serious harm. In situations of immediate jeopardy, the caseworker will make the decision to place a child in out-of-home care.

Standards

- Caseworkers will assess, review, and explore all possible family resources for out-of-home care.

- Where a child has been placed in foster care a thorough search for extended family placement must commence within 30 days of placement and be noted as part of the Assessment and Developmental plan.

- When an Indigenous child is being considered for placement in out-of-home care or is placed in out-of-home care, the caseworker shall notify the appropriate Band, FNCFS agency, IGB or local Métis association to explore supports and services.

Procedures

1. When a caseworker finds a child to be at imminent risk of harm, the caseworker will intervene to ensure the child's safety immediately without the need to consult with a supervisor.

2. If, after considering all safety criteria, the caseworker concludes that a child is in an unsafe situation, it is the caseworker's responsibility to identify, provide, facilitate or arrange for an appropriate intervention that would control those factors that jeopardize a child's safety.

3. These interventions are usually provided through:
   - Assistance to the family and child from the other parent, relative, friend, neighbour, or volunteer;
   - Moving family to an emergency shelter;
   - Arranging crisis intervention services;
   - Contracting for a Parent aide/Family support worker;
   - Arranging intensive home-based family preservation services;
   - Requesting assistance from the FNCFS agency, Band office or IGB;
   - Requesting assistance from Elders;
   - Arranging for medical/health intervention;
   - Arranging for interpersonal violence services;

- Arranging or assisting in finding child care;
- Arranging for home care;
- Offer of Family Services (see Child Protection Services Manual, Chapter 3.3 Offer of Family Services); or if necessary,
  - Protective Intervention Order (Child Protection Services Manual, Chapter 7.2)
  - Placement with extended family;
  - Apprehension of the child (Child Protection Services Manual, Chapter 4.3,)
  - Placing the child in foster care; Agreement for Residential Services (Child Protection Services Manual Chapter 4.7).

4. When the risk assessment and/or assessment of safety indicate that a child is in need of protection and at risk of incurring serious harm and no arrangements can be made to ensure the child's safety in the home, out-of-home care must be considered to safeguard the child.

5. Care in a least intrusive setting (relative or other significant person) that provides for the safety of the child must be considered.

6. Children may be placed in the care of the Minister by their parents through an Agreement for Residential Services when the basic or special needs of the child cannot be met by the parents (Section 9 of *the CFSA*).

7. Agreements for Residential Services may be entered into when:
   a. the plan is for the child to return to the care of the parent. In child protection matters, it is the ministry's preference to work by agreement if the child must enter care and it is possible to protect the child without resorting to apprehension of the child.
   b. due to the child's disability or significant impairment, the child's plan does not include reunification with the parent who, although fully engaged in planning, cannot safely care for their child at home. With Executive Director, Service Delivery approval, the Agreement for Residential Services may be the child's permanency plan. (See Child Protection Services Manual Section 4.7 Agreement for Residential Services).

Practice Guidelines

The decision to place a child in out-of-home care is an extremely complex component of the assessment process. Rarely is it appropriate to make this important decision based on one circumstance or by one person. It is important to account for all factors identified in Section 4, the best interests of the child. Consideration must be given to whether all appropriate and available family supports through the community, FNCFS agency, IGB, Band or ministry resources have been offered to the family to prevent out-of-home care.

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.3 Placement Selection

Policy

A child's out-of-home placement should be matched to the child's assessed needs as closely as possible within the resources available.

Standards

- In planning for out-of-home care of Indigenous children the following placement priorities will apply:
  - placement with one of the child's parents;
  - with another member of the child's family/extended family;
  - placement with an adult from the same Indigenous group or community as the child;
  - placement with an adult who belongs to an Indigenous group or community that may be different from the one to which the child belongs;
  - placement with a non-Indigenous family, close to the child's home community.

- The caseworker responsible for selecting placement of the child must be provided all relevant background material to match the child's needs with the placement.

- The caregiver must be provided all relevant background material in the appropriate format to help them determine if they can meet the child's needs and to meet those needs upon placement.

- When placing a child or youth with sexualized behaviours, the caseworker must ensure that the child is placed with a resource family that can provide individual sleeping accommodations for the child or youth (see Practice Guidelines).

Practice Guidelines

1. A child's placement must be matched to the child's needs as closely as possible within the resources available.

2. Criteria in placement selection for a child should include:
   - The wishes of the child's parents where feasible;
   - The child's cultural, racial, linguistic and socio-economic background, and kinship ties;
   - The child's religious or spiritual heritage and upbringing;
   - The child's developmental, emotional, mental, physical, social, medical and educational needs;
   - The child's interests, abilities and strengths;

- The child's wishes if they can be ascertained, taking into account the age of the child and child's development;
- The wishes of any parent who is entitled to access; and
- The importance of continuity in the child's care and the possible impact of disruption on the child.

Where possible the Assessment and Developmental Plan and Structured Decision Making® tools should be used as a reference.

3. The following factors should be considered in the selection of a caregiver resource:
   - Safety of the home in relation to the child's age and developmental level;
   - Whether the child fits within the home's approved range of acceptance;
   - Whether the placement is reasonably close to the child/youth's family;
   - Whether the placement is reasonably close to the child/youth's health care providers;
   - Whether the placement is reasonably close to the child/youth's school to promote continuity of school placement if possible;
   - The type and intensity (medical, behavioral) of care the child/youth requires and the level of skill demonstrated by the caregiver;
   - The ages and needs of other children/youth in the caregiver's home and whether the they will fit in;
   - Whether the placement will be long-term or short-term;
   - The personalities of the caregiver's family and their compatibility with the personality of the child/youth;
   - The caregiver's sensitivity to and understanding of the child/youth's cultural background and language;
   - The caregiver's ability to ensure the child/youth has access to their culture and community; and
   - Caregivers' willingness and ability to support the reunification or other permanency plan;
   - The caregiver has the required knowledge, skill, experience and ability to carry out the required tasks related to the child/youth's needs.
   - The caregiver has access to appropriate support and resources from health care professionals.

4. Severely abused or high-risk children should be placed in caregiver homes where:
   - The caregivers have the required knowledge, skill, experience and ability; and
   - The caregiver has appropriate supports from their own network or through the ministry to assist in caring for a high needs child.

5. When placing a sexually intrusive child or a child with a history of violent behaviour, the caseworker must assess the following:
   - The caregiver's family composition including children younger than the child to be placed;
   - The ability of the caregiver to supervise the children;

- The ability of the caregiver to provide single bedrooms with ease of supervision; and
- The availability of ministry staff to provide regular, ongoing support and guidance.

6. Children/youth who are non-verbal and/or non-ambulatory, and who also have high medical needs or are medically fragile, are exceptionally vulnerable and require consistent monitoring to safeguard their well-being.
    - When resources and/or caregivers are not immediately available who are fully equipped to meet their needs, interim safeguards (e.g., access to physicians, registered nurses, or home care providers) will be implemented to protect the child/youth's health and safety, until appropriate resources are in place.

7. Caseworkers are to arrange for additional supports for the caregiver where required.

8. The child should be placed in the most homelike, least restrictive setting possible. Wherever possible, the initial placement should be the child's only placement until he or she can safely return home, be placed with extended family, or within their home community.

9. Mismatched placements may result in multiple placements, loss of cultural identity or inadequate care and lead to unnecessary trauma for the child. Caregivers who attempt to care for children outside their range of acceptance, knowledge, skill or experience may become overburdened and overstressed. This can result in caregivers asking that children be removed from their home.

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.4 Placement Planning, Preparation and Family Contact

Policy

Planning and preparation for placement shall be guided by the child's age, experience, individual needs, personality, familiarity with the caregiver and circumstances necessitating placement. Family contact should be supported and considered as part of the placement and preparation process, when determined to be in the best interests of the child.

Standards

- All relevant information, including the child's personal health information, must be provided to the caregiver, using the **Out of Home Care Placement Referral / Caregiver Information Form (12.4)** prior to or at the time of the child's placement in out-of-home care.

- When children are not placed with family/extended family, or within their cultural community, the child and family will be engaged in identifying extended family members who could be approached for placement (see Chapter 2.3 Placement Selection). As part of this process, a referral to the Family Connections Program should be considered.

- The placement of children with or near siblings should be considered in determining placements and whether the placement is consistent with the best interests of the child.

- The caseworker will arrange a visit between the parents and child as soon as possible once the child has been placed in out-of-home care.

- The caseworker will implement a progression of visitation between the parents and child(ren) which is to take into account safety and risk, the developmental needs of the child, inclusive of siblings, extended family and caregivers and related to the outcomes of the case plan.

- Supervisors and caseworkers will regularly review family visitation planning, including sibling contact, during case reviews.

- Cancelled visits will be reviewed by the supervisor and rescheduled as soon as possible. In circumstances where a visit is cancelled, the visit "quality" will be a "failed visit" in the Linkin Visitation Log and the following will be documented in the Visitation Log narrative in Linkin:
  - Reason for the cancellation;
  - Plan to reschedule; or
  - Rationale for not rescheduling;

- Completion of the supervisory review.

(For offices not using Linkin, the above information will be documented on a contact record in the family and child's file.)

Procedures

When case planning determines that reunification is likely, the caseworker should vary the visitation plan to include transitioning to more frequent and longer visitation. This may include a progression to full day, overnight, weekend or extended visitation.

Caseworkers are to ensure that providers send the child to visits with items that will assist in supporting the parent /child contact (snacks, diapers, formula, favorite toy, car seat, change of clothing).

Whenever possible, the provider should transport the child(ren) to the visit (see Ch. 7.6). If the provider is unable to transport for a visit, the caseworker will be responsible for arranging transportation.

Note: Costs associated with family contact which are incurred by the provider are to be issued as per Chapter 7.6, Special Needs – Travel.

Family support for visitation with the child's immediate family and/or extended family may be provided and may include the following:

- Facilitating a visit at the parent's home or in the community or making arrangements with an agency that provides supervised visitation;
- Due to the distance of a child's placement or for other extenuating circumstances, there may be instances where family visitation must occur at a hotel (this should only be considered where the caseworker has assessed the visitation to be safe);
- Support to assist with travel for the child's family will be considered in the following circumstances:
  - The child's family does not have the financial resources to pay for the travel costs; and
  - Funding for travel costs is not available through other sources;
- Payment to the child's family for travel will be based on actual public transportation or gasoline costs.

If the parent is in receipt of Saskatchewan Income Support (SIS) or Saskatchewan Assured Income for Disability (SAID) benefits:

The SIS program includes the Children's Basic Benefit, which has replaced the visiting children's allowance previously available through Saskatchewan Assistance Plan. The Children's Basic Benefit is available the first month a child is born, the first month a child is returned to the

parent from the ministry's care, and as an ongoing benefit to a parent who is a refugee claimant until the parent is eligible to receive the Canada Child Benefit (CCB).

If the parent is in receipt of benefits through SAID, the caseworker must notify the SAID caseworker of the visitation plan and request the "Visiting Children's Allowance" be issued to the parent.

- Visiting Children's Allowance may be issued by the SAID caseworker when visitation with the child exceeds 24 hours.
- The caseworker emails the SAID caseworker to confirm the visit and request the Visiting Children's Allowance be issued to the parent.

- A requisition for groceries is not to be issued unless SAID is unable to provide the Visiting Children's Allowance. In these circumstances, the rationale must be documented in the Case Plan Decision in Linkin (this may require that the rationale is captured on the yellow copy of the requisition).
- Where supplies are required to support the extended visit, the caseworker may issue a requisition to cover the cost of diapers, wipes, formula etc. The amount issued is to be approved by the supervisor.

When visitation ranges from 6 to 24 hours, the following may be provided to families to support the visit:

- The caseworker may issue a requisition for groceries in the amount of $20 per day per child.

When visitation does not exceed six hours:

- The caseworker must ensure the care provider sends the child(ren) with adequate supplies (diapers, formula, wipes, snacks, lunch) that will cover the child's needs for the duration of the visit.

Practice Guidelines

Placement in out-of-home care may be planned or may occur on an emergency basis. The following guidelines should be considered whenever a child is placed in out-of-home care:

- The caseworker should encourage the family to discuss the out-of-home placement in a positive manner with the child(ren).

- If known, the caseworker should describe the providers' family composition (number and ages of children currently being cared for by the provider, family pets, activities etc.).

- If the child/youth is being placed in group care (emergency or stabilization placement), the caseworker should describe the rules, education program, therapeutic and

recreational services available to the child/youth.

- The child(ren), parent and provider should know as soon as possible how often and when family contact will occur (phone calls, letters, supervised or unsupervised visitation).

- If restrictions exist around family contact, any conditions must be fully explained to family and where appropriate the child. Restricting family contact or visitation should only be considered when there is a danger to the child or if contact would compromise legal testimony (i.e. perpetrator convincing child to change testimony).

- Sibling contact is always considered to be in the best interests of the child and every effort should be made to avoid disrupting sibling relationships. Whenever possible, siblings are to be placed together or near one another. In circumstances where siblings cannot be placed together (resource limitations, safety concerns), a plan must be established at the time of placement for siblings to have regular contact with each other unless circumstances exist that could be damaging to the child (i.e. child sexually abused by the sibling).

- In circumstances where a child has a history of behavioural issues related to drugs, alcohol or weapons, the provider must be informed. Caseworkers should assist the provider in unpacking the child/youth's belongings so that any possessions that could be harmful to child or other children/youth placed in the home can be confiscated and reported to police if appropriate (illegal weapons, drugs, alcohol).

Out-of-home placement can impact both the child and family. The following guidelines should be considered to reduce the disruption of out-of-home placement:

- Involve the parent and child(ren) where appropriate in the planning for placement or change of placement to the extent possible. Parents and children will have strong feelings about the placement, even if they understand the reason and are involved in the decision. Caseworkers must understand that family members need permission to express these feelings.

- Considering the child's age and ability to understand, children in out-of-home care should be advised of the case plan as soon as possible (length of time they will remain in care, whether plans are being made to explore family placements etc.).

- Children placed in out-of-home care benefit from having pictures of their family with them. If pictures are not available, the caseworker should take pictures at the first visit and provide copies to the child and parent.

- The younger the child, the more important it is that visiting be consistent. For younger

children, frequent visits of short duration are best.

- For older children, reactions to visitation may indicate the need for more contact. These reactions are often an indication of attachment between the parent and child and must be considered when evaluating behavioral reactions to visits and when developing ongoing visitation between the parent and child.

Description	Expenditure	Approval
Transportation for child to family visitation (provider not transporting)	Actual cost of public transportation or gas (see Chapter 7.6 for provider expenditures)	Supervisor
Transportation for child's family	Actual or gas Not PSC rate	Supervisor
Hotel for overnight visitation with family (see Ch. 7.6 if hotel for provider is required) Meals for parents and children when visitation occurs at hotels or other approved location (see Ch. 7.6 for provider rates if required)	Actual cost $20/day per parent $10/day per child (Individual meals may be issued as required at a rate of $5/breakfast, $6/lunch and $9/supper in accordance with Income Assistance rates)	Supervisor Supervisor Manager approval required if expenditure exceeds rate.
Groceries: Visitation < 6 hours Visitation > 6 < 24 hours Visitation > 24 hours	 $20 per child per day Income Assistance (IA) to provide Visiting Children's allowance – if not in receipt of IA benefits, groceries may be issued at $5/day per child.	 Supervisor Supervisor Manager approval required if expenditure exceeds rate.
Supplies: May include diapers, wipes and/or formula	Actual cost	Supervisor
Other expenditures related to family visitation not described above (excluding expenditures for providers)	Actual cost	Manager approval

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.5 Assessment and Case Planning for Children and Youth in Out-of-Home Care

Policy

To maintain a complete and accurate record when a child is placed in out-of-home care, caseworkers must enter all case documentation into the Linkin case management system and completed all required, assessments within policy timeframes.

Standards

Where there is reference to the Child in Care Assessment and Review (CCAR), this is inclusive of PART A and B unless otherwise stated.

- PART A of the CCAR must be completed within **45 days** of a child being placed in out-of-home care.
- If the child has been in care for less than 45 days, PART A of the CCAR is required at file closure. PART A of the CCAR is **not** required if the child was in care less than 48 hours. (48 hours does not include the day in which the child was apprehended).
- PART A of the CCAR will be updated and PART B is completed within **180 days** of a child being placed in out-of-home care. The CCAR will be updated every 180 days thereafter.
- PART A and B is completed/updated when a child is discharged from care (if the child has been in care less than 45 days, only PART A is required at the time of closure).
- The CCAR must be updated every **180 days** for long-term and permanent wards.
- Contact logs are entered into Linkin by caseworkers to keep a record of activity between review periods. Contact logs should include all relevant information relating to who, when, what, actions, and decisions.
- Family Health Histories (12.62) are required for long-term and permanent wards, for children and youth in extended Section 9 placements and for PSI children who are not placed with family (See CSM 2.5.2).
- A printed photograph of each child or youth in care must be placed on the file and updated yearly. A photograph should be placed on the file within **45 days** of coming into care, in conjunction with PART A of the CCAR.

- A **Life Book** must be started when a child remains in out-of-home care for more than six months.

Linkin / Administrative Procedures

1. Caseworkers will create a CCAR (12.15) outside of Linkin and email the document to the supervisor who will approve and sign the document electronically.

2. Once approved, the supervisor will copy and paste the document into the Outcome Plan of the Ongoing Case (do not copy into Linkin in plain text).

Note: It is important that the CCAR be fully approved prior to copying and pasting into Linkin.

Practice Guidelines

Case plans for children in out-of-home care are made in consultation with all those involved in the case but must include at least the family, child and caregiver to be effective.

Case plans for children with medical needs are made in consultation with health care professionals to determine their ongoing needs in out-of-home care.

Where there is a lack of available information at the time of admission to out-of-home care, continued efforts must be made to obtain the information as soon as possible and incorporate it into Child in Care Assessment and Review.

The Child in Care Assessment and Review (CCAR):

The Child in Care Assessment and Review (CCAR) is made up of two sections, PART A and B. Part A requires the caseworker to assess each child on 11 domains specific to their strengths and needs and to create a family contact plan. PART B of the CCAR is an analysis which is designed to capture the voice of the child, and if the child is Indigenous, ensure that planning for the child aligns with principles of the federal child welfare legislation, *An Act respecting First Nations, Inuit and Métis children, youth and families*. The case analysis includes progress towards goal achievement, cultural connections, family and social relationships, reunification efforts and permanency planning.

The CCAR becomes a record of the child's life while in out-of-home care, in addition to guiding case planning. It is important that vital information about the child and his/her family be preserved in as much detail as possible.

The CCAR is designed to review several important areas of child development and prompt the

caseworker to assess the progress of each child's development through regular review and recording of developmental milestones. Any areas that require special attention, or where developmental delays are identified, can be flagged in the assessment to ensure that the child's needs are being met by the family and/or caregiver, and addressed in the case plan.

The CCAR should include reference to:

1. Family Contact Plan

When it is safe, children should have as much contact with their parents, siblings, extended family, friends, or elders as possible. If personal contact is not possible or is infrequent then regular phone contact, video calls or exchange of letters are alternatives. This information is to be captured in PART A of the CCAR and within Linkin in the "Visitation Plan" section. This includes schedule, frequency and evaluation of visits.

2. Shared Parenting Plan

Examples of shared parenting include parents accompanying their child to educational, medical or dental appointments, parents visiting and parenting their child in the caregiver's home, parents accompanying the child to purchase necessary clothing and school supplies.

This approach:

- encourages the parent and child to remain bonded and attached; and
- breaks down the barriers between parents and caregivers by sharing responsibility for the care of the child.

Wherever possible and appropriate, caseworkers are expected to look for and encourage shared parenting.

3. Family Reunification Plan

Family reunification tasks are those steps that must be completed so that the child can safely return home. The Family Reunification Plan contains goals and identifies support services that may be required to support the child's return home.

4. Preferred Name, Pronoun and Gender

The CCAR should reference the child's preferred name, pronoun and/or gender if different than those indicated at birth and use these self-identified references throughout the body of the assessment.

Photographs on Child in Care Files

In many circumstances, a yearly school photograph will meet this requirement, however, for those children or youth who enter care during the school year, or for youth who struggle with school absenteeism, the caseworker is responsible to ensure that an up-to-date photograph is printed and placed on the file.

Photographs of children and youth in care serve many purposes;

- becomes part of a child or youth's historical record of their time in care;
- enhances the child or youth's written record which they may access as an adult
- records changes to a young person's growth and development (glasses, braces etc.); and
- assists in identifying a child/youth who becomes absent from care (can be provided to police during an active police investigation);

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.5.1 Preserving a Child's History in a Life Book

Standards

- The child's caseworker is responsible for ensuring information is gathered and the Life Book is compiled.

- The Life Book is the property of the child and should accompany the child whenever he or she moves.

- Where a child is to be placed for adoption, the extent of identifying information will depend upon the openness of the adoption.

- Key elements of the life book should also be recorded on the CDAP.

Practice Guidelines

The primary purpose of a Life Book is to provide information about:

- the child's family;
- birth and development;
- sequential history of placements, relationships and reasons for moves; and
- other events significant to the child.

The content of the Life Book will vary according to the length of stay in care.

The Life Book may be used to:

- help a child resolve questions about their past and separation issues;
- provide an opportunity for the child to discuss their feelings about the recorded information;
- provide the child with something that is their own; and
- prepare the child for a move to a foster or adoption home.

Where an infant is in a foster home prior to **adoption placement**, the foster parent records information such as: birth and medical information, pictures, milestones, and daily routine in a "baby book". Written history information provided to the adoptive parents will be used to interpret the past to their child; therefore, identifying information must not be included.

A Life Book is intended to provide a permanent history for a child by recording as many significant events in the child's life as possible in order to prevent gaps due to removal from home or placement changes.

2.5.1 Preserving a Child's History in a Life Book

Format:

Life Books can be assembled in photo albums or binders that are available through Social Services.
The caseworker and the caregiver may record information. Photographs of the child and significant events in the child's life should be included. The actual cost of supplies, film and developing for pictures for the life book will be reimbursed to the caregiver.

Life Books are to be organized under the following Headings:

- History of the child's developmental milestones
- Growth and weight chart
- Medical (list appointments, diagnosed illnesses, treatments)
- Education (report cards, awards, certificates, art work, outings)
- Cultural Activities
- Recreation (team pictures, awards)
- Religious/Spiritual activities
- Family Contact (list who, when, where, what)
- Family Background (genogram/family tree)
- Pictures (family, friends, pets, caregivers, teachers, holidays)

Considerations:

1. The degree of involvement by the child depends on the child's age.

2. The Life Book should contain as much factual and objective information as possible, including the following:
   - birth information;
   - descriptive infancy/toddler growing experiences;
   - pertinent health information;
   - pertinent court decisions and dates;
   - visits and letters from the natural family;
   - history of placements (names of foster parents and residences, date and duration of placement, a sensitive description of the reason for the move, and other relevant information);
   - positive achievements, records, or mementos (sports or club activities, school certificates, stories);
   - records of important anniversaries (birthday cards, Christmas memories);
   - photographs (child at various ages, birth parents, former places where the child has lived or families the child has lived with, friends, activity groups, etc.);
   - information about the child's cultural and racial background; and
   - anything else the child feels is important.

3. The information in a child's Life Book must be described in an honest and sensitive way and will include hurtful memories as well as happy ones.

4. The child's feelings and his observations should be recorded in his Life Book, e.g. feeling statements made by the child; an unmailed letter written to the birth parent by the child.

5. The Life Book is the property of the child and should accompany the child whenever he/she moves. The child should decide whether he/she will share his/her book, with whom he/she will share his/her book, and when he/she will share his/her book.

6. Sources of information include: the child protection caseworkers, social history, the child's birth parents, relatives or neighbours, former foster parents, medical doctors, hospital records, public health records, etc.

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.5.2 Family Health History

Policy

The Family Health History Form will be completed for all children and youth prior to court applications in which a long-term ward order, permanent ward order of Person of Sufficient Interest (PSI) order is considered, and/or prior to entering into an extended section 9 Residential Care agreement.

The Family Health History Form provides health information to the child/youth and their caregivers while in extended placements. It can also be provided to children/youth who request the information during or after they exit care.

Standards

- The child's caseworker is responsible for ensuring information is gathered and documented on the **Family Health History Form (form 12.62).**
- For information to be provided in full, written consent is required for all family members who provide Family Health History Form information, other than the child to whom the information relates. The consent form, attached to the Family Health History Form (12.62), will be signed by each adult participating family member. Children who are under 18 years of age and share information must have their parent or guardian sign consent on their behalf.
- Where consent is not provided, caseworkers will clearly document on the consent form that the participant does not consent to sharing their personal and/or health information. In these circumstances, the caseworker will ensure information on the Family Health History Form is written in a non-identifying manner (e.g., there is colon cancer in the immediate family rather than the paternal grandfather had colon cancer).
- In the event that a family member, who did not provide consent, passes away, their information may be released pursuant to Section 17.02 of *The Child and Family Service Regulations*.
- Where consent is provided over the phone, the family member must follow up in writing (i.e., email) to confirm the information they are consenting to sharing (health and/or personal).
- A copy of the Family Health History Form (form 12.62) will be placed on the Child Care file and provided to the youth upon request.

Procedures

Often health information is sought by a young person or adult who has been in out-of-home care. Any information about the child and their family is critical and needs to be preserved for the child or family in the future.

2.5.2 Family Health History

Health information is collected at a point in time; however, family members are encouraged to share health information with the child's caseworker as it becomes known. As part of ongoing case planning, caseworkers are encouraged to seek health information from family members and update the health history as needed.

The information on the Family Health History Form (12.62) may be gathered through:

- face-to-face interviews;
- phone interviews;
- information gathered throughout the life of the ongoing case; and/or;
- a review of Linkin and attaching health information to the Family Health History Form.

Caseworkers should make every effort to obtain written consent from family members in order to disclose the child's family health history information in full. Without consent, the information will be redacted to protect the privacy of the family member.

Family members need to be cautioned that their information may be shared with the foster parents when the child/youth requests their family's health history or when the family member who provided the information passes away.

Practice Guidelines

Family health history information is important for caregivers to provide quality care and support to a child/youth as they develop to help identify potential health conditions that could impact the child/youth now or in the future. Children and their caregivers may have access to valuable information regarding health conditions that are hereditary (e.g., allergies, cancer, diabetes, mental health conditions, etc.), which may increase the risk of the child/youth developing a condition. The Family Health History Form can also identify potential caregivers for the child should the extended placement not be successful.

Questions pertaining to a person's health should be asked with sensitivity and respect. It is important to:

- Seek permission prior to engaging family and the child/youth with health-related questions. Some questions may trigger recent or past traumas that can make the process more difficult.
- The caseworker/case aid may determine that providing scenarios to each question may offer more opportunity to learn from family member(s).
- Health information should be collected from as many people as possible who are biologically related (parents, grandparents, siblings, extended family). While speaking with a family member, they may identify someone else who could also provide information. All family members who provide health information are required to provide consent.

2.5.2 Family Health History

- The Family Health History form may be used for more than one person; however, additional forms may be required. Each completed form will be placed on the Child Care file.

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.5.3 Cultural Planning with Indigenous Children and Youth

Legislation

Section 4,*The Child and Family Services Act*
Section 10, *An Act respecting First Nations, Inuit and Métis children, youth and families*

Definition:

Indigenous - when used to describe a person, refers to First Nations, Inuit and Métis peoples.

Culture – when describing Indigenous culture:

- the accumulated teachings of Elders, learned and passed on through the generations;
- the basis for shared values, beliefs, practice and traditions;
- often identified symbolically through language, dress, music and behaviours; and
- integrated into all aspects of an individual's life.

The Cultural Readiness Tool - helps determine caregiver readiness and ability to establish and/or maintain the child/youth's goals identified in their Cultural Connections Plan.

Preamble

For First Nations, Inuit and Métis peoples, a positive cultural identity and connection to culture are primary needs, and at the core of one's being as crucial to understanding who they are, who they are connected to, where they come from and how they may relate to one another. The best interest of Indigenous children and youth are promoted when culturally secured.

Identity begins to form at birth, continues to develop throughout our lives, and is largely influenced by our experience and relationships. Without a culturally informed plan of care, Indigenous children and youth remain at risk for developing a confused sense of identity or belonging, as they struggle being "between cultures". When supported to learn about their cultural heritage, children and youth can develop a more fulsome understanding of the significant challenges, considerable contributions, resilience and diversity of Indigenous peoples.

Intent

Indigenous children and youth must be provided with diverse learning opportunities to value, preserve and participate in the life of their own Indigenous community, and/or the Indigenous community of others. Caregivers have a responsibility to provide daily care and support which embraces and encourages a path for children and youth to strengthen their cultural identity.

2.5.3 Cultural Planning with Indigenous Children and Youth

A cultural connection plan is intended to be a collaborative planning tool to engage important members in the child/youth's life, including family members, caregivers, caseworkers and identified members of Indigenous communities and/or organizations who wish to support the child/youth's well-being and uphold a cultural connection plan.

Indigenous children and youth have distinct cultural differences, needs and interests requiring individualized cultural connection plans.

The **Cultural Readiness Tool (12.73)** will assist caregivers in identifying their readiness and ability to support the children/youth in their home to connect with family, culture and community. The tool may also help to determine what support and/or training the caregiver may need to ensure this connection is made.

Policy

All Indigenous children and youth placed in out of home care must have a Cultural Connections Plan to establish and maintain meaningful connections with family, culture and their respective Indigenous communities.

The views of Indigenous children and youth must be heard, and they must be encouraged to participate, as appropriate to their age, development and maturity.

Standards

- A Cultural Connections Plan (template 12.66) will be completed with all Indigenous children and youth in the care of the Minister.
- The initial plan will be completed within 45 days of the child being placed in out-of-home care, in conjunction with PART A of the Child in Care Assessment and Review.
- Subsequent reviews/updates to the child/youth's Cultural Connections Plan will occur at each case review timeframe, along with the CCAR, or sooner, if circumstances change.
- For children and youth subject to a long term or permanent wardship order, the Cultural Connections Plan will be reviewed and updated at each 180-day assessment timeframe, along with the CCAR or sooner, if circumstances change.
- For children and youth involved in adoption planning, a review of the Cultural Connections Plan will occur every 180 days or sooner, until an adoption is final.
- The Cultural Connections Plan is updated with the participation of planning team members, prior to an application for a PSI order.

2.5.3 Cultural Planning with Indigenous Children and Youth

Procedures

- The caseworker will assemble a planning team to establish and maintain the child's Cultural Connections Plan.

- In addition to the child/youth, caseworker and caregiver(s), members of the planning team shall include, at minimum, one or more of the following:
  - a member of the child/youth's biological family (i.e. immediate or extended family);
  - a member of the child/youth's Indigenous community (i.e. Elders/ Knowledge Keepers/Indigenous representative/cultural liaison);
  - other significant people in the child/youth's life, as identified by the child/youth.

- Every effort must be made to ensure representation from the child/youth's family, community or other significant person occurs as part of the planning process. In circumstances where a representative is not able to attend in person, alternate means to engage and consult should be considered (i.e. rescheduling the meeting, video conferencing, telephone conferencing, e-mail correspondence etc.).

- Members of the planning team may identify a primary contact to help facilitate cultural, linguistic and familial communications and resources, bridge cultures, and help the child/youth/caregiver establish cultural links. This person might be a member of the community, an Elder or Knowledge Keeper, family member, or other significant person as identified.

- Caseworkers may complete sections of the template (see Cultural Connections Plan template 12.66 and Guide for completion 12.67) with the child/youth (as appropriate to age and level of maturity) to identify individual connection needs, interests and level of readiness, prior to the planning meeting.

- Older children/youth should be encouraged to participate in larger discussions as part of the planning team.

- For children or youth who are non-verbal, or otherwise unable to participate in planning discussions, the plan may be completed on their behalf, with the input of planning team members.

- The details of the plan will be documented within the Cultural Connections Plan template (12.66), including identified goals and tasks to be completed by the planning team to ensure all members are aware of any required approvals or safety standards to support the child/youth's plan (i.e. home safety check, background or child welfare checks, ensuring appropriate supervision etc.).

- Required financial supports will be approved as part of the child's case plan. (See Chapter 7.13 General Services and Supplies).

- Once completed, the Cultural Connections Plan should be reviewed and signed by all participants to ensure accuracy and accountability regarding each person's role and commitment to achieving identified goals:
  - a signed copy of the Cultural Connections Plan will be provided to the child/youth to keep in their life book;
  - a signed copy of Cultural Connections Plan will remain on the child/youth's child in care file; and/or
  - a copy will be provided to members of the planning team, if requested.

- When children/youth move between program or service areas, review the Cultural Connections Plan document with the receiving office and complete the Transfer of Responsibility Checklist (12.18).

- When a PSI order is granted, the child's Cultural Connections Plan is provided to the caregiver and a progress update is completed as part of each Annual Review (see Chapter 4.3.5 Person Having a Sufficient Interest in a Child).
- Requests for financial support will be reviewed as part of the Extended Family Care Support Agreement (12.45 or #2042) and subsequent Annual Reviews (12.46 or # 2041).

Practice Guidelines:

1. Registration/Membership

- Identifying whether the child/youth is Indigenous and/or eligible to be registered, is essential to advancing cultural connections planning.

- When children and youth are identified as First Nations, Inuit or Métis, the caseworker will assist with determining eligibility for registration and provide children/youth and their families with adequate support to advance the registration process.

- For children/youth who may be eligible, caseworkers can advance the appropriate registration process by speaking with the child/youth, parents and/or extended family to identify the Indigenous community(s) the child/youth may be connected to, and:
  - Submit the completed application and supporting documentation to the appropriate Indigenous registry on the child/youth's behalf; or
  - If required, request the support of the ministry's Indigenous Services Unit to navigate available registration resources;

When supporting a child/youth in determining which Indigenous community would be

appropriate to pursue registration with, the decision should be made by the family. Registration supports may include but are not limited to helping the family prepare or access documentation to support their application, initiating contact with the appropriate registry on the family's behalf.

Note: For children in care via Residential Services Agreement (Section 9), parental consent is required to initiate the registration process.

2. Establishing/Maintaining Connections

- Children and youth may have parents from different Indigenous communities, as such, they should be provided with opportunities to experience different cultural affiliations. For example, a child may have parents from two separate First Nation bands, or one parent with Métis citizenship. It should be noted that each Indigenous group has its own respective membership, traditions and cultural protocols.

- For many Indigenous families, the traditional family extends beyond blood relatives and may include members of the child/youth's community, or other significant people in their lives. The child/youth and family will be essential to identifying these people and the role they play in the child/youth's life.

- It is very important to support Indigenous children/youth to maintain or embrace their connection to community, and equally as important to acknowledge that some families may have little or no established connections within the community. Further, family relationships may not be amicable or in agreement regarding meaningful connections.
- Children and youth should be encouraged to participate in experiential learning opportunities at their own pace and level of comfort. Effective goals are achievable, incremental and individualized.

- Additional support and guidance from family and Indigenous community members may provide valuable insight to gain a better understanding of resources which may best assist the child/youth.

- Identifying the primary contact should take into the consideration, the person best suited for the role. Ideally this person may be an Elder, Knowledge Keeper, Prevention Worker, FNCFS Representative etc., with comprehensive knowledge about Indigenous peoples and available resources to effectively guide the process.

- Any anticipated expenses related to travel, accommodations or other costs to support participation should be identified and approved prior to planning meetings.

3. Supported learning through experience

In addition to attendance at public cultural events, caregivers may demonstrate support of the

2.5.3 Cultural Planning with Indigenous Children and Youth

Cultural Connections Plan through a combination of learning opportunities, including but not limited to some of the following examples:

- Literature, History, Art;
- Traditional Dance, Music, Dress/Regalia;
- Language, Customs, Traditions, Practices and Games;
- Traditional food preparation, Knowledge of Medicines and use;
- Participation in ceremony and/or community events;
- Access to Elders and Knowledge Keepers Teachings;
- Positive and open relationships with the child/youth's family; and
- Visiting the child/youth's Indigenous community.

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.5.4 Indigenous Registration: Identity and Belonging

Policy

Caseworkers will initiate the registration process with Indigenous children and youth when out of home care is required and registration has not been established.

The child, youth and/or family must be provided with the opportunity to participate in decisions impacting registration.

Intent

A secure sense of identity and belonging can have significant lasting impacts on the healthy development of Indigenous children and youth. A supportive registration process involving the child, youth and family affirms the rights of Indigenous children and youth beyond involvement with the ministry.

Standards

- Document the child/youth's registration needs within the initial, or subsequent review of the Cultural Connections plan (template12.66);
- When a child or youth is eligible to register with either parent's First Nation Band, the decision must include consultation regarding the child/youth/ family's wishes;
- Eligibility for registration must be determined prior to proceeding with an application for a Long Term wardship, Permanent wardship or PSI Order regarding Indigenous children and youth;
- Youth aged 16 years and older will be provided with the necessary support to initiate the application process, including Indigenous youth who have entered into Section 10 or Section 56 agreements, when requested.

Procedures

1. Initiate the registration process upon the child/youth's admission to care by consulting with the child, youth and family to determine whether the child/youth is registered or eligible to be registered;
2. Review available child/family information in Linkin or Automated Client Index (ACI) and speak with the child/youth, parents and/or extended family to identify all Indigenous affiliations. Consider whether:

- one or both parents identifies as First Nation, Métis or Inuit;
- the child/youth's siblings or grandparents identifies as First Nation, Métis or Inuit;
- anyone in the immediate family identifies as First Nation, Métis or Inuit and/or has confirmed status or citizenship.

3. Consent is a requirement to proceed with registration involving children and youth in care under a residential care agreement. Complete the **Indigenous Registration Planning and Consent form (12.71)** with guardians/parents of children or youth:
    - Review the form with guardians/parents, obtain signature(s), witness the signatures, and file the completed consent form on the childcare file;
    - Advise guardians/ parents of the option to provide consent at a later date, where consent is not provided upon admission to care, and ensure the form is completed as required;
    - Guardians/parents should be advised that the ministry may make the decision to proceed with registration where children/youth enter care through an involuntary process.

4. Identify registration needs under section 3.2 of the Cultural Connections plan, including consultation with the child/youth/family regarding decisions impacting registration;
    - identify date, wishes of the child/youth/family, who was involved in discussions and the decision made;
    - Consultation is centred on discussions regarding registration; the case details regarding the child/family's involvement are not provided;
    - the FNCFS Agency, First Nation Band and/or IGB may provide guidance in registration decisions impacting the child/youth, where the family is otherwise unavailable.

5. Identify the appropriate registrar to access the registration application and information regarding documentation requirements:

    A. Métis Nation- Saskatchewan Registry Documents & Forms

    B. Indigenous Services Canada Application forms for Indian status and status cards

    C. For children/youth who identify with Inuit Ancestry, contact the Registration Support Worker for assistance regarding applications to determine eligibility and enrolment as a beneficiary with either of the following:
        - Nunatsiavut- Labrador Inuit Land Claims Agreement
        - Nunavik- James Bay and Northern Québec Agreement
        - Nunavut Land Claims Agreement
        - Inuvialuit Final Agreement

Note: Where required, request the support of the ministry's Indigenous Services Unit Registration Support worker to navigate available registration resources.

6. Caseworkers will complete the registration application and supplementary documentation in

accordance with the requirements of the appropriate registrar.

7. Forward all completed applications and supporting documentation to the ministry's Indigenous Services Unit, Registration Support worker, for centralized tracking, monitoring and submission. Information may be provided in the following formats:
   - via e-mail with scanned attachments to cfpregistrationsupport@gov.sk.ca, regarding applications involving Métis Nation-Saskatchewan;
   - via interoffice mail with original documents, regarding applications involving Indigenous Services Canada. Applications are placed in a sealed envelope and marked "confidential" when sent through trace mail.

Note: Refer to CSM 2.9 Administrative Requirements for information regarding applications to Vital Statistics Registry for a certified copy of the Birth certificate. Original documents will be returned to the caseworker once eligibility has been determined.

8. Registration applications regarding youth who may be exiting the ministry's care should be given priority to ensure verification is determined in a timely manner.

9. Adoptive parents and/or PSI Caregivers have the ability to complete and sign the registration application as legal guardians/parents. In some circumstances, the ministry may be requested to provide guidance to assist with the application process.

10. Upon verification, update the child/youth's person page in Linkin and inform the child/youth/parents of the outcome of the application.

11. Where the child or youth has returned to parental care prior to confirmation of registration, ensure registration information is documented on the child/youth's file and provide the original document to the child's guardian/parent.

Practice Guidelines

1. Conversations regarding available family, cultural and community connections for children and youth may be held at various stages in planning. For example, the opportunity to share in completion of a genogram with the child/family early in planning can provide a strong foundation to continue to build upon as more information becomes known.

2. It is imperative caseworkers exhaust every effort to identify both birth parents to accurately determine eligibility for registration, and ensure children and youth are registered within their proper category. Failure to include a birth father's name on the application can have significant impacts on eligibility for membership and/or access to benefits. For example: where the birth father's name is not on the long form birth certificate, only one parent's status is considered.

3. Extended family members should be advised the personal information they provide will be used to help identify the appropriate registrar and/or support the child/youth's registration application.

4. File documentation which provides detailed generational information can significantly support the registration process for children and youth (i.e. genograms, social histories, cultural connections plan and/or family search efforts).

5. Registration planning and support may be provided to parents and caregivers of children or youth who are subject to an order of Adoption or a PSI Order, upon request, as part of the annual review.

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.6 Contact Standards- Children/Youth in Care and Placement Caregiver(s) (Goal of Reunification)

Policy

Children/youth in the ministry's care with a goal of reunification must be seen by their caseworkers according to minimum contact standards. The case plan and the individual needs of the child/youth, the child/youth's family and the placement caregiver(s) will dictate the frequency and nature of contacts beyond the minimum standards.

Intent

Regular ongoing contact with the child/youth in care, their placement caregiver(s) and collaterals is required in order to:

- Assess the child/youth's medical, educational, social, cultural, recreational and therapeutic needs;
- Ensure the placement caregiver has adequate information about the child/youth and their family;
- Observe interaction between the child/youth and their placement caregiver(s);
- Provide the child/youth with opportunities to express their views and/or worries;
- Assess placement stability and placement caregiver's ability to meet the child/youth's needs;
- Work as a team with the placement caregiver(s) and external resources to ensure the child/youth's needs are met;
- Confirm the placement caregiver(s) can facilitate family, community, and cultural connections, and are provided with supports to do so (see Section 2.5.3 Cultural Planning with Indigenous Children and Youth);
- Continue to explore family/extended family, and Indigenous community members who could provide care (See Section 2.3: Placement Selection);
- Plan for family contact, shared parenting and family reunification; Where safety concerns exists, ensuring ongoing planning to mitigate risks for the child/youth's safety while maintaining family/extended family and cultural connections;
- Assess visitation quality;
- Monitor and assess progress toward case plan objectives;
- Review and adjust case plans.

Definitions

- **Child/youth in care with a goal of reunification:** A child/youth in care of the ministry where the goal is reunification.

2.6 Contact Standards – Children/Youth in Care and Placement Caregivers (Goal of Reunification)

This includes children and youth:

- who are apprehended;
- who are temporary wards;
- who are placed under Residential Services Agreements (Section 9 and
- who are placed with definite Persons of Sufficient Interest (PSI).

This does not include:

- Children/youth placed with an indefinite PSI;
- Youth receiving services through the 16 and 17-year-old program (Section 10);
- Children/youth who are long-term or permanent wards. (See Section 2.7: Contact Standards – Children/Youth who are Long Term and Permanent Wards).

- **Contact** - is any face-to-face, phone or email interaction/communication/ observation with a child/youth or placement caregiver(s) that has a specific intent and purpose as noted above. **Note**: A face-to-face contact includes direct observation of the child/youth.

- **Collateral Contact** - is a face-to-face, phone or email contact with individuals other than the child/youth and their caregiver(s) (parents or placement caregiver) and should be limited to those who have relevant, reliable and current knowledge about the child/youth, including their adjustment to their placement and the general safety and well-being. The collateral should have frequent, in-person contact with the child/youth. A collateral contact provides the caseworker with information that assists in monitoring case developments, assessing safety and risk, and determining progress toward case plan goals. A collateral contact may include a service provider, teacher, physician, nurse, homecare provider, extended family member, a person who is part of the child/youth's safety network, etc.

- **Assigned Caseworker** - is the ministry Child and Family Programs (CFP) or First Nation Child and Family Services (FNCFS) Agency caseworker assigned by the supervisor to provide ongoing case management services to the child/youth.

- **Alternate Caseworker** - is a ministry CFP or FNCFS Agency caseworker who completes required face-to-face contacts with a child or placement caregiver, in the absence of the assigned caseworker. This does not include case assistants, after-hours' workers or practicum students (see CPSM, Section 7.13: Practicum Placements for more information on practicum students).

- **Alternate caseworker contact** – is a required face to face contact completed by an alternate CFP or FNCFS Agency caseworker in the event that the assigned caseworker is not able to complete the contact for workplace/operational reasons. Required contacts completed by alternate caseworkers must fulfill the intent and definition of a contact (see Procedures).

- **Medically Fragile** – Medically fragile describes a child/youth who has a diagnosed condition that can become unstable and change abruptly. Medically fragile children/youth require frequent ongoing medical intervention and live with ongoing threats to their lives, health

and well-being. Ongoing medical intervention may include frequent hospitalization, daily monitoring and treatment by trained professionals and/or parents and caregivers. Examples include children/youth who require medical devices such as a tracheostomy vent for breathing or a gastronomy tube for feeding.

- **Courtesy Services** – Includes case-related actions performed by one service centre or FNCFS Agency at the request of another (for example, conducting interviews, completing assessments, completing face-to-face visits in order to meet contact standards and/or facilitating/supervising visitation). Typically, courtesy service should not exceed 30 days.

Standards

- The caseworker will have, at minimum, one face-to-face contact per calendar month with the child/youth and one contact with the placement caregiver(s) every calendar month;
- The above contacts will include, at minimum, one face-to-face contact with the child/youth and the caregiver(s) in the placement caregiver's home every other calendar month;
- The caseworker will have, at minimum, one collateral contact per month.
- For children designated as medically fragile, and/or who are non-verbal and/or non-ambulatory with high medical needs, a healthcare professional who regularly provides care, must be included as a collateral.
- Face-to-face contact with a child/youth who is over the age of six will occur outside the immediate presence of their placement caregiver(s) once every six months;
- Where the assigned caseworker or alternate caseworker is not present when the child is placed or changes placement, the child/youth must have face-to-face contact with the assigned or alternate caseworker within two working days;
- In all circumstances, the majority of required contacts will be completed by the assigned caseworker (see Procedures - Alternate caseworker contact).

Exceptions to the minimum contact standards for children and youth in care may be granted as outlined in the case plan and approved by the Director, Service Delivery or designate.

Procedures

- Alternate caseworker contact - Occasionally, required contacts will be completed by an alternate CFP or FNCFS Agency caseworker in order to address work place/operational efficiencies. Where this occurs, the rationale for the alternate caseworker contact should be clearly documented on a contact log. Circumstances where an alternate caseworker contact

may occur include:
- Situations where extensive travel is involved and there are a number of caseworkers with children/youth placed in the same provider home;
- Periods of time when the assigned caseworker is unavailable and not able to meet the contact requirements;
- Circumstances where courtesy services are provided:
  - At the request of another service delivery area or FNCFS Agency (see CPSM Section 7.5: Case Transfer Protocol - Child Protection and CPSM, Section 7.4 MSS and FNCFS Shared Planning for Children and Families).
  - In cases where a child/youth in care and/or an extended family caregiver moves between or within service delivery areas or FNCFS Agency jurisdictions (see Section 11.17: Case Transfer Protocol - Children in Out-of-Home Care and Extended Family Providers and CPSM, Section 7.4: MSS and FNCFS Shared Planning for Children and Families).

- When courtesy services are requested:
  - The requesting office must confirm that the request has been received and accepted by the receiving office/FNCFS Agency via direct telephone or email contact (a voicemail is not sufficient).

  - Courtesy contact requests must be documented in Linkin, including the initial request and confirmation of receipt and acceptance. If confirmation is not obtained, the requesting office must make alternate arrangements to ensure contact standards are met.

  - The requesting office retains overall responsibility for case planning, oversight, and documentation.

- Contacts logs should clearly indicate who completed the contact, who was contacted, and the purpose and outcome of the contact. It is important to record observations of behavior and environments, especially those related to safety and risk (see CPSM, Chapter 6: Case Documentation).

- Where the collateral contacts are provided by agreement and on a regular basis by a service provider, the task should be identified and outlined on the service provider contract. If a service provider contract does not exist, the plan for the service provider to share contact information with the ministry should be discussed with the service provider, placement caregiver and the child/youth, where appropriate.

- Written correspondence, such as medical reports or monthly service provider reports, is typically not included in the minimum required collateral contacts as they are not in "real" time and they do not include a dialogue between the caseworker and the collateral source.

2.6 Contact Standards – Children/Youth in Care and Placement Caregivers (Goal of Reunification)

- In unique circumstances where collateral contacts are not available, additional caseworker contacts should be considered until regular collateral contacts are developed. The caseworker should document the reasons in Linkin. These additional caseworker contacts may be completed by a case assistant or a practicum student who is in week 13-15 of their practicum placement (see CPSM Section 7.13: Practicum Placements).

- Contacts, attempted contacts, and supervisory review of contacts will be documented on contact logs in Linkin.

Quick Reference Chart

Contact Standards – Children/Youth in Care and Placement Caregiver(s)(Goal of Reunification)
One face-to-face contact with the child/youth once per calendar month. **One** contact with placement caregiver(s) once per calendar month. **One** collateral contact per month. **The above contacts include:** One face-to-face with the child/youth and placement caregiver(s) in the placement caregiver's residence once every other calendar month; One face-to-face contact with the child/youth over the age of six outside the immediate presence of their placement caregiver(s) once every six months; If the assigned caseworker or alternate caseworker is not present when the child/youth is placed, the child/youth must have a face-to-face contact with the assigned or alternate caseworker within two working days. The majority of contacts in a review period must be completed by the assigned caseworker.

Practice Guidelines

1. In each case, the caseworker and supervisor should regularly assess the required frequency and nature of contact with the child/youth, caregiver(s) and collaterals beyond the minimum standards, throughout each review period, particularly when the circumstances of the family, child/youth, caregiver(s) circumstances, or placement type change.

2.6 Contact Standards – Children/Youth in Care and Placement Caregivers (Goal of Reunification)

2. More frequent contact should occur during the first two months of placement as there are many tasks for the child/youth, family, caregiver(s) and caseworker to organize and complete during the first part of an out-of-home placement such as:
   - assuring the child/youth is aware of planning;
   - addressing issues of loss/grief;
   - assessing the child/youth's medical, educational, social, cultural, recreational and therapeutic service needs;
   - planning for family contact, shared parenting and family reunification;
   - reviewing and adjusting case plans when information is obtained from personal contact with the child/youth, family or caregiver(s);
   - hearing the child/youth's views and/or worries;
   - providing continuity for the child/youth, the child/youth's family, and the caregiver(s).

3. Where the assigned caseworker or alternate caseworker is not present when the child/youth is placed or changes placement, the child/youth must have face-to-face contact with the assigned or alternate caseworker, within two working days for the following reasons:
   - The child/youth may need reassurance about their family. Visiting schedules with family and significant others need to be determined, information about the planning needs to be shared and/or developed, and plans for future contact with their caseworker developed;
   - The caregiver(s) may need additional information about the child/youth's care and have questions about the visiting schedule, family involvement and case plan;
   - The caseworker will need to assess the child/youth's adjustment to the placement and the caregiver's need for support, as well as further determine case planning and contact requirements;
   - The caseworker will need to explore with the child/youth's family/extended family who could provide care for the child/youth.

4. Contacts in the caregiver's home provide the caseworker with an opportunity to assess the child/youth's needs and the caregiver's capacity to meet those needs in their normal setting.
   - Changes in the caregiver's home such as: additional children or adults, change in sleeping arrangements, etc., can be discussed on site with the caregiver(s).
   - Caseworkers can discuss special needs and other supportive services required to assist the child/youth's adjustment and address developmental issues.
   - The caseworker can discuss the child/youth's cultural needs and ensure there is support for the caregiver(s) to meet this need.

5. The caseworker must meet with the child/youth (age six and older) apart from the caregiver(s) at least once every six months. This meeting may occur in the child/youth's bedroom or outside of the caregiver's home. Meeting with the child/youth apart from the caregiver(s) allows them to speak in confidence to the caseworker.
   - A private meeting with the child/youth should be held as soon as possible after

placement.

- It is important that the child/youth have time alone with the caseworker to discuss matters that are important to them and that they may not feel comfortable sharing with the caregiver(s).
- During this time, the caseworker needs to ask the child/youth specific questions about the placement including their relationship with the caregiver(s), other members of the caregiver's family, other children placed in the home, friends, school and community.

6. Caseworkers need to communicate regularly with the other caseworkers and the Child and Caregiver Support worker when children/youth from different families are placed in the same out-of-home care resource. Such coordination is required to ensure children/youth's needs are not in conflict with each other and to ensure caregivers are not given conflicting directions from caseworkers.

7. When visiting a foster home, a caseworker or Child and Caregiver Support worker should inquire about all children/youth placed in the home and provide relevant information to the caseworkers of all the children/youth.

References

CPSM Section 3.3: Contact Standards - In-Home Families

CPSM Section 3.4: Contact Standards - Parent of Child in Placement (Goal of Reunification)

CSM Section 2.7: Contact Standards – Children/Youth who are Long Term and Permanent Wards

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.7 Contact Standards – Children/Youth who are Long Term and Permanent Wards

Policy

Children/youth who are long-term or permanent wards must be seen by their caseworkers according to minimum contact standards. The case plan and the individual needs of the child/youth, the child/youth's family, and the placement caregiver(s) will dictate the frequency and nature of contacts beyond the minimum standards.

Intent

Regular ongoing contact with children/youth who are long-term or permanent wards and their placement caregiver is required in order to:

- Assess the child/youth's medical, educational, social, cultural, recreational and therapeutic needs;
- Ensure the placement caregiver(s) have adequate information about the child/youth and their family;
- Observe interaction between the child/youth and their placement caregiver(s);
- Provide the child/youth with an opportunity to express their views and/or worries;
- Assess placement stability and placement caregiver's ability to meet the child/youth's needs;
- Work as a team with the placement caregiver(s) to ensure the child/youth's needs are met;
- Confirm the placement caregiver(s) can facilitate family, community, and cultural connections, and are provided with supports to do so (see Section 2.5.3: Cultural Planning with Indigenous Children and Youth);
- Plan for family/extended family contact and/or visitation. Where safety concerns exist, ensure ongoing planning mitigates risks to the child/youth's safety while maintaining family/extended family and cultural connection;
- Assess visitation quality;
- Monitor and assess progress toward case plan objectives;
- Review and adjust case plans;
- Explore family/extended family, and Indigenous community members who could provide care to the child/youth (See Section 2.3 Placement Selection).

Definitions

- **Contact** - is any direct face-to-face, phone or email interaction/communication/ observation with a child/youth or placement caregiver(s) that has a specific purpose as noted above.

2.7 Contact Standards – Children/Youth who are Long Term and Permanent Wards

Note-A face-to-face contact includes direct observation of the child/youth.

- **Collateral Contact** is a face-to-face, phone or email contact with individuals other than the child/youth and their caregiver(s) (parents or placement caregiver) and should be limited to those who have relevant, reliable and current knowledge about the child/youth, their adjustment to their placement, and their general safety and well-being. The collateral must have frequent, in-person contact with the child/youth. A collateral contact may include a service provider, group home staff, teacher, physician, nurse, home care provider, extended family member, etc.

- **Assigned Caseworker** - is the ministry Child and Family Programs (CFP) or First Nation Child and Family Services (FNCFS) Agency caseworker assigned by the supervisor to provide ongoing case management services to the child/youth.

- **Alternate Caseworker** - is a CFP or FNCFS Agency caseworker who completes required face-to-face contacts with the child/youth and/or placement caregiver(s), in the absence of the assigned caseworker. This does not include after-hour emergency workers, case assistants or practicum students (see CPSM Section 7.13: Practicum Placements for more information).

- **Alternate Caseworker Contact** - is a required face-to-face contact completed by an alternate CFP or FNCFS Agency caseworker in the event that the assigned caseworker is not able to complete the contact for workplace/operational reasons (see Procedures).

- **Medically Fragile –** Medically fragile describes a child who has a diagnosed condition that can become unstable and change abruptly. Medically fragile children require frequent ongoing medical intervention and live with ongoing threats to their life, health and well-being. Ongoing medical intervention may include frequent hospitalization, daily monitoring, and treatment by trained professionals and/or parents and caregivers. Examples include children/youth who require medical devices such as a tracheostomy vent for breathing or a gastronomy tube for feeding.

- **Courtesy Services** – includes case-related actions performed by one service centre or FNCFS Agency at the request of another (for example, conducting interviews, completing assessments, completing face-to-face visits to meet contact standards, and/or facilitating/supervising visitation). Typically, courtesy service would not exceed 30 days.

Standards

- The caseworker will have, at minimum, one face-to-face contact with the child/youth once every three months to assess the child/youth's needs and facilitate case planning (this contact should occur in the home of the caregiver(s) whenever possible);

2.7 Contact Standards – Children/Youth who are Long Term and Permanent Wards

- One additional face-to-face contact by the assigned caseworker, alternate caseworker or case assistant every three months to ensure child/youth's safety (see Form 12.5 Child Contact Checklist);

- The majority of required contacts in a six-month assessment period will be completed by the assigned caseworker;

- The caseworker will have, at minimum, one collateral contact for every six-month assessment period;

- For children designated as medically fragile, and/or who are non-verbal and/or non-ambulatory with high medical needs, a healthcare professional who regularly provides care, must be included as a collateral.

- If the assigned or alternate caseworker is not present when the child/youth moves to a new placement, the child/youth must have face-to-face contact with the assigned or alternate caseworker, within two working days.

- All children/youth who are six years or older must have face-to-face contact with the assigned caseworker separate from the caregiver(s) a minimum of once every six months.

Exceptions to the minimum contact standards for children or youth in care may be granted as outlined in the case plan and approved by the Director, Service Delivery or designate.

For standards of contact with foster families, see Section 4.4.8 – Foster Home Assessment and Review.

Procedures

- Contact logs should clearly indicate who completed the contact, who was contacted and the purpose and outcome of the contact. It is important to record observations of behavior and environments, especially those related to safety and risk (see CPSM, Chapter 6: Case Documentation).

- Alternate caseworker contact - Some required contacts may be completed by an alternate CFP or FNCFS Agency caseworker to meet policy standards and/or address workplace operational efficiencies. Where this occurs, the rationale for the alternate caseworker contact should be clearly documented on a contact log. Circumstances where an alternate caseworker contact may occur include:
  - Situations where extensive travel is involved and there are a number of caseworkers with

children/youth placed in the same provider home;
- Periods of time when the assigned caseworker is unavailable and not able to meet the contact requirements;
- Circumstances where courtesy services are provided:
  - At the request of another service delivery area or FNCFS Agency (see CPSM, Section 7.5: Case Transfer Protocol – Child Protection and CPSM, Section 7.4: MSS and FNCFS Shared Planning for Children and Families).
  - In cases where a child/youth in care and/or an extended family caregiver moves between or within service areas or FNCFS Agency jurisdictions (see Section 11.17: Case Transfer Protocol - Children in Out-of-Home Care and Extended Family Providers and CPSM, Section 7.4: MSS and FNCFS Shared Planning for Children and Families).

- When courtesy services are requested:
  - The requesting office must confirm that the request has been received and accepted by the receiving office/FNCFS Agency via direct telephone or email contact (a voicemail is not sufficient).
  - Courtesy contact requests must be documented in Linkin, including the initial request and confirmation of receipt and acceptance. If confirmation is not obtained, the requesting office must make alternate arrangements to ensure contact standards are met .
  - The requesting office retains overall responsibility for case planning, oversight, and documentation.

- Collateral contacts are an important method of monitoring case developments, assessing the child/youth's well-being and safety, assessing the child/youth's adjustment to their placement, and their progress with case planning. It provides the caseworker with information from sources who have relevant and current knowledge of the child/youth. Where the collateral contacts are provided by agreement and on a regular basis by a service provider, the task should be identified and outlined on the service provider contract. If a service provider contract does not exist, the plan for the service provider to share contact information with the ministry should be discussed with the service provider, placement caregiver(s) and the child/youth, where appropriate.

- In unique circumstances where collateral contacts are not available, additional caseworker contacts should be considered and the caseworker should document the reasons in Linkin.

- Contacts, attempted contacts and supervisory review of contacts will be documented on contact logs in Linkin.

2.7 Contact Standards – Children/Youth who are Long Term and Permanent Wards

Quick Reference Chart

Contact Standards – Children/Youth who are Long Term and Permanent Wards
One face-to-face contact with the child/youth by the assigned caseworker once every three months. **One** additional face-to-face contact by the assigned caseworker, alternate caseworker or case assistant every three months to ensure child/youth's safety. **One** collateral contact every assessment period. **The contacts above include the following:** If the assigned or alternate caseworker is not present when the child/youth is placed in a new placement, the child/youth must have face-to-face contact with the assigned or alternate caseworker within two working days. All children who are six years or older must have face-to-face contact with the assigned caseworker, separate from the caregiver(s) a minimum of once every six months.

Practice Guidelines

1. The caseworker and supervisor should regularly assess the required frequency and the nature of the contacts with the child/youth, caregiver(s), and collateral beyond minimum standards, especially when there are changes in the family, the child/youth, or caregiver circumstances, or placement type.

2. When a child/youth moves to a new placement, the assigned caseworker (or alternate) should transport the child/youth to the new placement. If this is not possible, the assigned caseworker (or alternate) is required to have contact within two working days with the child/youth and the caregiver(s) for the following reasons:
   - The child/youth may need reassurance about how the move will impact existing case plans, such as visiting schedules with family and significant others, school, recreational activities, etc. Case plans may need to be adjusted and shared.
   - The caregiver(s) may need additional information about the child/youth's care and have questions about the visiting schedule, family involvement and case plan.
   - The caseworker will need to assess the child/youth's adjustment to the placement and the caregiver's need for support, as well as further determine case planning and contact requirements.

2.7 Contact Standards – Children/Youth who are Long Term and Permanent Wards

3. More frequent contact should occur during the first two months of a new placement as there may be many tasks for the child/youth, family, caregiver(s) and caseworker to organize and complete such as:
   - assuring the child/youth is aware of planning;
   - addressing issues of loss/grief;
   - hearing the child/youth's views and/or worries;
   - reassessment of the child/youth's medical, educational, social, cultural, recreational and therapeutic service needs;
   - planning for family/extended family contact, visitation, and shared parenting if applicable;
   - reviewing and adjusting case plans;
   - providing continuity for the child/youth, the child/youth's family, and the caregiver(s).

4. Contacts in the caregiver's home provide the caseworker with an opportunity to assess the child/youth's needs and the caregiver's capacity to meet those needs in their normal setting.
   - Changes in the caregiver's home such as additional children or adults, change in sleeping arrangements, etc., can be discussed on site with the caregiver.
   - Caseworkers can discuss special needs and other supportive services required to assist the child/youth's adjustment and address developmental issues.
   - Caseworkers can observe interactions between the child/youth and the placement caregiver(s). This is particularly important when the child/youth is non-verbal and cannot be interviewed.

5. Meeting with the child/youth apart from the caregiver(s) gives the child/youth an opportunity to speak in confidence to the caseworker.
   - A private meeting with the child should be held as soon as possible after a new placement.
   - It is important that the child/youth have time alone with the caseworker to discuss matters that are important to the child/youth and that they may not feel comfortable sharing with the caregiver(s).
   - During this time caseworkers need to ask the child specific questions about the placement including their relationship with the caregiver, other members of the caregiver's family, other children placed in the home, friends, school and community.

6. Caseworkers need to communicate regularly with other caseworkers, including the Child and Caregiver Support worker, when children/youth from different families are placed in the same out-of-home care resource. Such coordination is required to ensure children/youth's needs are not in conflict with each other and to ensure caregivers are not given conflicting directions from caseworkers.

7. When visiting a foster home, a caseworker or Child and Caregiver Support worker should

inquire about all children/youth placed in the home and provide relevant information to the caseworkers of all the children.

References

CPSM, Section 3.3: Contact Standards – In-home Families

CPSM, Section. 3.4: Contact Standards – Parent of Child in Placement (Goal of Reunification)

CPSM, Section 3.5: Contact Standards – Child in Care and Placement Caregiver (Goal of Reunification)

CPSM, Section 6.2.5: Case Documentation: Linkin Documentation – Contact Logs

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.8 Change of Placement

Policy

Unless as a component of a predetermined case plan, all reasonable steps must be taken to maintain a child's out-of-home placement in order to reduce multiple moves and consequent anxiety for the child.

Standards

- The caseworker should prepare the child/youth and the caregiver family for a change in placement as soon after the decision is made as possible.
- If a change in placement is required, it is important that the change be planned to the extent possible and that it include a process of managing the separation from the caregiver family.
- Opportunity must be provided for pre-placement visits.
- In the event of the child being readmitted to out-of-home care, or moving from a specialized out-of-home resource, a re-assessment of immediate and extended family must occur. Previous caregivers should also be explored as a placement option.
- If an out-of-home placement is "breaking down" additional supports and services should be offered as the first response to a request for a change of placement.
- Where a child has formed a significant attachment to the caregiver the developmental impact on the child of severing the relationship must be given serious consideration.
- This policy is not intended to impair reunification.

Practice Guidelines

Children's Services strives to maintain continuity of out-of-home placements whenever possible and when in the best interests of the child.

Just as the child, family and caregiver need to be prepared for the out-of-home placement or return of the child home, change of placements should be carefully planned, allowing time for transition visits and the appropriate preparation tasks completed.

There are many circumstances that require a child to move from one out-of-home placement to another such as:

- move from emergency/receiving home to a foster home;
- move to or from a facility based resource;
- move to or from a specialized resource;
- move to or from a custody facility;
- move to or from extended family;
- respite arrangements;
- disruption of the placement.

Some changes of placement are part of the case plan for the child. For example: moving a child from a facility to a foster home as the level of care the child needs changes.

When the caregiver or the child requests a change of placement the caseworker should determine:

- the reason for the request; and
- whether resolution is possible without disruption of placement:
    - through mediation by the caseworker or other person;
    - by the addition of supports or services; and
    - by a period of respite.

In all situations where a change of placement is required discuss with the child and family where appropriate:

- reasons for change of placement;
- specific details about the placement;
- feelings about the change of placement;
- attitudes about separation;
- a plan for the change of placement; and
- a plan for future involvement of the caregiver with the child where possible.

Caseworkers should review with a supervisor any child that has an unplanned change of placement to ensure that adequate support and treatment interventions are available to prevent unnecessary changes in placement.

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.9 Administrative Requirements

Policy

When a child is placed in an out-of-home resource, caseworkers will ensure that administrative requirements are met.

Standards

- Each child in care will be registered on the Linkin case management system and have an associated paper file opened or reactivated upon placement.

- A printed photograph of each child or youth in care must be placed on the file and updated yearly (see Chapter 2.5).

- When the child enters or exits care, all documentation and/or administrative procedures will be completed related to case opening/closure, authority for care (voluntary agreement or court order), application, cancellation or changes to benefits and/or payments, and notifications (see Procedures).

Procedures

1. When a child is admitted to out-of-home care:
   - information related to the removal from parental care and placement in a resource are recorded in existing or new ongoing case in the Linkin case management system and an associated paper file is created or re-opened;
   - the **Financial Services Notification of an On-Reserve First Nations Child Taken into Care Form (12.8)** must be completed in situations where a First Nations child is brought into care whose primary residence is on reserve;
   - notification to the child's Agency or Band where applicable;
   - notification that a child has been taken into care of the Minister must be sent to the SIS program, SAID and Disability Services Division if applicable;
   - notify the biological parent (s) of possible changes to any benefits they may receive and direct them to contact the administrator of the benefits;
   - nominate the child for Supplementary Health Benefits;
   - make application to Children's Special Allowance (see Ch. 10.3);
   - enter child's placement information in Linkin and record services required in the Outcome Plan (maintenance payments are automated once placement start date is entered);
   - when known or identified by the child, enter their preferred name, pronoun and self-identified gender in Linkin;

- contact the child's school to transfer cumulative records and notify of any addresses or contact information changes;
- contact Public Health to request immunization record if required (**form 12.59**);

- make application to the Vital Statistics Registry (eHealth) for one certified copy of the child's long **form** birth certificate (has parent(s) name(s) on the certificate). This birth certificate can be used to acquire other types of identification for the child/youth; and

  Note: The Vital Statistics Registry will not issue more than one birth certificate in a 12-month period unless there are extenuating circumstances. If there are, the request for an additional birth certificate must include an explanation. The ministry will be charged $35.00/ Certificate and $55.00/Certified Copy. Prior to making the request, the worker should ensure that the childcare file is reviewed for the necessary document.

- Make application to the Vital Statistics Registry for a Certified Copy of the Statement of Live Birth (typically used for court). If the document is required for court purposes this must be clearly indicated on the application. The document will be stamped for "court purposes only" by Vital Statistics and cannot be used by the ministry for any other reason (e.g., acquiring identification). As such, the fee for this document will be waived. If the live birth registration is required for a purpose other than court, the document will be sent to the ministry without the stamp and a $50.00 fee will be charged.

  Note: The same form may be used to request both documents. **If a priority request** is made there will be an additional $30.00 charged to the ministry. **It is prudent for caseworkers to avoid this charge where possible.**

To apply for either the long form birth certificate or the Certified Copy of the Statement of Live Birth, a completed application https://www.ehealthsask.ca/residents/births is submitted with the following:

- an official Request Letter on ministry letterhead indicating the reason and purpose for the request signed and dated by the applicant;
- a copy of the applicant's ministry identification; and
- include the Account Number and the Account Password in the Payment section of the Application form, using the Payment Information Form, in order for the cost of the request to be charged to the Ministry of Social Services.

2. Changes must be made in Linkin in the following circumstances:
   - a child is admitted to care;
   - change in the legal status of the child;
   - the child identifies a preferred name, pronoun and/or gender that is different than those presently entered;
   - change of placement;
   - child moves out on his/her own;

- child is absent from an emergency foster home;
- child is absent from care child is absent from a group home placement;
- change of address when caregiver moves and the child moves with them or when adoptive parents move before the adoption is finalized; and
- when a child returns home he/she must be shown as discharged on Linkin.

3. In cases where a child is in the care of the Minister and has been placed with an alternate caregiver the **Letter of Authorization** (12.7) should be provided at time of placement.

4. Upon admission to care, a printed photograph of every child or youth must be placed on the file and updated yearly. Whenever possible, a photograph should be placed on the file within 45 days of entering care.

5. A child who is in temporary care, turning 18 years of age, who is living independently, enrolled in an educational, vocational or an approved treatment program will be eligible for an extension of support services through signing a section 10 agreement. The section 10 agreement, once signed, will commence on the youth's 18th birthday when their temporary order expires. As long as the youth continues to meet the above criteria, their section 10 agreement can be extended until the end of their academic year to prevent any disruption to their education plan. Case management will remain with the youth's current worker

6. When a child is discharged from temporary care (Apprehension, Agreement for Residential Services, Temporary Wardship), the child's caseworker will:
   - send a manual task in Linkin to the supervisor requesting child be discharged which will automatically end date the placement and legal status of the child in Linkin;
   - update placement end date in Linkin;
   - cancel supplementary health benefits;
   - cancel the Children's Special Allowance;
   - advise Child and Caregiver Support worker;
   - advise parent(s)to apply or reapply for benefits they may be eligible for;
   - forward child's new address to the Saskatchewan Health Authority (SHA), school, and SIS or SAID if the parent(s) is receiving financial assistance;
   - update the CCAR; and
   - request paper file be made inactive.

Service	Expenditure	Approval
Charges for Vital Statistic Information (i.e. Birth Certificate, certified copy of live birth)	Actual costs ($55.00)	Caseworker
Priority Service	Actual cost ($30.00 in addition	Caseworker

	to cost of certificate)	

For further information on Linkin admission and discharge administrative procedures refer to the following links on the ministry intranet website (Top Drawer - Linkin):

1. Linkin/Training Modules/Ongoing Module
2. Linkin/How to…/Removal or Discharge of a child
3. Linkin/How to…/Paper File and Documentation Request Form
4. Linkin/How to…/Change Placement for Runaway-AWOL child
5. Linkin/How to…/Inserting Legal Status

2.0 PLACEMENT IN OUT-OF-HOME CARE

2.10 Case Supervision

Policy

Supervisors are responsible for ensuring that services delivered to children placed in out-of-home care (with a goal of reunification and those in long-term or the permanent care of the minister) are consistent with the intent and provisions of *The Child and Family Services Act*.

Standards

Responsibilities of the childcare supervisor include ensuring that:

- Each caseworker understands their role and responsibility as directed by policy and legislation.
- Individual supervision with each caseworker occurs at least once a month (should consider weekly for the first 6 weeks with an employee new to the program area);
- Each case is reviewed in depth by the supervisor once every four months;
- Supervisory consultation occurs on a case-by-case basis in accordance with the child's case plan (approvals, cultural planning, assessments, visitation, etc.);
- Assessments and documentation are completed and approved as per policy and within the required time frames; and
- Caseworkers complete the minimum required contacts with children as outlined in Chapter 2.6 and 2.7.

The following describes the approvals and tasks required by the supervisor at critical points of the childcare service delivery continuum:

1. The Child in Care Assessment and Review (CCAR), including managerial oversight (if required), and all required documents (Life Book, Family Health History) are completed and approved within the required timeframes (see Chapter 2.5).

2. Caseworkers are meeting minimum contact standards as per contact standards policy and procedures (see Chapter 2.6 and 2.7).

3. If the child is Indigenous, the Cultural Connections Plan has been completed and updated as per policy (see Chapter 2.5.3) and where a child is eligible, they have

been registered with their band or Métis Nation.

4. Ensuring caseworkers are facilitating family/sibling contact in the best interests of the child.

5. Where the childcare caseworker differs from the child protection caseworker the supervisor must ensure ongoing collaboration and consultations are occurring between the two program areas to ensure coordinated case planning.

6. The Annual Reviews of Case Plans for long-term and permanent wards are completed as per policy timeframes (see Chapter 3.5).

7. If applicable, the Care Needs Assessment is completed for children identified as having an increased or complex need.

8. For long-term and permanent wards over the age of 15, caseworkers have initiated planning to assist youth with the transition to adulthood.

9. Where applicable, all forms and related assessments are completed as per policy related to the Transition Planning for Youth in the care of the Minister to Disability Services (CLSD).

10. Child and Family Programs Service Provider Agreements are completed and approved in a timely manner.

11. Reunification is consistently revisited and placement priorities (see Ch. 2.3 and 2.4) have been considered in planning for out-of-home care for Indigenous children.

12. Siblings are placed together whenever possible.

13. The MSS/FNCFS Shared Planning for Children and Families is followed for Indigenous children.

14. All Case Plan Decisions are reviewed to confirm all payments and services are within policy standards.

3.0 LONG TERM CARE

3.1 Overview

Introduction

This chapter provides policy and practice direction for children in care where attempts to resolve the child protection issues in a family have been unsuccessful and reunification with their immediate family is determined to be unlikely in the foreseeable future. In such situations planning must be put in place to ensure the child has a stable substitute family who will ensure their safety and promote the child's healthy development.

While in some cases this will result in the child being made a permanent or long-term ward of the Minister, such forms of wardship should not be pursued automatically. Significant efforts must be made to explore alternatives to permanent or long term wardship, including continued reassessment of the potential family reunification.

Permanency may be achieved in a number of ways including:

- placement with immediate/extended family or within an environment that supports their cultural identity, without the need for wardship, as the extended family may apply for custody of the child in their own right;
- placement with a Person of Sufficient Interest (PSI) by order of Family Court;
- adoption/assisted adoption;
- long term placement in a foster home (should not usually be considered as a plan of choice);
- for an older youth, an independent living situation may be appropriate instead of wardship.

In all cases, planning for the permanency needs of the child or youth must be conducted in a timely and as inclusive manner as possible.

3.0 LONG TERM CARE

3.2 Formal Review of Permanency Plans for Children

Policy

When a child has been in temporary care for a **cumulative total of 18 months**, the family case plan is reviewed by the Manager, Service Delivery with attention to the following:

- the best interests of the child;
- the steps that have been taken to assist and support the child's immediate family toward family reunification;
- Immediate/extended family members and Indigenous community members have been contacted to determine their ability to provide care for the child;
- the appropriate First Nations Child and Family Services (FNCFS) Agency has been consulted;
- the wishes of the child, family, extended family, Band, Indigenous Governing Body (IGB), FNCFS Agency, if applicable;
- the preservation of the child's cultural identity, connection to language and Indigenous community;
- the age of the child;
- the developmental needs of the child;
- the special needs of the child;
- the number of times the child has been in and out of care;
- the possible effects of any delay in permanency planning for the child; and
- the risks and merits of the proposed permanency plan compared to the risks and merits of the child returning to family.

See also Chapter 3.3: Recommendation for Permanent and Long Term Wardship.

The Director, Service Delivery or designate must approve any application to Family Court where it is recommended that a child be committed to the care of the Minister on a permanent or long-term basis.

3.2 Formal Review of Permanency Plans for Children

Definitions

- Permanency planning for children is not to be seen as synonymous with permanent wardship or long term wardship. Rather, permanency planning is case planning that has the goal of having children live in families with nurturing parents or caregivers who provide the opportunity to establish lifelong relationships.

- Permanency plans may be considered for children in care by way of an Agreement for Residential Services (Section 9) when reunification is no longer the goal because the family is not able to care for the child safely at due to the child's disability or significant impairment (not due to an act or omission by the parent). See Child Protection Services Manual, Chapter 4.7 Agreement for Residential Services for more information.

- Permanency planning for children in care will usually focus on one of the following, however not necessarily to the exclusion of other options:
  - Return to their parent(s)
  - Placement with extended family
  - Placement within their Indigenous community
  - Adoption
  - Foster family or residential care
  - Independence

Standards

- When completing a Child in Care Assessment and Review (CCAR) for a child who has been in care for a cumulative total of 18 months, the caseworker will submit the CCAR to the supervisor.

- Once approved and signed, the Supervisor will forward the CCAR to the Manager, Service Delivery for formal review.

- Upon review, the Manager, Service Delivery will consider the following:
  - the best interests of the child;
  - the steps that have been taken to assist and support the child's immediate family toward family reunification;
  - that extended family members have been contacted to determine their ability to provide care for the child;
  - the appropriate FNCFS agency has been consulted;
  - the wishes of the family, extended family, Band, FNCFS agency and child where appropriate;
  - the steps that have been taken to preserve cultural identity, and connections to language and Indigenous community through cultural planning;
  - the age of the child;

- the developmental needs of the child;
- the special needs of the child;
- the number of times the child has been in and out of care;
- the possible effects of any delay in permanency planning for the child.

- Any child still in temporary care one year after the first formal review must have their next CCAR reviewed and approved by the Manager, Service Delivery.

Procedures

- Service areas with Planning Committee forums in place to review recommendations for long term and permanent wardship may use their Planning Committee forum for formal review of family reunification plans.

- The planning committee meeting will include staff from Child Protection, Out of Home Care and Adoption to review the permanency needs of the child. Every effort should be made to include foster families, family members, and when the child is Indigenous, First Nation/ Métis agency, band members or IGBs.

- At the conclusion of the meeting, a permanency plan for the child(s) should be established with all committee members in agreement and each with an understanding of the rationale for the decision. An on-going cultural plan should always be incorporated into the child's permanency plan.

Practice Guidelines

- Parents should not be denied the chance to address problems that put their children in need of protection. However, children must not be adversely affected by lingering in "temporary" care. If the caseworker has assessed that a child's parents are unwilling or unable to ensure the child's safety, planning for the permanency needs of the child should begin immediately.

- Parents who are willing but unable to safely care for the child at home due to the child's disability/significant impairment, may be eligible to enter into an Agreement for Residential Services. The agreement would be considered the child's permanency plan and will have on-going involvement of the parent, as well as support from the ministry.

- Caseworkers should work towards family reunification but also develop an alternative permanency plan with the family, in the event reunification is unsuccessful. This concurrent planning approach assures that there are no gaps, should planning needs change. (See Child Protection Services Manual Chapter 4.10 Permanency Planning and Time Limited Services)

- Consideration should be given to the number of times a child has been in and out of care. Each time a child is placed in out of home care the potential exists to compromise their

ability to meet developmental milestones and form attachments. This is especially true for children under the age of three.

- Where family reunification has not been possible, within 18 months (cumulative time in care), the plan must be reviewed. If upon review it is determined that reunification is unlikely, planning must be immediately initiated to assure placement with a family that can provide safety, stability and ensure the child's developmental needs are met for at least the time of their childhood.

- It must be recognized that the longer a child remains in care the more difficult it can be to effect reunification with their family. The principles of time-limited services and permanency planning reflect the intent of *The Child and Family Services Act (CFSA)*.

Permanency planning must always be specific to the best interests of the child and family circumstances. Caseworkers should not automatically apply for long term or permanent wardship orders if the child or family's specific situation warrants an extension of a temporary order or Agreement for Residential Care.

3.0 LONG-TERM CARE

3.3 Recommendation for Long-Term and Permanent Wardship

Policy

The Director, Service Delivery or designate must review case planning and approve all court applications where it is recommended that a child be committed to the care of the Minister on a long-term or permanent basis.

Standards

In reviewing case planning the Director, Service Delivery or designate must ensure that:

- Review occurs in the context of the best interests of the child as defined by Section 4 of *The CFSA* and Section 10(3) of *An Act Respecting First Nations, Inuit and Métis children, youth and families*;
- Family reunification with the immediate family has not been successful;
- Ongoing efforts have been made to identify immediate and extended family members who may be willing to assume custody of the child, and that all custody options have been explained to these family members;
- The views of the child/youth, family, extended family, caregivers and other significant to the child, as well as the perspectives of the First Nation Child & Family Services (FNCFS) Agency, Band, Métis Local, Inuit Authority, or IGB, have been fully considered in case planning;
- Long-term or permanent wardship supports planning for the child/youth, while continuing to pursue family/extended family placement that would provide security and continuity for the child; and
- Long-term wardship is considered only for older children where the involvement of their family or extended family makes an adoption plan unlikely.

Procedures

- Where a recommendation for long-term or permanent wardship is considered, the child protection worker must review the recommendation with their supervisor. Where the case responsibilities are with another caseworker, that caseworker and their supervisor must be included in the review.

3.3 Recommendation for Long-Term and Permanent Wardship

- Recommendations for long-term or permanent wardship may be reviewed through a Planning Committee forum. The Planning Committee may include: Director, Service Delivery or Designate, staff from Child Protection, Out of Home Care, and Child Care/Adoptions Services. The child, family/extended family, the caregivers, and others who are important to the chid/youth, or outside collaterals that may lend expertise or knowledge should also be invited to participate.

- Where an adoption plan is considered for an Indigenous child, the caseworker must ensure the FNCFS Agency, Band, Métis local, Inuit Authority, or IGB has been involved in the case planning.

- Where it is decided through the review that a long-term or permanent wardship order is to be approved, a case summary and recommendation must be prepared and signed by the caseworkers, supervisors and Director, Service Delivery or designate.

- Documentation must include reunification efforts that have been made along with family search efforts and the results of discussions with extended family regarding the long-term custody of the child, either currently or in the future. If extended family is unable to care for the child long-term, caseworkers will explore other extended family or community members in consultation with the FNCFS agency, Band, Métis local, Inuit Authority or IGB (where applicable) to care for the child/youth.

- Caseworkers will ensure that caregivers are open to sibling and family connections and will offer to assist them in completing the **Application for Voluntary Exchange of Information (form 2228)**. The caseworker will document in Linkin and forward the completed form to Post Adoption Services where records of siblings are maintained (see Adoption Services Manual Chapter 2.9 Placement). A review will be completed to determine if there are caregivers to a sibling that may be a potential support or placement option for the child.

Practice Guidelines

- Long-term and permanent wardship should only be considered where family reunification is unlikely and there is no extended family member who is able or willing to provide long-term care to the child/youth. All caregiving/placement options should be considered, including a private agreement between the parents and an alternative caregiver, court ordered Person having a Sufficient Interest under The CFSA or a custody application through *The Children's Law Act*.

- Where a long-term or permanent wardship order is recommended, the caseworker must:
  - address the family's issues of grief and loss;
  - explain the nature of planning for children in long-term care including the range of

placement options;
- determine if the family has any gifts for the child or belongings of the child they wish to provide;
- ensure that the Family Health History is gathered and complete;
- ensure the Cultural Connections Plan is updated and complete;
- determine future contact with the child and family including the nature of the contact;
- arrange a meeting with the child and family for closure if no further contact is planned; and
- discuss the plan for wardship with the child; and
- ensure an application for citizenship is made on behalf of children/youth who do not have Canadian citizenship. This process can be lengthy and should be completed as early as possible when a recommendation for long term or permanent wardship is considered.
  - For additional information and guidelines to apply for Canadian Citizenship for children in care see: https://www.canada.ca/en/immigration-refugees-citizenship/services/canadian-citizenship.html

- After closure of the family file, the child/youth's caseworker will support family/extended family contact.

- In situations where there may be safety concerns with family/extended family contact, planning should occur to mitigate risks to ensure the child/youth's safety while maintaining family contact.

- Priority should be given to placement with the child/youth's family/extended family, with additional consideration for Indigenous children to ensure connection to their cultural community. Child and Caregiver Support Workers play an important role in exploring placement options with extended family and if applicable, the child/youth's FNCFS Agency, Band, Métis Local, Inuit Authority, or IGB. It is recommended that the service area Child and Caregiver Support Worker be consulted regarding any long-term or permanent order being considered for a child/youth.

Distinction between Long Term Wardship and Permanent Wardship

- Both long term and permanent wardship orders place children in the custody of or commit children to the care of the Minister until their 18th birthday. While in care, the Minister has all the rights and responsibilities of a parent including the expense of care, shelter and support.

- Upon reaching the age of 18, youth in either long term or permanent care may enter into an agreement to receive extended services in order to continue their education or training, until they either complete their education or are 21 years of age.

3.3 Recommendation for Long-Term and Permanent Wardship

- For long term wards, the rights and responsibilities of the Minister do not extend to unilaterally placing the child for adoption. A long-term order does not prevent adoption if the Minister, and the parents are in agreement. Where such agreement is reached, the order would need to be varied to permanent wardship.

- A long-term order is only to be considered where all other permanency plans have been explored and an adoption plan for a child is unlikely. Section 4 of the CFSA, which defines the best interests of the child, guides practice when determining which order would best meet the child's needs for permanency, continuity and establishing lifelong relationships with a nurturing family or caregiver.

- Adoption requires the severing of parental rights, which is contrary to Indigenous beliefs. Proposed adoption plans for Indigenous children must be given careful consideration. Open adoption options can allow for a continued relationship between the child and birth family if appropriate.

- The following should be considered when determining an appropriate recommendation:
  - Long-term or permanent wardship should not be considered solely as a means to facilitate extended family placement;
  - long-term wardship should typically be considered only for older children who maintain a significant relationship with their family that would be jeopardized if they were placed for adoption;
  - Planning for younger children must prioritize their sense of belonging to support their emotional and developmental needs. Where reunification is unlikely and a young child has a meaningful connection with their family/extended family, a long-term wardship order may be considered if a permanent placement, outside of an adoption, with family/extended family can be secured; and
  - it is important that an appropriate plan be established for a child and wardship be determined as a means to support that plan.

3.0 LONG TERM CARE

3.4 Planning for Permanent and Long-Term Wards

Policy

Permanent and Long-Term Ward orders continue to be options for children and youth in care; however, in accordance with *An Act respecting First Nations, Inuit and Métis children, youth and families* there is a high legal and moral obligation to prioritize the best interests of the child, including their cultural continuity, family and community connections. Long term planning for Indigenous children who cannot be reunified with their primary family must consider these priorities. Every effort should be made to support connections back to family and community before recommending a permanent order.

With any adoptions that do occur, there should be formulated agreements, such as letters, action plans, and/or communication agreements around cultural plans, visitation etc.

Adoption planning with the intent to isolate the child from their identity and cultural or community connections is not in the best interests of the child.

All reasonable efforts must be made to find an alternative permanent family that can provide as much stability and continuity as possible in the life of a child who becomes a permanent or long-term ward.

The ministry is responsible to ensure that case planning for permanent and long-term wards includes planning for their safety, well-being, developmental and permanency needs.

Standards

- If it is determined that adoption is not in the best interests of the child, an authorized **Exception to a Plan of Adoption (12.72, formerly 2099)** must be completed and approved by the Director or designate for any child who has permanent ward status.
- The authorized Exception to a Plan for Adoption is reviewed at each review of the child's case plan.

Procedures

- Priority is given to keeping siblings together.
- Where the planning requires a change of placement for family reunification, placement with extended family, or adoption, a plan must be developed to ensure a successful transition from the current caregiver to the new caregiver.

- Any transition between caregivers should be planned so as to create the least amount of disruption and stress for the child as possible.

- Pre-placement visits, meetings between the caregivers and plans for any continued contact must be established early.
- When a child has significant ties to a caregiver who applies to adopt the child, the caregiver must be considered as a potential adoptive parent for the child, subject to approval.

Practice Guidelines

- Permanent or long term wardship should not normally result in the child remaining in long term foster care.
  - Long term foster care must only be considered as a last resort as it does not have the legal framework to provide a complete permanency plan.
  - Where there is a strong bond and the foster family is willing to provide a lifetime commitment, assisted adoption should be explored.

- In some circumstances, the Agreement for Residential Services may be considered as the child's permanency plan. The agreement may be extended beyond 24 months, when reunification is not likely and when the parent is unable to care for the child because of the child/youth's disability or significant impairment and not due to any act or omission by the parent (see Child Protection Services Manual 4.7 Agreement for Residential Services (Section 9)).

- Extended family placement will be actively sought on an ongoing basis. Where an extended family member is able and willing to care for the child, they should be provided the support required to assume custody of the child.

- Where there is no possibility of extended family placement in the foreseeable future for children who are currently long-term wards, an adoption plan should be considered if:
  - adoption would be in the best interests of the child; or
  - adoption is likely for the child.

- When there is no possibility of adoption, every effort must be made to place long term wards or permanent wards with a family or community member who is able and willing to provide a long-term commitment to the child.

- While a child is in long term care, the ministry has a high level of responsibility to ensure that the child is safe and to promote the healthy development of the child.

- When reassessing placement options, caseworkers should include consideration of the child's wishes, family, siblings, and Indigenous community in their decision making.

- Given the shared parenting between the caregiver and the ministry it is essential that roles and responsibilities be clear to reduce role confusion or conflict due to misunderstandings.

- The caregivers' parenting approach must be consistent with ministry expectations as outlined in Chapter 1.

- Where disagreements occur regarding planning and child raising practices between the caregiver and the ministry, and the child is Indigenous, the FNCFS Agency or Band will be invited to participate and collectively resolve the matter in the best interests of the child.

3.0 LONG TERM CARE

3.5 Annual Case Planning for Permanent and Long-Term Wards: "My Journey"

Policy

Children and youth who are in the care of the Minister as long-term or permanent wards must participate in an annual planning meeting to review and update their case plan. The planning meeting is intended to be a facilitated conversation involving the child or youth and the planning team to encourage a collaborative approach to forming a case plan. The planning meeting will be held in a setting that encourages meaningful input from the child/youth.

"My Journey" is a child/youth-centred document that will be completed during the planning meeting to reflect the case plan.

Standards

- Every child or youth who is in the care of the Minister as a long-term or permanent ward must have his or her case plan reviewed and updated annually through a planning meeting.

- The caseworker, in consultation with the child/youth, will assemble a planning team to meet and complete "My Journey." All efforts will be made to include the child/youth's wishes in planning. The team will include, but is not limited to:
    - The child/youth;
    - A member of the child/youth's support network or a significant individual in the child/youth's life as identified by the child;
    - The child/youth's caregiver(s);
    - A member of the child's or youth's biological family (e.g., immediate or extended family);
    - A representative from the child/youth's First Nation Child and Family Services Agency, Chief's Designate, Métis Local, Inuit authority or Indigenous Governing Body; and,
    - The assigned caseworker and supervisor.

- The Child in Care Assessment and Review (CCAR) and Cultural Connections Plan will be completed in advance of the planning meeting and assist the conversation in the meeting (see Section 2.5 Assessment and Case Planning for Children and Youth in Out-of-Home Care and 2.5.3 Cultural Planning with Indigenous Children and Youth).

- The decisions and outcomes of the planning meeting will be documented in Linkin and in the CCAR (Progress Towards Goal Achievement).

3.5 Annual Case Planning for Permanent and Long-Term Wards: "My Journey"

- The original copy of "My Journey" will be provided to the child/youth at the conclusion of the planning meeting. A copy of "My Journey" will be later reviewed and signed by the Director of Service Delivery or Designate.

Procedures

- "My Journey" (form 12.85) will be completed annually with the child/youth and individuals who play a significant role in the child/youth's life. "My Journey" should be completed in person with the child/youth and planning team members.

- "My Journey" will set out the child/youth's goals, achievements, strengths, needs and plan.

- An invitation will be extended to the representative of the child/youth's First Nations Child and Family Services Agency, Chief's Designate, Métis Local, Inuit authority or Indigenous Governing Body to participate in the planning meeting. The role of the representatives should be explained to the child/youth to ensure they understand the involvement of the representatives in the development of their plan.

- For children and youth who are non-verbal or otherwise unable to participate in the planning meeting or completion of "My Journey," the plan may be completed on their behalf with the planning team members. It is important for the planning team to include the child/youth's perspective.

- The caseworker will contact the caregiver and child/youth in advance of the planning meeting to discuss and verify logistical details of the meeting including date, location, etc.

- The caseworker and child/youth will meet in person (preferably one month) before the scheduled planning meeting to prepare by explaining to the child/youth what will be discussed, who will be present, and to address any concerns or questions the child/youth may have. The caseworker will also review A Guide for Children/Youth: "My Journey" (form 12.85B) with the child/youth and provide them with a copy.

- Any significant changes in planning must be shared with the child/youth and caregiver in advance of the planning meeting.

- Every effort must be made to have representation from the child/youth's family, community and/or other significant support person at the planning meeting.

- The planning team will have a group discussion to complete "My Journey" while the caseworker documents the goals and other highlights in the document.

- For each domain in "My Journey," the planning team will identify the following with the

3.5 Annual Case Planning for Permanent and Long-Term Wards: "My Journey"

child/youth:

- What is working well (achievements/highlights/strengths)?
- What are the needs and worries?
- What activities are occurring to support each area?
- Who is providing support for the activity? How is it being supported?
- What are the next steps/goals?

- In order to support and preserve the child/youth's connection to their culture and ensure the best interests of the child/youth are met, the planning team will incorporate the child/youth's cultural values and traditions into "My Journey" under each domain.

- Once completed, "My Journey" is reviewed by all participants to ensure accuracy and signed. The original document is given to the child/youth, and the yellow/green copy is retained by the caseworker and placed on the child/youth's file.

- Children and youth have a right to request and be provided with access to their own information, which may include their medical information, information about where the child/youth previously lived while in care, and their Cultural Connections Plan.

- The caseworker will need to obtain permission from the foster parent(s) for every foster home the child/youth resided in prior to sharing their name(s) and other personal information with the child/youth. If the caseworker is unable to obtain the foster parent's consent, the information will need to be redacted prior to providing the list to the child/youth. For foster parents who have provided consent, the caseworkers may provide their placement information only by printing a copy from the "removal/placements" tab in Linkin.

- Discuss with the child/youth and their caregiver the importance of keeping information private and protected, and to ensure they have a safe and secure place to store their documents and information.

- Discuss the Right to Appeal/Right to be Heard process with the child/youth. Provide them with a copy of the brochure Your Right to Appeal. and explain to them what this means (see Section 1.6 Right to Appeal/Right to be Heard).

- The caseworker will provide a copy of "Rights and Responsibilities: A Handbook for Youth In Care & Youth Connected to Child and Family Programs" prior to or at the time of the planning meeting if they do not have a copy (see Section 1.7 Information for Children & Youth: Rights & Responsibilities: A Handbook for Youth in Care & Youth Connected to Child & Family Programs).

3.5 Annual Case Planning for Permanent and Long-Term Wards: "My Journey"

- By participating in the planning meeting, the caregiver/parent(s), child/youth's family, community representative(s) and ministry agree to follow the provisions respecting confidentiality and disclosure of information pursuant to Section 74 of *The Child and Family Services Act*.

Practice Guidelines

- The planning meeting should occur as near to the anniversary date of the original order as possible.

- Any significant changes required or considered between reviews may be brought back to the planning meeting members for consultation. Examples may include changes in the permanency plan, an application to vary an order.

- All efforts are to be made for the planning meeting to occur in person. The meeting may occur virtually only if determined to be necessary.

- The planning meeting is an opportunity to highlight the child/youth's strengths, positive events, accomplishments, and achievements that occurred the past year. For each domain, a balanced discussion will occur regarding the child/youth's strengths and needs.

- Caseworkers are encouraged to acknowledge important milestones such as birthdays, successful completion of grade level at school, accomplishments or awards, and success in reaching a personal goal. The planning meeting is an opportunity for caseworkers to note these milestones and recognize the child/youth's progress.

- Short, medium and long-term goal should be identified for each domain in "My Journey."

- Caseworkers must ensure that children and youth of all ages are heard and valued through meaningful and active participation in the "My Journey" process. A Guide for Caseworkers: "My Journey" (form 12.85A) provides information to assist with discussions on all areas of their case plan.

- Hold the planning meeting in a private, safe, and comfortable location that meets the needs of the child/youth. Hosting the meeting in a ministry office may cause distress and bring discomfort to the child/youth. Consider alternate locations such as in the child/youth's community, caregiver home or another setting where privacy can be assured. The use of Talking Circles or Healing Circles may also be used in place of a planning meeting.

- In cases where there is high conflict or difficulties that may affect the productivity and success of the planning meeting, the caseworker should consider having a third-party facilitator, such as an Elder/Knowledge Keeper, mediator or another community member

host and facilitate the planning meeting. Holding an opikinawasowin may also be appropriate to ensure all voices are heard and considered in this situation.

- A planning meeting may be an overwhelming and stressful experience for a child/youth. Support should be provided to help the child/youth understand the information being discussed and help to manage their emotions. Ensure they have access to supports and/or self-regulating tools such as fidget tools, paper and pens, coloring books, a mentor or a support animal. Discuss with the child/youth and their caregiver what supports they already have and what they may need.

3.0 LONG TERM CARE

3.6 Minister's Parental Responsibility for Permanent and Long-Term Wards

Policy

The ministry is responsible to ensure that case planning for permanent and long-term wards includes planning for their future to ensure their financial affairs are represented and that they receive all benefits available to them through various federal and provincial programs.

The ministry works closely with the Office of the Public Guardian and Trustee (PGT) of Saskatchewan to ensure that they are notified when children become permanent or long- term wards. As property guardian, the PGT has specific responsibilities related to the financial affairs of children who are permanent or long-term wards.

If an Indigenous child, who is a long-term or permanent ward is placed in the custody of an IGB, the rights and responsibilities of the Minister and the PGT are concluded.

Procedures

- The ministry (Central Office) notifies the PGT in writing when children become long-term or permanent wards, providing the child's name, date of birth and assigned worker. The office of the PGT then contacts the caseworker to gather additional information if required.

- Caseworkers will advise the PGT when a child is placed in the custody of an IGB. The ministry nor the PGT have legal responsibility for an Indigenous child upon transfer to an IGB.

- Caseworkers will advise the PGT of circumstances where the child is disabled, has property or money, has earned income and will need to file an income tax return, has had a parent die or is entitled to an inheritance.

- For children who are victims of crime and/or abuse, the supervisor may make application to the Victims Compensation Program on their behalf, provided the matter was reported to the police and application is made within two years from the date of the offense. (Compensation is not paid for lost, damaged or stolen property.) Awarded money will be administered by the PGT.

- The child's caseworker ensures that for long-term or permanent ward children with disabilities, an application for the Registered Disability Savings Plan (RDSP) is completed (for eligibility criteria and application process, see below).

3.6 Minister's Parental Responsibility for Permanent and Long Term Wards

To be eligible for the RDS), a child must meet one or more of the following conditions established by the federal government:
Blindness;
Receiving life sustaining therapy;
Marked restriction in the basic activities of daily living (e.g., dressing, speaking, hearing, feeding, walking, bowel or bladder functions, mental functions necessary for everyday life);
Significant restriction in two or more activities of daily living (e.g., dressing, speaking, feeding, walking, mental functions necessary for everyday life, etc.).

**Disability must be prolonged (last 12 months, or be expected to last 12 months).

To apply for the RDSP for a permanent or long-term ward, the following steps must be completed:

1. The caseworker completes an application package which includes the following:
   - completed Federal form T2201 available online at https://www.canada.ca/en/revenue-agency/services/forms-publications/forms/t2201.html
   - Part A of the form must be completed by the child care worker, acting as a legal representative of the child/youth with the disability;
     Note: Section 2 "Information about the person claiming the disability amount" (Social Insurance Number) and Section 3 "Adjust your income tax and benefit return" may be left blank.
   - Part B is to be completed by a physician or medical professional.
   - Copy of the child/youth's Social Insurance Number (to apply for a Social Insurance Number an official primary document that proves the child/youth's identity and status in Canada is required - this includes a Canadian Birth certificate or proper supporting documents. The child's caseworker must apply in person and have a Letter of Authorization confirming their authority to act as a legal representative for the child – see template 12.42)
     - copy of the child/youth's Permanent or Long-Term Order of Wardship;
     - copy of the child/youth's Birth Registration;
     - completed **RDSP Tracking form (12.43)**.

2. The caseworker submits the original completed package of materials to Central Office, 10th floor, 1920 Broad Street, Regina, Saskatchewan, S4P 3V6. A copy is retained on the child's file.

3. When an application package is received in Central Office, it is reviewed to ensure it is complete, entered into a central database for tracking and forwarded to the Office of the PGT for Saskatchewan, who will make the application on behalf of the child.

4. If a child who is a permanent ward is adopted or the order is varied or terminated, and an application has been made for the RDSP, Central Office must be advised so that the PGT is notified of the change of circumstance.

5. If a long-term order is varied or terminated and an application has been made for the RDSP, Central Office must be advised, so that PGT is notified of this change of circumstance.

3.0 LONG TERM CARE

3.7 Maintaining a Child's Connection to Family

Policy

Where a permanent or long-term ward has a significant relationship with family, services may be provided to the child's family to maintain a family connection.

Practice Guidelines

- In consideration of the best interests of the child, contact with the child's immediate family and/or extended family will be maintained in a manner that is appropriate and safe. The purpose of the contact should be clear to all involved and is intended to enhance close connections and maintain relationships. Contact must be determined based on the child's needs.

- Family/extended family contact should include the views and preferences of the child, their family and the caregiver. The form of contact may need to vary from time to time while a child is in care, based on changing circumstances and/or the developmental stage of the child.

- Wherever visits occur with the immediate or extended family, the child's caseworker must ensure the arrangements are safe, given the nature of the originating child protection concerns.

- Where support to the family is required for contact or visits, it should primarily be offered by the child's caseworker or an appropriate public agency.

3.0 LONG TERM CARE

3.8 Preparing Youth for Independence

Policy

Within the context of the youth's case plan, the youth must receive assistance in preparation for independence by being provided the necessary training, guidance, and support to take responsibility for most aspects of his or her life, according to his or her capabilities, upon reaching the age of majority.

Practice Guidelines

- Guardianship includes the responsibility to assist the child or youth in the transition from adolescence to adulthood. Children and youth growing up in their own families learn to be independent, responsible adults by gradually being given more responsibility as they mature. Children and youth in care need additional training and support because they are more likely to leave the home of caregivers at an earlier age and may be without the benefit of a network of family support.

- Unless the child's level of development is severely impaired or delayed, the child's caseworker and the child's caregiver should provide the child with opportunities to gradually acquire self-care skills as soon as the child is old enough to learn. When the child reaches 15 years of age, active preparation for more autonomy must begin.

*Preparing the child or youth for independence includes**:***

  - assessing the child's or youth's level of functioning in relation to his or her age and developmental capabilities;
  - seeking the child's or youth's views about his or her goals for the future, and the level of support and services that would assist the child or youth in achieving their goals for the future;
  - ensuring that the child or youth's case plan identifies the services that will be provided to enhance his or her self-care skills and knowledge;
  - ensuring that the child's or youth's case plan identifies the actions that will be taken to support the child's or youth's efforts to achieve their goals for the future, consistent with the child's or youth's capabilities and best interests;
  - ensuring that the child or youth has appropriate identification and required documentation such as a social insurance number, health card, birth certificate etc.;
  - ensuring that an application for citizenship is made on behalf of children/youth who do not have Canadian citizenship. This process can be lengthy and should be completed as early as possible;
    - For additional information and guidelines to apply for Canadian Citizenship for

children in care see: https://www.canada.ca/en/immigration-refugees-citizenship/services/canadian-citizenship.html

- ensuring that children who have treaty status are registered and informed of their entitlements;

- ensuring the child is aware of any benefits held in trust by the Public Trustee;
- for youth 16 years of age and over who wish to discontinue foster care, the appropriateness of independent living within the context of the youth's case plan must be determined; and
- ensuring that the youth is aware of the support and services available under Section 56 of *The CFSA*. (See Chapter 3.9)

Planning for Independence:

From the time that preparing a child or youth for independence begins, each Child in Care Assessment and Review (CCAR) should include additional information and assessment of the child's or youth's*:*

HEALTH:
- awareness of factors related to a healthy lifestyle;
- access to information about sexuality and related issues;
- the services available to assist the child or youth to take responsibility for his or her own health care, and
- the child/youth's views about all of the above.

EDUCATION:
- the child/youth's educational and vocational goals;
- the services that can be provided for the child or youth to assist with his or her education or vocational development, and
- the child/youth's views about all of the above.

FAMILY AND SOCIAL RELATIONSHIPS:
- the family, social and community support the child/youth is likely to have after becoming independent;
- for an indigenous child/youth, involvement of the child/youth's indigenous community once he or she becomes independent;
- the means by which support may be enhanced prior to independence;
- the child/youth's recreational, cultural and spiritual connections and activities;
- the services that can be provided for the child/youth to assist them in maintaining these activities; and
- the child/youth's views of the above.

EMOTIONAL/BEHAVIOURAL DEVELOPMENT:

- emotional or psychological issues requiring professional counselling or care, particularly if the child/youth has suffered abuse and/or trauma;
- behavioural responses to situations, such as anger management, assertiveness and conflict resolution skills;
- services that can be provided to meet the child/youth's emotional needs and to enhance the child/youth's level of development, and
- the child/youth's views about all of the above.

SELF CARE SKILLS:

- household management skills, including cleaning, shopping, and meal planning and preparation;
- money management skills, including budgeting and banking;
- appropriate to age and development, support to learn to operate a motor vehicle and obtain a license to drive;
- social skills required for independent functioning;
- knowledge of how to apply for entitlements, services, employment or how to seek advice and assistance in relation to these aspects of independent functioning;
- parenting skills, if applicable
- the services that can be provided to assist the child/youth to acquire the skills and knowledge necessary to make a successful transition to independent functioning, and
- the child/youth's views about all of the above.

Youth Who Wish to Discontinue Foster Care:

- Some youth who have been in long term care may not form a significant relationship with a caregiver and may wish to discontinue foster care. Their reasons for wishing to discontinue care need to be taken seriously and explored with them. The youth may wish to return to their family, extended family, or for Indigenous children, their Band or IGB.

- The caseworker needs to determine, in consultation with the youth, if their wish to discontinue care would be in the youth's best interest.

- The caseworker must explore options for family reunification, immediate/extended family placement or placement with a person who has a significant adult relationship with the youth to determine if a possible placement resource can be located.

- Where the youth's family, extended family or a person with a significant relationship is able and willing to care for the youth, explore with them the possibility for assuming custody of the youth. In assessing the appropriateness of the placement, the caseworker should ensure the placement would not place the youth in need of protection and there is reasonable potential for continuity of the placement. Where the youth wishes to return to their family of origin child protection issues need to be evaluated from the perspective

of the youth's current age and development.

- Where the youth's family, extended family or a person with a significant relationship wishes to assume custody, an application to vary the order should be undertaken to facilitate their assumption of custody.

Exit Process:

- Caseworkers for long term wards or permanent wards should provide a process to facilitate closure for their time in care and plans for their future, with the youth, prior to the youth's 18th birthday to:
  - review and assist them in understanding their experience during their time in care;
  - review the youth's plans for the future and assist in anticipating and resolving possible problems;
  - provide the youth with any information they may require;
  - provide the youth with information about extended services that are available to them under Section 56 of *The CFSA*. (see Chapter 3.9);
  - assure youth is aware of their constitutional status and any legal status that may provide benefit to the youth, i.e. inheritance or survivor benefits;
  - be sure the youth knows how to contact the ministry for assistance in the future; and
  - bid the youth farewell and follow up with a letter.

- This process would typically begin 3 - 6 months prior to the youth's birthday and would require 2 - 3 interviews.

- Caseworkers should summarize this process and the information provided in a letter so that the youth has a written record of the information.

- Where a youth will require services from other ministry programs, comprehensive planning must commence at least 12 months prior to the transfer to adult services. (See Protocol - Adult Transition Planning of Individuals in Care of the Minister - Ch. 11.15)

3.0 LONG TERM CARE

3.9 Extension of Support for Former Wards

Policy

The ministry may, with the approval of the Director, Service Delivery or designate, enter into an agreement to extend child in care services to a permanent or long-term care ward who:

- is between the age of 18 and 21 years of age;
- is continuing their education; or
- requires assistance or training to enable them to continue their education or obtain employment; or
- because of a mental or physical disability or impairment, requires care or participation in a program to assist them in their mental or physical development or in the acquisition of life skills; or
- is First Nations and receiving support through their First Nation that only partially addresses their financial needs (see Procedures), **and**
- is willing to comply with the terms and conditions of the agreement.

The services that may be provided are those services available to a child in care.

Services terminate when:

- the objectives of the agreement are completed; or
- the former ward reaches the age of 21 years.

Procedures

1. An agreement to provide assistance is available to persons who were permanent/long term care wards, upon discharge from care on their 18th birthday or any time before their 21st birthday.

2. An extended care agreement must be signed by the former ward and the children's services worker, and approved by the Director, Service Delivery or designate. Where a person lacks capacity to enter into an agreement, the director may provide services to the person without entering into a written agreement.

3. Support may be provided to achieve goals which include:
   - completion of high school;
   - university education;
   - trades, business, vocational or technical course;
   - services for youth who are intellectually challenged and require constant care or day programming;
   - interim support to prepare for further education;

- supports that will provide for skills and capacity to prepare for further education or to enter the work force; and
- supports to find and sustain employment.

4. Support may include all benefits available to a child in the care of the Minister. Where available, services, supports, education or training should be provided through publicly funded agencies in the youth's home community. Out of province education or training should only be considered where comparable programs are not available in Saskatchewan.

5. Where an Indigenous youth is receiving extended support through their community, a Section 56 Extension of Support Services may be provided where First Nation support does not adequately meet the youth's needs. The youth's case worker must confirm available support through the youth's First Nation by contacting the Band (or Agency) office. Any support provided by the ministry must not be already provided through the youth's First Nation. An example of this level of support would be if the First Nation is funding the youth's educational expenses and basic living expenses but does not have the ability to support the youth with special needs expenses, cultural activities funding or financial support during the summer months. Further, the combined financial support for any provision cannot exceed the maximum amount allowed under the section 56 program.

6. To the extent they are able, former wards are expected to contribute financially toward their program and to support themselves from their earnings during extended holiday periods. The amount of continued support during these periods is at the discretion of the Director, Service Delivery.

7. The ministry does not require permanent or long-term wards to apply for student loans.

8. If a plan is interrupted (e.g., due to illness, employment for a semester, abandoning the plan), the agreement may be renewed after discussion and consideration of the youth's new plan. A new agreement outlining the conditions must be signed by the youth, caseworker and approved by the Director, Service Delivery or designate. It should be recognized that as part of the developmental process, plans may be interrupted one or more times. The worker should actively continue to engage the youth in developing or returning to their plan.

9. When the permanent committal of a Saskatchewan ward residing outside the province expires, the Director, Service Delivery or designate may enter into an extended care agreement when recommended by the authorities in the province in which the former ward resides. Saskatchewan Social Services is responsible for all maintenance, education and other related costs for wards and former wards living in other provinces. Where the ministry is providing courtesy support to a ward from another jurisdiction at the request of that jurisdiction, services may be extended based on legal authority in the other jurisdiction. Financial support is the responsibility of the other jurisdiction (see Chapter 11.13 Interprovincial Protocol).

10. All wards that approach their 18th birthday should be informed, in writing, of the extended care provisions.

Practice Guidelines

- Children who are permanent or long-term wards may not have the family supports that most children have.

- Today, most families continue to provide some additional support for their children after they reach the age of maturity to help them move to independence. For children placed in the permanent or long-term care of the Minister, the Minister has primary parenting responsibility and therefore needs to provide similar supports.

- Due to the difficulties they have experienced in their childhood, children and youth in care often have special needs that may require supports in addition to what other youth may require to help overcome these difficulties.

- Extension of support must be conducted as part of the policy on Preparing Youth for Independence, Chapter 3.8.

- Extension of support allows for continuity of care and planning by individuals who have an in-depth knowledge of the youth and their needs and are better able to help them achieve successful independence.

- The worker must take a proactive role in engaging the youth in entering into an agreement.

- If the former ward becomes married or is residing in a common law relationship, the circumstances should be reviewed as to what supports are still required.

- It must be recognized that as part of the developmental process youth may have difficulty meeting the terms of the agreement and may occasionally abandon their plans. The worker must make all reasonable efforts to help the youth achieve their goals. The worker must be open to entering into a new agreement at any time where a youth may have abandoned his/her plans but wishes to re-establish planning.

3.0 LONG TERM CARE

3.10 Youth in Care Network

Policy

The Saskatchewan Youth in Care and Custody Network Inc. (SYICCN) supports the Ministry of Social Services' goals and objectives by helping young people in or from care and/or custody:

- address the stigma of being in care and/or custody;
- ensure that members are able to have a voice in their lives, in the community, and in services to children and youth in care;
- encourage youth to assume positive roles in their lives;
- advocate and educate for the rights and responsibilities of youth in care and/or custody.

All children and youth age 14 years or older must be advised of the existence of the SYICCN and provided with information as to how they may access the Network.

Children and youth must be provided with reasonable supports to facilitate their participation in the Network, both at the Local and Provincial levels.

Practice Guidelines

- Youth in Care and Custody Networks are autonomous organizations that exist at a national, provincial and local level throughout Canada. Caseworkers need to be familiar with the goals and objectives of the Youth in Care and Custody Network and support participation by children and youth in care.

- Children and youth in care must be provided with reasonable supports to contact the SYICCN.

Mandate

- The SYICCN is a non-profit organization that advocates and supports Youth, aged 14 to 24, in or from care/young offender systems. Located in Regina, the SYICCN is mandated to help set up local 'networks' throughout Saskatchewan and develop strategies that empower youth in and from the foster, residential, and custody systems.

Provincial

- The SYICCN's purpose is to ensure that young people involved in government care are able to have a voice in their lives and in their community in order to make improvements to the services they receive. As a provincial organization the SYICCN is a valuable resource to those who work with young people, from government, other non-profit organizations, community, caregivers and the public. The Network addresses a wide range of topics, some of which include:

- The stigma of being in Care and/or Custody
- Leadership and Accountability
- Rights and Responsibilities of youth in care and/or custody
- Education and Employment
- Positive examples of life "after care".

- For older children and youth who are moving towards independence, the Youth in Care and Custody Network can provide another source of ongoing personal contact and support while in care and upon leaving care.

Local

- Local Networks are where youth direct the outcomes they would like to achieve.

- Local Networks get together at different times throughout the year. This could be as much as every week to as little as once a month, depending on what the youth participants decide and how much support is offered through the service area they reside in. Local networks are youth run, with the help of adult support people and financial support from Ministry of Social Services service area offices. Each network's activities vary as it is up to the participants to decide what they want to do.

Adult Support

- Youth in Care Networks work best with a network of support built up around them. In Saskatchewan there have been several "core groups" of youth over the years. One factor that has contributed to their success has been adult support, both at the local and provincial level. The role of adult support is to;
  - provide educational skills: Helps / teaches life and transitional skills;
  - provide resources for the Local, provides facilities, funds, transportation, assists with meetings, fundraising, conferences, and provide logistics (food, transportation) to facilitate same for youth;
  - facilitate to the ideas of youth. Work with youth to give them a voice;
  - provide a positive role model;
  - work towards an equal and mutual relationship between adult support role and youth;
  - share knowledge of ministry programs, practices and policies, as well as working knowledge of other programs for youth;
  - identify and advocate for change pertaining to diversity and youth needs through appropriate means;
  - adult support persons are typically Ministry of Social Services staff from all areas of child welfare or Corrections, Public Safety and Policing staff.

- Consideration would be given to interested adults from the local community, who:
  - believe in and respect the expertise/voice of youth in care/custody;
  - have the support of their employer, the ministry service area office and the local;
  - have the energy and time available; and

3.10 Youth in Care Network

- have a vested interest in working WITH youth;
- are willing to undergo both Criminal Records and Vulnerable Sector Checks.

Contact Information

SYICCN address: 510-2125 11th Ave. Regina, SK. S4P 3X3
Tel: 1-306-522-1533 Fax: 1-306-522-1507 Toll Free Youth Line: 1-888-528-8061
Web: www.syiccn.ca Email: info@syiccn.ca

3.0. Long Term Care

3.11.1 Changing the Name of a PSI Child

Intent

eHealth Saskatchewan has oversight for *The Change of Name Act, 1995* and determines eligibility for name changes. According to eHealth Saskatchewan, requests to change the name of a child by a guardian who has custody pursuant to a PSI order will not be considered unless:

- only the surname is being changed to the other parent's surname as listed on the registration of live birth; **AND**

- all the parent(s) on the registration of live birth consent to the name change being requested; **OR**

- the child is 14 years of age or older and provides consent.

Practice Guideline

While the ministry does not support changing the name of a PSI child(ren), there are certain circumstances where eHealth Saskatchewan will consider the application (see intent).
Should a PSI caregiver inquire about the process to change the name of their PSI child, caseworkers should:

- Inform the caregiver of the ministry's position, and of eHealth's eligibility criteria for changing the name of a PSI child (see Intent);

- If the child is Indigenous, inform the caregiver that the ministry may currently, or in the future, be required to notify the child's First Nation Band/Agency, Métis Local or an IGB, of their intent/request to change the child's name, or of the child's name change; and

- Should eHealth grant the change of name request, the ministry will need to notify the Canada Revenue Agency of the child's legal name change (for the purpose of collecting the Children's Special Allowances).

3.0 Long Term Care

3.11.2 Relocating with a PSI child (city/town, First Nation, province)

Policy

Upon learning a PSI caregiver has or intends to relocate from their current residence (city/town, First Nation, province), the caseworker will confirm whether the caregiver has informed the biological parent(s) of the change in residence and whether a reasonable plan exists for ongoing contact (with parent(s), siblings, extended family and cultural). The caseworker will confirm the planning with the child's parent(s).

Intent

The intent of this policy is to identify risks associated with caregivers relocating from their current city/town/First Nation either within the province or to another province or territory with a PSI child. Some of these risks include:

- **A PSI order does not sever the parental rights of biological parent(s).** This means that while biological parents may not have the right to make day to day decisions about the child, they continue to have the right to be informed about decisions that affect the child.

- It is best practice for a PSI caregiver to obtain approval from the biological parent(s) to relocate with the child. Should the plan to relocate with a PSI child impact the child's relationship with their birth parent(s), siblings, or cultural connections, the birth parent(s) as a party to the original order, can return the matter to court to have the PSI order terminated or varied. The PSI caregiver is responsible for costs incurred when a matter is returned to court (legal/lawyer fees, lodging, mileage etc.)

Practice Guidelines

When PSI caregivers have an existing relationship with their PSI child's birth parent(s), this allows for establishing acceptable visitation and communication schedules. When PSI caregivers are looking to relocate, consideration should always be given to the best interests of the child. When age appropriate, the wishes of the PSI child should always be considered when planning to relocate.

When a PSI provider notifies the caseworker of their intention to relocate from their current residence to another city/town/First Nation within the province or to another province or territory (this would include children who are placed out of Saskatchewan from the initial time of placement and relocating back to Saskatchewan or to another province), the caseworker should:

- Confirm with the caregiver whether they informed the birth parent(s) of their intent to relocate. Identify which parent(s) the caregiver has informed, how the parent(s) responded to the relocation, and what planning was discussed to maintain and facilitate ongoing contact between the PSI child and their parent(s)/ extended family.

- The caseworker will confirm the information with the birth parent(s), by phone or in writing and outline how the ministry is able to continue to support maintaining family connections.

- If the biological parent(s) express concern with the planning for the child, they should be advised of their ability to make application back to court to have the order varied or terminated.

- All communication is to be documented on the child's file.

3.0 Long Term Care

3.11.3 Relocating Outside of Canada with a PSI child

Policy

Effective April 11, 2023, Executive Director, Service Delivery approval is required for all PSI caregivers to relocate out of country with a PSI child.

Intent

This policy identifies risks associated with a PSI caregiver relocating outside Canada with a PSI child. Some of these risks include, but are not limited to:

- A PSI order does not sever the parental rights of the biological parent(s). At any time, a birth parent can make application to court to have the PSI order varied or terminated. This could result in legal fees and court appearances for the PSI caregiver that are not covered by the ministry;

- A PSI order may not be recognized outside of Canada, leaving the child vulnerable (e.g., their legal or residential status in the other country may be in doubt, they may be subject to deportation once they reach the age of majority in that country, etc.);

- The ministry is unable to oversee the placement as required by policy; and

- The destination country may not provide the child with universal health coverage, and the ministry will not cover private health insurance costs. This may leave the child vulnerable if they experience critical illness or injury.

Procedure

For inquiries related to relocating outside Canada with a PSI child, the caseworker should:

1. Discuss with the caregiver the risks associated with a PSI child relocating out of Canada (see Intent);

2. Discuss with the caregiver whether they have informed the birth parent(s) of their intent to relocate out of country, which birth parent(s) were informed, how they responded and what planning was discussed to maintain and facilitate ongoing contact between the child and their parent(s)/extended family;

3. Gather information from the caregiver to present to the Executive Director for a decision. When making a recommendation, always consider the best interests of the child (see Practice Guidelines);

4. Provide the information and recommendation in written format to the Executive Director (e.g., email). Enter the Executive Director's decision, along with all documentation regarding the plan to relocate, in a contact log under both the provider case and the child's case;
5. Should the Executive Director agree with the relocation, and the caregiver confirms the move is to occur, the caseworker should confirm/inform the information with the birth parent(s) by phone or in writing and outline how the ministry can continue to support family connections;

6. If the birth parent(s) express concern with the planning for the child, they should be advised of their ability to make application to court to have the order varied or terminated; and

7. All communication is to be documented in the child's file/case.

Practice Guidelines

The following includes information to gather and consider when making a recommendation for a decision by the Executive Director:

- Where is the caregiver relocating, what is the nature of the relocation (employment, personal) and when are they looking to relocate?

- What is the relationship between the child and PSI caregiver?

- How long has the PSI been in the care of the PSI caregiver?

- Has the PSI caregiver discussed the move with the biological parent(s) and how did they respond?

- Is the child having ongoing visits with the parent(s), siblings, extended family members or are cultural connections currently being supported/maintained. If yes, what is the plan to continue these connections?

- What are the wishes of the PSI child? Do they want to move and/or what are their concerns?

- Does the caregiver and/or child have citizenship in the country where they plan to relocate? What does the caregiver understand about the type of legal or citizenship status the child will have in the destination country, including what occurs when the child turns 18 (or reaches age of majority in the destination country)?

- Can the ministry contract with International Social Services to oversee the placement (can they complete a home safety checklist, can they facilitate an annual review)? How do we obtain criminal record checks and child welfare checks when living out of the country?

- Has the caregiver explored what type of health coverage the child will be eligible for in the destination country, including private health insurance? Are the caregivers willing to provide confirmation of the child's health insurance coverage prior to moving and at each annual review?

The decision to continue to provide financial and other supports to the caregiver, should they relocate out of country with a PSI child, will be considered by the Executive Director on a case-by-case basis. When providing a decision, the Executive Director will:

- Respond to the caseworker's recommendation in writing (email) including the rationale for approving or not approving the move out of country; and

- If approved, include the supports the ministry will continue to provide to the caregiver (e.g., financial by EFT in Canadian dollars, special needs funding, or funding to support family and cultural connections etc.).

If the ministry assesses that relocating outside Canada is not in the best interests of the child, and the caregiver disagrees, the caregiver should be advised of their ability to consult with a lawyer to seek custody of the child pursuant to *The Children's Law Act, 2020*. This may provide the caregiver and child with more protection while living outside Canada. The caseworker may also need to consult with legal counsel to determine whether an application to court is warranted.

If there are concerns the PSI caregiver may flee to another country, the caseworker should consult with legal counsel to determine next steps and assess the best interests of the child. The caseworker may need to make a referral to intake to initiate court action.

3.0 Long Term Care

3.11.4 International Travel Health Insurance for Children Under PSI Care

Policy

Where it can be verified that health insurance has been purchased on behalf of a PSI child for the purpose of international travel, the ministry will reimburse the cost of the child's insurance. The ministry is not responsible for covering either insured or non-insured medical costs incurred out of country.

Intent

Travel health insurance provides coverage for unexpected emergencies abroad. It is important that PSI caregivers understand that if they choose to travel without purchasing health insurance for the PSI child, they may be responsible for the full cost of all expenses related to an unexpected event, accident, or medical emergency.

When travelling abroad, it is recommended that PSI caregivers purchase health insurance for a PSI child for the following reasons:

- Canadian health Insurance will not pay the medical fees of a PSI child while they are outside of Canada;
- While provincial and territorial health plans may cover a small part of a PSI child's medical costs (or none) they will never pay medical bills up front;
- Foreign hospitals can be expensive and may require immediate cash payment;
- Some countries may not treat you if you do not have enough insurance or money to pay your bill; and
- As legal guardian of the child, PSI caregivers are responsible for the PSI child's medical bills as the Ministry of Social Services is unable to reimburse caregivers for medical costs incurred outside the country.

Practice Guidelines

Once the caseworker has verified health insurance has been purchased on behalf of a PSI child for international travel, the caseworker can reimburse the PSI caregiver the cost of the child's insurance.

- Verification of health insurance can include documentation from the insurer outlining the dates of travel and confirmation the fees are paid in full.

3.11.4 International Travel Health Insurance for Children Under PSI Care

- If the PSI child's travel health insurance policy is purchased as part of a family plan, the Director or Designate may determine the rate of reimbursement (e.g., portion of the plan).

4.0 OUT-OF-HOME CARE RESOURCES

4.1 Introduction Resources

The Ministry of Social Services provides a continuum of out-of-home care resources for children whose safety cannot be assured at home. The continuum of resources begins with the least intrusive out-of-home care, placement with a non-removal parent*, extended family (alternate care), and ends with residential treatment where the level of specialty developed, through training, standards, involvement of ministry staff and the child's need for treatment orientated interventions, is greatest.

(***Definition: Non-removal parent** - Where a child has been placed in the care of the ministry due to safety threats in one parent's household, the term non-removal parent is used to describe the other parent for which there are no safety threats.)

When choosing an out-of-home resource for a child or youth, the caseworker will consider which resource best meets the child's assessed needs and make a referral to that resource following the referral procedure for the resource. Every out-of-home care resource has specific admission or approval criteria and can accept only children or youth whose needs match the skills, knowledge, client mix, treatment programs and supervision offered by the resource.

Out of Home Care Placement Referral / Caregiver Information Form

When making a referral request for an out of home placement for a child or youth, workers will complete the Out of Home Care (OOHC) Placement Referral/Caregiver Information Form (12.4) and submit with the appropriate attached documents, through the service area's local placement matching process. This form is used for all types of placement requests, including Group Homes, Specialized Treatment Programs, First Nations Child and Family Services (FNCFS) Agencies, foster homes and Alternate Care placements. This form will also be forwarded to the appropriate extended family caregiver, foster family, or group home resource for referral consideration.

Caseworkers can facilitate the referral process by providing information and documentation that indicates how the child and family meet the admission criteria for the out-of-home care resource. Caseworkers should also provide an individualized case plan indicating the treatment expected from the out-of-home care resource to ensure that in accepting a child, the resource is well aware of the length, level and intensity of services expected.

When matching a child's needs to an out-of-home resource, caseworkers need to consider which out-of-home care resource can provide the required treatment and is the least disruptive or intrusive to the child and family. Out-of-home care that is far from the family's home community or restricts the family's involvement in the care of their child in some other way should be avoided if at all possible.

4.1 Introduction

Where it is in the best interests of the child and it is safe to do so, **placement with a non-removal parent, extended family** or someone from the same cultural community is the preferred option for out-of- home care.

A substantial number of children continue to be placed in **approved foster care**. Where extended family care is not available, foster care is usually the preferred option. The policies related to general foster care also apply to **specialized family-based care** such as therapeutic foster care.
Group homes or **supervised room and board** placements may be more appropriate for older youth who are moving towards independence and where foster care is unlikely to meet their needs.

Group home facilities and private **residential treatment** may be required for children and youth in need of intensive therapeutic intervention that is beyond a family style setting.

Some youth in care may be in conflict with the law and sentenced to custody under the *Youth Criminal Justice Act*. Protocols are in place to ensure that the youth's care needs are met during their period of custody in accordance with *The Child and Family Services Act (CFSA)*, and to facilitate transitions between custody and care.

Not all children in the ministry's care are living in the above resources. They may have returned to living with their families as a transition from care, be in independent living situations, or be placed for adoption.

4.0 OUT-OF-HOME CARE RESOURCES

4.2 Residential Services for Children and Youth in Out-of-home Care

Policy

The Ministry of Social Services shall provide a range of residential services for children requiring out-of-home care to ensure that their needs may be matched to the appropriate out-of-home care resource.

Standards

- Resources should be based on common services, standards and payments to enhance continuity for children.

- Children should be placed as close to their families as possible, to facilitate contact and visitation as appropriate.

- Independent living arrangements shall only be considered for youth sixteen years of age and older.

- Caseworkers must:
  - consult with the child and family for their input regarding out-of-home care resources;
  - have an initial assessment of child's needs;
  - be familiar with services provided by out-of-home resources, including rules and treatment approaches;
  - follow established referral and assessment procedures for each resource;
  - provide all relevant documentation as outlined in the resources referral procedures;
  - maintain regular contact with the resource and child;
  - ensure there is an individualized care plan for each child;
  - review regular reports from out-of-home care resource where such reports are required;
  - use the least restrictive resource appropriate for the needs of the child;
  - ensure services and practices are consistent with Children's Services policy and practice, regardless of placement.

- Services by Community-Based Organizations (CBO) or individuals must be provided under written contract or agreement.

4.0 OUT OF HOME CARE RESOURCES

4.3 Placement with Extended Family - Overview

Definition

Extended Family:

The term extended family is used throughout this section and is intended to include a person to whom the child is related through familial, kinship or spousal relationships, adoption or the customs of Indigenous peoples.

Overview

When it is determined that a child cannot remain safely with his or her own parents and the child's needs can best be met in a family setting, **placement with extended family or with others significant to the child must be the first arrangement explored for the care and protection of the child**. When appropriately assessed, planned and supported, placement with extended family is the least disruptive form of out-of-home care for the child and parents.

If not initially placed with extended family, extended family placement opportunities must regularly be explored as part of the ongoing case planning for a child in care.

Case management services are available to extended family members, parents, children and youth in order to support and maintain the placement until long term permanent plans are in place or support from the ministry is no longer required.

The gains children receive from being able to stay within their family, community and culture are such that every effort should be made to assist and support the extended family.

Caseworkers should keep in mind that considerable pre-placement or post-placement work may be required to prepare the child, parent and extended family for the impact (on everyone involved) of this significant change in the child's living or care arrangements.

Caseworkers may need to assist extended family by providing relevant information and training to assist the extended family to meet the child's needs.

Extended Family Placement Considerations and Planning:

The child's parents and where appropriate, the child, must be consulted regarding the placement with extended family or other persons who have a significant role in the child's or family's life. Joint planning and shared parenting should be undertaken to meet the child's needs, where safe and appropriate.

4.3 Placement with Extended Family - Overview

There are various types of placement with extended family (or significant others) that are differentiated according to the legal authority to care for the child, the involvement of the child's parents, and the involvement of the ministry. These are:

- Private arrangement;
- Place of safety;
- Alternate care;
- Persons Having a Sufficient Interest (PSI); and
- Foster care (with extended family as providers.

A child may be placed with a non-removal parent as a place of safety it is deemed to be in the best interests of the child (see Chapter 4.3.8: Placement with Non-Removal Parent).

4.0 OUT OF HOME CARE RESOURCES

4.3.1 Private Arrangement

Definition

Private Arrangement: An arrangement made by the child's family for the care of their child.

Policy

As an alternative to a child being placed in the care of the Minister, the child's family may, at any time, make a private arrangement with another caregiver.

Standards

- Prior to approving a private arrangement, a Criminal Record Check (CRC) (which includes the requirement of a Vulnerable Sector Check) or Self Declaration for Extended Family must be completed for every adult living in the home (see "Procedures"). Where the proposed caregiver is a parent who has already been providing care and supervision for the child and for whom there are no protection concerns, a Self-Declaration or CRC is not required (see Chapter 4.3.8: Placement with Non-removal Parent).

- Prior to approving a private arrangement, a Child Welfare Record Check (Linkin and Automated Client Index (ACI)) must be completed for every adult living in the home to check for a child protection history that could place the child/youth at risk (see "Procedures").

- Prior to placement a caseworker must complete a home visit to ensure the home meets acceptable home safety and health standards. Any safety concerns must be reported to a supervisor and the plan to address the safety concerns must be approved by the supervisor.

Procedures

1. A CRC or Self Declaration for Family/Extended Family is completed for every adult living in the home to check for a criminal record that could place the child/youth at risk. Where the proposed caregiver is a parent who has already been providing care and supervision for the child and for whom there are no protection concerns, a Self-Declaration or CRC is not required (see Policy 4.3.8: Placement with Non-removal Parent).

Note: As it can take some time for a CRC to be completed by Police Services or RCMP, a **Self-Declaration for Extended Family form (12.24)** may be used until the CRC is received by Social Services from extended family (see also Chapter 4.3).

2. Upon receiving a CRC, a **Note to File (12.32**) is completed by the caseworker and the CRC form is returned to the caregiver. **A criminal history which includes the following**

charges or convictions must be reviewed and signed by the Executive Director:

- Any criminal charge or conviction regarding a sexual assault;
- Any criminal charge or conviction regarding a physical assault against a child;
- Any homicide charge or conviction;
- Any manslaughter charge or conviction.

3. If the placement occurs after hours by Mobile Crisis staff or Emergency Duty staff the CRC or Self Declaration must be received by a caseworker within two working days.

4. A Child Welfare record check (Linkin, ACI, FNCFS Agency and/or Inter-jurisdictional) is required for every adult living in the home. Caregivers and all adults provide their signed consent on the **Child Welfare Record Declaration form (12.35).**

5. If the placement occurs after hours by Mobile Crisis staff or Emergency Duty staff without access to ACI or the Linkin system, the Child Welfare Record Check must be completed by a caseworker the next working day.

6. Prior to placement, a caseworker must complete a home visit to ensure the home meets acceptable home safety and health standards appropriate to the community and needs of the individual child. The caseworker completes the **Extended Family Home Safety Checklist** form and places it on the child's file **(12.25)**.

7. If the placement occurs after hours by Mobile Crisis staff or Emergency Duty staff, the Extended Family Home Safety Checklist is completed by a caseworker within two working days.

Practice Guidelines

- Where it is determined that a child is in need of protection, the ministry recognizes the parents' right to make private arrangements, where such arrangements would be in the best interests of the child and would provide safety and continuity for the child.

- A private arrangement by the family for the care of the child should be the first option explored, prior to any placement.

- The ministry should seek the consent of all parties to work with the ministry to ensure protection concerns are addressed through the private placement.

- A Family Services Agreement or Safety Plan should include the private arrangement care giver as part of the working contract between parents and the ministry. The proposed caregiver in the private arrangement should sign the Parental Services Agreement or Safety Plan whenever possible.

- Where a child is in the care of the Minister and the parents have made a private

arrangement for the child's care, an application under Section 39 to vary the order may be considered.

- If a formal legal arrangement is required, *The Children's Law Act* speaks to custody agreements between parents and other interested parties:
  - The agreement must be in writing and signed by the parties.
  - The parents may, by agreement, vary their status as joint legal custodians of the child,
  - The agreement can provide that another person is legal custodian and property guardian of the child for a specific period or for the duration of the child's minority.

4.0 OUT OF HOME CARE RESOURCES

4.3.2 Place of Safety

Definition

Place of Safety:

The Child and Family Services Act defines "Place of Safety" as "a place designated by a director as a place of safety".

A Place of Safety may include a non-removal parent, an extended family member, or the home of any person who has a close relationship with a child, such as a health care provider, child care provider, teacher, foster parent or other non-family member.

Policy

When a child is assessed to be in need of protection and their safety cannot be immediately ensured in the family home, an extended family member or other person who is willing and able to provide temporary and safe care may be approved as a Place of Safety for the child.

In circumstances where a child is removed from one parent's household, the non-removal parent may be designated as a "Place of Safety" (see Chapter 4.3.8: Placement with Non-removal Parent).

Standards

- **A Place of Safety must be approved by the Director, Out of Home Care or designate.**
- **A Place of Safety that is being approved on the basis of any exception to the outlined standards must be reviewed and approved by the Executive Director, Community Services.**
- Prior to placing a child in a Place of Safety, a CRC (which includes a Vulnerable Sector Check (VSC)) or Self Declaration for Extended Family must be completed for every adult living in the home (see "Procedures").
- Prior to placement, a Child Welfare Record Check (Linkin/ ACI, FNCFS Agency or Inter jurisdictional) must be completed for every adult living in the home to check for a child protection history that could place the child/youth at risk (see "Procedures").
- Prior to placement a caseworker must complete a home visit to ensure the home meets acceptable home safety and health standards (see "Procedures"). Any safety concerns must

be reported to a supervisor with a plan to address the concerns approved by the supervisor.

- A home safety assessment must be completed when the family moves to a new home and/or when there is significant change in the home that can impact the health and/or safety of individuals in the home (see Section 4.4.3 for what defines "significant change").

Procedures

1. A Place of Safety is completed for children who come into care or who are in the care of the Minister and have extended family (or others with whom they share a close connection) who would like to be considered as a placement resource for the child (see Section 2.3 for placement priority standards).

2. Extended family or other persons may be designated as a Place of Safety for **60 calendar days**.

3. The **Place of Safety Designation** (12.48 Place of Safety Designation and Guide) must be completed by a caseworker and approved by a director or designate prior to or immediately following placement of the child (same working day).

   Note: If the placement occurs after hours by Mobile Crisis or Emergency Duty staff the Place of Safety Designation must be completed by a caseworker the next working day.

4. A **CRC (which includes a VSC)** or **Criminal Record Declaration for Caregivers** (12.24) is completed for every adult living in the home. If the placement occurs after hours by Mobile Crisis or Emergency Duty staff, the CRC or Self Declaration must be received by a caseworker the next working day. If the child is placed with a non-removal parent who has already been providing care and supervision to the child and there are no protection concerns, completion of a CRC or Self Declaration is not required (see Section 4.3.8: Placement with Non-removal Parent).

   Note: As it can take some time for a CRC to be completed by Police Services or RCMP, a **Criminal Record Declaration for Caregivers** (12.24) may be used until the CRC is received (see Section 4.3.3). The Extended Family Assessment is not complete until the CRC is received by the ministry. The child may be placed in the home pending receipt of the CRC and with approval of the Director or designate.

5. Upon receiving a CRC, a Note to File (12.32) is completed by the caseworker and the CRC form is returned to the caregiver. The Note to File will include all criminal convictions as indicated on the CRC. **A criminal history which includes the following charges or convictions must be reviewed and signed by the Executive Director:**
   - Any criminal charge or conviction regarding a sexual assault;
   - Any criminal charge or conviction regarding a physical assault against a child;

- Any homicide charge or conviction; or
- Any manslaughter charge or conviction.

6. The caseworker provides a **Child Welfare Record Authorization/Declaration form (12.35)** for completion by every adult resident in the home.

   Note: Should applicants or any adult residents of the home refuse to sign the Child Welfare Record Declaration/Authorization form, the Place of Safety Designation may not proceed.

7. When the completed and signed declaration forms are received, the caseworker reviews all applicable sources of child welfare history information from ministry records (Linkin and ACI), FNCFS Agency records and/or other jurisdictions if applicants have resided out of province as adults.

   If a child welfare record is declared, placement of children may occur with Director or designate approval pending receipt of child welfare history information from other jurisdictions.

   Note: If the placement occurs after hours by Mobile Crisis or Emergency Duty staff without access to the Linkin or ACI system, the Child Welfare Record Check must be completed by a caseworker the next working day.

8. Prior to placement, a caseworker must complete a home visit to ensure the home meets acceptable home safety and health standards including:
   - The home must have a functioning, installed, smoke alarm in each bedroom and;
   - in the hallway of each level of the home, including the basement and occupied attics.
   - The home must have a functioning, installed, electrical carbon monoxide detector/alarm with battery backup inside each bedroom or within 5 meters of each sleeping space (measured along the hallway)
   - There are many different types of alarms that are acceptable for use: hard-wired alarms, 10-year battery-operated alarms, and in the case of carbon monoxide alarms, ones that can be plugged into an electrical outlet. Specifically, tamper-proof carbon monoxide alarms, combination carbon monoxide and smoke alarms or plug-in alarms with a 10- year integrated battery are permitted.
   - Posted evacuation plan, and fire escape options
   - Safe storage of chemicals, cleaners and flammable products.
   - Uncluttered corridors and a reasonable level of cleanliness is maintained

9. The caseworker completes the Home Safety Checklist (12.25).

   Note: If the placement occurs after hours by Mobile Crisis or Emergency Duty staff, the Home Safety Checklist is completed by a caseworker the next working day.

10. When there are joint applicants, the caseworker must ensure that both applicants are assessed. Any concerns identified by the caseworker, with one or both applicants, will be addressed (see Practice Guidelines).

11. At the time of placement or the next working day (following approval of the Place of Safety Designation), the caseworker and caregiver will sign the **Place of Safety Caregiver Agreement** (12.58). The caseworker will also review and provide the caregiver with a copy of the ministry's policy **Discipline in Foster Homes and Extended Family Care** (Chapter 4.4.11**), Information for Caregivers of Children/Youth at Risk of Suicide** (12.69), **Water Safety for Caregivers of Children and Youth** (12.70), and if placing a child under the age of two years, the caseworker will review and provide the caregiver with a copy of **Safe Sleeping Practices** (Chapter 4.3.9).

12. Where the ministry provides maintenance rate payments, the caseworker or Admin Aide applies for the Children's Special Allowances once the child has been in placement for 30 days. The application form is available online at: https://www.canada.ca/en/revenue-agency/services/child-family-benefits.html

13. Special needs payments may be considered as part of an approved case plan for the child (as outlined in Chapter 7, Special Needs). Babysitting and respite may also be provided (see Chapter 8 for babysitting and respite rates).

14. The child is nominated for Supplementary Health Coverage (ward coverage), using the web-based online health nomination process.

15. A Letter of Authorization (12.7) is given to the Place of Safety provider when the Place of Safety Designation is completed and approved by the manager/director.

16. A Provider case is opened in Linkin and a paper caregiver file is opened.

17. An **Extended Family Assessment/home** study must be started within 30 days of the child's placement in a Place of Safety resource.

18. In circumstances where the child is placed with a non-removal parent, the **Non-Removal Parent Assessment** (12.57) must be completed if it is known that the child will be with the non-removal parent as a Place of Safety longer than 45 days or the ministry is recommending a court order pursuant to Section 37(1)(a) of *The Child and Family Services Act*.

19. In circumstances where a child is placed in a hospital as a Place of Safety (if medical intervention is necessary), completion of background checks, safety check, and Place of Safety Designation are not required.

20. Until the Extended Family Assessment / home study is completed and approved (including the Criminal Record Check received), the Place of Safety must be reviewed and extended every 60 calendar days with Director or designate approval.

Practice Guidelines

- Interviews with joint applicants can be completed together and should be in person whenever possible.

- Because of the immediacy of placement, if one of the two applicants is unavailable to meet in person (e.g. works out of town and unable to take time off for the scheduled visit), a telephone interview should be conducted. The caseworker will then arrange a face-to-face meeting as soon as possible following approval of a Place of Safety.

- If the caseworker identifies any concerns relating to either applicant through the assessment process, the caseworker will discuss the concerns with each individual before concluding the assessment. Examples of concerns may include, but are not limited to, a child welfare check, self-declaration or Criminal Record Check, an applicant not being forthcoming with information during the interview process (even when prompted) or an applicant expressing hesitancy specific to becoming an approved caregiver.

- Any concerns identified through the assessment process will be included in the written assessment, explaining how the concern(s) were resolved or mitigated if recommending approval of the applicant(s).

References

Royal Canadian Mounted Policy: Storing, transporting, and displaying firearms

4.0 OUT OF HOME CARE RESOURCES

4.3.3 Criminal Record Declaration for Caregivers Pending Completion of a Formal Criminal Record Check

Policy

When children are placed in an extended family home, and a CRC has not been received, a **Criminal Record Declaration for Caregivers** form must be completed by all adult caregivers in the home and submitted to the Ministry of Social Services as an interim measure until the CRC (which includes a Vulnerable Sector Check) is received.

Procedures

- The **Criminal Record Declaration for Caregivers form (12.24)** must be received prior to placement of a child with extended family.

- Where the child is placed with a non-removal parent who has already been providing care and supervision to the child and there are no protection concerns, completion of a CRC or Declaration is not required (see Chapter 4.3.8: Placement with Non-Removal Parent).

- The Declaration form is signed and dated by the adults in the home in the presence of a case worker.

- The case worker witnesses the signatures and signs and dates the forms.

If there is no self-declared criminal record:
- The Declaration form(s) are placed on the caregiver file.

If there is a self-declared criminal record:
- The caseworker and/or supervisor will discuss the record with the applicants to determine the circumstances and obtain additional information.

- The supervisor will pass the information to the Director or designate for review.

- **A criminal history which includes the following charges or convictions must be reviewed and signed by the Executive Director:**
  - Any criminal charge or conviction regarding a sexual assault;
  - Any criminal charge or conviction regarding a physical assault against a child;
  - Any homicide charge or conviction;

4.3.3 Criminal Record Declaration for Caregivers Pending Completion of a Formal Criminal Record Check

- Any manslaughter charge or conviction.

Practice Guidelines

Consideration when reviewing a self- declared criminal record for a Place of Safety/extended family placement include:

- The nature of the offence and its relevance to the care of children - serious consideration must be given to any convictions or charges involving violent physical aggression, drug/alcohol, or offences of a sexual nature;

- When the offence occurred, the number of convictions, and the amount of time between offences and reoccurrences;

- Steps the caregiver has taken to rehabilitate or prevent reoccurrence.

4.0 OUT OF HOME CARE RESOURCES

4.3.4 Alternate Care Provider

Definition

Alternate Care:
Alternate Care is a term used by the ministry to describe children in the care of the Minister who are placed with extended family or another person who has a close relationship to the child/youth and /or the child/youth's family(see Section 2.3 for placement priority standards). The intent is to offer children/youth in care an alternative to foster care placement with a person unknown to the child/youth and their family.

The term "Alternate Care" does not apply to "Persons Having a Sufficient Interest" who have been granted custody under Section 37 (1) (b), of *The Child and Family Services Act*, however, an Alternate Care Provider may attend court to seek a PSI designation to be a party to a protection hearing respecting the child/youth and eventual custody of the child/youth (following an initial placement period of at least six months) (see Section 4.3.5 for information on PSI orders).

Policy

When a child is in the care of the Minister, an extended family member or other person who has a close relationship with the child/youth and/or their family who is willing and able to provide temporary and safe care may be approved by a Service Delivery Manager as an Alternate Care placement for the child.

Standards

- Prior to approval, a **CRC (which includes a Vulnerable Sector Check (VSC))** must be completed for every adult living in the home (see "Procedures").

- Prior to approval, a Child Welfare Record Check (Linkin, ACI, FNCFS Agency and/or Inter-jurisdictional) must be completed for every adult living in the home to check for a child protection history that could place the child/youth at risk (see "Procedures").

- Prior to approval, a caseworker must complete a home visit to ensure the home meets acceptable home safety and health standards (see "Procedures"). Any safety concerns must be reported to a Supervisor and the plan to address the safety concerns must be approved by the Supervisor.

- The caseworker and caregiver must sign the "Extended Family Agreement for Services – Alternate Care" (12.44).

- **The case plan will include contact between the extended family, parents, child and the**

caseworker. At a minimum Children's Services contact and case management standards apply as the child is in the care of the Minister.

- Each year, the caseworker completes an Annual Review with the child and family (see "Procedures"). At the time of the Annual Review, a new "Extended Family Agreement for Services" will be signed.

- A home safety assessment must also be completed when the family moves to a new home and/or when there is significant change in the home that can impact the health and/or safety of individuals in the home (see Chapter 4.4.3 for what defines "significant change").

Procedures

1. Extended Family Assessments will be prepared using a trauma-informed lens and with recognition of TRC, including how Indigenous caregivers, their families and communities are affected by the residential school experience.

2. A completed **CRC** (which includes a VSC) is required for every adult living in the home and whenever a new adult moves into the home.
   Note: A CRC which was completed for a Place of Safety approval must be updated if older than six months.

3. Upon receiving a CRC, a Note to File (12.32) is completed by the caseworker and the CRC form is returned to the caregiver. The Note to File will include all criminal convictions as shown on the CRC.

   A criminal history which includes the following charges or convictions must be reviewed and signed by the Executive Director:
   - Any criminal charge or conviction regarding a sexual assault;
   - Any criminal charge or conviction regarding a physical assault against a child;
   - Any homicide charge or conviction;
   - Any manslaughter charge or conviction.

4. A Child Welfare Record Check (Linkin, ACI, FNCFS Agency and/or Inter-jurisdictional) is required for every adult living in the home and whenever a new adult moves into the home. Caregivers and all adults provide their signed consent on the **Child Welfare Record Authorization/Declaration (Form 12.35)**. Caregivers who have lived in other jurisdictions as an adult must declare if they have had involvement in previous places of residence; a Child Welfare Record Authorization/Declaration is to be completed pending results from other jurisdictions.

   Manager approval is required in order to proceed with placement of child(ren) prior to receipt of inter-jurisdictional child welfare information.

5. Prior to approval a caseworker must complete a home visit to ensure the home meets acceptable home safety and health standards appropriate to the community and needs of the individual child. The caseworker completes the Extended Family Home Safety Checklist (Form 12.25) and places it on the caregiver's file.

6. An Extended Family Assessment (Form 12.27) must be completed within 60 calendar days of a child in the care of the Minister being placed with extended family, or as soon as required documentation is received (see Chapter 4.3.6 – Extended family Assessment). Within the assessment, the caseworker should assess the caregiver's ability to provide cultural continuity for the child/youth. References provided on the application form will be contacted as part of the assessment process. Information from references is to be documented in Linkin contact logs and not included in the Extended Family Assessment.

Note: An updated Extended Family Assessment must be completed whenever there is a significant change in the household, i.e. new adult residents or children in the home, the family relocates to a new home, a change in permanency plan for the child etc.

7. When there are joint caregivers, the caseworker must ensure that both are assessed. Any concerns identified by the caseworker will be addressed in the Extended Family Assessment (see Practice Guidelines).

8. The ministry and caregiver sign an "Extended Family Agreement for Services – Alternate Care" (Form 12.44). Each year, a new Agreement for Services will be signed with the caregiver at the time of the Annual Review.

9. Annual Review: The purpose of the annual review is to support the child/youth's placement with extended family by reviewing the child's and caregivers' needs, and any changes in circumstances.

The first Annual Review is due one year from the date of approval of the home. Any changes in needs or services will be documented on the **Annual Review (Form 12.46)** and the child/youth's ongoing case in Linkin. A copy will be placed on the child/youth's file and the caregiver file.

The following must be completed with each Annual review:

- **Extended Family Agreement for Services (12.44)** reviewed and signed;
- **Extended Family Home Safety Checklist (12.25)** completed;
- **Criminal Record Self Declaration (12.24)** completed and signed;
- **Child Welfare Record Authorization/Declaration (12.35)** completed and signed.

In the case of a foster family who is a designated Alternate Care provider, the Annual Review will focus on the child/youth's progress in the home and the caregiver's ability to meet the

child/youth's needs. A Foster Family Annual Review / Family Development Plan will be completed by the family's Resources Worker, who will complete the home safety check and criminal record self- declarations.

10. Maintenance payment rate is available if required. (See Chapter 6.6)

11. Where the ministry provides maintenance rate payments, the caseworker or Admin Aide ensures that an application for the Children's Special Allowance has been made. The application form is available online at: Children's Special Allowance (CSA)- Canada.ca

12. Special needs payments are provided as part of an approved case plan for the child (as outlined in Chapter 7, Special Needs). Supports to the caregiver are provided as required, e.g. babysitting, respite, and training (see Chapter 8 for babysitting and respite rates).

13. The child/youth is nominated for Supplementary Health Coverage, using the web-based online Health Nomination Process.

Practice Guidelines

- Placement priority standards outlined in Section 2.3 should be followed when exploring a potential Alternate Care placement for children.

- The Extended Family Assessment refers to the child/youth's cultural plan. Ensure the potential caregiver is open to discussing and supporting the child/youth's cultural connections and plan.

- Interviews with both caregivers may be completed together and must be in person.

- If the caseworker identifies any concerns relating to one or both caregivers through the assessment process, the caseworker will discuss the concerns with the caregiver(s) individually before concluding the assessment. Examples of concerns may include, but are not limited to, a child welfare check, self-declaration, or CRC, a caregiver not being forthcoming with information during the interview process (even when prompted), or when a caregiver expresses hesitancy to caring for the child ongoing.

- Concerns identified through the assessment process will be included in the Extended Family Assessment, explaining how the concern(s) were resolved or mitigated if recommending approval.

4.0 OUT OF HOME CARE RESOURCES

4.3.5 Person Having a Sufficient Interest in a Child/Youth

Definitions

Person Having a Sufficient Interest: Someone who is designated by the court as a "Person Having a Sufficient Interest". This designation may include extended family, the Chief of a Band or designate where the child/youth is Indigenous or "any other person who is not a parent of the child/youth but who, in the opinion of the court, has a close connection with the child/youth".

Time limited PSI order (Definite): The child/youth is in the custody of the PSI caregiver, and the intent is that the child/youth will return to their parents. The ministry remains involved in providing child protection services to the child/youth and their family. Case management services and contact standards conform to child protection standards.

Indefinite PSI Order: The child/youth is in the custody of the PSI indefinitely. The ministry remains involved to provide ongoing financial support, special needs, and if required, case management services to support the placement.

NOTE: In order to have a child/youth placed in the custody of a PSI, the person must be designated by the courts pursuant to Section 23 of *the CFSA*, as a PSI caregiver, **AND** have an order made pursuant to Section 37 placing the child/youth in the custody of the PSI.

The court can designate someone as a PSI pursuant to Section 23 without placing the child/youth in their custody. This designation alone makes them a party to current and all future child protection hearings respecting that child/youth. It is important to understand that more than one PSI can be designated pursuant to Section 23.

Policy

When a caseworker is making recommendations for a child/youth to be placed in the custody of a PSI, a thorough assessment must be completed to determine whether the placement is meeting the best interests of the child/youth.

When assessing placement, it is important to involve the First Nation Band, Agency, IGB, Métis Local or Inuit authority in planning to ensure the placement is culturally supportive and facilitates ongoing family contact.

4.3.5 Person Having a Sufficient Interest in a Child/Youth

Standards

- The caseworker must review and provide the caregiver family with the information brochure "A Guide to Being a Person of Sufficient Interest Caregiver" available on line at: https://publications.saskatchewan.ca/#/products/71721 and ensure that they understand the meaning of "Person of Sufficient Interest" and court ordered custody.

- The caregiver and all adults in the home must sign a **Criminal Record Declaration for Caregivers (12.24) form** annually. (A criminal record check, or CRC, which includes a vulnerable sector check, or VSC will have been completed at the time of approval of the home, however, any new adults residing in the home must complete a CRC with VSC – see Procedures)

- The caregiver and all adults in the home must sign a **Child Welfare Record Authorization/Declaration (12.35) form** annually.

- The caseworker and caregiver must review and sign the **Extended Family Support Agreement – Person of Sufficient Interest (12.45)** form annually**.**

- The caseworker must complete an Extended Family/PSI Home Safety Checklist (12.25) with the caregiver annually, or when there is a move or significant change (see – Procedures).

- **A plan will be established that includes the frequency of contact between the extended family, siblings, parents, child/youth, and the caseworker. This plan will be incorporated into the Extended Family Support Agreement**.

- The caseworker will ensure the caregiver is informed about supports and resources available to meet the child/youth's needs, including cultural needs. This includes:
    - advising the caregiver about special needs supports that may be available.
    - ensuring the caregiver is aware of 211 Saskatchewan (sk.211.ca) and other applicable community resources;
    - entering the discussion and any supports provided in a contact log.

- Each year, the caseworker completes an Annual Review with the child/youth and family (see "Procedures").

Procedures

1. Maintenance rate payment is continued at the rate specified for Extended Family care (see Section 6.6: Alternate Care, PSI, and Specialized Out-of-Home Care Rates).

2. Where the ministry provides maintenance rate payments, the caseworker or Admin Aide ensures that the Children's Special Allowance is being received by the ministry.

3. The child/youth is nominated for Person of Sufficient Interest Supplementary Health Coverage, using the web-based PSI coverage).

4. Special needs payments may be provided as part of the approved case plan for the child/youth (see Chapter 7 - Special Needs/Other Benefit Services).

5. Supports to the caregiver are provided as required, e.g. babysitting, respite and training as per the case plan (see Chapter 8: Payments for Foster Home and Extended Family Caregiver Support for babysitting and respite rates).

6. Annual Review: The purpose of the Annual Review is to support the child/youth's placement with extended family by reviewing the child/youth's and caregivers' needs, and any changes in circumstances.

The first Annual Review is due one year from the date of approval of the home. Annual Reviews must include an in-person meeting with the caregiver and child/youth. Any changes in needs or services will be documented on the Extended Family Care Annual Review - PSI form (12.46.1) and the child/youth's ongoing case in Linkin.

The following must be completed with each Annual review:

- **Extended Family Support Agreement – Person of Sufficient Interest (12.45)** reviewed and signed;
- **Extended Family/PSI Home Safety Checklist (12.25)** completed;
- **Criminal Record Declaration for Caregivers form (12.24)** completed and signed; and
- **Child Welfare Record Authorization/Declaration (12.35)** completed and signed.
- If the child/youth is Indigenous, review the child/youth's cultural planning needs and supports.

7. In the case of a foster family who is a designated PSI and has been granted custody of a child/youth, the Annual Review will focus on the child/youth's progress in the home and the caregiver's ability to meet the child/youth's needs. A Foster Family Annual Review / Family Development Plan will be completed by the family's Resources Worker who will complete the home safety check and criminal record self- declarations and provide a copy for the child/youth's file and the caregiver file. Whenever a new adult moves into the home, they must submit a CRC with VSC and Child Welfare Record Authorization/Declaration.

8. Upon receiving a CRC/VSC from any new adults residing in the home, a Note to File (12.32) is completed by the caseworker and the CRC form is returned to the individual. The Note to File includes all criminal convictions as shown on the criminal record.

A criminal history which includes the following charges or convictions must be

4.3.5 Person Having a Sufficient Interest in a Child/Youth

reviewed and signed by the Executive Director:

- Any criminal charge or conviction regarding a sexual assault;
- Any criminal charge or conviction regarding a physical assault against a child/youth;
- Any homicide charge or conviction; or
- Any manslaughter charge or conviction.

9. A home safety assessment must also be completed when the family moves to a new home and/or when there is significant change in the home that can impact the health and/or safety of individuals in the home (see Section 4.4.3 Building, Health and Safety Requirements for what defines "significant change").

4.0 OUT OF HOME CARE RESOURCES

4.3.6 Extended Family Assessment

Preamble

Extended Family Assessment is an opportunity for the caseworker, family and extended family to discuss the goals of extended family care:

- the child will be protected and nurtured;
- the child's developmental needs will be met and delays will be addressed;
- the child will maintain connections to important people in their birth family;
- the child will have a life-long connection to a family; and
- the child's caregivers will be able to work cooperatively with the ministry and community resources.

Becoming the full time or part time caregiver of a child will have an impact on the extended family and that impact should be fully explored. Assessment must take into consideration the higher level of complexity of the interfamilial relationship between extended family caregivers, birth parents and the child in need of protection.

Policy

An Extended Family Assessment must be completed for all families providing care in PSI or Alternate Care placements.

The Extended Family Assessment is not used for placements with a non-removal parent (see Section 4.3.8: Placement with Non-removal Parent).

Standards

- An Extended Family Assessment must be completed and approved for each child/sibling group in the home.

- The assessment must be signed by the extended family caregivers, case worker and supervisor and placed on the caregiver's file.

- The assessment must be completed within 60 calendar days of the child being placed in the home, or as soon as all required documentation, including criminal record checks and reference checks, is received.

Note: See **Forms 12.27 - Extended Family Assessment Outline and Guide and 12.26 Extended Family Assessment Approval Check List.**

Practice Guidelines

Beyond the extended family's ability to provide safe care for the child, caseworkers need to discuss and assess:

- The family's shared history - has it had a positive or negative influence on relationships? (A genogram may be helpful).
- As the child's parent and extended family are more likely to be involved with each other in the future, what will that ongoing relationship be like?
- Will the extended family, parents and other family be able to work together to ensure the child's needs for safety, permanence and well-being?
- Does the extended family have a comprehensive understanding of the child's needs in terms of experiencing trauma, neglect and separation?
- What is the nature of the relationship between the child and the extended family?
- Does the extended family have realistic expectations of the child and their role as caregiver?
- Does the extended family understand loss and grief in terms of: possible loss of friends, loss of financial security, interruption of life cycle, loss of free time, space, privacy, loss of role (i.e., with son/daughter and grandchild)?
- Is the extended family able to manage difficult behaviors and deal with anger and split loyalties?
- Does the extended family have a reasonable understanding and acceptance of child/youth development and a demonstrated ability to develop age appropriate relationships with children? Can they provide guidance, support and supervision consistent with the age and needs of the child/youth?
- Does the extended family have flexibility in time and commitments to respond to emerging situations related to the child/youth, e.g. illness, emotional support, school issues?
- Is the extended family willing to work in cooperation with the ministry and inform the child's caseworker of changes, incidents and concerns?
- Is the extended family aware of all of the placement and permanency options available for the child?
- Is the extended family aware of the services and limitations of services from the ministry?

Note: The **Extended Family Assessment Guide (12.27)** is available to assist in completing a thorough assessment with families/ caregivers.

Use of Alcohol and Drugs:

If it is reported or suspected that one of the extended family members in the home has been addicted to alcohol or drugs:

- Address the issue openly with the individual concerned;
- Assess how the family copes with the issue;
- Determine if treatment was sought and request signed consent to consult with the family physician;
- Determine the length of time since abstinence or sobriety was achieved (a period of at least two years sobriety is generally an indicator of recovery);
- Determine the adjustment the family has made, i.e. is there ongoing involvement with support systems, what is the family members' degree of understanding and acceptance?
- Assess how the addiction issues may impact on the family's ability to provide care to children.

Challenges for Extended Family Caregivers:

In North America many extended family caregivers are grandmothers who are often older, single and from a minority group. Older siblings also become caregivers and may have underdeveloped parenting skills. In child welfare situations the children that come into extended family care are vulnerable and require exceptional parenting skills.

Extended family may also have limited knowledge about the child welfare system. They may be concerned about opening their homes to scrutiny and fear they will be judged inadequate to care for the child. They may also fear becoming involved in a legal dispute with their children, the child's birth parents. They may have little information about the supports available or required for themselves, the birth parents or the child.

When extended families become caregivers for a relative child there is a loss of the traditional grandparent or sibling role. While extended family may have been reluctant to interfere with their daughter/son's parenting, this changes when extended family becomes responsible for the full-time care of a grandchild/niece or nephew. There can be high levels of anger, resentment and guilt associated with this change in role and responsibilities.

Where child protection concerns are related to mental health, addictions, family violence or abuse and neglect issues, the extended family may find it difficult to set boundaries around their daughter/son's relationship with the child and themselves; for example: being responsible for supervising visits between the child and the birth parents. Extended families therefore require supportive services that focus on intra familial relationships.

4.0 OUT- OF- HOME CARE RESOURCES

4.3.7 File Administration for Extended Family Caregivers

Policy

All Alternate Care, PSI and Place of Safety caregivers will be registered (enrolled) as Providers on the Linkin system and a paper file opened to store information pertaining to the caregiver.

Procedures

1. Extended Family Caregivers will be enrolled as Providers on the Linkin system with the Extended Family category (see Ch. 4.3.8 regarding procedures for enrolling non-removal parents as "Place of Safety" providers in Linkin).

2. The Extended Family Provider category enrolment in Linkin will specify the Provider's "Type of Service" offered. Type of Service may be Alternate Care, PSI or Place of Safety.

Note: Please refer to the Linkin On-line Training Manual for complete instructions on the process to enrol Providers in the Linkin system.

3. Alternate Care, PSI and Place of Safety caregiver paper files will be used to keep a record of:
   - Extended Family Home Safety Check;
   - Extended Family Assessment;
   - Criminal Record/Vulnerable Sector Check - Note to File;
   - Self-declarations;
   - Contact records;
   - Payment information;
   - Annual Review contact records;
   - Contact records for approval of basic and special needs and
   - Any other correspondence directly related to the caregiver.

4.0 OUT OF HOME CARE RESOURCES

4.3.8 Placement with Non-Removal Parent

Definitions

Parent:
For purpose of this policy, a "parent" means:

- The father or mother of a child, whether born within or outside of marriage; or
- The father or mother of a child by adoption.

Non-removal parent:
Where a child has been placed in the care of the ministry due to safety threats in one parent's household, the term non-removal parent is used to describe the other parent for which there are no safety threats.

Household:
A household is all persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. When a child's parents do not live together and both parents provide care and supervision for the child, the child is considered to be a member of both households.

Overview

A child who is apprehended may be placed with a non-removal parent as a place of safety until a disposition from the court is granted or an agreement with the parents can be reached.

The child may be a member of both parent's households and, therefore, have an established attachment/relationship with the non-removal parent. When appropriately assessed, planned and supported, placement with the non-removal parent may be the least disruptive placement for the child.

There may be circumstances where the child is not a member of the non-removal parent's household because the parent does not provide care and supervision to the child. As well as assessing child safety, the caseworker should take extra caution to determine whether or not to place the child immediately. Careful assessment of the parent's motivation and commitment to the child, the nature of the relationship between the parents and the ability of the non-removal parent to support reunification efforts and case planning is important.

Where a child is already in care under a temporary order and it is deemed to be in the best interests of the child, the ministry may recommend the court vary the order and grant an order giving custody to the non-removal parent pursuant to Section 37 (1) (a) of *the CFSA*. In these circumstances, the child should not be placed with the parent until a *Place of Safety Assessment*

is completed and an order is granted placing the child in the custody of the non-removal parent.

Recommendations for a court order under Section 37(1)(a) should be time limited unless reunification with the removal parent is no longer possible.

Procedures

Immediate Placement with Non-removal Parent:

Private Arrangement

- Safety Planning with a parent as an alternative to apprehension may include a private arrangement for care of the child with the other parent who is not subject to allegations of child maltreatment.

- Where the child is already a member of both households, the procedures for approval of the private arrangement requires a safety plan that is agreed upon, completed and signed by both parents.

- Where the child has **not** been a member of the other parent's household, the approval of the private arrangement includes an agreed upon safety plan that is signed by both parents, a criminal record check (which includes a Vulnerable Sector Check) or **Criminal Record Declaration for Caregivers** (12.24), a home visit to assess home safety and a Child Welfare Record Check as outlined in Chapter 4.3.1: Private Arrangement.

Non-removal Parent as a Place of Safety:

Where a child is apprehended and is to be placed with a non-removal parent, the following procedures apply:

- A *Place of Safety* assessment of the non-removal parent's household will be completed as outlined in Section 4.3.2: Place of Safety.

- In circumstances where the non-removal parent already provides care and supervision to the child and the child is a member of both households, the completion of a criminal record check/self-declaration is **not** required as part of the *Place of Safety* assessment.

- In circumstances where the non-removal parent does **not** provide care and supervision to the child and involvement has been minimal, a place of safety assessment including a criminal record and vulnerable sector check/self-declaration is required (see Policy 4.3.3: Criminal Record Declaration for Caregivers Pending Completion of Formal CRC).

- **The Place of Safety Designation form (12.48)** must be approved by a Director, Service Delivery or designate.

- Until such time that the court issues an order or an agreement with the parents has been

reached and the child returned, the Place of Safety may be extended. Re-approval of the Place of Safety must occur every 60 calendar days.

- Child in care contact standards and completion of PART A of the Child in Care Assessment and Review (CCAR) at 45 days apply to children who are on apprehended status and in a Place of Safety.

- Completion of PART B of the CCAR is not required for children who are apprehended and placed with the non-removal parent as a "place of safety". There may be unique circumstances where a child is in a non-removal parent place of safety for 180 days, at which time the CCAR will be required.

Non-immediate placement of a Child in Care under a temporary order with Non- removal Parent:

Where a child is in care under a temporary order and placement with the non-removal parent is considered, the following procedures apply:

- A Place of Safety Designation will be completed.

- Where placement of the child with the non-removal parent is deemed to be safe, in the best interests of the child and approved by the Service Director, Service Delivery or Designate, the caseworker will apply to court have the temporary order varied.

- Where an order placing the child in the custody of the non-removal parent pursuant to Section 37 (1)(a) is issued, placement of the child may occur. These orders may be time limited if reunification with the removal parent is still possible and considered to be in the best interest of the child.

- Where the parents have agreed to vary their custody or access rights in the best interests of the child, application under Section 39 to vary or terminate the order may be considered in order to return the child; or

- The parents may wish to vary their rights to custody or access through a formal legal arrangement. *The Children's Law Act* speaks to custody agreements between parents:
  - The agreement must be in writing and signed by the parents.
  - The parents may, by agreement, vary or restrict their right to custody or access.
  - The agreement can provide that one parent is legal custodian and property guardian of the child for a specific period or for the duration of the child's minority.
  - The agreement must address any unresolved safety threats to the child.

- There may be times when an immediate placement of a temporary ward with a non-removal parent may be in the best interests of the child, while waiting for the court to vary the temporary order or in the case of an unexpected death of the removal parent. In

these circumstances the child may be placed with the non-removal parent as a place of safety in the interim until the court varies the order.

- Where placement with the non-removal parent is not possible, consideration should be made to place the child with extended family or with a member from their cultural community as a place of safety until the order can be varied.

Death of Removal Parent

Where a child is in out-of-home care under an Agreement for Residential Services (Section 9) or temporary order and the removal parent passes away, the child's placement with the non-removal parent should be assessed. The following procedures would apply:

- The Place of Safety assessment, CRC and Self-Declaration is completed on the non-removal parent, with approval from the Service Delivery Director (or designate) as outlined in CSM 4.3.2 – Place of Safety. The service area nearest to the non-removal parent will complete the assessment and maintain the file.

- The child's file must remain in the deceased parent's name until a Place of Safety assessment is completed and/or the order is varied/granted.

The following chart outlines the assessment requirements for immediate and non-immediate placement of a child in care with a non-removal parent.

Note – If a non-removal parent already provides care and supervision for the child, the child is considered to be a member of that household.

Immediate Placement of a Child on Apprehended Status with the Non-Removal Parent	
Child is a member of the non-removal parent household	**Child is not a member of the non-removal parent household**
1. Place of Safety Assessment as per Section 4.3.2: Place of Safety. (does **not** include criminal record/self-declaration)	***1. Place of Safety Assessment*** as per Section 4.3.2: Place of Safety (includes criminal record and vulnerable sector check/self-declaration)
Designation of Place of Safety approved by Director/Designate and re-approval every 60 days.	Designation of Place of Safety approved by Director/Designate and re-approval every 60 days.
Non-Immediate Placement of Child who is a Temporary Ward with the Non-Removal Parent	
Child is a member of the non-removal parent household	**Child is not a member of the non-removal parent household**
1. Place of Safety Designation (temporary order must be varied by the court prior to placement of the child unless an	***1. Place of Safety Designation*** (includes criminal record and vulnerable sector check/self-declaration)

immediate placement via a place of safety is in the best interests of the child while waiting for the court order, POS must have Director or designate approval)	(temporary order must be varied by the court prior to placement of the child unless an immediate placement via a place of safety is in the best interests of the child while waiting for the court order, POS must have Director or designate approval)

File Administration for Placement with Non-removal Parent

1. Where a child is in the care of the ministry and placed with a non-removal parent, the caseworker will use the Placement Type of "Non-removal Parent" in Linkin. Non-removal parents are not enrolled as Providers in Linkin.

2. Place of Safety caregiver paper files will be used to keep a record of:
   a. Place of Safety Designation;
   b. Criminal Record and Vulnerable Sector Check - Note to File;
   c. Self-declarations;
   d. Contact Records;
   e. Payment information;
   f. Proof of Death of removal parent if applicable; and
   g. Any other correspondence directly related to the non-removal parent.

3. **Maintenance payments will not be provided to placements with non-removal parents.**

4. Certain Expenditures may be made to provide for emergency needs such as food, clothing and other basic needs that are identified through case planning. These expenditures may be provided through requisitions.

5. The child is nominated for Supplementary Health coverage, using the web-based only Health Nomination Process. The caseworker should provide the non-removal parent with the child's health number.

6. The caseworker will not apply for the Children's Special Allowance when a child in care is placed with a non-removal parent as a place of safety. The non-removal parent can apply for the Canada Child Benefit (CCB). The caseworker should provide a letter to the parent confirming the child is residing with them and the ministry is not making maintenance payments. The parent can attach this to their CCB application form.

Practice Guidelines

- Where the ministry's ongoing attempts to work with the removal parent do not result in a reduction in safety threats or risk, the caseworker may consider recommending an order

pursuant to Section 37 (1)(a) placing the child in the custody of the non- removal parent. Alternatively, either parent may seek legal counsel with respect to their custody or access arrangement.

- The court may make an order pursuant to Section 37 (1)(a) and may impose any terms and conditions that the court considers appropriate, including provision respecting access pursuant to Section 37(5).

- The decision of whether to provide or to discontinue reunification services to the removal parent when a return of an apprehended child to the non-removal parent is made pursuant to Section 17(3) of *The CFSA* should be given careful consideration. Even though the ministry is not obligated by law to provide child protection reunification services to a parent when there are no longer any child protection concerns, it may be in the best interests of the child to provide services to the removal parent for a limited period of time in some circumstances. For example, if the removal parent has been the primary residence of the child, there is a likelihood for successful reunification in the near future and the non-removal parent is able and willing to participate in reunification it may be in the best interests of the child to provide family services to the removal parent for up to one review period (90 days from investigation assignment). If reunification is not possible within this time period the caseworker and supervisor should review the case and make a decision of whether or not to provide or discontinue services and close involvement.

References

- **Child Protection Services Manual - Chapter 2.7: Investigations Involving Parents in Separate Households**

- **Child Protection Services Manual – Chapter 4.9: Permanency Planning and Time Limited Services**

- **Children's Services Manual – Chapter 4.3.1: Private Arrangement**

- **Children's Services Manual – Chapter 4.3.2: Place of Safety**

- **Children's Services Manual – Chapter 4.3.3: Criminal Record Declaration for Caregivers Pending Completion of a Formal Record Check**

4.0 OUT OF HOME CARE RESOURCES

4.3.9 Safe Sleeping Practices – Information for Caregivers

Creating a Safe Sleep Environment for a Baby[1]

Good sleep habits are important to a baby's physical health and emotional well-being. Creating a safe sleep environment for a baby will lower the risk of injury and sudden infant death syndrome (SIDS), which occurs when an otherwise healthy baby dies suddenly and unexpectedly while sleeping. With SIDS, there is no known cause, even after a full investigation, including an autopsy.

Starting from birth, and for the first year of life, place a baby to sleep on his/her back at nighttime and for naps. Do not use sleep positioners or rolled up blankets to keep the baby on his/her back. These items can cause a baby to suffocate. When the baby can turn over on their own, the caregiver does not need to return the baby to the back position.

Use a firm, flat surface for sleep. Waterbeds, air mattresses, pillows, couches/sofas or soft materials are **not** safe sleep surfaces for babies. Babies can turn onto their side or stomach and bury their face in these soft materials, not getting enough air to breathe. Car seats and infant carriers should not replace the crib for your baby's sleep.

Keep soft materials out of the baby's sleep environment. Items that should not be in the crib include quilts, comforters, bumper pads, stuffed animals, pillows and other pillow-like items.

Make sure the baby is not too warm. Instead of a blanket, use light sleeping clothing for your baby such as a one-piece sleeper, if the room is cool.

Keep the baby away from cigarette smoke. Babies whose mothers smoked while pregnant, and babies who are exposed to smoke after birth, are at increased risk of SIDS.

Bed Sharing or Co-Sleeping

Bed sharing or co-sleeping means a caregiver sleeps on the same surface with an infant (usually one year of age and under). Adult beds are not designed with infant safety in mind, which is why they are not the safest place for babies to sleep.

- A baby can become trapped in a space between the mattress and the wall, or between the mattress and the bed frame.
- A baby can fall off a bed.
- An adult or an older child can roll over and suffocate a baby.

[1] References: Canadian Pediatric Society, Caring for Kids, June 2010, Health Canada, and Saskatchewan Prevention Institute.

4.3.9 Safe Sleeping Practices

- Soft bedding, such as comforters or duvets, can cover a baby's head and cause overheating or suffocation. Babies who get their head covered during sleep are at increased risk of SIDS.
- Co-sleeper products (infant bed that attaches to an adult bed) are not recommended by Health Canada.

The risks of co-sleeping increase significantly when a caregiver:

- has had alcohol to drink;
- has taken any drugs (legal or illegal) that could make them groggy;
- is extremely tired or very sick.

Never lie down or sleep with a baby on a couch, sofa or armchair. Do not let a baby sleep alone, or with another person, on a couch, sofa or armchair. A baby can become trapped down the sides or in the cushions and suffocate.

Do not allow a baby to sleep with older siblings as they are not always fully aware of where they are positioned and in deep sleep may not realize they have rolled on the baby or moved blankets into a position that may cause the baby to suffocate.

Do not allow pets to sleep with infants and toddlers.

Car seats, play pens and portable cribs should not be used for long-term sleeping use for infants and toddlers. The infant should be removed and placed in appropriate sleeping accommodations.
The safest place for a baby to sleep is in a crib close to the caregiver's bed.

4.0 OUT-OF-HOME CARE RESOURCES

4.3.10 Sleepovers and other Social Activities

Policy

Out-of-Home Care providers (foster care, alternate care and group care) shall exercise parental due diligence when determining whether to allow a child in out-of-home care to attend a sleepover or participate in social activities.

Intent

Children and youth in care have the right to normalcy and should be provided with opportunities to participate in age and developmentally appropriate activities which allow them to experience childhood and adolescence in ways similar to their peers who are not in care. Research shows that it is these experiences that help shape, develop and maintain children's emotional and developmental growth.

Definitions

A **sleepover** is defined as a one-night stay at a friend's home (not family) in the same community. Other words used to define a sleepover may include a "camp out" or "slumber party". **For overnight visitation and contact with family, refer to Ch. 2.4.**

Social activities may include planned and unplanned social interactions where the care provider may or may not be present, such as play dates, after-school clubs and sports, part-time employment, social outings/gatherings, in-person contact with friends etc.

Parental due diligence is characterized by sensible parental decisions that maintain the health, safety and best interest of the child when determining whether to approve a sleepover or social activity for a child/youth in care.

Normalcy is defined as an environment that enables children/youth in care to share in the everyday activities experienced by children/youth who are not in care.

Practice Guidelines

Care providers and caseworkers share the responsibility of ensuring the emotional and developmental needs of children and youth in care are met. Care providers are responsible for the day to day care and support of children and youth, which may require them to approve or disapprove of social activities and sleepovers for children and youth placed in their care. When considering requests for social activities and sleepovers, care providers should exercise parental due diligence in the decision making process. Criminal record checks and formal home safety

checks are not appropriate when determining whether to approve a sleepover or social activity.

The child and youth's caseworker is responsible for case planning for children and youth in care. Case planning for the child/youth should involve discussions with the child/youth's parent(s) regarding any social activities, including sleepovers. The views of the parent(s) should be documented in the child's case in Linkin and communicated to the provider.

Whenever possible, care providers should consider the views of the parent(s) when determining whether to approve a social activity or sleepover.

There may be circumstances where consultation with a caseworker is required, or where the care provider is not capable of exercising parental due diligence. Some examples may include:

- Child/youth has recently been placed and the care provider has limited information about the child/youth's behaviours, the child/youth's friend(s), or the wishes of the parent;

- There is concern that the planned social activity or sleepover may conflict with a safety plan, treatment plan, case plan or court order (including the condition of no contact);

- The child/youth's behaviours are such that a period of stabilization is required to ensure the safety/wellbeing of the child/youth;

- The child/youth has previously displayed sexually intrusive behaviour.

The following guidelines are intended as reference for care providers to assist in the decision-making process when determining what factors to consider when approving a sleepover or other social activities for a child/youth in care:

- Is the child/youth developmentally ready to attend a sleepover? (Typically, children under the age of 6 would not display readiness for a sleepover) Things to consider may include:
  - does the child sleep easily on their own?
  - is the child able to fall asleep on their own?
  - does the child sleep through the night?
  - are there concerns with bedwetting?

- Consider the age of the friend in relation to the child/youth requesting the sleepover;

- Consider other activities of the child/youth and whether a sleepover would have any impacts (does the child/youth have school the next day, personal/medical appointments etc.)?;

- Have knowledge of the friend, the friend's family and home environment including their

address and phone number (consider whether this is a new friend to the child, has the child had play dates with the friend, have you met the friend's parents etc.);

- Consider any medical, behavioural or emotional needs of the child:
  - Does the child require medication be administered?
  - Does the child have allergies (nuts, bees, cigarette smoke)?
  - Does the child require a special diet (vegetarian, halal, dairy/gluten free)?
  - Does the child require a pull up at night?

- Determine whether the friend's parent/caregiver is comfortable and able to accommodate and respond to any medical, behavioural or emotional need if required;

- Determine pickup/drop off arrangements;

- Ensure the child/youth is aware of who to contact in case of emergency (provide your address and phone number);

- Safety plan with the child should they fall sick or feel frightened or unsafe during the night;

- Be confident that the child/youth will receive adequate supervision and their needs will be met for the duration of the sleepover (typically, this would require having a conversation with the friend's parent).

Should there be concerns that the child/youth may not receive adequate supervision or should there be any doubt that the friend's parent/caregiver is able to meet the needs of the child/youth, the care provider should consider alternatives. Examples may include having the child/youth's friend play/sleep at the care provider's home, or suggest a play date in lieu of a sleepover.

While sleepovers and social activities are typically seen as a privilege, care providers should refrain from using the threat of refusing a sleepover or social activity as the only form of punishment.

Care providers should consult with the child/youth's caseworker in the following circumstances:

- where the parent's and care provider's opinion may differ;
- where the social activity or sleepover exceeds 24 hours; or
- where the social activity or sleepover is to take place outside of the care provider's home community.

4.0 OUT-OF-HOME CARE RESOURCES

4.3.11 Place of Safety with Community-Based Organization – Exceptional Circumstances only

Policy

In exceptional circumstances, when an out-of-home care placement is required, and the out-of-home care resource continuum is at capacity without options for placement, a CBO may be designated as a place of safety on a time-limited emergency basis under *the CFSA*.

Designation of a CBO as a Place of Safety must be approved by the Executive Director, Community Services and the Executive Director of Service Delivery.

When a CBO is designated as a Place of Safety, the provider is not intended, nor supported by legislation, to operate as a regular group home under *The Residential Services Act*.

Standards

- A CBO may be designated as a Place of Safety for no more than 30 business days at a time.
- If required, the CBO Place of Safety designation may be extended for an additional 30 business days with review and approval of the Executive Director of Community Services and Executive Director of Service Delivery.
- Placement of a child or youth in a CBO place of safety arrangement shall not exceed 60 business days without the CBO making an application for a license under *The Residential Services Act* to operate as a residential-service facility.

Note: If the provider is a FNCFS Agency, either an application for a license under *The Residential Services Act* or a Protocol Agreement with the Ministry of Social Services is required.

- Prior to placement of a child or youth in a designated CBO Place of Safety the following requirements must be completed:
  - **The Place of Safety Designation (form 12.81)** must be completed by a community services manager or designate and approved by the Executive Directors prior to or immediately following placement of the child, within the same working day.
  - A collateral check with the Director of Community Services or designate, to determine if any current or historical quality of care, investigations and/or any other reason that could place the child/youth at risk and/or would be unable to provide care at this time under a place of safety designation.

4.3.11 Place of Safety with Community-Based Organization

- The CBO will confirm CRC and VSC for all CBO staff who will be operating the designated CBO place of safety resource.
- An **in-home CBO Provider Safety Checklist (form 12.82)** is to be completed to ensure the CBO provider residence meets acceptable home safety and health standards.
- A Service Agreement is signed between the ministry and CBO Provider.

Procedures

1. The **Place of Safety Designation (form 12.81)** must be completed by a community services manager or designate and approved by the Executive Directors or designates prior to or immediately following placement of the child (same working day).

   Note: If the placement occurs after hours by Mobile Crisis staff or Emergency Duty staff, the Place of Safety Designation must receive verbal approval by an Executive Director or designate. The next working day, the Place of Safety Designation must be completed by a community services manager or designate.

2. Collateral checks shall be completed with the Director, Community Services or designate and the Director or Designate of Resident Services regarding the proposed CBO Provider to ensure there are no current reasons that would impede the CBO to be pursued as a Place of Safety. This includes but is not limited to quality of care, investigation or other information that would place the child/youth at risk and/or unable to provide care at this time.

3. Prior to placement of any child and/or youth, a **Community-Based Organization Provider Safety Checklist (form 12.82)** will be completed to ensure necessary safeguards are in place for the safety, supervision and care of the child.

4. The CBO Provider Safety Checklist includes the requirement for the CBO Provider to have a Criminal Record Declaration **and Vulnerable Sector Check** completed for each staff member who will be working in the residence. The CBO Provider will ensure that no person shall operate a designated CBO Place of Safety as an employee or serve as a board member or volunteer in the provision of services, who has been convicted of a criminal offence relating to acts of violence, sexual assault, intimidation, criminal harassment, uttering threats, or fraud for which offence the person is not eligible to seek a pardon under *The Criminal Records Act*.

5. Prior to placement a community service manager or designate must attend the CBO Provider home to ensure the residence meets acceptable home safety and health standards which includes:
   - The home must have a functioning, installed, smoke alarm in each bedroom and in the hallway of each level of the home, including the basement and occupied attics.

- The home must have a functioning, installed, electrical carbon monoxide detector/alarm with a battery backup within 5 meters of each sleeping area (measured along the hallway) on each level of the home.
- There are many different types of alarms that are acceptable: hard-wired alarms, 10-year battery-operated alarms, and in the case of carbon monoxide alarms, ones that can be plugged into an electrical outlet. Specifically, tamper-proof carbon monoxide alarms, combination carbon monoxide and smoke alarms, or plug-in alarms with a 10-year integrated battery are permitted.
- Posted evacuation plan and fire escape options
- Safe storage of chemicals, cleaners and flammable products
- Uncluttered corridors and a reasonable level of cleanliness is maintained.

6. The community services manager or designate will provide the CBO Provider with a copy of the following ministry policies at the time of placement, or the next working day and the CBO Provider will review with their staff prior to their first shift assignment:
   - **Discipline in Foster Homes and Extended Family Care** (Chapter 4.4.11),
   - **Information for Caregivers of Children/Youth at Risk of Suicide (Form12.69)**
   - **Water Safety for Caregivers of Children and Youth (form 12.70)**
   - **Safety Sleeping Practices** (CSM Chapter 4.3.9) if placing a child under the age of two years.

7. A ministry Service Agreement contract outlining the scope of the work, deliverables and payment details is required prior to or the same day with the CBO Provider. A maintenance payment from the ministry will be issued. If the CBO Provider is not set up for direct deposit, a Direct Deposit Authorization form may be given to expedite payments (12.64).

8. A Letter of Authorization (12.7) is given to the CBO Provider when the Place of Safety Designation is completed and approved by the Executive Directors.

9. If the CBO Provider is not registered in LINKIN, a CBO Provider case will be created, and a paper CBO Provider file will be opened.

4.0 OUT-OF-HOME CARE RESOURCES

4.4 Foster Care

Definition

Part I, Section 2(1)(j) of *The Child and Family Services Act* states:

"Foster parent" means a person whom a director has approved to provide foster care services.

"Foster home" means the home of a person who has been approved by the director to provide foster care services for a child in the home.

"Care provider" means a person who has primary responsibility for providing the day to day care of a child, including those who provide care under an agreement with the Minister but does not include the Minister, the child's parent, guardian or foster parent.

Introduction

Foster care homes accommodate the majority of the children in care and, as such, have a unique connection with the Children's Services Program. Foster care may be provided as a short-term support or a long-term placement for the child and family.

A family environment is considered the most beneficial and desirable for children. The objective of foster care is to provide the child with a family environment to facilitate child development. Foster care strives to create an environment which promotes positive relationships between the caregiver, child and child's family. Foster care placements are used to facilitate family reunification plans where safe to do so and to encourage as much contact as possible between the child and his or her family.

Many of the children who are placed in foster care are Indigenous. Their culture, language, religion, and values must be respected and safeguarded. Indigenous children are best cared for within their own Indigenous community. Every effort must be made to place Indigenous children with an extended family member or member of their Band, Tribe or other Indigenous family. Where this is not possible, a non-Indigenous foster care home may be used but every attempt for Indigenous children to participate in activities related to their culture, language, religion, and values must be made. In these cases, children should be placed as close to their family home as possible and a high level of family contact planned.

In Saskatchewan all ministry approved foster care homes are members of the Saskatchewan Foster Families Association (SFFA). The SFFA was established in 1974. It provides support to foster families and addresses issues with the ministry that concern all foster families. The ministry provides funding to SFFA to support a provincial office and local associations across the

province. The SFFA provides a primary avenue for communication between the ministry and all foster families.

The ministry and the SFFA work closely to address issues of mutual concern, and undertake joint work in a number of areas such as training, policy development, and recognition of foster families.

4.0 OUT-OF-HOME CARE RESOURCES

4.4.1 Approval of Foster Homes – In-Home Assessments

Policy

The ministry shall follow a mutual family assessment and approval process that assesses the applicants' ability, skill and willingness to work in partnership with the ministry and children's families to ensure the safety and best interests of a child placed in their care.

Approval of any person wishing to become a foster parent must be based on the ability to provide care for a child, as assessed according to the following five competencies identified in the PRIDE (Parent Resources for Information, Development and Education) model of practice:

1. Protecting and nurturing children;
2. Meeting children's developmental needs and addressing developmental delays;
3. Supporting relationships between children and their families;
4. Connecting children to safe, nurturing relationships intended to last a lifetime; and
5. Working as a member of a professional team.

Approval Level:

- Foster homes must be approved by the caseworker's supervisor.

- **Any foster home that is being approved on the basis of any exception to the standards outlined below must be reviewed and signed by the Assistant Deputy Minister or Designate**.

Standards

- Background checks, including criminal record/vulnerable sector checks, reference checks, and child welfare Record (Linkin and ACI) checks must be conducted on each applicant and any other adult over age 18, including adult children, sharing living quarters with the applicants (see Chapter 4.4.2 Approval of Foster Homes – Background Checks).

- A mutual family assessment must be completed to assess:
  - ability of the applicant(s) to care for children;
  - safety and suitability of space in the home and surroundings;
  - age, number and special needs of children that are appropriate for the foster family.

- **If a foster home is approved based on any exception to the outlined standards, the mutual family assessment must be reviewed and signed by the Assistant Deputy Minister or Designate at the time of approval and on an annual basis. An exception to**

review and signature on an annual basis is when a country cannot provide a background check.

- Applicants must complete PRIDE online pre-service training sessions. (For any applicants who are re-locating to Saskatchewan from another jurisdiction and have previously completed PRIDE pre-service training, their situation must be carefully reviewed by the Director's panel to determine whether they must complete pre-service training again).

- Applicants must provide a physician's report certifying that there are no health or physical conditions that would inhibit the family's ability to care for foster children. There should be no costs incurred as Saskatchewan Health does not allow physicians to charge a fee for this service.

- A copy of the approved mutual family assessment / home study report shall be provided to the foster parents.

- For applicants who are re-applying to foster following a ministry decision to close their foster home, a wait period of approximately two years is recommended, following which time their circumstances must be carefully reassessed.

- Upon approval of a foster home, an **Agreement for Foster Care Services (12.12)** is signed by the foster family and caseworker. This agreement sets out the duties and responsibilities of the ministry and the foster family in caring for children.

Procedures

Foster family assessment are conducted in conjunction with the online pre-service training sessions and, in most cases, are completed during a four to six-month time period. **Observations regarding acceptance of material, attitudes, abilities, and personal or family functioning must be addressed in the assessment / home study.**

The mutual family assessment is a consolidation of information and insight obtained from interviews, medical reports, references and the applicants' completion of the pre-service training sessions.

The following procedures are to be followed for both new applicants and for individuals who had previously been approved and are reapplying to foster, as well as foster families who are re-locating to Saskatchewan from other jurisdictions (see Provincial/Territorial Protocol on Children, Youth and Families Moving Between Provinces and Territories: https://publications.saskatchewan.ca/api/v1/products/79128/formats/89447/download _Children_-_Families.pdf). In the case of re-application, particular attention must be given to significant changes since the family was last approved.

4.4.1 Approval of Foster Homes – In-Home Assessments

1. When an inquiry about fostering is received by the SFFA, they provide the prospective foster family with a package containing information about fostering.

2. If the family indicates their continued interest the SFFA refers the family to the ministry for follow-up.

3. The ministry caseworker schedules an initial in-home consultation with the family as soon as possible to provide additional information about foster care services and to answer any questions they may have. An application form is provided at this time, if appropriate **(12.28 Foster Care Application**).

4. A minimum of four in-home consultations are required to complete the mutual family assessment. The in-home consultations must include the following:
   - Joint interview with applicants;
   - Individual interview with each applicant;
   - Interview with others who reside in the home: i.e. children and other adults (the applicants' children may be interviewed separately from their parents only with parental consent);
   - If other persons are living on the premises, this must be explored with the applicants, i.e. interaction with children; how quality of care will be affected;
   - Final joint interview with applicants.

5. The caseworker and family complete a family map (genogram) and community map (ecomap) together, as part of the mutual family assessment. Completing a genogram and ecomap can assist in engaging the applicants in the assessment process. The analysis of the information provided during the completion of the genogram and ecomap provides key information about family relationships, roles, rules, hierarchy, flexibility, stressors and supports that are important in assessing the applicants' potential for fostering. The genogram, ecomap and analysis are recorded in the mutual family assessment.

6. During an in-home consultation the caseworker views the areas of the applicants' home, which would be available to foster children, including the proposed sleeping area(s) and the space used by children in the home.

7. The applicants must demonstrate that the standards and guidelines relating to fire safety, hazardous products and general safety are met. The caseworker completes the **Foster Home Safety Record** (12.11) at this time.

8. The caseworker maintains a thorough and accurate account of all observations and information received during the mutual family assessment . The mutual family assessment is completed using the standard format. (12.33)

4.4.1 Approval of Foster Homes – In-Home Assessments

9. When the mutual family assessment is complete the caseworker discusses the report with the **supervisor** before reviewing with the applicants.

10. Should the caseworker receive any information from the applicant or other sources that raise concerns regarding the ability of the applicant to foster, the matter should be discussed with the **supervisor**. Following consultation with the supervisor, the caseworker shares the information with the applicant.

11. If the **applicants select out** or withdraw their application, the caseworker will send them a letter confirming this decision and the file will be closed.

12. If the **caseworker and supervisor determine that the applicants will not be approved**, the applicants will be advised personally whenever possible and will be counseled out. The caseworker will send them a letter confirming this decision and the file will be closed.

13. If the caseworker and the family agree to selecting in and approval of the mutual family assessment, all accompanying documents are submitted to the **supervisor**. If the supervisor agrees, the mutual family assessment is given to the applicants and reviewed with them. Amendments may be made to the report if justified and agreed upon.

14. If they are in agreement, the applicant(s) sign the mutual family assessment .

15. The caseworker submits the report to **the supervisor for final approval. The supervisor ensures that all information regarding the foster home and residents in the home is accurately entered into the Provider information in Linkin prior to final approval.**

16. A copy of the approved mutual family assessment is provided to the foster family with a letter formalizing approval of the home.

17. Upon approval, the ministry and the foster family sign an **Agreement for Foster Care Services**. A copy of the agreement is provided to the foster family and a copy is placed in the foster family file.

18. A copy of the letter of approval is sent to the Director, Out of Home Care, and with the foster family's signed consent (as per the Agreement for Foster Care Services) to the provincial SFFA.

4.4.1 Approval of Foster Homes – In-Home Assessments

Practice Guidelines

Evaluating Foster Applicants' Skills and Abilities

The mutual family assessment and approval process provides applicants with an opportunity to learn about foster care services and make an informed decision about becoming a foster family. It provides the caseworker with an assessment of the applicants' family system and level of family functioning.

Situations may arise where references, record checks or information obtained during the approval process present concerns about the skills or abilities of an applicant. The following are guidelines to assist in assessing potentially difficult issues.

1. Use of Alcohol and Drugs

If it is reported or suspected that one of the applicants or other residents in the home has been addicted to alcohol or drugs:

- Address the issue openly with the individual concerned;
- Assess how the family copes with the issue;
- Determine if treatment was sought and request signed consent to consult with the family physician;
- Determine the length of time since abstinence or sobriety was achieved (a period of at least two years' sobriety is generally an indicator of recovery);
- Determine the adjustment the family has made, i.e. is there ongoing involvement with support systems, what is the family members' degree of understanding and acceptance?
- Assess how past addiction issues may impact on the family's ability to provide care to children.

2. Psychiatric and Emotional Difficulties

If it is reported or suspected that one of the applicants, their children, or other resident in the home, has or has had psychiatric or emotional difficulties:

- Determine the nature and cause of the difficulty and steps taken to overcome the difficulty;
- Obtain the individual's consent to request reports from the doctor or agency involved regarding the diagnosis and treatment of the condition;
- Reports should be evaluated in relation to the present situation;
- A new assessment/evaluation may be requested in order to determine the applicant's current level of functioning;
- Determine if treatment is ongoing and if prescribed treatment is being followed;
- A sustained period of good health of at least two years following treatment is recommended; and
- The possible effect of fostering on the health of the applicants, their children, or other residents in their home should be considered and discussed.

4.4.1 Approval of Foster Homes – In-Home Assessments

3. Relationship Instability

If the applicants have or have had marital or spousal relationship difficulties:

- Address the issue openly;
- Determine if counseling has been sought, and request signed consent to consult with the counselor;
- Request current assessment from the counselor if deemed necessary;
- Discuss the additional stress that fostering will place on the spousal relationship and family; and
- If the issues have resulted in extensive counseling or separation, it is recommended that a period of up to two years' stability is demonstrated prior to approval of the home.

4. Disabilities (Mental or Physical)

If one of the applicants, their children, or other resident in the home has a mental or physical disability:

- Determine the nature and extent of the disability, prognosis, limitations and the individual's acceptance and adjustment to the condition;
- Request signed consent to consult with the family physician, specialist, psychiatrist or counselor and obtain a written report, if necessary;
- Determine the availability and quality of disability supports the individual has within the community; such as home help and respite / babysitters; and
- Assess the extent to which the disability limits the capacity of the applicant to care for a foster child.

5. Rigidity

If one of the applicants indicates inflexibility or intolerance:

- Address the issue openly;
- Determine the impact the rigidity may have on parenting; and
- Assess the applicant's motivation and willingness to accept the ministry's discipline policies.

6. Finances

- Determine if the applicant's financial situation is a motivation to foster; and
- Explain the payment process, indicating that foster care payments are generally not intended as a source of income as most of the funds will be required for the care of children.

7. Cultural Bias or Limitations

If one of the applicants demonstrates an unwillingness or inability to accept values, beliefs and practices of other cultures:

- Address the issue openly;
- Determine if the applicant is willing and able to explore the basis of their perspective with a view to change;

4.4.1 Approval of Foster Homes – In-Home Assessments

- Determine if the applicant is willing to participate in cultural training as part of the mutual family assessment/homestudy; and
- Subsequent to cultural training, determine if the applicant is willing and able to accept values, beliefs and practices of other cultures.

8. Lack of Understanding or Acceptance of Fostering within a Team Approach

- Address the issue openly; and
- Determine if the applicant understands the requirements and is able to accept the team approach emphasized within the PRIDE model of practice.

4.0 OUT-OF-HOME CARE RESOURCES

4.4.2 Approval of Foster Homes – Background Checks

Policy

The foster family assessment / home study must include background checks on all adults 18 years of age or older, who are living in the home. This includes criminal record/vulnerable sector checks and child welfare record checks in Saskatchewan, as in any other jurisdiction the applicants lived in as adults. The applicants must also provide names of five references, who will be contacted in writing by the ministry.

Standards

- A criminal record check, including a vulnerable sector check, must be provided by each applicant and **any other adult 18 years of age or older, including adult children**, living in the home. Costs incurred will be reimbursed by the ministry, if the home is approved.

- A child welfare record check (Linkin and ACI) must be completed for a history of child welfare involvement on each applicant and adult resident in the home (see Procedures for out of province or country child welfare record checks). **This information must be documented in the Provider information in Linkin.**

- Applicants must provide five references and **confidential** reference checks must be completed in order to verify the suitability of each applicant (see Procedures).

- Applicants will be advised that, as per signature on the application form, global reference checks, including schools or relevant community agencies, may be contacted.

Procedures

Criminal Record Check/Vulnerable Sector Check

The applicant(s) and any adults 18 years of age or older who are residents in the home attend to their local police detachment and indicate that they require a criminal record check and vulnerable sector check as part of their application to foster for the Ministry of Social Services. They complete any police form required and submit the form to the police. Police conduct a search. The police may require fingerprints for identification. Any costs incurred for the search will be reimbursed by the ministry, if the home is approved. Police will provide the completed CRC form to the applicant or individual requesting it, who in turn provides it to the caseworker for review. The caseworker completes the CRC Note to File (12.32).

The CRC forms and any fingerprints or records sent to the ministry are subsequently returned to the applicants.

*****The ministry may request random criminal record checks to be completed on foster**

family members and any other adults 18 years and over, residing in the home at any given time.

If there is no record:
The completed Note to File is signed by the caseworker and put on the family file.
If there is a record:
The caseworker and/or supervisor will provide the information to the **Director, Out of Home Care, or designate** for review**.**

The **Director or designate** will review the record and may consult with appropriate service area staff or discuss the record with the applicants to determine the circumstances and obtain additional information.

The Director or designate will decide whether to accept the record and proceed with the application or deny the application. Documentation of the rationale will be included on the completed Note to File, which is signed by the Director, Out of Home Care or designate.

A criminal history which includes the following charges or convictions must be reviewed and signed by the Executive Director:

- Any criminal charge or conviction regarding a sexual assault;
- Any criminal charge or conviction regarding a physical assault against a child;
- Any homicide charge or conviction;
- Any manslaughter charge or conviction.

Criminal Record Procedures for Immigrant Families:
Only those applicants who have Permanent Resident status will be considered. The applicants are required to provide a copy of their permanent residency card and any other immigration documents they may have. Immigrants with permanent resident status have been vetted and approved by Canadian Immigration laws, including criminal record checks from their previous country of origin.

If the applicants are able to provide a CRC from their country of origin, a Note to File is completed.

Child Welfare Record Check
The ministry's records (Linkin and ACI) are searched for records on every adult in the home. If there is a record of previous involvement in Child and Family Programs (CFP), this must be reviewed by the caseworker's supervisor to determine relevance to the application to foster.

All adults living in the home must be recorded as provider members in Linkin and this must be updated any time there are new residents in the home.

If the supervisor determines that the applicant's or other resident's history is concerning, the applicant is interviewed, and a decision is made whether to proceed with the

application or deny the application and counsel out the applicants.

- If the applicants have previously lived in other provinces within Canada as adults, an Interprovincial request for child welfare history is to be sent to the applicable province(s).

- If the applicants have lived outside of Canada as adults, an inter jurisdictional child welfare record check must be requested, either by direct contact with other jurisdictions or through referral to International Social Service Canada, a non-profit organization that provides linkages to social service agencies world-wide. (Note: Where the applicant has lived in another jurisdiction on a short-term basis of six months or less as a student, missionary or visiting tourist an inter jurisdictional child welfare record check is not required).

- As these requests can take some time to receive, the applicants may complete a **Child Welfare Record Declaration form (12.35)** in the interim and an exceptional approval may be sought. Once the record is received the final approval will proceed.

- For those requests where no record is available from the applicants' country of origin and all efforts have been made to obtain that information, a recommendation regarding final approval will be made based on the family's **Child Welfare Record Declaration** (12.35) and submitted for Director/Executive Director signature.

References

Reference letters are mailed following receipt of the application. If written references cannot be obtained, the caseworker must interview the persons named as references using the Foster Care/Extended Family Care Reference (12.29) as an interview guide.

Interviews with at least two of the references are required in addition to the written response. If personal interviews are not possible, telephone contacts may be substituted.

Global references (e.g. school teachers, community members) should be contacted to verify information and obtain an unbiased assessment of a family's strengths and/or challenges.

All information gained from reference checks is **confidential** and must be addressed with the applicants in a general way as part of the assessment process. The reference check form is retained on the paper file and **is NOT to be shared with the applicants.**

Practice Guidelines

Criminal Record Check (which includes a Vulnerable Sector Check)

Considerations when reviewing a criminal record for a foster caregiver applicant include:

- The nature of the offence and its relevance to the care of children - serious consideration must be given to any convictions or charges involving violent physical aggression, drugs / alcohol, or offences of a sexual nature, with some offenses requiring review by Executive Director (see above);

- When the offence occurred, the number of convictions, and the amount of time between offences and recurrences;

- Steps the applicant has taken to rehabilitate or prevent recurrence.

Child Welfare Record Check

If an inquiry on Linkin and ACI reveals that the applicants have been involved with CFP, or have a child welfare history in another jurisdiction, the following should be considered when determining the applicants' suitability:

- The nature of the child welfare involvement;
- Circumstances of any abuse or neglect;
- The period of time that has elapsed since the involvement; and
- Treatment or change in circumstances that has occurred since the involvement.

If one of the applicants indicates that he or she has been a victim of abuse:

- Assess the extent to which the experience may impact on parenting; and
- Determine if a referral to professional counselling is necessary.

References

Evaluating References:

It should be anticipated that references will generally be positive. Even where people have doubts or misgivings they may not wish to overtly state them, however they may word things in a way that they hope will lead the person reading them to look more deeply.

- Watch for: obvious "red flags" e.g. clear statement of frequent misuse of alcohol/drugs or excessive use of physical discipline;

- subtle indicators, or "blinking yellow lights" e.g. "knows what he wants and gets it" or "very good parent when not under stress";

- unique situations that seem to be out of place within a generally positive reference;

- unacceptable parenting practices of the applicant's parents or unhealthy childhood experiences of the applicant which may negatively influence their ability to care for children, e.g. "My father was a strong disciplinarian who rarely showed affection"; and

- "blinking yellow lights", no matter how subtle, need further exploration.

4.0 OUT-OF-HOME CARE RESOURCES

4.4.3 Building, Health and Safety Requirements

Policy

Foster homes must maintain home safety standards consistent with relevant legislation and ministry policy.

Standards

1. The ministry will assess the health and safety of a foster home based on Foster Home Safety Standards (6A through F) and will document the results on the **Foster Home Safety Record (see Chapter 12.11 "Forms**").

2. Exceptions to any standard must be approved by the Service Director (or designate) and documented on the Foster Home Safety Record. Requests for exceptions must contain the following:

a. Description of the exception indicating how it differs from the standard.

b. Documented reason for the exception:
   - If based on an equivalency, describe how the alternative will achieve the same objective as the standard;
   - If based on an inability of the home to meet the standard, describe what steps will be taken to correct or compensate for the deficiency and a timeframe by which it will be completed.

3. Using the Foster Home Safety Record, a foster home safety assessment must be completed during the:

- Mutual Family Assessment;
- Family Development Plan/Annual Review;
- When a foster family moves to a new home.

4. Using the Foster Home Safety Record, a foster home safety reassessment must be completed when there is *significant change* that **impacts the health or safety** of individuals in the home. Only the standards impacted by the change are required to be reviewed and documented.

Significant change is defined as follows:

- physical renovations to the home (e.g., reassess standards such as fire safety, addition of swimming pool/hot tub);

- significant damage to the home caused by natural or unnatural acts (e.g., fire, flood, hail,

burglary, etc.);

- additional foster family members living in the home (e.g., new baby, aging parent, adult child moves home, etc.), (reassess standards such as sleeping accommodations);

- when the home is over capacity based on the number of foster children it was approved for (reassess standards such as sleeping accommodations – when documented on Linkin the paper Foster Home Record is not required);

- Foster Home Formal Review (e.g., quality of care review related to cleanliness of the home);

- following a serious injury or death of a biological or non-biological member in the home; and

- other as determined necessary.

5. The Foster Home Safety Record and any associated documents (e.g., photographs, building inspections, etc.) will be retained on the foster family file.

6. <u>A. Sleeping and Bedroom Accommodations</u>

- Sleeping/bedroom accommodations for each child will be assessed by the Resources worker based on gender, age, and special needs with the goal of ensuring comfort, safety, and belonging and where each child/youth has their own bed (see Practice Guideline #1A).

- Rooms used for other purposes shall not be used as permanent sleeping accommodations for children/youth (see Practice Guideline #1A).

- Bedrooms must be of sufficient size to comfortably accommodate each child/youth's individual needs, including suitable floor space, storage and/or display space for the child's personal clothing and belongings (see Practice Guideline #1A).

- All bedrooms must provide a covering at the entrance of the bedroom to allow for privacy (e.g., door, curtain, privacy screen). Regardless of the type of covering, it must not have an outside lock (see Practice Guidelines – 1A. Sleeping Accommodation).

- All rooms used for sleeping will have at least one operational, exterior window that allows an individual to exit the window in case of emergency without the use of tools or special knowledge (see Procedure #5).

- Window(s) will have curtains or blinds/shades to provide privacy. Strings and cords must

be modified to ensure a child does not become entangled.

6. B. Infant and Vulnerable Individual Safety

- Baby gates will be used in homes with children aged 24 months and under and for children/youth who are developmentally unable to safely navigate stairs on their own.

- Resources workers will advise foster parents that car seats must be appropriate to the age, height and weight of the child, in good working order, and installed in accordance with the manufacturers' instructions (see Practice Guideline #2).

- Resources workers will review safe sleeping practices on a yearly basis (date documented) with foster parents (see Practice Guidelines #1B - F).

6. C. Fire Safety

Definitions:

The terms specific to fire safety are defined in the NBC 2015, *The Uniform Building and Accessibility Standards Act* (the UBAS Act), The Uniform Building and Accessibility Standards Regulations (the UBAS Regulations), the National Fire Code of Canada (NFC) 2015, *The Fire Safety Act* (the FS Act), or *The Saskatchewan Fire Safety Regulations* (the FS Regulations).

Capable of self-preservation means that a person is capable of recognizing and responding to an emergency given his or her physical, cognitive, and behavioural abilities, and is able to arise and walk, or transfer from a bed or chair to a means of mobility and leave the building or move to a safe location on his or her own without the assistance of another person.[2]

- The home must have a functioning, installed, smoke detector/alarm in each bedroom and in the hallway of each level of the home, including the basement and occupied attics.

- The home must have a functioning, installed, electrical carbon monoxide detector/alarm with battery backup in each bedroom OR within 5 meters of each sleeping space (measured along the hallway), on each level of the home including occupied attics and in the same room as any solid fuel fired appliance (e.g., wood burning furnace, stove or fireplace).

- There are many different types of alarms that are acceptable for use: hard-wired alarms, 10-year battery-operated alarms, and in the case of carbon monoxide alarms, ones that can be plugged into an electrical outlet. Specifically, tamper-proof carbon monoxide alarms, combination carbon monoxide and smoke alarms or plug-in alarms with a 10-year integrated battery are permitted.

- Resources workers will instruct foster parents that smoke and carbon monoxide

[2] Building Standards Advisory Alternative Family Care Homes (September 2017).

detector(s)/alarm(s) must be tested and replaced every ten years and maintained according to the manufacturer's instructions and tested a minimum of **once every three months** by the foster parent(s). Test dates must be documented by foster parents and reviewed by a Resources worker as part of the foster home assessment.

- Furnaces, wood burning stoves and fireplaces require an annual inspection by a qualified individual. The Resources worker will review the inspection documentation.

- Every home over 808 square feet (75m^2) shall have a minimum of two (2) operational doors to the exterior that provide an exit from the home.

- Doorways, exits, ramps, and stairs must be kept unobstructed;

- Resource worker will discuss safe candle use with foster parents – limiting the use of candles in the kitchen and eating areas when under supervision; and

- Resources workers will advise the foster parent(s) to complete the Evacuation Plan (12.78) and post it in a conspicuous place and ensure that each member of the household (age-appropriate) knows how to evacuate the home.

- This plan will include:
  - actions required in the event there is a fire in the home;
  - instructions on exiting the home from various locations within the home;
  - meeting location after exiting;
  - detailed actions required to assist children under the age of three and, or not capable of self-preservation (by virtue of their developmental and/or physical level they are unable to ensure their own safety) to evacuate (e.g., infants, toddlers, medically fragile children, or non-ambulatory children /youth);
  - provision of safety emergency equipment if necessary (e.g., rope ladders, night lights with battery back-up, flashlights);
  - immediate notification to the local fire department;
  - documented practice dates every 3 months at minimum; and
  - if a foster parent resides in an apartment building escape plan is to be developed according to the fire escape procedures outlined by the building's management.

References: *The Construction Codes Act, The Building Code Regulations, The Fire Safety Act* (FSA), the National Building Code of Canada 2015 (NBC 2015), the National Fire Code of Canada, 2015 (NFC 2015), Building Standards Guide: Alternative Family Care Homes Building and Fire Safety Guide

6. **D. Firearms and Weapon Safety**
   - Resources workers shall advise foster parents that firearms must be stored in accordance

with federal legislation (*The Canadian Firearm Act*, 1995) and that ammunition is stored separately or locked up, and both are stored in a locked location, which the Resources worker shall confirm.

- Resources workers shall advise foster parents that hunt with a foster child, that the child must be age 12 years or older. The foster parent must be certified in the Canadian Firearms Safety Course and hold a valid Possession and Acquisition Licence (PAL). The child must also hold the Firearms Safety Course if between the ages of 12 and 17 (unless they qualify as a *minor sustenance hunter* – https://www.saskatchewan.ca/government/government-structure/ministries/environment). Evidence of course completion (e.g., course certificate) by both the child and foster parent(s) as well as the valid PAL must be reviewed by the Resources worker.

- Resources workers will confirm that all weapons (e.g., crossbows, knives, slingshots, spear guns, BB guns, paintball guns, etc.) are stored in a secure location.

6. **E. General Home Safety**
   - The home must be equipped with an operational toilet, sink, bathtub and/or shower.

   - Each bathroom must have a door to allow for privacy during use.

   - Interior stairs with more than two (2) stair steps and exterior stairs with more than three (3) stair steps must have handrails installed.

   - The interior, exterior and yard of the home must be maintained in a clean and safe condition (see Practice Guideline #3).

The home and surrounding area is assessed in terms of safety planning required for open water (e.g., dugouts, rain barrels, ponds, fountains, swimming pools, hot tubs, nearby lakes, rivers, and creeks, etc.), access to farm, wild or domestic animals, construction or:

- Other equipment: septic tanks, wells, cisterns, hazardous materials, wooded areas, traffic, poisonous plants and others, as determined.

- A foster home must provide a drinkable source of water at all times. Where a foster home relies on a private water source for drinkable water (well, dugouts, lake water, cistern, rain barrel, etc.) samples of the water must be submitted for laboratory analysis to the Saskatchewan Disease Control Laboratory every 12 months and will follow any recommendations provided.

- Resources workers will advise foster parents of their responsibility to ensure indoor/outdoor toys, play/recreational areas and equipment are in good working

condition, ensure safety of children using them, and to follow manufacturer's instructions (see Practice Guideline #4).

- Resources workers will confirm that all individuals transporting children have a valid driver's license and each vehicle used for the same purpose has a valid Saskatchewan vehicle registration.

- Resources workers will advise foster parents that the use of ATV, snowmobile, motor bike or farm vehicles by foster children/youth must comply with appropriate legislation (see Procedure # 6).

- Resources workers shall assess the home to ensure the following items are stored in a secure location:
    - poisonous substances (e.g., cleaning supplies, painting supplies, medical supplies, etc.);
    - medications (prescription and non-prescription, including vitamins);
    - alcohol;
    - all cannabis products;
    - dangerous, flammable, and hazardous substances (e.g., gas, solvent, kerosene); and
    - dangerous objects and equipment (e.g., power and garden tools, matches, lighters, etc.).

- The home has a working telephone or other means of ensuring reliable and regular communication with others outside of the home.

- Emergency telephone numbers, including fire, police, doctor/medical, ambulance, and poison control must be posted and readily available and members of the household are made aware of it.

6. F. Water Safety:

The ministry must ensure that foster homes maintain an environment that protects children from risks associated with water hazards and foster parents must take preventive measures whenever children are engaged in water activity.

The standards and guidelines for water safety apply to both primary residences and secondary residences such as summer cabins and cottages.

Definitions:

- Swimming Pool – means an artificially created basin, lined with concrete, fiberglass, vinyl, or similar material, intended to contain water for the use of persons for swimming, diving, wading, or other similar activity and includes pools situated on top of the ground.

- Other Containers or Bodies of Water that present a risk of drowning -
  - Any open containers or bodies of water such as dug outs, ponds, creeks, lakes, rivers, rain barrels, irrigation channels, troughs, wells, and tanks; and
  - Bathtubs, and sinks.

- Constant and Active Supervision - means focusing **all** attention on children all the time, when they are in, on, or around water.

- Non-climbable enclosure – means that the fence/enclosure does not have any gaps or spaces allowing for the foothold of a small child and there should be no climbable objects within reach of the pool fencing. Examples include wood where the "good side" faces the outside perimeter of the fence, vinyl, chain link where the gauge is heavy and the openings are small enough to not allow a foothold (less than 2") or vertical panel where there is no more than 4 inches between boards/panels.

Above ground pools that are at least four feet high and non-climbable (with or without a railing attached to the top edge of the pool and manufactured for this purpose) do not require a fence if there is no means of entering the pool when not in use (i.e. stairs are not accessible and no climbable objects are near the pool sides).

Preventive Measures:
Research on water safety shows that implementing a layered approach to water safety is the best way to ensure safety. These layers of protection start with the foster parent as the first and most important component of water safety.

1. **Constant and Active Supervision:**
   - *Constant and active supervision should be maintained when any child is in or around water.* Children should not be permitted to play in areas where there is any body of water, including swimming pools, ponds and irrigation ditches, built-in wading pools, tubs, pails, sinks, or toilets without appropriate supervision. Small children can drown within thirty seconds, in as little as 5 centimeters (two inches) of liquid.

   - *In all instances where children/youth are engaged in swimming, wading, or engaged in water activity, the foster parent should be familiar with the child/youth's swimming abilities and provide the appropriate level of supervision. For infants, supervision should be 1:1 adult to child supervision. For toddlers and pre-schoolers, arm's length/touch supervision should be provided.*

   - Layers of safety are encouraged including door and window alarms, pool alarms, barriers such as deck railing etc.

- Foster parents, where the primary or secondary residence is adjacent to any body of water or has a swimming pool, will provide water safety instruction to the child in care as appropriate for his or her age and development. Water safety instruction addresses key knowledge and skills on how to be safe around water.

- Foster parents with pools and hot tubs must complete the Lifesaving Society's "Parent Lifeguard" Program (refer to CSM 4.4.6). All other foster parents are encouraged to complete the course as part of their professional development.

2. Water Safety at Home:

- Swimming Pools:
  Homes that have a pool or hot tub must present an initial safety plan including home modifications and training requirements to the Pool/Hot tub Safety Review Panel for review and approval.

  Homes that have circulated above ground and in ground swimming pools must adhere to local bylaws **and** must meet the following requirements:
  - Must be enclosed (on four sides) by a non-climbable enclosure (see definitions above) that is a minimum of four feet high with entry points that are locked when the pool is not in use. The enclosure must act as a barrier from the house and the rest of the yard. Gates should be self-closing and open in the safest direction possible, generally this will be away from the pool;

    OR

  - Those with in-ground pools can opt for a weight bearing safety cover that covers the pool when the pool is not being supervised. The safety cover must meet industry safety specifications. If the pool has a winter cover that can bear the weight of an adult, a safety fence may be taken down when the winter cover is installed;
  - There should be no climbable objects within reach of the pool fencing;
  - All pools must be equipped with a life saving device such as a ring buoy or outreach pole;
  - Children must wear a personal floatation device (PFD) if the child is in more than two feet of water and either unable to swim or the child's ability to swim has not yet been assessed. PFDs should be purchased by the ministry for the child and will follow the child;
  - Remove water toys away from the water source when not in use so they don't attract children;
  - Pools that are non-circulated must be drained after use.

- Hot tubs:

Homes that have hot tubs must ensure the hot tub has:
- a hard cover that can support weight; and
- is maintained in place and locked at all times when the hot tub is not supervised.

- Bathtubs:
  Any child under the age of five should not be left alone at bath time. For any child under the age of five, the caregiver should actively supervise the child at all times by ensuring everything needed for bathing is gathered prior to starting the bath. The bath must be emptied when it is not in use.

- Other Water hazards such as water tanks, ponds, irrigation ditches:
  - Water storage containers or tanks should be covered and secured.

3. Water Safety Away from Home:

Preference should be given to participating in aquatic activities in locations where lifeguard supervision is provided.

- Public Pool Safety:
  Foster parents must continue to actively supervise children in public pools, regardless of whether or not there are lifeguards on duty.

- Other Aquatic Activities away from home:
  Many foster families enjoy holidays at locations near lakes, dams and rivers. Water conditions in these locations can change rapidly. These locations can also present dangers that include slippery banks, unstable floor, submerged rocks, strong currents and cold water. Many of these locations do not have lifeguards on duty. It is important that foster parents know the safety aspects that apply to different aquatic environments. Children/youth should never swim in these environments alone even if they are strong swimmers.

  Foster parents should:
  - Be familiar with the water conditions and be satisfied that the area is safe;
  - Be familiar with each child's swimming abilities and experience in specific aquatic settings - foster parents are encouraged to register children in swimming lessons;
  - Swim in designated swimming areas where possible;
  - Observe for changing weather conditions;
  - Have a plan that includes water safety instructions (boundaries where the children may swim, depth of water they can navigate, the use of appropriately fitted PFDs for non-swimmers and having an available assist such as rescue tube, throw bag, ring buoy, etc.);
  - Ensure children are actively supervised at all times and use a buddy system;

- Never rely on inflatable cushions, air mattresses, water toys, etc. for the support of non-swimmers.

4. Watercraft Safety:

Watercraft are vehicles used in water, that usually have a propulsive capability (whether by sail, oar, paddle or engine) and are distinct from a simple device that merely floats, such as a log raft or floatation device such as an air mattress.

Foster homes that utilize watercraft for recreational purposes will adhere to the following:

- In the case of power boats, the boat operator must have a Pleasure Craft Operator card
- The foster children must wear properly fitted PFDs/life jackets at all times, while using any watercraft. All PFDs must be Canadian Coast Guard approved. PFDs can be purchased for the child by the ministry and should follow the child;
- Federal regulations and provincial regulations pertaining to the use of power boats and canoes/kayaks must be followed. Information on mandatory safety equipment for canoes/kayaks can be found at https://tc.canada.ca/en/marine-transportation/marine-safety/mandatory- safety-equipment.

Procedures

1. Foster home safety assessments (or partial assessments) may be conducted through either scheduled or unscheduled visits with the foster parent(s) and conducted in the presence of at least one foster parent.

2. Photographs of the inside and outside of the home may be taken during an assessment and placed on the foster home file.

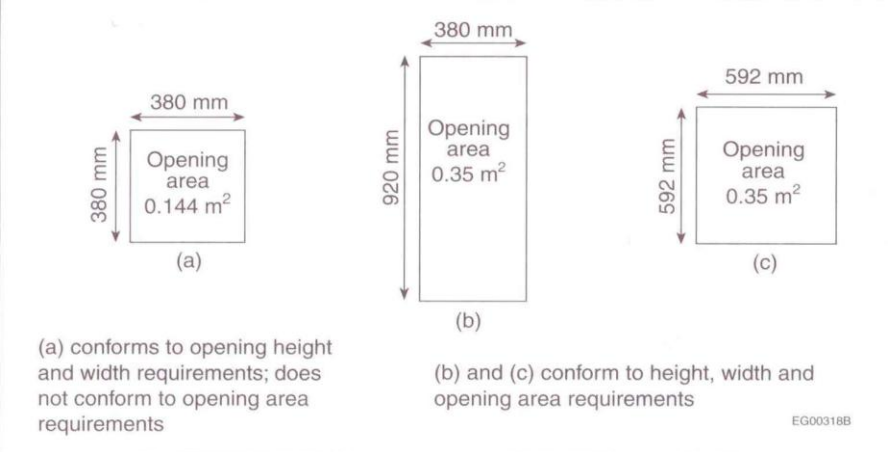
3. The ministry may access any area of the foster home in order to complete a safety assessment taking into consideration the personal privacy of the individuals in the home (see Practice Guideline #5).

4. Where there is doubt about the safety of a home, the Resources worker may require the foster parent(s) seek an inspection by the appropriate authority (e.g., fire, health, and building) and meet the terms of the inspection. The ministry shall collect and retain any reports provided by other Authorities.

5. **Emergency Escape Window**[3] — Unless a bedroom has a door that leads directly to the home exterior, each bedroom must have at least one outside window that can be opened from the inside without the use of tools or special knowledge. This window must

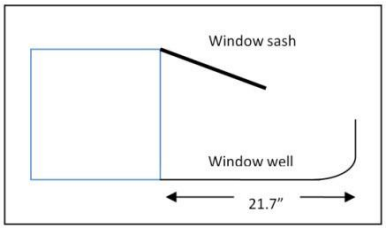
[3] Saskatchewan Municipal Affairs and Housing, Building Standards Advisory, A-15 9 (July 2001)

provide an unobstructed opening with a minimum area of 0.35 m^2 (3.77 ft^2), and no dimension less than 380 mm (15 in.). As shown below in the first picture (a), a window opening of 380 mm x 380 mm does not provide the required area. This requirement is specifically intended to provide occupants with a means of escape in an emergency situation when the use of normal home exits are prevented.



If a window opens into a window well, the clearance between the window and the window well must be at least 21.7 inches (550 mm). If there is a window sash that swings open towards the window well, the operation of the sash must not reduce the clearance in a manner that would restrict escape in an emergency situation.

All-Terrain Vehicles (ATV), Snowmobile, Motorbike and Farm Vehicle Usage:



Any use of the above by a foster child/youth will adhere to the following Acts, which can be reviewed at https://publications.saskatchewan.ca/#/home

- *The All Terrain Vehicles Act A-18.02* –
  - Reference material - https://skprevention.ca/professional-dev/child-injury-prevention-safety-presentations/
- *The Snowmobile Act S-52*
  - Reference material - https://sgi.sk.ca/documents/37148/138037/snowmobiling_in_sask.pdf/
- *The Traffic Safety Act*

These Acts should be referenced for instruction on such topics as the permitted age of operator and any associated licenses or safety courses that are required in order for a person under the age of 16 to drive these vehicles.

In addition, foster parents should be advised to consult with the child's case worker in order to carefully assess the knowledge, maturity level, skills and ability of the child to comprehend instructions, their experience, and knowledge of the environment where they will operate the vehicles in order to determine whether the child is permitted to operate these vehicles and if so, the level of supervision required in addition to any requirements stated in the corresponding Act.
Appropriate safety equipment (e.g., full face helmets) and instruction on how to operate these vehicles safely should be provided by the foster parent.

It is advisable that foster parents consult their insurance providers to determine if there are any restrictions in the event of a claim.

Practice Guidelines

1. Sleeping Practices

A. Sleeping Accommodation:

- Typically, not more than two children should be in a room. There may be some temporary circumstances (15 days or less) where more than two are in a room (e.g., emergency placements, sibling groups).

- Bedrooms should be at least 75 square feet per one child or youth, and an additional 50 square feet for each additional child/youth in the same room.

- Beds are clean, comfortable, in good condition, of sufficient size and have enough bedding to ensure warmth and comfort appropriate to the season.

- Rooms commonly used for other purposes should not be used as permanent sleeping arrangements for children/youth. On occasion, temporary sleeping arrangements (15 days or less) may be provided in response to an emergency or in response to a short-term need (e.g., renovations).

- Foster parents should not share a bed with a foster child.

- Foster parents' bedrooms may be equipped with an inside lock to allow for privacy, however, the locked bedroom must not be used for the purpose of storing hazardous products such as medications or ammunition.

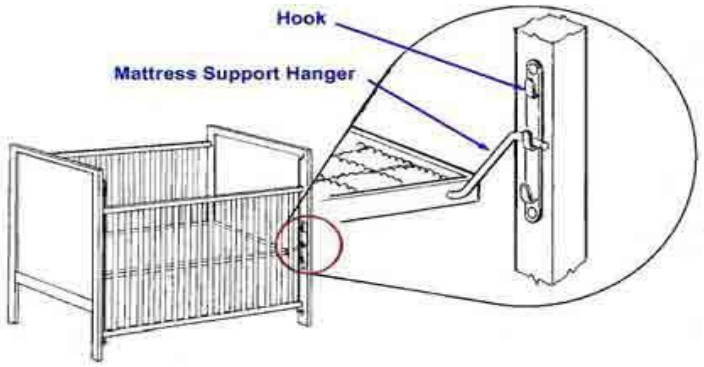
- Foster parents should use their bedroom lock only when necessary for privacy, and must

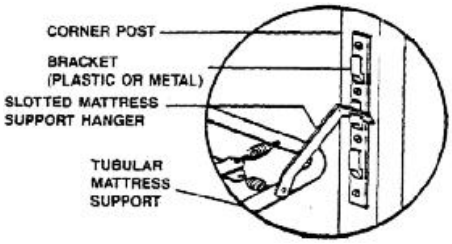
ensure that they are available and able to hear a child who may require attention during the night.

B. Crib Safety:
Health Canada maintains strict requirements relating to the structural integrity of cribs and cradles. Cribs, cradles, play pens/yards, and toys must comply with the federal *Hazardous Products Act,* its regulations, all other applicable laws and product recalls (which can be viewed on the Health Canada Website - http://www.hc-sc.gc.ca/).

- Only cribs manufactured after September 1986 shall be used providing, they are safe and in good working condition. Look for a label on the crib that shows the crib was made after September 1986.
- Do not modify a crib in any way. Always follow the manufacturer's instructions for using the crib. Do not use hand-made cribs unless they are structurally in accordance with Health Canada's requirements (http://www.hc-sc.gc.ca/).
- Check the crib often to make sure the frame is solid. Tighten loose screws regularly.
- Cribs with visible signs of damage, missing parts, or missing information should be destroyed.
- Wood and metal parts should be free of splinters or burrs and there should be no loose nuts or bolts.
- Cribs and cradles with decorative cut-outs, corner posts that are more than 3mm in height, or lead paint can be dangerous for a baby.
- Make sure the mattress is tight against all four sides of the crib. The space between the mattress and the sides of the crib should not be more than 3 cm (1 3/16 in). The mattress should not be more than 15 cm (6 in) thick.
- The spacing between the bars should be no more than 6 cm.
- Replace the mattress if it is not firm or if it is worn out.

If the caregiver has a crib with a mattress support system as shown in the following figure, it fails to meet the current safety standards, thus should not be used, and legally, cannot be sold or even given away.





C. Crib Use[4]:

- After placing the baby in the crib, ensure the sides are up and locked securely in position.
- Move the mattress down to its lowest level as soon as the baby can sit up.
- Remove mobiles and toy bars when the baby begins to push up on their hands and knees.
- Avoid the use of soft pillows, comforters, stuffed toys, and bumper pads in the baby's crib as they can pose a suffocation hazard.
- Do not harness or tie a baby in a crib and do not leave a baby in a crib with a necklace, elastic band, scarf, or a pacifier on a long cord. These items could cause strangulation.
- Place the crib away from windows, curtains, blind cords, lamps, electrical plugs and extension cords.
- Crib nets or other materials placed over the crib to prevent a child from exiting the crib should not be used.

D. Playpens/Bassinets[5]:

Since playpens do not meet the same safety requirements as cribs they are not intended to be used for permanent sleeping arrangements, but may be used for temporary or emergency use.

- Do not leave an infant sleeping in a playpen for extended periods of time.
- If a change table or bassinet is provided as an attachment for the playpen, never place a baby in the playpen while the change table or bassinet attachment is still in place.
- Do not add blankets, pillows or an extra mattress to a playpen. The use of these items

[4] Health Canada, 2010
[5] Health Canada, Consumer Information - Playpen Safety Fact Sheet, 2009

could lead to suffocation.

- Check that the mattress pad is firm. Mattress pads that are too soft or worn down in any area could create a suffocation hazard.
- Use playpens and bassinets in accordance with manufacturer's instructions.

E. Bunk Beds[6]:
When using bunk beds, the following conditions are applied:

a. the child using an upper bunk is over six years of age;
b. the upper bunk mattress is no more than one inch at any point from the bed frame (is not over or undersized);
c. the upper bunk has guard rail(s) on the open side(s);
d. the vertical distances between the upper mattress and the ceiling permit the child to sit up comfortably in bed; and
e. the guard rail(s), ladder and other components are in their proper positions, free from damage, and all connections are secure.

For additional information refer to Health Canada, www.hc-sc.gc.ca – Consumer Product Safety.

F. Safe Sleep Guidelines[7]:
Creating a safe sleep environment for a baby will lower the risk of injury and SIDS. SIDS is when an otherwise healthy baby dies suddenly and unexpectedly while sleeping. With SIDS, there is no known cause, even after a full investigation, including an autopsy.

Foster parents must place children on their backs to sleep for naps and during the night from birth to age 24 months. There are some medical conditions where a different sleep position may be required. In these circumstances, documentation, and instruction to modify the sleep position from the back position is required from a physician and should be documented on the child's and Resource files.

Do not use sleep positioners or rolled up blankets to keep the baby on his/her back. These items can cause a baby to suffocate. When the baby can turn over on their own, the caregiver does not need to return the baby to their back position.

Use a firm, flat surface for sleep. Waterbeds, air mattresses, pillows, couches/sofas or soft materials are **not** safe sleep surfaces for babies. Babies can turn onto their side or stomach and bury their face in these soft materials, not getting enough air to breathe. Car seats and infant carriers should not replace a crib.

[6] Health Canada, Consumer Information - Bunk Bed Safety, March 2009
[7] Canadian Paediatric Society, Caring for Kids, June 2010

Keep soft materials out of the baby's sleep environment. Items that should not be in the crib include quilts, comforters, bumper pads, stuffed animals, pillows and other pillow-like items.

Make sure the baby is not too warm. Instead of a blanket, use light sleeping clothing for the infant such as a one-piece sleeper.

The safest place for a baby to sleep is in a crib close to the caregiver's bed.

Cultural sleeping practices, such as using a moss bag and/or a swing are appropriate if the foster parents are familiar with the use of these.

Other safe sleeping arrangements:

Children aged eight and under should sleep in areas where a capable individual is also located and readily accessible in case of emergency. Children over the age of eight, and not capable of self-preservation (by virtue of their developmental and/or physical level they are unable to ensure their own safety) should sleep in areas where there is a capable individual readily accessible.

2. Child Car Seat Safety[8]:

Child car seats are generally designed based on 4 stages of development:

- Rear-facing – Birth to 13 kg (30 lbs.)
- Forward-facing – 9 to 30 kg (20 to 65 lbs.)
- Booster seat – Over 18 kg (40 to 80 lbs.)
- Seatbelt – Over 36 kg (80 lbs.)

The child car seat manufacturer's instructions will advise if the seat is suitable for the child's height and weight as well as explain which equipment is required.

Do not use second hand car seats unless you have the instructions to use the car seat and direct knowledge that the car seat has not be in an accident. Do not use a car seat that is older than ten years. Check the car seat label and the manufacturer's instructions as some car seats are safe for only six years.

In vehicles that have airbags, children under the age of 12 must be seated in the back seat (unless the air bag is deactivated with a cut-off switch). This includes children in car seats, as well as rear-facing car seats.

[8] Saskatchewan Government Insurance (SGI) and Safe Kids Canada, 2011.

If unsure about the installation, foster parents can have the installation checked by a trained technician through a Saskatchewan Government Insurance (SGI) office.

For **car seat recall notices**, refer to Transport Canada's website (www.tc.gc.ca) or the Saskatchewan Government Insurance's (SGI) website (www.sgi.sk.ca).

3. **Home and Yard Cleanliness:**

Cleanliness shall be defined as conditions of the home that provide a clean and healthy environment that benefits the growth and wellbeing of individuals living in the home. The Resources worker must assess the home and surroundings to *determine the difference between conditions that are created through every day living conditions and those that have been accumulating over an extended period where no or limited efforts have been made to correct the level of cleanliness*.

The following are guidelines to home/yard cleanliness:

- Kitchen surfaces (e.g., counter tops, table tops) and appliances are cleaned regularly to ensure clean food preparation areas.
- Bedrooms are functionally organized so children have their personal belongings (e.g., clothes, toys, books, etc.) displayed in storage items such as closets, drawers, shelves, etc.
- Bathroom facilities are cleaned on a regular basis to ensure they are reasonably free from dirt, grime and bacteria build up.
- Disposal of ashes, garbage, and other waste in a clean, safe and legal manner (refer to Policy 4.4.3.1 Smoking in Foster Homes).
- Insect and rodent control is practiced (e.g., the use of exterminators if required).
- Windows are clear from excessive dirt, excessive spider webs and insects, and should not be covered with such things as wood boards, cardboard, etc. for any extended period of time.
- The home is free from offensive or overpowering odours.
- There shall be no mold in the home. If mold is identified, a public health inspector should be immediately contacted to determine next steps.
- Toys are free from dirt, grime. If a child is sick in the home and frequently uses a particular toy(s), they should be cleaned more often and with a cleaning agent that will kill bacteria (and safe to children).
- Medical equipment is regularly cleaned and sanitized based on manufacturer's instructions.

- Living spaces, hallways, and stairways are free from clutter that imposes a safety risk (e.g., tripping, unable to exit in case of emergency, etc.).

- Exterior exit paths used to safely exit the home or to allow fire or other emergency personnel to enter the home must be kept cleared.

- Furniture and equipment is kept in safe repair and cleaned often enough to ensure that there are no offensive odours, they are not covered in animal hair or dirty from spills, food stains, etc.

- Animal and human feces or excrement (e.g., infant diapers, animal feces, etc.) is properly disposed of and is inaccessible to children so they are unable to touch or consume it.

- Yards and outside play areas are free of animal feces, inoperable motor vehicles, chipped paint, broken glass, garbage, and inoperable/junked appliances.

- Patios and decks are in reasonably good repair so they do not present a safety hazard (e.g., loose boards, rotting wood, protruding nails or screws, splintered wood, etc.).

- Rugs shall be reasonably free from dirt, food build up, animal/human hair, etc. Regular vacuuming, washing (e.g., throw rugs), and professional carpet cleaning should be utilized.

- Hardwood, ceramic, laminate, or vinyl floors should be swept and washed on a regular basis to ensure they are reasonably free of dust, dirt, grime, animal hair/human hair, etc.

- Regular dusting of furniture should occur, particularly in homes where children have allergies or breathing problems (e.g., asthma).

4. Recreational Safety:

- Indoor/outdoor toys and equipment should be safe, clean, age appropriate and in good working condition. Precautions must be taken so that older children's toys do not present a choking or other safety hazard to younger children in the home. Note: baby walkers are prohibited in Canada as they are illegal.

- It is recommended that indoor/outdoor play or recreation areas which are part of the physical environment of the foster home represent the following:
    a. play and recreational equipment are age appropriate, in good working condition and structurally sound;
    b. trampolines are enclosed and equipped with safety nets.

- Resources workers should advise caregivers to ensure that children are appropriately supervised based on the ages, skills level and capacity of the children while using

swimming pools, hot tubs (for age-appropriate children), trampolines, or play equipment (see Section 6F Water Safety).

5. Access to Foster Homes:

In order to conduct a comprehensive home building, health and safety assessment, the Resources worker must have access to all parts of the interior and exterior of the home. In conducting an assessment, a partnership approach should be used with the foster parent in an atmosphere of respect and consideration for their privacy. An assessment of a foster home is not a search of a home. Rather, it is a tour of the home typically lead by the foster parent, where there is an exchange of information about factors that may have an impact on the safety of individuals in the home and actions taken to ensure any safety issues are addressed. In the event that a foster parent is using space or a room in their home as a home office, they will be provided an opportunity to remove or store any confidential documents prior to the home assessment.

An individual's home is a very personal space. Certain areas of the home are more personal than others. Resources workers must be sensitive to this when assessing rooms such as the foster parent's bedroom or personal closet spaces. For example, it would typically not be required for a Resources worker to look inside a bedside table drawer; however, a discussion should occur with the foster parent to ensure that items are not stored in drawers that are accessible to children and that pose a safety hazard (e.g., medication, scissors, etc.). However, if a foster parent stores certain items in a closet that may pose a safety threat to a child (e.g., medication) then it would be necessary for the Resources worker to visually confirm the items are stored correctly and in accordance with this policy.

4.0 OUT-OF-HOME CARE RESOURCES

4.4.3.1 Building/Health/Safety Requirements - Smoking in Foster Homes

Preamble

Protecting children from harm includes ensuring that they are not exposed to second hand smoke from tobacco and / or cannabis.

Exposure to second hand smoke is detrimental to the health and development of children.

- Tobacco smoke contains more than 4,000 chemicals. Many are known to be harmful substances, including tar, nicotine, carbon monoxide, benzene, formaldehyde and hydrogen cyanide. More than 50 of these chemicals cause cancer.

- Cannabis smoke contains chemicals such as ammonia, hydrogen cyanide and nitrogen-related chemicals. There are approximately 50 chemicals in the smoke that may cause cancer.

Infants and children are particularly vulnerable to tobacco and cannabis smoke because their lungs and respiratory tracts are still growing. Children have a higher metabolism and breathe faster and can therefore absorb higher amounts of smoke than adults.

Research shows that tobacco and cannabis smoke can trigger colds, asthma, bronchitis, ear infections, allergies, pneumonia, and breathing problems generally. There is strong evidence that infants exposed to second hand smoke are at greater risk of dying from SIDS.

E-cigarettes may also pose health and safety risks to children. These risks include poisoning, choking, burns, and effects from inhaling second-hand vapour. Second hand vapour from e-cigarettes may irritate the lungs, making it harder for children to breathe; especially those who have asthma. Inhaling the vapour can also irritate the mouth, throat, and eyes, and can cause allergic reactions. The chemicals used to flavour the liquid in e-cigarette cartridges can also cause lung damage when inhaled.

The guidelines below include e-cigarettes and their accessories (also known as vaping).

Policy

Every child placed in a foster home will be provided with a safe, healthy and nurturing environment. Children in foster homes will not be exposed to second hand smoke; either from tobacco or cannabis.

4.4.3.1 Building/Health/Safety Requirements – Smoking in Foster Homes

Standards

- Foster families must provide non-smoking environments for children placed in their homes.
- Smoking or vaping will **not** be permitted in a foster home where a child is placed.
- Smoking or vaping will **not** be permitted in vehicles which are used to transport children.
- Foster parents will not permit children or youth in care of the Minister to smoke, including e-cigarettes, in their homes or vehicles.
- Foster parents will not purchase tobacco or cannabis products or e-cigarettes for children in care of the Minister.
- Foster families who use edible cannabis products must ensure these are not accessible to children.

Practice Guidelines

1. This policy regarding smoking in foster homes will result in all foster homes becoming smoke-free homes.
   - **Smoke-free foster homes: tobacco, cannabis and e-cigarette smoking is not permitted in the caregiver's home or vehicle.**

   2. In order to further ensure that vulnerable children are not exposed to residual tobacco or cannabis smoke or e-cigarette vapour, it is recommended that all infants and children under the age of two, all medically fragile children, and all children with allergies and/or asthma be placed in foster homes where all caregivers and others who reside in the home **do not smoke at any time.**

   3. This policy is not intended to restrict the spiritual use of tobacco, sage, sweet grass or medical use of cannabis.

   4. For those foster families who would like to stop smoking, the ministry will cover costs associated with attendance at smoking cessation programs.

4.0 OUT-OF-HOME CARE RESOURCES

4.4.4 Approving Staff as Caregivers

Policy

It is the role of the Saskatchewan Public Service Commission to ensure that a conflict of interest does not or does not appear to exist with public employees.

Ministry staff who are involved in program development, program supervision, or who provide direct services to children and their families under *the CFSA* must have written recommendation from their Director, Out of Home Care (Permanent Head) prior to being approved as a caregiver for the ministry.

In those circumstances where an approved caregiver obtains employment with the Ministry of Social Services in the area of program development, program supervision, or who provide direct services to children and their families under *the CFSA*, written recommendation from their Director, Out of Home Care (Permanent Head) is required in order to continue in their caregiver role.

Definition:

Caregiver: includes approved foster parents, alternate care providers, PSI and room and board providers.

Standards

- In the circumstance where an employee applies to be approved as a caregiver for the ministry they must follow the Conflict of Interest policies and guidelines as outlined by the Saskatchewan Public Service Commission.

- In situations where an approved caregiver for the ministry obtains employment with the ministry, they must follow the Conflict of Interest policies and guidelines as outlined by the Saskatchewan Public Service Commission in order to continue in their caregiver role.

- Upon receipt of written authorization, all home assessments completed on the employee must be administered and approved outside of the service area office in which they are currently employed.

- Following completion and approval of the home assessment, all administrative and case management responsibilities must be managed outside of the service area office in which the employee/caregiver is currently employed.

- Approval of payments beyond basic maintenance must be approved by the Director, Service

Delivery.

- In those circumstances where a child is found in need of protection and the employee is required to provide a place of safety, interim approval may be provided by the Director, Out of Home Care pending written authorization.

Procedures

Initial Approval

- Where an employee applies to be approved as a caregiver for the ministry they must complete an Approval for Outside Employment request in accordance with the Public Service Commission's Conflict of Interest Policy (see Conflict of Interest Policy; Section: PS801 Human Resource Manual).

- Where an approved caregiver for the ministry obtains employment with the ministry, they must complete an Approval for Outside Employment request in accordance with the Public Service Commission's Conflict of Interest Policy (see Conflict of Interest Policy; Section: PS801 Human Resource Manual).

- The employee would indicate on the Approval for Outside Employment form that the type of employment is related to "Activities from which there is a monetary reward" and then identify and explain their plan to become an approved caregiver for the ministry or continue in their caregiver role.

- The employee will then have their immediate Supervisor and Director, Out of Home Care review and complete the section noted "Recommendation of Immediate Supervisor" and "Recommendation of Permanent Head (or designate)".

- The Director, Out of Home Care shall, upon receipt of the information, submit the request together with his/her recommendation for or against the request.

- The final decision rests with the Permanent Head. Approval considerations will be based on factors which ensure that a conflict of interest does not or does not appear to exist in relation to the employee's position with the ministry and their role as an approved caregiver.

Renewal of Approval

- The Approval for Outside Employment is to be reviewed during a change in the employee's circumstance or at minimum, on an annual basis by the Director, Out of Home Care. If there are no changes to note then this can be approved by the Director, Out of Home Care for a term of one year.

- In situations where there have been noted changes, a new Approval for Outside Employment form will need to be completed and the process for approval followed in accordance with the procedures outlined above ("initial approval").

4.0 OUT-OF-HOME CARE RESOURCES

4.4.5 Agreements for Foster Care Services

Policy

The ministry will enter into an "Agreement for Foster Care Services" with each approved foster family. The agreement sets out the duties and responsibilities of each party. This agreement does not impair the Minister's rights or powers pursuant to *The CFSA* and the ministry retains the right to remove a child from a person providing foster care.

Standards

- The Agreement for Foster Care Services must be thoroughly reviewed and signed with the foster family following approval of the home.
- A copy of the Agreement for Foster Care Services must be placed on the foster family file.
- The Agreement must be reviewed and signed with the foster family annually at the time of the Foster Home Assessment and Review (see Chapter 4.4.8).

Practice Guidelines

- The ministry has an obligation to ensure that children placed in the foster home will be well cared for and safe. In determining appropriate actions or outcomes in regard to the care provided by a foster family, the ministry must err on the side of child safety and well-being. In any review of ministry decisions and actions, the reasonableness of any decisions/actions will be considered.
- Foster families form part of the team that has a significant role in providing services to children in care and their families. As team members, caseworkers must respect foster families' roles, skills and knowledge of the child and consult and involve them as much as possible.
- When decisions regarding a child in a foster home are being made, the unique relationship of the foster care providers to the child compared to the child's family or guardian must be considered; **the foster family is not legally defined as the child's parent, and they are in a contractual relationship with the ministry to provide care for the child.** The strength of the relationship between the foster family and the child must be assessed from the child's perspective.

Where a child is assessed to have a close attachment to a foster family, such attachment must be respected and form part of determining the best interests of the child in a manner that

doesn't impede goals or appropriate family reunification or family connection.

- Where the ministry applies policy related to a foster family or is planning to take action regarding a foster family that may alter or jeopardize the approved status of their home, the ministry must ensure that the foster parents are:
  - presented with the ministry's concerns in a clear, concise manner;
  - provided with all information available to the ministry so that they can respond by ensuring their response will be considered impartially prior to a final decision by the ministry;
  - informed of any review processes available to them, including the **Conflict Resolution** (Ch. 4.4.12) and Appeal Process (Ch. 4.4.13) policies.

- In determining actions and outcomes related to a foster home, the ministry must base its decisions on objective assessments and standards. As part of such deliberations the ministry should consider the family's history in providing care and any mitigating factors. Such factors may include needs and demands of a child(ren) placed in their care; the match between the child's needs and the foster family's abilities; level of support provided by the ministry; acute personal/family crisis. Where reasonable and appropriate, the ministry may offer such services as necessary to strengthen, enhance and maintain the foster home as an approved resource for placements.

4.0 OUT-OF-HOME CARE RESOURCES

4.4.6 Foster Parent Training

Policy

The ministry/agency must ensure foster parents are trained to understand child welfare services, needs of children and families and basic safety procedures.

Standards

- Foster families must successfully complete the following training requirements prior to approval of their home and placement of children:
  - PRIDE Pre-Service sessions 1 - 9 (27 hours) (see Practice Guidelines for complete list of PRIDE Pre-Service training sessions); and
  - Saskatchewan Aboriginal Culture Component (3 hours).

- Families accepting medically fragile children must complete Standard First Aid and Cardiopulmonary Resuscitation (CPR) Level B prior to placement of children in their home.

- Foster families who have a pool or hot tub must also complete the Parent Lifeguard course through the Lifesaving Society of Saskatchewan prior to placement of children in their home. All other foster parents are encouraged to complete the course as part of their professional development.

- Foster families must successfully complete the following training requirements after their home has been approved:
  - PRIDE Core In-Service modules 1 & 2 (mandatory training - 21 hours);
  - Standard First Aid and CPR Level B recognized by Saskatchewan Occupational Health and Safety (17 hours);
  - FASD (Fetal Alcohol Spectrum Disorder) (mandatory training - 3 hours);
  - Trauma Competent Caregiver Training;
  - PRIDE Core In-Service modules 3 - 12 as determined by the foster family and their resource worker, based on the PRIDE Family Development Plan (see Practice Guidelines for complete list of PRIDE Core In-Service modules);
  - Standard First Aid and CPR Level B **recertification** recognized by Saskatchewan Occupational Health and Safety **every three years** (9 hours).
- Additional training will be provided based on the PRIDE Family Development Plan agreed upon by the ministry/agency and the foster family and approved by the ministry/agency.

Procedures

1. During Pre-Service training, workers and foster family trainers will monitor for actions or

statements that may raise concerns about the foster family's capacity to provide safe, quality care or willingness to accept ministry/agency practice and policy.

2. Observations must be documented and form part of the Mutual Family Assessment/ Home study.
3. Any concerns must be followed up with the family and documented in the Mutual Family Assessment/Homestudy report.

4. Upon approval of a foster home, the home will be classified as Intern status for a period of one year.

5. Foster parents must complete the following training within the first year of service:

- PRIDE Core In-Service mandatory modules 1 and 2;
- Standard First Aid and CPR Level B recognized by Saskatchewan Occupational Health and Safety (17 hours);
- Fetal Alcohol Spectrum Disorder (FASD) training;
- Trauma Competent Caregiver training.

6. Foster families may complete additional PRIDE Core In-Service training modules each year as determined in their Annual Review/Family Development Plan completed jointly with their Resource worker.

7. Foster parents must be recertified in Standard First Aid and CPR Level B by an approved training provider recognized by Saskatchewan Occupational Health and Safety every three years following original certification.

Practice Guidelines

It is important that foster families are able to demonstrate an understanding of new knowledge and the ability and willingness to incorporate the training into their work as a foster family. Applicants must demonstrate both knowledge and application of the training content.

The PRIDE Model of Practice® is built upon five core competency categories developed through comprehensive role analysis:

- Protecting and nurturing children;
- Meeting children's developmental needs and addressing their delays;
- Supporting relationships with birth families;
- Connecting children to safe, nurturing relationships intended to last a lifetime (permanency); and
- Working as a member of a professional team.

The PRIDE training program consists of:

- Pre-service Sessions

- Core In-service Modules

PRIDE Pre-Service Training Sessions

- Connecting with PRIDE
- Teamwork toward Permanence
- Meeting Developmental Needs: Attachment
- Meeting Developmental Needs: Loss
- Strengthening Family Relationships
- Meeting Developmental Needs: Discipline
- Continuing Family Relationships
- Planning for Change
- Taking PRIDE – Making an Informed Decision

PRIDE Core In-Service Training Modules

- The Foundation for Meeting the Developmental Needs of Children at Risk
- Using Discipline to Protect, Nurture, and Meet Developmental Needs
- Addressing Developmental Issues Related to Sexuality
- Responding to the Signs and Symptoms of Sexual Abuse
- Supporting Relationships Between Children and their Families
- Working as a Professional Team Member
- Promoting Children's Personal and Cultural Identity
- Promoting Permanency Outcomes
- Managing the Fostering Experience
- Understanding the Effects of Chemical Dependency on Children and their Families
- Understanding and Promoting Infant and Child Development
- Understanding and Promoting Pre-teen Development

4.0 OUT-OF-HOME CARE RESOURCES

4.4.7 Maximum Number of Children in a Foster Home

Preamble

This policy is to be implemented with consideration of the policies regarding **Approval of Foster Homes** (Chapter 4.4.1), **Assessment of Children Upon Admission to Care** (Chapter 2.5), **Placement Selection** (Chapter 2.3) and **Annual Reviews** (Chapter 3.5).

Exceeding the maximum of four children should be considered only when the child care needs in a foster home are at a manageable level and foster home and/or community supports are available.

Policy

The maximum number of foster children that can be placed in a foster home, including specialized and therapeutic foster homes, at any given time is **four** except under the following conditions, with Service Manager approval:

- emergency placements
- placement of sibling groups
- placement of children in a home in which they have lived previously
- provision of short-term respite.

Note: "Foster children" includes children who are in care of the ministry as temporary, long term or permanent wards or by Section 9 Agreement. It does not include children or youth who are placed in foster homes as extended family (PSI, Alternate Care), or those placed through adoption orders, Section 10 or Section 56 Agreements.

Standards

- All placements exceeding four children in a foster home must be approved by the Service Manager, based on accepted circumstances outlined in policy.

- All placements exceeding four children require review and re-approval by the Service Manager as outlined in Procedures, using the Linkin Case Management System.

- The Service Manager may grant approval of a placement exceeding four children for a time period of up to 14 days from the date of placement.

- For long term stable placements, the Service Manager may grant **re-approval** of a placement exceeding four children for up to 90 days from the last approval date.

4.4.7 Maximum Number of Children in a Foster Home

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Note: A long-term stable placement is defined as a placement in a home where there are no more than six foster children and all the children have been placed in the home for at least six months.

Procedures

Initial Request

- A decision to place more than the maximum number of four foster children in a home must receive prior approval from the resources worker's supervisor, unless it is an emergency or outside of office hours. Where placements are made without prior approval, approval must be obtained the next working day. **Within one working day** following a placement exceeding four foster children, the resources worker shall seek approval using the Linkin case management system.

- To do this, the resources worker must create an "Overmax Place" in the foster home (referred to as the "Provider" in Linkin) and indicate the expected end date and the reason for the over maximum placement as per policy. (If no end date is entered this will automatically default to two weeks).

- Prior to forwarding the approval request to the Service manager the resources worker must review the request with their supervisor who will ensure that policy conditions are met, proper assessments have been made, there is reasonable assurance that the children will be safe and well cared for and the foster family is receiving adequate support.

- The resources worker documents the supervisor consultation and approval in the Linkin case management system (contact logs) and forwards the request within Linkin to the Service Manager for approval.

- Upon receipt of a request, the Service Manager must review the details of the request and be satisfied that policy conditions are met, proper assessments have been made, there is reasonable assurance that the children will be safe and well cared for and the foster family is receiving adequate support.

- **Within two working days**, the Service Manager approves the creation of an "Overmax" space in the foster home.

- The Service Manager may approve provision of required supports to ensure the foster family is able to safely care for the children. (See Chapter 8.9 - Payment for Household Support Services to Foster Families).

- Whenever another child is placed in a foster home and the number of children continues to exceed four, a new approval request task is generated in the Linkin case management system and sent to the resources worker, who submits the request to the Service Manager, outlining

any change in circumstances. Timelines must be followed as specified above.

Review Request

- Two days prior to the end date of an Overmax placement, the resources worker will receive a task within the Linkin case management system to review the placement.
- The resources worker reviews the placement with their supervisor, enters updated information including an end date and additional comments into Linkin and forwards the approval request to the Service Manager.
- If the resources worker does not complete the task and forward the approval request within one day after the end date of the Overmax placement, the resources **supervisor** will receive a task within Linkin to update the Overmax placement.
- The resources supervisor may remind the resources worker to complete the task or may enter the required information directly into the Linkin system. An approval request is then sent to the Service Manager.
- Within two working days, the Service Manager reviews the request and the end date and approves the request or advises the resource worker by email if further details are required.

Long Term Request

- Two days prior to the end date of an Overmax placement, the resources worker will receive a task within the Linkin case management system to review the placement.
- The resources worker reviews the placement with their supervisor. If it is determined that the placement is a long-term stable placement (there are no more than six foster children in the home and all the children have been placed in the home for at least six months) the resources worker enters updated information into Linkin.
- The resources worker enters an end date of up to 90 days from the last approval date.
- The resources worker forwards the approval request to the Service Manager.
- Within two working days, the Service Manager reviews the request and the end date and approves the request or advises the resources worker by e-mail if further details are required.

Practice Guidelines

Accepted Circumstances

It is important that over maximum approvals are granted with careful consideration of the total placement situation and accepted circumstances for approval as per policy, (sibling groups, previous placement emergency placement and short-term respite).

4.4.7 Maximum Number of Children in a Foster Home

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Consideration of Age

When exceeding the number of four children, age must be considered as a factor. The following should be used as a guide to determine the numbers and ages of children in a foster home:

- in homes caring for pre-school aged children, no more than two may be under 24 months of age; **OR**
- if no other pre-school children are in the home, three children under 30 months of age may be placed.

Determining Foster Home Capacity

The resources worker must document that they have acquired at least a basic assessment of all children currently in the home and of the children to be placed in the home from the children's case worker. This assessment should consider behavioural, developmental, medical, social, psychological and safety issues.

The resources worker must document that they have made a basic assessment of the foster home. This assessment should consider:

- potential changes in interactions of the parents and children, (including the foster family's own children), that may be created as a result of this combination of children, and the impact of such changes. Assessment of impact should consider behavioural, developmental, medical, psychological, social and personal safety issues;

- the foster family's ability to care for this number and mix of children considering: experience, training, skills and abilities, personal supports;

- appropriateness and safety of sleeping arrangements, available space, and ability to evacuate all children in the event of an emergency;

- other responsibilities that the foster parent may have such as care of dependent family members, work outside the home, babysitting other children; and

- additional supports the foster family may require to meet the needs of the increased number of children that will be in their care, and the plan for implementing such supports. These may include but are not limited to increased contact by the foster home resources worker, respite, household support services such as housekeeping or laundry services.

Tracking

Service Managers and resources supervisors should regularly review the activity level and history of homes that exceed four children through the views available in the Linkin system. These reviews should consider such factors as:

- homes which are frequently approved to care for more than four children;
- the circumstances under which approvals are granted.

4.0 OUT-OF-HOME CARE RESOURCES

4.4.8 Foster Home Assessment and Review

Policy

The ministry shall have in person contact with the foster family in their home a minimum of once every six months to ensure they are maintaining the expected standards of care and meeting the terms of approval and the Agreement for Foster Care Services.

Each foster home shall be reviewed at least on an annual basis, including completion of the Family Development Plan - Professional Development Agreement (FDP-PDA).

The Change of Circumstances - Professional Development Agreement (COC-PDA) will be completed when there is a significant change in circumstances in the home.

The Quality of Care - Professional Development Agreement (QOC-PDA) and a Formal Review will be completed when there are quality of care concerns.

Standards

- Foster homes shall be mutually assessed at least once per calendar year, using the FDP-PDA (12.34).
- At the time of the FDP-PDA the caseworker completes a home safety check, ensures that criminal record checks are completed as necessary (see "Procedures" below), reviews confidentiality requirements and the ministry's discipline policy with the family, reviews and signs the Agreement for Foster Care Services.
- The FDP-PDA shall be signed by the foster parent(s), caseworker and supervisor at the time of completion, and a copy provided to the foster parent(s). A signed copy will be placed on the foster family provider file. If more information is required or changes are made to the agreement after completion, the amendments will be discussed with the family.
- The COC-PDA (12.34.1) will be completed as applicable (see Procedures).
- The QOC-PDA (12.34.2) and Formal Review (12.36) will be completed as applicable (see Procedures).

Procedures

Family Development Plan-Professional Development Agreement (FDP-PDA)
The FDP-PDA (formerly known as Annual Review) is completed by the Resource worker, covering all reporting areas fully.

4.4.8 Foster Home Assessment and Review

Prior to attending the foster home to complete the FDP-PDA, the Resource worker shall review file information, Linkin entries and any PDA's completed within the past year. Follow up and discussion resulting from these reviews shall be shared in person.
At the time of annual FDP-PDA, the following steps must be completed:

- The Resource worker reviews the Agreement for Foster Care Services (12.12) with the foster family and the agreement is signed.

- Adult foster family members complete and sign the **Criminal Record Declaration form (12.24)**. This is to be signed by anyone 18 years of age and older, who was a resident in the home at the time of approval of the home, including biological children of the foster family.

- Every three years, adult foster family members submit an updated criminal record check (the caseworker completes the CRC/Vulnerable Sector Check - Note to File; criminal record check forms and any fingerprints sent to the ministry are returned to the applicants).

- Adult foster family members complete and sign the **Child Welfare Record Authorization/ Declaration (12.35).**

- Youth in care of the Minister or receiving services via Extension of Support (Section 56) are not required to complete the Criminal Record Declaration form or the Child Welfare Record Authorization/ Declaration (as the Resource worker would have obtained information regarding any criminal charges or convictions).

- For any individuals 18 years of age and older who have become residents of the foster home since the time of approval, the Resource worker ensures that a criminal record check (including a vulnerable sector check) and child welfare record search is completed.

- The Resource worker ensures that biological and/or adopted children aged 18 years or older who are living in the foster home submit a criminal record/vulnerable sector check prior to their nineteenth birthday (subsequently they will complete a Criminal Record Declaration form at the time of each annual review and submit a new criminal record check, including a vulnerable sector check, every three years as noted above).

- The Resource worker completes the Foster Home Safety Record.

- The Resource worker views the sleeping arrangements for the children in the home.

- The Resource worker reviews the ministry's discipline policy for children in care with the foster family.

- The Resource worker reviews confidentiality provisions as set out in Section 74 of *The CFSA* with the foster family.

Where a home has no children currently placed and has not had a child placed during the past calendar year, an assessment must be made as to the family's interest and ability to foster. Where it is unlikely that the family will take further placements, the discussion with the family will guide next steps. If the family chooses to leave fostering, the foster home file should be closed and a letter sent to the foster family confirming the file closure. If a family is not yet prepared to make a decision about their future in fostering and their file remains on hold, contact every three months is recommended. If the family chooses to return to fostering, a FDA-PDA and corresponding documents must be completed prior to placement.

Change of Circumstances - Professional Development Agreement (COC-PDA):

A COC-PDA (12.34.1) will be completed by the Resource worker anytime a significant change in a foster home occurs, including:

- a change in the family's circumstances which may impact the family's ability to foster; for example, birth or death in the family, adoption, separation or divorce; or
- a change in the range of acceptance (as established at the time of approval or at subsequent Professional Development Agreements) prior to placement outside of their range.

When completing the COC-PDA a Formal Review is not required.

Quality of Care - Professional Development Agreement (QOC –PSA):

A QOC-PDA (12.34.2) is completed when there are concerns about the family's ability to provide care for a child. Circumstances which would warrant a QOC-PDA include the following:

- Information is received which results in a concern that the foster family is unable or unwilling to meet the terms of the Agreement for Foster Care Services or provide care for children as assessed according to the PRIDE competency categories;
- Information is received indicating any member of the household has been charged with a criminal offense.

The QOC-PDA (12.34.2) is completed jointly by the Resource worker and the child care worker, covering all reporting areas fully.

- The QOC-PDA is completed in the home with the foster parents the day of the report or the following working day. The QOC-PDA is the first step in the formal review process.
- The Resource worker will arrange and lead the follow-up meetings with the family.
- Quality of care concerns are screened by the Provincial Resource Assessment Team (PRAT). The completed QOC-PDA and the Formal Review are submitted to the PRAT supervisor for tracking.
- Following the completion of the QOC-PDA, a Formal Review (12.36) will be completed with the foster family. The foster parent is provided a letter advising that a formal review will be completed. The QOC-PDA and Formal Review are companion documents that

should reflect the progress made from the initial QOC-PDA to the time of the formal review.

Formal Review:

The Resource worker informs the foster family of the reason for the review, provides the letter of Notification of Formal Review (12.36.1) and arranges a time to meet with the family. The family should be informed of the option to contact the SFFA, as they may wish to access available support throughout this process. The resource worker will discuss consent for the ministry to notify SFFA on their behalf (12.19 Notification of Foster Home Investigation Letter). The foster family may choose not to have the SFFA involved.

- The review will commence within 30 days of the foster parent being notified of the Formal Review and is to be concluded within 90 days of the initial report.
- Foster family members, children in care, other workers and collateral agencies are interviewed whenever it is appropriate to the situation.
- When a Formal Review is in progress due to a quality of care review, consideration should be given as to whether new placements should occur.
- When the assessment is completed, it is documented by the Resource worker using the standard format (12.36 Foster Family Formal Review) and submitted, with the Quality of Care: Professional Development Agreement, to the supervisor for review.
- The Formal Review is intended to be a mutual assessment completed with the family. The Resource worker and supervisor will sign the Formal Review report and it will be reviewed with the foster parents. The foster parents will sign the report if they agree with the contents and recommendations.
- A copy of the Formal Review is provided to the foster family with a copy placed on the Provider file.

If the foster family disagrees with the report, they will indicate this in writing to the Resource worker. If the disagreement cannot be resolved, the Resource worker will advise the foster family that they may access the policy and process set out in Chapter, 4.4.12 Conflict Resolution. When the ministry's decision is to close the home, the policy in Chapter 4.4.13 Appeal Process may be applied. The SFFA shall be offered as a support to families throughout this process.

Practice Guidelines

Resource workers are to maintain regular contact with foster families, including in-home consultations. Such contacts are for the purpose of providing support and assessing the quality of services provided.

Whenever there is contact with a member of the foster family, the Resource worker must determine whether there are indicators that the family:

- may need additional support;
- may require additional PRIDE Core and/or specialized training;
- may be having problems meeting the needs of children in their care;

- may be unable or unwilling to meet the terms of the contract.

The Circles of Safety and Support tool is used when working with foster families to identify both formal and informal resources when the foster family is unable to identify their support system or when they identify a very limited support circle.

Where coping capacity seems to be impacted, this needs to be addressed with the family and supports provided. Some factors that may negatively impact on coping capacity may be placement of a high needs child, loss of a child to whom they have become very attached, personal changes or crisis situations of the foster family. Where a worker is aware of potential concerns, these must be discussed with the foster parents to determine whether coaching, training or other supports are required.

Professional Development Agreements:

Family Development Plan - Professional Development Agreement

- Complete annually with the family
- Three column mapping should be used to guide the conversation: what is working well, what are we worried about and any next steps.
- Behavioral descriptions shall be used to ensure a clear understanding.
- Ensure that all standards of the original approval are met and assess whether the foster home should continue to be approved for ongoing care.
- The FDP-PDA should be a mutual process between the Resource worker and the foster family.
- The FDP-PDA focuses on understanding and developing the five competencies of PRIDE:
  1. Protecting and Nurturing Children
  2. Meeting Developmental Needs and Addressing Delay
  3. Supporting Family Relationships
  4. Connecting Children to Nurturing Relationships Intended to last a lifetime
  5. Working as a Member of the Professional Team
- Where a FDP-PDA is not completed within a calendar year, or if a Formal Review is in progress due to a quality of care review, consideration should be given as to whether new placements should occur. The safety and care of children currently placed must be ensured during the interim.

Change in Circumstances - Professional Development Agreement

- Complete when there is significant change in the family circumstances which may impede their ability to foster, including:
  - Birth
  - Death
  - Adoption
  - Separation
  - Divorce

- Addition to the family household (someone moves in), or
- The range of acceptance is to be changed (if changing age range a Foster Parent Questionnaire is also completed).

Quality of Care - Professional Development Agreement

- Complete when:
  - there are concerns regarding the quality of care being provided to children placed in the home;
  - there is reason to believe that the foster family is unable or unwilling to meet the terms of the foster home agreement, or are unable to provide for children as assessed according to the PRIDE competency categories;
  - information is received indicating any member of the household has been charged with a criminal offense.

Formal Review:

Formal reviews are intended for those situations where there are serious concerns about a foster family's abilities, actions, or standards of the home, but where a foster home investigation is not warranted. The foster family must be provided with the opportunity to respond to the concerns and work with the Resource worker to address the concerns.

Collaborative work with the foster family, Resource worker and child care workers will result in a QOC-PDA with measurable goals and timeframes. The QOC-PDA and goals shall be shared with the PRAT manager within 5 days of the initial report. As goals are achieved or the plan evolves follow up will be provided to the PRAT manager.

Once the formal review has been completed it will be sent to the PRAT manager. Quality of Care and all related contacts shall be documented in Linkin Incidents.

4.0 OUT-OF-HOME CARE RESOURCES

4.4.9 Foster Home (Paper) File

Policy

A paper file will be created and maintained for each foster home.

Procedures

- The paper file will be created in the name of the applicant.

- The paper file will contain the following documents:
  - Foster Care Application
  - References
  - Physician Reports
  - Criminal Record/vulnerable sector check "Note to File" and Self-declarations
  - Child Welfare Record Authorization/Declaration (ACI/Linkin/Interprovincial or Intercountry as applicable)
  - Foster Home Safety Record
  - Mutual Family Assessment / Home-Study including Preference Questionnaire, PRIDE Connections and Training certificates
  - Genogram and Ecomap, if completed
  - Approval Checklist
  - Agreement for Foster Care Services
  - FDA-PDA
  - Correspondence related to the home
  - Formal Reviews, Quality of Care or Change in Circumstances PDA's or PRAT Investigation Reports and Foster Home Investigations as applicable.

- No paper contact records are required as contact logs are to be entered into Linkin. All contact logs created prior to the use of the Linkin case management system are to remain on the paper file.

- When a foster home relocates to another Service Centre/Service Area, the supervisor in the referring office is responsible to ensure all required documents are on the paper file (see Transfer of Responsibility Checklist – Foster Home 12.79).

NOTE: If a case is received with missing information, the supervisor in the receiving office will contact the supervisor in the referring office by telephone or email, and request that the information be provided. The receiving office retains case management responsibility, and the case is not returned.

4.0 OUT-OF-HOME CARE RESOURCES

4.4.10 Investigations of Complaints of Abuse and Neglect

Policy

Reports concerning the abuse or neglect of children in foster care shall receive immediate and thorough response to ensure the safety and well-being of all children in the home.

Preamble

- Foster families must be afforded fairness and due course, no matter what threshold the concern meets. This will include a clear statement of concerns by the ministry, an opportunity to respond to the concerns, objective consideration of the responses, and access to conflict resolution or appeal in the case of a decision to close the home.

- Follow up with foster parents should be conducted in a manner that respects and maintains the working relationship between the foster family and the ministry, while ensuring that issues identified are thoroughly investigated and child safety is the primary consideration. The conclusion must be based upon supportive evidence.

- The assessment of the foster family as a result of the reported concerns must assess the existence of abuse or neglect within the family system including the history of the foster home and not be limited to the specific incident reported.

- Due to the nature of foster care, families may be at greater risk of an allegation than other families. Workers are expected to proceed in such a way that the facts can be obtained to determine a child's safety issues and, if appropriate, to strengthen the capacity of the foster home to provide safe, nurturing care. If there are not immediate safety concerns identified, the ministry is better able to maintain the professional team relationship with the foster family by working collaboratively to address concerns or worries.

Definition

Provincial Resource Assessment Team (PRAT) - a dedicated provincial unit that seeks to enhance practices and support relationships with foster families while responding to reported concerns regarding care of children in ministry foster homes.

PRAT is responsible for leading a consistent approach in assessing reports of abuse and neglect in ministry foster homes in a timely manner. They apply documented processes, language and procedures with defined timelines to all reported concerns that come through the ministry's screening process. Throughout this process, the PRAT ensures that foster families are treated in an objective and supportive manner and as professional partners in the care of children.

4.4.10 Investigations of Complaints of Abuse and Neglect

PRAT operates with a team in each of the ministry's three service areas. The team is comprised of a provincial PRAT manager, and a PRAT supervisor and team of assessors from each area.

Standards

- Concerns of abuse or neglect of children in foster care must be screened immediately upon receiving the allegations. When there is an investigation, the Notification of Foster Home Investigation Letter (12.19) will be sent to the foster home.
- If a child/youth passes away in a foster home, and they were not medically fragile, a referral is required to PRAT for assessment and/or investigation. The caseworker will send the Child Death Investigation Letter (12.22) to the foster home.
- There shall be no new placements in the foster home during an investigation.
- Investigations of abuse and neglect must be completed within 30 calendar days.
- If circumstances prevent the completion of the investigation within 30 calendar days, the foster family must be informed in writing of the timelines.
- Where it is assessed that the report is false or malicious, the caseworker responsible for the foster home will inform the foster family that there has been a reported concern the day of the report or the following day.

Procedures

Assessing the Report:

- When a report is received, the caseworker obtains as much information as possible from the referent, using the structure, definition and thresholds of the SDM intake assessment to support a recommendation regarding priority and response time.
- This information is taken to the supervisors (PRAT and OOHC for ministry homes) who determine the next steps. The next course of action may be a face-to-face discussion with the foster family and/or the children by the resource worker and child care worker to obtain more information regarding the report.
- If face-to-face discussion is required to gather more information it shall be completed the same day. If this is not possible, it should be completed the following business day.
- Quality of Care follow up must be completed as outlined in Chapter 4.4.8 Foster Home Assessment and Review. This includes completion of a QOC-PDA followed by a Formal Review.

The initial report and the additional information may provide clarity that no action is required, or that the concerns may meet the threshold for Quality of Care, or for Investigation.

Distinguishing between Allegations of Abuse and Neglect and Quality of Care concerns in foster homes:

When reports regarding concerns for the care of children in foster care are received, there must be a distinction made between:

- reports that generate a need for discussion with foster parents to obtain further information;
- reports that clearly do not indicate abuse or neglect but do raise concerns about the quality of care in a foster home; and
- reports that indicate concerns of abuse or neglect that warrant screening for an investigation to determine child safety and the validity of the allegation.

PRAT Process:
The PRAT and OOHC supervisors will determine the course of action and consult with the PRAT manager before proceeding.

Where reports generate a need for discussion and more information, face-to-face meetings are required. The resource worker and child care worker shall work collaboratively to gather this information.

When the concern is deemed a Quality of Care matter, the foster home's QOC-PDA shall be completed and forwarded to the OOHC Supervisor. The PRAT supervisor receives notification of the agreement.

If the report meets the threshold of Quality of Care or Investigation, an internal meeting will be called to work through the Collaborative Assessment and Planning (CAP) framework as a group. The CAP framework provides opportunity for a thorough assessment of strengths, what is working well and the worries, including harm and danger and risk-based worries.

The meeting should include information gathered from all relevant sources including:

- The referent;
- Case workers for all children in the home;
- Resource worker;
- Provider file information; and
- OOHC Supervisor and PRAT supervisor.

The meeting shall be facilitated by the PRAT supervisor.

Immediately following the meeting the PRAT supervisor will send an update of the discussion,

tasks and agreed upon follow up to the PRAT manager and OOHC manager. The PRAT manager may be invited throughout the process.

The PRAT supervisor will also send an email update to the information gathering meeting attendees within one working day.

Note: The above section is applicable to ministry foster homes only.

1. Concerns of Abuse and Neglect:

All reports indicating there is reasonable grounds to believe a child may be in need of protection pursuant to Section 11 of *the CFSA* will be referred to Child Protection Intake for screening. The decision to assign the report for investigation depends on the recommendation of the SDM® Intake Assessment and an analysis of all information that is gathered from relevant sources. For concerns in foster homes, the decision of whether or not to assign for investigation is made by supervisors. If more information is required, it is gathered through information sharing that involves all staff involved with the home.

2. Quality of care concerns:

Quality of care concerns are actions or acts of omission by the foster parent that indicate contravention of out-of-home care standards and have a negative impact on the care of the child but do not rise to the threshold of a child in need of protection pursuant to Section 11 of *the CFSA*.

Standards of foster care are outlined in various chapters of the Children's Services Manual, including:

1.5 - Roles of Caseworker and Caregiver
4.4.8 - Foster Home Assessment and Review
4.4.11 - Discipline in Foster Homes and Extended Family Care
4.4.3 - Building, Health and Safety Requirements

For example, the caseworker for the child may receive a report that the foster parent has used physical punishment that is in contravention to acceptable forms of discipline as outlined in Chapter 4.4.11 but does not meet the threshold of physical abuse. These types of reports will typically be managed through a QOC-PDA, followed by a formal review with the foster home according to Chapter 4.4.8 Foster Home Assessment and Review.

Important - Where supervisors or managers are unsure whether a report is a quality of care concern or a report that warrants screening for child abuse or neglect, staff should err on the side of caution and refer to Child Protection Intake for screening. Upon screening, it may be determined that an investigation is warranted or it may be determined that the report is a quality of care concern that requires a formal review and professional development goals rather than an investigation.

4.4.10 Investigations of Complaints of Abuse and Neglect

Where it is assessed that the report is false or malicious:

- The resource worker will inform the foster family that there has been a reported concern. The worker will discuss the nature of the concern with the foster family and advise that the ministry is not proceeding with any further action.
- The matter shall be documented on the foster family file in Incidents in Linkin.

Where it is assessed that the report is based on quality of care provided:

- The resource worker along with the childcare worker that has the most knowledge of the circumstance will meet with the foster family to complete the QOC-PDA the day of the report or the following day. The completed PDA is provided to the OOHC supervisor within 5 days, with notification provided to the PRAT supervisor, for ministry foster homes.
- The child care worker will discuss the concern with the children in the home, as is appropriate to their age and level of understanding.
- Foster parents will be presented with a Notification of Formal Review letter (12.36.1) advising a formal review will be completed along with the reasons for review. The formal review process must begin within 30 days of receiving the report and be completed within 90 days. (See Chapter 4.4.8 Foster Home Assessment and Review)
- The PRAT Supervisor will email the group including PRAT Manager outlining the agreed plan of action (for ministry foster homes).
- The matter shall be documented on the foster family file in Incidents in Linkin.

Note: If at any point during the discussions or review there is concern a child may have been abused or neglected, the matter will immediately be treated as an investigation of abuse or neglect and revert to the investigation process. The foster family must be notified of the change.

Where it is assessed that a child may have been abused or neglected:

Process for ministry foster homes:

- The PRAT supervisor assigns the PRAT team assessor to conduct the investigation.

Note: The PRAT assessor shall be experienced and have a good working knowledge of foster care services and the policy **Investigation of Concerns of Abuse and Neglect in Foster Homes**.

- The PRAT manager ensures that all supervisors and workers directly involved with the foster home and the children in the foster home (as appropriate to their age and level of understanding) are informed of the investigation process and that each person's role and responsibility during the investigation is clear.

- The PRAT manager advises the PRAT Directors of Out of Home Care and Service Delivery by e-mail when an investigation is being initiated. The notice shall include the name of the child(ren) who have allegedly been abused, name of the foster family, a brief description of the allegation, and whether there has been a referral to the police.

4.4.10 Investigations of Complaints of Abuse and Neglect

Note: Any death of a child/youth in a foster home, aside from medically fragile children/youth, will be referred to PRAT for assessment/investigation.

Investigation:

Process for ministry and FNCFS foster homes:

- Police will be notified when there are reasonable grounds to believe that an offence has been committed. Reported concerns should be conferenced with the police to jointly determine the nature of their involvement. During notification and/or consultation, police should be made fully aware of any circumstances of the foster home and any circumstances of the children in the home that may be relevant to the allegations.

- The resource worker responsible for the foster home advises the foster family of the concern and advises that an investigation is proceeding. Where possible the investigator and resource worker shall attend together. The information should be conveyed by the worker in person, rather than by telephone or mail the day of the report, or as soon as is practicable in consultation with the PRAT Manager.

- For ministry foster homes, the resource worker provides the family with a Notification of Foster Home Investigation letter (12.19) signed by the supervisor, advising that they may contact the SFFA for support during the investigation process. The resource worker will also discuss consent for the ministry to notify SFFA. The foster family may choose **not** to have the SFFA involved in the investigation.

Note: Where the safety of the child or the integrity of the investigation may be jeopardized, it may be determined that no notice be given to the foster family prior to beginning the investigation. However, notice **should** be provided as soon as practicable. If the investigation will include police involvement, any notification should be conferenced with them.

- For ministry foster homes, the resource worker provides the family with an information package, including a pamphlet of what to expect from the SFFA.

- The FNCFS caseworker or PRAT assessor conducting the investigation immediately assesses risk to the child(ren) by:
  - interviewing the child(ren); **and**
  - interviewing the caregivers.

- Should the FNCFS investigating worker or PRAT assessor determine that the child(ren) are in immediate jeopardy and need to be removed, consultation must occur with their FNCFS supervisor and/or Director, or the PRAT manager and FNCFS or PRAT Director.

4.4.10 Investigations of Complaints of Abuse and Neglect

Note: The decision to remove a child from the foster home pending completion of an investigation is based on consideration of whether the child might be physically or psychologically harmed if left in the home. The effect of disruption to a child in care needs to be assessed in the same manner as in the investigation of any family. In such assessments, the length of placement and strength of the child's attachment to the family must be considered. Consideration should be given as to whether a plan can be developed that would allow the children to safely remain in the home or associated with the home during an investigation.

- The child's caseworker, following consultation with the FNCFS investigating worker or PRAT assessor and supervisor, will contact the child's parents/guardians to inform them of the investigation. This includes parents/guardians of children in permanent or long-term care, where there is ongoing involvement with the child.
- During the investigation, the FNCFS investigating caseworker or PRAT assessor will determine:
  - the allegation findings;
  - who was involved;
  - circumstances surrounding the incident;
  - seriousness of the situation;
  - possible contributing factors.

- The FNCFS investigating worker or PRAT assessor will include all persons who may have information which will assist in the completion of a thorough, conclusive and impartial investigation including children in the home, children who were previously in the home, workers who have placed children in the home, the resource worker and collateral agencies that have knowledge of the family.

- The supervisor/resource worker and the workers of all children who were in the home at the time of the investigation are to be provided with interim updates regarding the progress of the investigation throughout the process.

- A written report, including findings of the investigation and an assessment of the family's ability to provide a safe and nurturing environment for children placed in their care, is to be completed and submitted to the Director, or PRAT manager. The Director, or PRAT manager will determine if the investigation is complete or if further action is required.

- Investigations are to be completed within thirty days. The foster family and any children who may have been removed during the investigation must be informed of the timelines.
- For ministry foster homes, if circumstances prevent the completion of the investigation within thirty days, the PRAT manager will advise the Directors of Out of Home Care, Central Office and the Director overseeing PRAT of the reasons for the delay and the expected date of completion.

4.4.10 Investigations of Complaints of Abuse and Neglect

Where An Allegation Regarding a Foster Family is Screened in As a Family Service Investigation:

- Where a report screens in as a family service investigation the screening supervisor, PRAT and OOHC supervisors collaborate to discuss and ensure all information is gathered and results in a thorough review. This shall include interviews with all children deemed necessary.
- If it is determined that a complete review cannot be completed without a foster home investigation, the three supervisors shall discuss which pieces require attention and will consult with the PRAT Manager.

- Where a family service investigation is in progress, the OOHC worker's role will be to support the family through the investigation process.

- Where appropriate, the foster home worker should attend the home with the investigator to provide the SFFA's contact information, to discuss consent and to provide support to the foster home. The OOHC worker should check in with the family and provide support throughout the process.

- Once the investigation is complete, all recommendations related to the fostering experience are to be followed up by the OOHC worker utilizing the QOC-PDA.

- An investigation is a difficult time for a family. The PRAT process is different from a family service investigation as it utilizes the SDM tools and allows for interviews of the caregiver's children. A family service investigation allows for interviews with all dependents, including foster children. Where possible, to avoid two separate investigations, the family service investigation takes priority.

Actions following Completion of Investigation:

- The FNCFS Director or PRAT supervisor shall convene an information sharing meeting including the resource worker/supervisor responsible for the home, the investigating worker/supervisor and the worker/supervisor of any children who were in the home at the time of the investigation. The meeting shall review the findings of the investigation and determine actions to be taken regarding the children in the care of the foster family at the time of the investigation, as well as planning regarding the foster family.

- The FNCFS investigating worker or PRAT assessor and resource worker attend the foster home together to discuss and provide information regarding the Investigation findings.

- The foster parents must receive a written statement of the findings and any actions being considered, regarding children who have been placed in their care, directly related to the findings of the investigation (12.14 Investigation Findings letter).

Note: Where there may be a criminal investigation or trial associated with the allegations, the outcome should not unduly influence the assessment of the home. Child safety must be the

primary consideration, which may be different than factors considered in a criminal proceeding.

- Prior to making a final decision that would result in children being permanently removed from the home, the family must have the opportunity to follow the conflict resolution process. If a decision is made that would result in changing the approval status of the home, the family must be provided with the full details of the concerns and given an opportunity to respond to concerns by utilizing the appeal process.

- Depending on the nature of the incident and results of the investigation, a full range of planning options may be considered including counselling and family support services that would allow the child(ren) to be returned or remain in the home where the attachment between the child(ren) and foster family is significant and it is deemed to be in the best interest of the child(ren).

- If permanent removal of children and/or closure of the home is considered, the Director, Service Delivery or designate must conduct a thorough file review including the foster home file and files related to children in the home at the time of the investigation.

- **In no circumstances shall a child be returned prior to review by the FNCFS Director or PRAT manager.**

Final Report:

- The Foster Home Investigation Report (12.13) is completed by the FNCFS investigating worker or PRAT assessor.

- The FNCFS Director or PRAT manager reviews and signs the Foster Home Investigation Report. For ministry foster homes, the report is forwarded to the Directors of Out of Home Care, Central Office and the Director responsible for PRAT.

- All final reports related to the assessment, review, and investigation of a foster home will be placed on the foster home file.

Practice Guidelines

Prevention:

Incidents of abuse and neglect in foster care should be infrequent. Foster care is inherently demanding and can be stressful. Foster families' ability to cope with these demands and stresses can change from time to time. Stresses and limited coping capacity can occasionally lead to an environment where a particular foster family's parenting ability is impaired and they may react in an abusive or neglectful manner.

4.4.10 Investigations of Complaints of Abuse and Neglect

There are actions that the ministry can take that would serve to reduce the likelihood of incidents of abuse or neglect:

- Thorough screening and assessment prior to approval of a home;
- Make placements appropriate to the needs of the child and ability of the home;
- Provide all relevant background information prior to any placement, so that the foster family can make an informed decision and be fully prepared for potential challenges;
- With children whose past experiences, needs and behaviours may place them and their caregivers at risk, it must be ensured that the child and the foster family receive guidance and support appropriate to the child's needs and in a manner that will minimize such risk;
- Regular contact with homes and proactive casework;
- Regular assessment of the foster home for coping capacity or changes in family circumstances and the potential impact on the safety and care of children placed with them;
- Take immediate steps to address and resolve concerns as they arise; and
- Thorough and open communication between foster families and caseworkers.

Uniqueness of the Fostering Situation:

Due to the nature of foster care, foster families may be at greater risk of an allegation than other families. Within the context of this unique parenting position, workers must continue to base decisions and follow case practice to ensure the "best interests of the child".

- In all instances foster families must be afforded the same standard of respect, fairness and "due process" that any other family should expect.

- In assessing the actions of a foster family, possible contributing factors should be considered such as: high numbers of children placed, children with high needs, placement mismatches, gaps in information available to the foster family, gaps in planning for a child, gaps in training, gaps in support.

- In determining the protection needs of the child, the quality and strength of the relationship between the foster family and the child must be assessed from the child's perspective. Where a child is assessed to have a close attachment to the foster family, such attachment must be respected, in light of the importance of continuity in the child's care and the possible effect of disruption of that continuity on the child.

- A decision to remove a child from a foster home during an investigation must be based on the assessment of safety incorporating three basic criteria: immediacy, seriousness, protection. Even where a child has only been in a foster home for a short period of time, removal will be disruptive.

4.4.10 Investigations of Complaints of Abuse and Neglect

Objectives:

The purpose of an investigation of a specific allegation is to determine if the allegation can be substantiated, regarding children currently in the home or who may have been abused or neglected while previously residing in the home.

The investigation should include observations and recommendations relating to the family's ability to provide a safe, caring environment for their own children and children who may be placed in their care.

- Workers are expected to carry out an investigation in such a way that the facts can be obtained to determine a child's safety issues and, if appropriate, to strengthen the capacity of the foster home to provide safe, nurturing care.

Role of foster care supervisor/ resource worker:

During an investigation, the resource worker is to continue being available to the foster home and provide reasonable support in a manner that will not jeopardize the investigation. The resource worker must not discuss the specifics of the investigation or any interim findings. Questions related to the investigation must be directed to the FNCFS investigating worker or PRAT assessor and/or police. The resource worker must provide background information relevant to the investigation to the FNCFS investigating worker or Prat assessor.

Upon conclusion of the investigation, the resource worker will be responsible for conducting the evaluation of the home and any debriefing that is required.

Role of the Saskatchewan Foster Families Association (for ministry foster homes):

Due to potential conflict of interest for ministry workers, primary support to the foster family will be provided by the SFFA unless the foster family chooses not to have their involvement.

Note: ministry staff must obtain a consent form signed by the foster parents prior to sharing any information regarding a foster home investigation with SFFA staff.

Foster Family Expenses Related to an Investigation:

Where the ministry is obliged to investigate the treatment of a child by a foster family, the ministry is not responsible for associated costs the foster family may incur, including legal fees. The foster family's worker and the SFFA should help them access publicly funded services as appropriate.

Helpful Conversation Starters for Notification of Foster Home Investigations and Consent to Notify SFFA:

When attending a foster home to serve notice of an investigation the ministry's approach should always be supportive. It is important to discuss each of the three areas listed below, for which suggested narrative is provided:

4.4.10 Investigations of Complaints of Abuse and Neglect

1. Notification of Foster Home investigation:
   - Concerns of abuse or neglect of a child in your care have been received, and we are required to investigate the alleged concerns.
   - An investigation of your foster home can be a worrying time. As foster parent(s) you are important members of the professional team providing a valuable service.
   - You will be a part of the process and have an opportunity to respond to the concerns within the interview process.

2. Discuss consent to notify the SFFA (for ministry foster homes)
   - We want to ensure you are supported in the best way possible as we work through this process together.
   - Since the period of an investigation is often difficult, with your consent we will notify the SFFA of the investigation and ask them to reach out to support you.

   - SFFA exists to support and encourage foster families through education and advocacy. They will provide support to you and advocacy throughout the investigation process.
   - No detailed information will be shared with SFFA unless you provide further authorization.

3. Discuss Roles & Share Checklists
   - We all have different roles from the foster parent to the assessor to the Child and Caregiver Support worker and childcare worker(s) as well as the SFFA.
   - The foster home investigation package includes checklists for each role to provide an understanding of what to expect.
   - Ask whether now is a good time to go through the checklist with the foster parents, or would they rather schedule a future time.

4.0 OUT-OF-HOME CARE RESOURCES

4.4.11 Discipline in Foster Homes and Extended Family Care

Policy

In the best interests of children in care, foster families and extended family, any discipline which causes physical pain to a child in care is prohibited. Further, any alternate form of discipline that does not respect the dignity of the child in care is prohibited.

A goal of out of home care resources is to provide children with a safe and nurturing environment where they can experience a sense of safety, security and growth. Any form of physical punishment would not support these conditions.

Practice Guidelines

APPROPRIATE DISCIPLINE
Discipline is the purposeful method by a caregiver to teach and guide a child to develop self-control, self-respect and to learn more appropriate behaviors. Appropriate discipline focuses on discouraging undesirable behaviour and encouraging desirable behaviour.

Parents can discourage inappropriate behaviour either by ***intervention*** or ***prevention***. Caregivers can promote appropriate conduct by ***providing*** an environment in which children can internalize positive life skills and goals.

Intervention
Intervention takes place when a caregiver disciplines a child within the immediate context of undesirable behaviour. When caretakers respond to a child's attempts at harming persons (physical or otherwise) or property, this is considered appropriate intervention. Intervention strategies are typically employed when difficult behavior has become more problematic.

When developmentally appropriate techniques are used, the intervention can decrease more severe behaviors. The caregiver and child/youth should work together and incorporate prevention methods that will increase the child's ability to communicate, socialize, learn and behave appropriately. It is important to keep in mind that intervention, when delivered in a punitive and reactive way, will have negative consequences and may disempower the child.

Prevention
Prevention focuses on averting undesirable behaviour. Unlike intervention, prevention is more concerned with long-term goals. The prevention process includes the child by helping them to understand the relation between cause and effect. The parent will seek to find the causes of a child's negative behaviour.

4.4.11 Discipline in Foster Homes and Extended Family Care

The caregiver and the child, (whenever possible), will begin to create an environment that deals effectively with the cause(s) of the negative behaviour. The caregiver helps the child to understand the consequence(s) and risk(s) associated with their negative behaviour.

Provision
Provision is concerned with long-term goals. In provision, the caregiver attempts to foster skills, attitudes and character qualities a child needs to internalize positive processes and goals, including:

- Life-skill training
- Positive scanning
- Modelling

Goals for providing discipline include:

- Respect for self and others
- Loyalty to family and community
- Sensitivity to other's needs
- Persistence in achieving desirable goals

Comparison and Contrast of Discipline Goals

Intervention	Prevention	Provision
Focus on negative behaviour	Focus on negative behaviour	Focus on positive behaviour
Immediate	Long-term	Long-term
Correcting a problem	Averting a problem	Building relationships
Repairing damage	Protecting from damage	Equipping
Responsive	Proactive	Fostering
More imposing/less interaction	More interaction/less imposing	Giving control
More external/less internal	More internal/less external	Internal

Acceptable Techniques

With the above in mind, the ministry of Social Services and the SFFA encourage all foster parents to:

1. Establish, as much as possible, a positive, respectful and nurturing environment in the caregiver's home.

2. Present a mature and responsible role model to the children, who demonstrates caring,

sensitive values and a willingness to set reasonable limits and rules. This will help develop a wholesome environment in which children can feel safe, secure, appreciated and respected.

A list of discipline techniques in relation to their goals follows:

- All discipline should be:
  a. appropriate to the developmental level of the child;
  b. motivated by a desire to assist the child;
  c. communicated in a way the child can understand;
  d. consistent with the child's cultural heritage, as the child understands it.

- Provision discipline techniques include (but are not limited to):
  a. encouragement and positive reinforcement;
  b. increased privileges and responsibilities, e.g., "Please finish your homework before you watch television";
  c. acknowledgement, recognition and praise;
  d. developing a mutually respectful and positive relationship with the children which reflects genuineness, sincerity and concern;
  e. providing counselling and teaching regarding life skills, coping and social skills, parenting practices, adolescent responsibilities, family dynamics, etc.;
  f. demonstrating a co-operative and supportive "teamwork" relationship with other caregivers and agencies responsible for the well-being of the child.

- Prevention discipline techniques include (but are not limited to):
  a. clearly established limits and rules that are fair and applied consistently;
  b. soliciting, where appropriate, the child's involvement in determining disciplinary actions, e.g., consequences, boundaries;
  c. limits on future activities that are causally connected to the undesirable behaviour;
  d. providing counselling and teaching regarding anger management, addictive/ compulsive behaviour, etc.

- Foster and extended family caregivers can mitigate the need of using for physical interventions by encouraging positive behaviour and de-escalating disputes. Where intervention is required, discipline techniques should be administered immediately after the behaviour that is discouraged. Intervention could include (but is not limited to):
  a. bringing the child's attention to the specific inappropriate behaviour and maintaining a non-confrontational atmosphere
  b. expressing disapproval of the misbehaviour but not the child;
  c. discussing the specific aspect of the misbehaviour/incident with the child;
  d. use of negotiation, compromise and behavioural strategies
  e. redirecting the attention of the child;

f. temporary removal from activity, situation or group;
g. allowing the child to experience appropriate consequences from outside agencies such as school, police or the community;
h. helping the child to experience fair and logical consequences, e.g., "Either drive the speed limit or I will drive.";
i. restricting or removing privileges including fines or withholding allowance;
j. preparation or restitution for damage(s), e.g., payment, repair, or extra duties.

Use of Physical Restraint

For children who have entered the care of the Minister and may have already suffered varying degrees of abuse and neglect, the use of any physical discipline, restraints and/or restrictive procedures can add further trauma to a child's life.

Alternatives to physical restraint should always be the first response when managing a child's behaviour.

Whenever possible, foster parents/caregivers should receive training in non-violent crisis intervention techniques or other approaches approved by the Director, or designate, Out of Home Care. Proof of completion should be provided to the caseworker to place on the caregiver's file.

Physical intervention is not to be used for discipline measures.

In certain circumstances, a caregiver may be required to use physical restraint in order to prevent a child from causing harm to themselves or to someone else. If the child's resistance to the restraint has the potential to result in bodily harm to the caregiver or to the child, the foster parent/caregiver should contact the police as soon as possible. Any physical intervention / restraint should only be used as a last resort. In situations, where physical interventions are used for restraint purposes, the event must be reported to the caseworker and an incident report must be completed and signed by the Director, Out of Home Care.

INAPPROPRIATE DISCIPLINE

Corporal Punishment

The use of corporal punishment or physical punishment is prohibited. Corporal punishment/physical punishment is intended to inflict physical pain or cause physical harm within the disciplinary process; i.e. punching, biting, hitting, slapping, strapping, shaking, choking, kicking, spanking, hair or ear pulling, and any other technique where the goal is to produce physical discomfort.

Other Unacceptable Techniques

Further, all disciplinary actions that do not respect the rights of the child, or diminish the growth,

development, or enhancement of the child's self-respect are prohibited.

It is the caregiver's responsibility to act as an advocate for the child to make sure that no one in or out of the home uses inappropriate discipline on the children in their care. This includes (but is not limited to):

1. Restricting or depriving a child's basic needs including food, shelter, clothing, bedding, sleep or washroom facilities.
2. Taunting, demeaning remarks concerning the child or her/his family or derogatory name calling intended to hurt or degrade (not to be confused with good-natured teasing, intended and received as fun), e.g. "You're stupid, dumb, worthless, clumsy, etc."
3. Using force or threatening to use force to intimidate a child, e.g. striking areas around the child, or threatening to use inappropriate discipline.
4. Racial put-downs of any kind (especially those directed at the child, the child's family or at the child's ethnic origin).
5. Extensive and prolonged withholding of emotional response or stimulation after the undesirable behaviour has stopped.
6. Modelling of undesirable behaviour to teach the child a lesson, e.g., "If you don't stop biting your brother, I'll bite you and show you what it feels like".
7. Deliberate destruction of a child's legally held property.
8. Locking an unattended child in a room, closet, basement or outbuilding for any reason.
9. Forcing a child to take an uncomfortable or degrading position, e.g., kneeling, standing in the corner, etc.
10. Using mechanical restraints such as car seats, high chairs or handcuffs, ropes, chains or similar devices.
11. Making a child eat undesirable substances such as soap, tobasco sauce, excrement, vomit, etc.
12. Administering drugs or medication intended to subdue reactive behaviour without the authorization of a physician.
13. Withholding/refusing or threatening to withhold/refuse appropriate family contacts and/or home visits as a means of discipline. Family contacts and/or home visits may be withheld, if it is clear in the judgement of the caregiver and the caseworker that such

action is in the best interests of the child. Whenever possible, these decisions should be made in consultation with the youth in care.

14. Threatening to remove the child from the home as a means of controlling behaviour. A threat is not to be confused with communicating the consequences of contravening boundaries in the caregiver's home. A child may be removed from a home if it is clear in the judgement of the caregiver and the caseworker that such action is in the best interests of the child and/or the foster or extended family. (Whenever possible, these decisions should be made in consultation with the youth in care.) This statement should not be understood to contradict the rights of the caregiver to have any child removed from their home at their discretion.

CONTRAVENTION OF DISCIPLINE PROCEDURES

If a caregiver contravenes the discipline procedures, they must report the contravention to the caseworker or supervisor (if worker is not available) as soon as possible. The caseworker will discuss the incident with the caregivers, in order to assess the situation. The contravention of discipline procedures may indicate the presence of such factors as:

a. A child with more serious behaviours than previously recognized.
b. Increasing stress levels in the caregiver's home.
c. The need for more support given to the caregiver.
d. The need for more training given to the caregiver.
e. The failure of caregivers to agree with the SFFA and the ministry of Social Services on what forms of discipline are not considered in the best interests of the child.

The ministry of Social Services will review all reports of contravention and physical intervention considering the following factors: (See also Children's Services Manual, Chapters 1.5, 4.4.8 and 4.4.10 for further information regarding standards of foster care).

a. Seriousness of the situation.
b. Actual or potential harm to the child.
c. Past performance of the foster caregiver family in general.
d. Frequency of occurrence.
e. Previous disciplinary action taken by the ministry.
f. Behaviour of the child.

As a result of the review the ministry may:

a. Provide additional support to the caregiver family.
b. Provide further education and training for the caregiver family on parenting skills.
c. Initiate an internal investigation.
d. Remove the child from the caregiver's home.
e. Close the home.
f. Initiate a police investigation.

4.4.11 Discipline in Foster Homes and Extended Family Care

The ministry should do what they can to maintain the foster/extended family home as long as the child in care is not endangered. If it is in the best interests of the child in care or the caregiver to remove the child from the home, the ministry may still choose to provide additional support and education to the family to maintain that home for further use. In the event resolution cannot be reached, access to the conflict resolution process is available (see Chapter 4.4.12).

4.0 OUT-OF-HOME CARE RESOURCES

4.4.12 Conflict Resolution between Foster Parents and the Ministry

Preamble

This policy is intended to ensure prompt and early resolution of conflict issues at the local level wherever possible, and to ensure that foster parents receive support and assistance during the Conflict Resolution process.

When conflict arises between foster parents and ministry employees, every effort shall be made to resolve the issue in a mutually satisfactory manner, in accordance with the presented procedures.

The foster family must be advised of the support available through the SFFA, who will assign a family support worker to provide support to foster families during this process. Foster families may also request the support of another support person of their choosing, such as a friend, relative, clergy, or Elder.

When there are disagreements between the foster parents and the ministry, foster parents are entitled to "due process" which means that they must be given a clear statement of the ministry's decisions, an opportunity to respond, an assurance that their response will be given objective and fair consideration, and a clear statement of the final decision.

Foster families have the right to bring forward any decision for review by a supervisor, manager and /or Director, regarding any matter pertaining to their fostering experience or a child placed in their home. These decisions may be escalated to the Executive Director, Service Delivery, however, the decision of the Executive Director will be final. The one exception is the decision to close a foster home, which may be formally appealed as outlined in Chapter 4.4.13 – Appeal Process between Foster Parents and the ministry.

At any point in the conflict resolution process, the foster parents and/or the ministry, may request the involvement of Saskatchewan Justice to provide dispute resolution services in an effort to satisfactorily resolve the disagreement (see Procedures below).

Policy

When foster parents disagree with a decision made by the ministry, they must be advised of their right to access the ministry's Conflict Resolution process.

4.4.12 Conflict Resolution Between Foster Parents and the Ministry

Procedures

1. The foster family notifies the caseworker that they wish to access the Conflict Resolution process.

2. The caseworker arranges a meeting with the foster parents to discuss their concerns.

3. Following the meeting, if the foster parents believe the matter has not been resolved, they may contact the caseworker's supervisor.
4. The supervisor arranges a meeting with all parties in an effort to come to a mutually satisfactory resolution. The foster family may request that a representative of the SFFA, or another support person of their choosing attend the meeting.

5. The foster family or the ministry may request the involvement of Saskatchewan Justice to provide dispute resolution services. (Dispute resolution costs incurred in the Conflict Resolution process will be billed directly to the Director, Service Delivery, Central Office, 1920 Broad Street, Regina S4P 3V6.)

6. If there is not a satisfactory resolution, the foster parents may request to meet with the **Director, Service Delivery** or designate.

7. The **Director, Service Delivery** or designate arranges a meeting with the foster parents and may include the caseworker and supervisor if appropriate. The foster parents may invite their SFFA support person, or another support person of their choosing.

8. Following the meeting, the **Director, Service Delivery** or designate will arrive at a decision, and advise the foster parents in writing of the decision. The decision of the Director, Service Delivery is final, with the exception of a decision to close a foster home.

9. In those situations, involving decisions to close the foster home, if the matter is not satisfactorily concluded at the service center level through the Conflict Resolution process, the foster parents may invoke the appeal process (See Chapter 4.4.13 "Procedures").

10. The conflict resolution process is to be completed within 45 calendar days of the caseworker receiving notice from the foster family.

Practice Guidelines

The following "Procedural Fairness" guidelines are provided by Ombudsman Saskatchewan:

4.4.12 Conflict Resolution Between Foster Parents and the Ministry

Best Practices for Procedural Fairness

1: Reasonable Notification

Individuals about whom a decision is being made should be notified in a reasonable manner that:

a. *a decision is going to be made before it is made; and*
b. *the basis being used to make that decision.*

2: The Ability to Respond

Following proper notification and before the decision is made, the affected individual should be provided with:

a. an opportunity to review the information being considered; and
b. an opportunity to provide the decision-maker with alternative or contrary information.

3: Consideration of Relevant Information

All relevant information should be fully and fairly considered by the decision-maker, and information that is irrelevant to the decision at hand should not be considered.

4: Decisions should be Reviewable and Correctable

All decisions should be open to review and be correctable.

5: Provision of Adequate Reasons

Adequate reasons for the decision must be provided to the individual. At a minimum, reasons for a decision at all levels should include:

a. a statement of the decision;
b. a summary of the information relied upon by the decision-maker;
c. an explanation of how any contradictions in the information were reconciled by the decision-maker; and
d. any other relevant reasons for making the decision.

6: Free From Bias

The decision-maker should be free of and be seen to be free of bias.

7: Additional Procedural Requirements

In addition to the minimal fair practices, additional procedures may be required for some decisions, taking into consideration the following:

a. The nature of the decision (whether the decision affects an individual personally or is a broader decision with an indirect impact only);
b. The impact of the decision on the individual or group affected (the greater the impact, the more procedures attached);
c. The rights created by law (anything set out in the legislation or regulations); and
d. Legitimate expectations of the parties (based on prior practice, custom or promises).

4.0 OUT-OF-HOME CARE RESOURCES

4.4.13 Appeal Process Between Foster Parents and the Ministry

Policy

When a foster parent disagrees with the ministry's decision to close their foster home, the foster parent may appeal the decision by accessing the ministry's formal appeal process (see Procedures).

Procedures

1. When a foster home is closed as a result of a ministry decision (following a foster home investigation or formal review), a foster family must be advised of their right to formally appeal the closure decision and the process for doing so.

    2. To invoke the appeal process, the foster parents must notify in writing either the ministry (Director, Service Delivery), or the **SFFA (Executive Director)** their intention to appeal the decision to close their foster home**.**

    3. The person to whom the foster family's letter of appeal is directed immediately informs the **Director, Service Delivery, Central Office** to advise of the appeal.

    4. The Director, Service Delivery, Central Office notifies and consults with the appropriate Service area to determine whether the conflict resolution process has been followed and if appropriate, may suggest that this process be completed prior to formal appeal.

    5. To proceed with the formal appeal, the Director, Service Delivery, Central Office arranges for review of the case by an independent adjudicator, who is appointed and contracted by the ministry to hear the appeal (see Practice Guidelines).

    6. The adjudicator conducts his or her independent review by gathering information from all sources, including the foster parents, children placed in their home (when appropriate), ministry employees, and SFFA employees.

    7. When the review is concluded, the adjudicator records the information he or she has gathered (only relevant information should be considered and recorded), completes a report, following a standard format, and submits it to the Executive Director, Service Delivery.

    8. The adjudicator's report must include a detailed account of their findings, a recommendation regarding the foster home closure decision (including rationale), and a

separate summary report of the adjudicator's findings to be provided to the foster family. This summary report will include no identifying information regarding children in the home.

9. The Executive Director, Service Delivery, reviews the adjudicator's findings and recommendations (see Practice Guidelines).

10. The Adjudicator's summary report and a letter documenting the final decision is forwarded to the foster parents from the Executive Director, Service Delivery, and copied to the Director, Service Delivery.

11. Fees and expenses incurred by independent adjudicators will be billed directly to the Director, Service Delivery, Central Office,1920 Broad Street, Regina, S4P 3V6.

Practice Guidelines

1. The Director, Service Delivery, Central Office shall collaborate with the SFFA to select the independent adjudicator who will hear the appeal of the foster home closure.

2. Independent adjudicators are typically social workers in private practice. The adjudicators must have some knowledge and/or experience in the foster care program.

3. Adjudicators must disclose any prior knowledge or involvement with a foster family as this may impede their ability to conduct an impartial review. In this case, another adjudicator must be selected to hear the appeal.

4. As the Ministry of Social Services is ultimately responsible for the children placed in a foster home, the ministry must have the final decision regarding whether to entrust a child's care to a foster family.

5. In the event that the Executive Director is not in agreement with an adjudicator's recommendation, the Executive Director will contact the adjudicator and may request a meeting or further information.

6. If after careful review and consideration of the adjudicator's findings, the Executive Director does not have confidence that the foster family can provide appropriate care for children, the Executive Director may overrule the recommendation of the independent adjudicator.

In this very rare circumstance, the Executive Director will indicate the reasons for this decision in a letter to the foster family, copied to the Director, Service Delivery and the adjudicator.

4.0 OUT-OF-HOME CARE RESOURCES

4.4.14 Support to First Year Foster Homes

Policy

The ministry will provide support to approved foster homes in their first year through increased contact and careful attention to matching of placements.

Procedures

- When a new home is approved, a case transfer meeting will occur at the time the file is transferred to the ongoing resources worker.
- Whenever possible, a transition visit to the home will also occur where the recruitment worker introduces the ongoing resources worker to the foster family and provides an opportunity to discuss any outstanding questions prior to receiving their first placement.
- Placements in first year homes should be pre-planned and well supported to promote a successful transition.
- In exceptional circumstances where emergency placements are being considered, supervisor consultation must be sought prior to the child being presented to the family.
- Following placement, the assigned resources worker shall contact the foster parent within two working days to ensure the family is managing the placement.
- The resources worker shall visit the foster home within 5 working days of placement to check in again and determine what support needs the family may have.
- The following guidelines for contact with the home during the first year should also be observed:
  - a phone call or home visit every two weeks for the first three months;
  - a six-month home visit;
  - a nine-month home visit;
  - one year visit for completion of Annual Review and Family Development Plan.

See **First Year Foster Homes Checklist** (12.63)

Practice Guidelines

Frequent Contact

Frequent daily or weekly check-ins with the family for the first three months are strongly

encouraged. These contacts may be reduced over time as the family becomes more comfortable in their role and they become more connected within the fostering community.

Limiting Placements
Limiting placements in the first year of service promotes an atmosphere where caregivers can build confidence and security in their role without becoming overwhelmed. Placing more than two children in a first year home should be the exception based on the family's personal circumstances, abilities and experience.

Increased In Home Supports or Respite
Time limited contracted supports may be offered to assist families who are experiencing difficulty in the transition of becoming a foster parent. Supports might include in home household support or respite.

Peer Support
A support group for first year families may be very helpful in meeting the family's needs during the first year. A group discussion would allow families to talk about behavior management and how fostering is impacting their lives.

First Year Support worker:
Where practicable, it may be beneficial to have a dedicated resources worker assigned during the first year. Ideally, this worker would have a reduced caseload due to the increased contacts and coaching.

Oversight of Training Completion
Oversight by the foster family's assigned Resource worker should occur during first year home visits at time frames of six, nine and eleven months to ensure training is available and the foster home is progressing toward completion of all required training.

4.0 OUT-OF-HOME CARE RESOURCES

4.6 Group Home Care

Program Description

Group homes form an important component within the resource continuum for children and youth who are unable to remain in their family home or other placement resource. The objective of group home programming is to provide care, safety, supervision, peer support, and access to counseling and integrated community-based support services for children and youth. Families shall be actively engaged, wherever possible, in the case planning process. The overarching goal of any group home program is to successfully reintegrate children and youth back into family and/or community.

In all group home placements, attempts are made to match the young person's needs to a resource in the group home continuum that can best meet their needs. Group home spaces are designated as either emergent or non-emergent (planned). Urgent group home referrals are those that require immediate/same day placement. Urgent placements are utilized to allow the caseworker sufficient time to pursue family placement options or another non- emergent (planned) resource. Non-emergent group home placements are those that do not require same day placement and which can be accessed for an undefined period of time.

When considering whether a group home placement may be appropriate for any child or youth, keep in mind that different group homes offer different services and support. The following are the different types of group home placements that are offered throughout the province:

- Short-Term 11 and Under Community-Based Homes – These placements offer emergency receiving/same day residential services, intended for a maximum of 30 days, for children under the age of 12.

- Long-Term 11 and Under Community-Based Homes – These placements offer ongoing residential services for children under the age of 12.

- Staffed Protective Homes (12-15 years) – These placements offer 24-hour staff support for children and youth aged 12 to 15 years.

- Staffed Peer Homes (12-15 years) – These placements offer a 24-hour staffed youth centred residential service, guided by the principle of adolescents being in control of, and responsible for, their lifestyle choices.

- Mentored Peer Homes (15-18 years) - These placements offer a youth centred residential service with a live-in mentor who is available to support the youth who reside in the home. Children or youth who reside in a mentored home are able to live with some degree of independence and do not require the same level of supervision and direction

as children or youth who reside in staffed homes.

- Supported Independent Living Homes (16 years and older) – These placements offer youth an opportunity to learn how to live independently, while still receiving the support of agency day and evening staff, and/or through outreach services.
- Stabilization Homes – These placements offer structured, staffed 24-hour support to children under 16 years of age (see Section 4.7 Residential Stabilization Programs).

- Specialized Staffed Homes for youth with developmental, medical and/or cognitive disability.

Services

- The goal of group home programs is to successfully carry out the specific actions identified in order to meet the behaviorally specific outcomes of the case plan.

- Group homes may provide care, supervision, counseling, and individualized person and family-centered case planning for children and youth.

- Group home programs work collaboratively with families, community schools, mental health services, police, courts and other agencies providing support services to develop a coordinated plan to address the holistic needs of youth.

Admission Procedures

- Each service area has a designated Out of Home Care (OOHC) unit which assumes responsibility to coordinate referrals and placements.

- The child's caseworker identifies a child/youth who would benefit from a group home placement and consults with their supervisor.

- Upon agreement to proceed with a referral, the caseworker will ensure that the **Out of Home Care Placement Referral/Extended Family Care Request**, along with an appropriate package of available social history material, psychological/psychiatric reports and educational assessments, are provided to the group home liaison worker/placement unit for review. The OOHC unit will then forward the referral package to the appropriate resource for placement consideration.

- In some cases, a group home that has received a referral for placement will want to meet with the child or youth prior to admission. The group home may also choose to complete their own admission form upon acceptance of the placement.

4.0 OUT-OF-HOME CARE RESOURCES

4.7 Residential Stabilization Programs

Program Description

Residential Stabilization Programs (RSPs) provide intensive programming and support designed to meet the specific, identified needs of children and youth who, at least temporarily, are unable to safely reside without intensive supervision. RSPs provide programming for, or access to, specialized support services such as those which target trauma, mental health, disability, and sexual and/or aggressive behaviours. RSPs include 24-hour supervision and care provided by qualified caregivers and professionals specially trained in working with traumatized and at-risk youth. They may also include on-site educational services until children and youth can be safely and successfully integrated into a community school program. RSPs recognize the value of engaging family in the treatment process and assisting families to actively support their child/youth's progress whenever possible. Ongoing planning will occur with referring service area/First Nations' Agency caseworkers, family and any other significant service providers to: continually assess the progress towards attainment of the established treatment outcomes; adjust the treatment plan as necessary; and ensure appropriate and timely transition planning is occurring.

Residential Stabilization Service Outcomes

RSP outcomes are specific, measurable and time limited. These outcomes may include:

- The young person will develop the ability to self-regulate in a manner that allows them to successfully reintegrate into family and/or community settings;
- The development of familial, professional and/or community networks that will ensure an appropriate level of support to the young person following their transition;
- The acquisition of life skills that are age appropriate and geared to the cognitive functioning of the young person.

Referral/Admission Procedures

1. The caseworker identifies a child/youth who they believe requires an out of home placement. The caseworker consults with their supervisor, explores the child's presenting behavior and complex needs, and examines potential resource alternatives.

2. Where an RSP is believed to be required, the supervisor consults with their service manager to review case planning and resource requirements. Service area manager sign off is requested for all RSP referral requests prior to submission to the OOHC manager.

3. Upon agreement to proceed with an RSP referral, the service area caseworker will ensure that the Out of Home Care Referral Form and any available social history material,

psychological/ psychiatric reports, and educational assessments are provided to the OOHC team for review.

4. OOHC will review the request for an RSP placement, confirming all appropriate options have been explored prior to forwarding the referral form to the weekly Intensive Services Team (IST).

5. Weekly IST meetings will occur in each service area, where the IST members will review presented cases and make decisions on the appropriateness for placement in an RSP. The IST members may include managers (or designates) from OOHC, service delivery, and the Community Response Services unit (CRS), representation from the Outreach and Prevention Services (OPS) team and the Community Services Branch, as well as representation from other stakeholders and partners. Additionally, caseworkers may be in attendance to further clarify the service needs related to the request for a stabilization bed.

6. RSP placements require the approval from the CRS unit manager. When the child is under the age of 12 the CRS unit director's approval will be required.

7. The CRS unit will be responsible for coordination of placement and case management of all children/youth who are placed in RSPs. The CRS unit forwards the IST package to the RSPs for approval of admission. When a placement has been secured, the CRS worker will set an admission meeting with the RSP and the service delivery worker. The case plan and specific services required, with timelines, will be discussed at the admission conference. It is at this time that the case management will transfer from service delivery to the CRS unit case worker.

First Nation Youth Referrals

If a youth being referred to a specialized care facility has Treaty status, it is important to determine whether Indigenous Services Canada (ISC) or a FNCFS agency carries financial responsibility for the youth's specialized care costs.

Extension of Support (Section 56) Youth

Youth who turn 18 years old and enter into an Extension of Support (Section 56) Agreement while residing in an RSP may continue to reside in the RSP, with the approval of the Director, CRS Unit, until successful transition from this level of support can safely occur. CFP will continue to pay for this service while the youth is residing in the RSP.

4.0 OUT-OF-HOME CARE RESOURCES

4.8 Transition to Room and Board/Independent Living Arrangements

Policy

Room and Board and Independent Living situations may be considered for youth 16 years of age and older who are moving towards independence. In most situations it is expected that independent living arrangements will provide a level of supervision appropriate to the maturity and developmental needs of the youth. The caseworker provides required services in accordance with the case plan for the youth.

A. Room and Board:

Services:

Such placements are only to be considered for youth aged 16 or older where the case plan has established that the youth is moving towards independent living and any other approved resource is not appropriate.

Supervision by the room and board provider may include:

- Teaching daily living skills including money management, hygiene and nutrition;
- Monitoring youth's progress in areas of daily living skills and personal safety;
- Observing and reporting youth's needs to the caseworker; and
- Working with the youth in their transition back home or to independent living.

Home Assessment:

Room and board situations must be assessed and approved as per procedures for approving Alternate Care. (See chapter 4.3.4.).

B. Independent Living:

Services:

Should primarily be considered for youth who are 18 or over under a Section 56 agreement who are sufficiently mature enough to handle this level of independence and responsibility. Youth under the age of 18 will be assessed on a case by case basis as to their suitability and maturity with respect to independent living.

Additionally, when a child is in temporary wardship care or receiving support via a Section 10 Agreement, attending an education program and residing independently, and turns 18 years of age during their school year, they are eligible for an extension of services until the end of their academic year to prevent any disruption to their education plan. Administratively, this is done by having the youth sign and a section 10 agreement, commencing on their 18th birthday when their temporary order expires.

The caseworker provides required services and contact in accordance with the case plan for the youth.

4.0 Out of Home Care Resources

4.9 Investigations of Abuse Allegations Against Group Home Resources

Policy

Reports concerning the abuse or neglect of a child/youth while residing in an out-of-home group care residence shall receive an immediate and thorough response to ensure the safety and well-being of all children/youth in the home.

Definitions

The Provincial Resource Assessment Team (PRAT) – is a dedicated provincial unit that seeks to enhance practices and support relationships with group home resources while responding to reported concerns regarding the care of children and youth.

PRAT is responsible for leading a consistent and timely approach in assessing reports of abuse and neglect in group care residences. They apply document processes, language and procedures with defined timelines to all reported concerns that come through the ministry's screening process. Throughout this process, PRAT ensures that group care staff are treated in an objective and supportive manner and as professional partners in the care of children and youth.

PRAT operates with a team in each of the ministry's three Service Delivery Areas. The team is comprised of a provincial PRAT Manager, and a PRAT Supervisor and team of assessors from each area

Physical Abuse – includes non-accidental injury, cruel or excessive corporal punishment (may or may not cause physical injury), threats of physical harm, dangerous behaviour towards a child/youth or in immediate proximity to the child/youth (i.e. throwing objects, use of weapons, etc.).

Sexual Abuse – the child/youth has been or is likely to be exposed to harmful interaction for a sexual purpose, the caregiver engaged the child/youth in sexual acts, obscene acts, sexual exploitation, pornography, has threatened sexual abuse, and/or has inappropriate sexual boundaries, and/or used grooming techniques.

Emotional Abuse – the child/youth has been or is likely to be exposed to bizarre or cruel behaviour, domestic/intimate partner discord, mental health concerns or substance use issues, or the threat of emotional abuse has been made, and the child exhibits symptoms of severe anxiety, depression, withdrawal, or aggressive behaviour to self or others.

4.9 Investigations of Abuse Allegation Against Group Home Resources

Neglect – the act or omission by a parent, guardian, caregiver or legal custodian in failing to provide for the adequate care and attention of the child's needs, resulting in physical or mental harm or a substantial risk of physical or mental harm to the child. This includes inadequate food, clothing, shelter, supervision or medical care that may or may not result in injury or illness.

Quality of Care Concerns - actions or acts of omission by the group home staff or program that indicate contravention of out-of-home care standards and have a negative impact on the care of the child but do not rise to the threshold of a child in need of protection pursuant to Section 11 of *the CFSA*.

Standards

- Whenever a child/youth placed in an out-of-home group care residence makes an allegation of abuse against a person in a leadership role, staff member, volunteer, or board member of the group home, or against a group home-wide practice, regardless of who the allegation is made to (e.g., Child Protection Intake, another group home worker, etc.), it shall be reported immediately to the Group Home Director. Further, if a staff member witnesses another staff member commit a misconduct or potentially abusive act against a child/youth, they shall report this act immediately to the Group Home Director.

- The Group Home Director (or designate) will immediately report all allegations to the supervisor of PRAT and Resident Services by emailing cfprsreporting@gov.sk.ca. The PRAT Supervisor and/or Resident Services Consultant is then responsible for forwarding the reported allegation to all other relevant ministry divisions.

- If not already completed, the Group Home Director/Manager, or designate, must follow-up with a written Incident Report within 24 hours and send to the PRAT supervisor, CFP Division. **The written incident report is to be completed by the person(s) who received and/or witnessed the allegation of abuse**.

- Upon notification of the allegation, the Group Home Director/Manager, or designate, shall ensure the accused staff member does not have access to the child/youth or other children/youth in the home.

- The PRAT Supervisor and the Resident Services Consultant shall meet to determine the next steps, which could be follow up with the child/youth to obtain more information.

- The PRAT Supervisor may call an information gathering meeting to review the reported concern and determine if an investigation and/or Quality of Care review is required.

- A decision is then made at the information gathering meeting as to whether the complaint will be screened out, screened in for investigation or for quality of care follow up.

- If at the conclusion of the investigation process it is determined that quality of care concerns are present, an internal review will be completed by the Group Home using the Group Home Quality of Care Report Form and will be forwarded to the Manager Resident Services, CFP within 15 days of the allegation being determined to be a quality of care issue.

- Where it is assessed that the report is false or malicious, the group home shall be notified by the Resident Services Consultant that a report has been received and that the ministry is not proceeding with any further action.

Procedures

1. If an out-of-home group care worker receives information from a child/youth making an allegation of abuse against another program worker, the worker must inform the child/youth that he/she (the worker) is responsible for reporting the information to the Group Home Director/Manager or designate. If the allegation is against the Group Home Director/Manager, or designate, then the individual receiving the report shall personally report to the Manager, Resident Services and **if there is harm to the child**, to their ministry case worker.

2. The Group Home Director/Manager, or designate, shall take preliminary information from the child/youth and anyone who may have witnessed the incident or been involved in the incident. The details of the information shall be dated, documented and signed by the Group Home Director/Manager, or designate. This information will be provided to the Child Protection Investigator.

3. If at any time, the child/youth requests to phone the police or the Saskatchewan Advocate for Children and Youth, the child's/youth's right to make this phone call shall not be denied. Assistance to make the call will be provided if necessary.

4. An Incident Report must be forwarded to Resident Services, CFP at cfprsreporting@gov.sk.ca within 24 hours regarding the allegation/disclosure or quality of care. The incident report is to be completed by the person(s) who received and/or witnessed the allegation of abuse.

Assessing the Report:

- When a report is received, the caseworker obtains as much information as possible from the referent, using the structure, definition and thresholds of the SDM intake assessment to support a recommendation regarding priority and response time.

- This information is taken to the PRAT Supervisor and Residential Services Consultant who

will determine the next steps. The next course of action may be a discussion with the appropriate group home director or designate by the Resident Services Consultant and/or the children by the Child Care Worker to obtain more information regarding the report.

- If a discussion is required to gather more information, it shall be completed the same day. If this is not possible, it should be completed the following business day.

- Quality of Care follow-up must be completed as outlined under the heading in Procedures "Where it is assessed that the report is based on quality of care provided".

The initial report and the additional information may provide clarity that no action is required, or that the concerns may meet the threshold for Quality of Care, or for Investigation.

Distinguishing between Allegations of Abuse and Neglect and Quality of Care concerns in group homes:

When reports regarding concerns for the care of children/youth in group home programs are received, there must be a distinction made between:

- reports that generate a need for discussion with the group home director or designate to obtain further information;

- reports that clearly do not indicate abuse or neglect but do raise concerns about the quality of care in a group home; and

- reports that indicate concerns of abuse or neglect that warrant screening for an investigation to determine child safety and the validity of the allegation.

PRAT Process:

The PRAT supervisor and Resident Services Consultant will determine the course of action and consult with the PRAT Manager before proceeding.

Where reports generate a need for discussion and more information, the Resident Services Consultant and Child Care Worker shall work collaboratively to gather this information.

When the concern is deemed a Quality of Care matter, the Group Home Quality of Care review shall be completed and forwarded to the Resident Services Consultant. The PRAT Supervisor receives email notification of the completed Quality of Care Review.

If the report meets the threshold of Quality of Care or Investigation, an internal meeting will be called to work through the CAP framework as a group. The CAP framework provides an opportunity for a thorough assessment of strengths, what is working well and the worries, including harm and danger and risk-based worries.

The meeting should include information gathered from all relevant sources including:

- Case workers and Supervisors for all children in the group home;
- Resident Services Consultant;
- Representation from the Operational Oversight Unit;
- Community Services Manager;
- PRAT Manager, Supervisor and Assessor.

The meeting shall be facilitated by the PRAT Supervisor.

Immediately following the meeting, the PRAT Supervisor will send an update of the discussion, tasks and agreed upon follow up to the information gathering meeting participants.

Note: The above section is not applicable to FNCFS group homes.

1. Concerns of Abuse and Neglect:

All reports indicating there are reasonable grounds to believe a child may be in need of protection pursuant to Section 11 of *The CFSA* will be referred to Child Protection Intake for screening. The decision to assign the report for investigation depends on the recommendation of the information gathering team and an analysis of all information that is gathered from relevant sources. If more information is required, it is gathered through information sharing that involves all staff involved with the information gathering meeting process.

2. "Quality of care" concerns:

Quality of care concerns are actions or acts of omission by the group home staff or programs that indicate contravention of out-of-home care standards and have a negative impact on the care of the child but do not rise to the threshold of a child in need of protection pursuant to Section 11 of *The CFSA*.

Standards of group home care are outlined in the Residential Services Manual, and Youth-Centred Manual for homes operating a youth centred approach.

Important - Where Supervisors or Managers are unsure whether a report is a quality of care concern or a report that warrants screening for child abuse or neglect, staff should err on the side of caution and refer to Child Protection Intake for screening. Upon screening, it may be determined that an investigation is warranted, or it may be determined that the report is a quality of care concern that requires a formal review and professional development goals rather than an investigation.

Where it is assessed that the report is false or malicious:

- The Resident Services Consultant will inform the Group Home Director or designate that

there has been a reported concern. The consultant will discuss the nature of the concern with the group home director/designate and advise that the ministry is not proceeding with any further action.

- The matter shall be documented by the Resident Services Consultant in the investigation record contacts, which currently is maintained outside of Linkin and maintained by Resident Services.

Where it is assessed that the report is based on quality of care provided:

- If it is determined at the information gathering meeting that further follow-up is required by the group home, the Resident Services Consultant will provide notification to the organizational leadership of the group home program to advise of the reported concerns and will request a quality of care follow-up to be completed.

- If an allegation is considered a misconduct or a quality of care issue, these are human resource and organizational issues that are expected to be reviewed/investigated and responded to internally by the group home. Should the group home require assistance, they may contact the assigned Resident Services Consultant, CFP.

  Upon conclusion of the Quality of Care Review, the Resident Services Consultant must be made aware of the findings of the review (via submission of the Quality of Care Report) by the group home. The organization has 15 days to complete this follow-up. Resident Services will review the quality of care findings to ensure that all reported concerns have been addressed/have a plan in place. Resident Services will share the organization's follow-up actions taken to mitigate the concerns/risk with all ministry stakeholders involved.

- The child must be debriefed on the findings and recommendations by the Child Care Worker, as is appropriate for their age and level of understanding.

Note: If at any point during the discussions or review there is concern a child may have been abused or neglected, the matter will immediately be brought back to the PRAT Team. If at this point it is determined that an investigation is required, the Information Gathering team and the group home must be notified of the change.

Where it is assessed that a child may have been abused or neglected:

- The PRAT Supervisor assigns the PRAT Assessor to conduct the investigation.

- The PRAT Manager ensures that all supervisors and workers directly involved with the group home and the children in the group home (as appropriate to their age and level of understanding) are informed of the investigation process and that each person's role and responsibility during the investigation is clear. This will be completed at the Information

Gathering Meeting.

- The PRAT Manager advises the PRAT Directors of Out of Home Care and Service Delivery, as well as the Executive Directors, by email when an investigation is being initiated. The notice shall include the name of the child(ren) who have allegedly been abused, name of the group home, brief description of the allegation, and whether there has been a referral to the police.

Investigation:

- Police will be notified when there are reasonable grounds to believe that an offence has been committed. Reported concerns should be conferenced with the police to jointly determine the nature of their involvement. During notification and/or consultation, police should be made fully aware of any circumstances of the group home and any circumstances of the children in the home that may be relevant to the allegations.

- The Resident Services Consultant will notify the group home leadership of the concern and advise that an investigation is proceeding.

- The FNCFS caseworker or PRAT Assessor conducting the investigation immediately assesses risk to the child(ren) by:
  - interviewing the child(ren); and
  - interviewing the group home caregivers.

Note: The Group Home shall take any necessary interim human resource action(s) required to ensure there is no contact between the child(ren)/youth and the accused. Consideration should be given to relevant labour statutes/legislation and any collective agreements that may apply to the group home.

- The child's caseworker will contact the child's parents/guardians to inform them of the investigation, and shall provide ongoing updates, including the investigation findings. This includes parents/guardians of children in permanent or long-term care, where there is ongoing involvement with the child.

- During the investigation, the FNCFS investigating caseworker or PRAT Assessor will determine:
  - the allegation findings;
  - who was involved;
  - circumstances surrounding the incident;
  - seriousness of the situation; and,
  - possible contributing factors.

4.9 Investigations of Abuse Allegation Against Group Home Resources

- The FNCFS investigating worker or PRAT Assessor will include all persons who may have information which will assist in the completion of a thorough, conclusive, and impartial investigation including children in the home, children who were previously in the home, and workers who have placed children in the home.

- The FNCFS investigating worker or PRAT Assessor will ensure that the information gathering process includes Group Home leadership and management providing any relevant and important information they have such as training logs, house operation logs, etc.

- The supervisor/resource worker and the workers of all children who were in the home at the time of the investigation are to be provided with interim updates regarding the progress of the investigation throughout the process.

- A written report, including the findings of the investigation is to be completed and submitted to the PRAT Manager. The PRAT Manager will determine if the investigation is complete or if further action is required.

- Investigations are to be completed within 30 days. The group home and any children who may have been removed during the investigation must be informed of the timelines and provided ongoing updates on the progress of the investigation.

- If circumstances prevent the completion of the investigation within 30 days, the PRAT Manager will advise the PRAT Directors and Executive Directors of the reasons for the delay and the expected date of completion.

Actions following Completion of Investigation:

- The FNCFS Director or PRAT Supervisor shall convene an information sharing meeting including the PRAT Assessor, PRAT Supervisor and Manager, Resident Services Consultant, the Child Care Workers and Supervisors, Operational Oversight Unit, and the Community Services Manager. The meeting shall review the findings of the investigation and determine actions to be taken.

- The FNCFS investigating worker or PRAT Assessor and the Resident Services Consultant will attend the group home together, or if not practical, virtually via TEAMS or similar platform, to discuss and provide information regarding the Investigation findings.
- The group home leadership must receive a written statement of the findings and any actions being considered, regarding children who have been placed in their care, directly related to the findings of the investigation (12.14 Investigation Findings letter).

Note: Where there may be a criminal investigation or trial associated with the allegations, the outcome should not unduly influence the assessment of the home. Child safety must be the primary consideration, which may be different than factors considered in a criminal proceeding.

- Depending on the nature of the incident and results of the investigation and the voice/wishes of the child, a full range of planning options may be considered including counselling and support services that would allow the child(ren) to be returned or remain in the home where factors are considered such as the ability of the home to maintain a sibling group together, the proximity of the home to family, friends and home community, where the attachment between the child(ren) and group home is significant and it is deemed to be in the best interests of the child(ren).

- If permanent removal of children and/or closure of the group home is considered, the PRAT Directors and Executive Directors or designate must conduct a thorough review including the group home investigation findings and files related to children in the home at the time of the investigation.

- **In no circumstances shall a child be returned prior to review by the FNCFS Director or PRAT Manager.**

Final Report:

- The Group Home Investigation Report (12.13) is completed by the FNCFS investigating worker or PRAT Assessor.

- The FNCFS Director or PRAT Manager reviews and signs the Group Home Investigation Report. The report is forwarded to the Directors of PRAT.

- All final reports related to the group home investigation and quality of care reports of a group home will be maintained by Resident Services.

3. Complaints Which Are Determined Not to be Physical or Sexual Abuse:

If an allegation or complaint does not meet the criteria for physical or sexual abuse, then it may be considered misconduct or a quality of care issue. These are human resource and organizational issues that are expected to be reviewed/investigated and responded to internally by the group home. Should the group home require assistance, they may contact the Manager, Resident Services, CFP.

Upon conclusion of the Quality of Care Review, the Child Care Worker and Resident Services Consultant must be made aware of the findings of the review (via submission of the Quality of Care Report) by the group home. The agency has 15 days to complete this follow up. The child must be debriefed on the findings and recommendations by the Child Care Worker and the group home reviewer (or designate).

4. Accusations Against Other Children/Youth

Refer to Residential Services Manual, Chapter 9.9. In addition, an Incident Report must be

forwarded to the Manager, Resident Services, CFP and to the appropriate Director, Service Delivery or designate, and through email to cfprsreporting@gov.sk.ca.

5. The Investigation

The safety of the child(ren)/youth is paramount, and the first course of action will be for the group home, in consultation with other involved agencies, to take whatever action is necessary to ensure the safety of the child(ren)/youth.

The Ministry of Social Services safety and risk assessment tools (inclusive of SDM) will not be used for investigations of allegations against group homes. The investigation shall be a combination of conducting interviews and gathering information (e.g., medical reports, police investigation information, etc.) to formulate a conclusion.

Depending on the nature and extent of the behaviour as well as the impact on the child/youth, a determination will be made about reporting the incident to policy authorities as there may be a criminal code violation.

6. Roles and Responsibilities of Individuals Involved in the Investigation

Primary Investigator – PRAT Assessor is responsible to:

a) Ensure the child(ren) are safe. The PRAT Assessor will review safety planning to date but is not responsible for the direct case management activities such as moving children or finding alternate placements.
b) The PRAT Assessor shall ensure the incident has been reported to the police authorities.
c) The PRAT Assessor shall ensure the Saskatchewan Child Abuse Protocol is considered during the process.
d) Ensure the child(ren) are interviewed. This will be done by the PRAT Assessor in conjunction with the child's worker where possible. The police may also be involved in this interview and may even lead the interview process depending on the situation.
e) The PRAT Assessor shall ensure witnesses have been interviewed.
f) The PRAT Assessor shall ensure that the accused is interviewed. Where the police are involved, this should occur in collaboration with them, particularly in determining who will lead and participate in the interview.
g) The PRAT Assessor shall ensure that the child(ren)/youth are seen by medical personnel.
h) The PRAT Assessor shall coordinate information between all relevant parties involved in the investigation. The PRAT Assessor will ensure the Group Home leadership has the opportunity to provide any relevant information that they have to share (e.g., training logs, house operation logs). Further, the PRAT Assessor will ensure that notification, appropriate information and progress, including the investigation findings and recommendations, is shared jointly with the Group Home leadership and the Resident Services Consultant.
i) Once the finalized written report and conclusion(s) of the investigation is completed and signed by the PRAT Manager, it should be forwarded to Resident Services, and the PRAT

Directors within 30 working days of when the investigation was assigned.

j) At the conclusion of the investigation, the PRAT Assessor, with the Resident Services Consultant, shall provide the Investigations Findings Letter to the group home leadership.

It is the PRAT Assessor's responsibility to inform the Group Home Director/Manager, or designate, and the managers of Service Delivery and Resident Services, in cases where an investigation is not completed within 30 working days. To assist in determining the best course of action to ensure the investigation and report are completed as expeditiously as possible, it is the PRAT Assessor's responsibility to continue to update all parties on the progress of the investigation until completion.

Group Home is responsible to:

a) ensure quality service is being provided and that children/youth in the group home are safe;
b) open a file on the accused that contains the investigation information;
c) provide any information that may be relevant to the investigation; and
d) take any necessary interim human resource action(s) required to ensure there is no contact between the child(ren)/youth and the accused. Consideration should be given to relevant labour statutes/legislation and any collective agreements that may apply to the group home.

The Service Area is responsible to:

a) when necessary, move the child/youth from the existing placement resource to an alternative resource;
b) arrange for a medical examination of the child/youth;
c) provide support to the child during and following the investigation, including advising them of their right to contact the Advocate for children and Youth;
d) provide any information that may be relevant to the investigation;
e) follow-up on any recommendations made related to the child/youth; and
f) ensure that the Final Investigation Report is forwarded to the Resident Services Unit, to be maintained by the Resident Services Unit in a central location.

The Manager, Resident Services, is responsible to:

a) provide the initial point of consultation when complaints of abuse of a child in a group home come forth either internally to the group home or from an external source (e.g., a complaint is made to Intake);
b) ensure coordination and communication occurs between PRAT and the group home in situations requiring an investigation as per policy;
c) where applicable, provide a summary assessment of compliance to standards; and
d) ensure that Quality of Care and Investigation reports are maintained in a central location.

7. Report of Conclusions

Upon completing the investigation, one of the following conclusions must be reached:

a) The allegation was substantiated (there was sufficient evidence to support the allegation).

b) The allegation was not substantiated (nothing inappropriate occurred and the evidence was insufficient to support the allegation).
c) The allegation was not substantiated, but the investigation concluded that inappropriate behavior did occur.

The actions taken to any of the above conclusions may include a range of human resource options. The group home should advise the accused in writing of the outcome of the investigation and actions being taken.

The child/youth and their parents/legal guardians are informed that their allegation was reported to the appropriate individuals, investigated and concluded. The child/youth and their parents/legal guardians should be informed of the actual conclusion of the investigation by their Child Care Worker.

8. Closing the Investigation

The investigation may be closed based on the following being completed:

a) The investigation has been completed and all legislative requirements have been met;
b) Any issue of conflict of interest has been addressed;
c) The Service Delivery Area has an appropriate plan for the child/youth's protection and treatment needs as a result of the allegations; and
d) The group home that employs the accused has responded in an appropriate and fair manner to the accused and the child/youth who made the allegation. The group home has notified the Manager, Resident Services, CFP of the actions taken to ensure contractual/licensing obligations are met, as well as demonstrated that safe and quality services are being provided to children/youth.

References

- Saskatchewan Public Service Commission, Human Resource Manual Anti-Harassment Policy – "Formal Complaints".
- United Nations Convention on the Rights of the Child, 1990.

5.0 ADOPTION PLANNING

5.1 Introduction

The Domestic Adoption Program applies to the adoption of children who are permanent wards of the Minister. A child becomes a permanent ward either through a court process where a judge makes a decision a permanent order is in a best interests of the child, or through a voluntary committal where birth parents commit their child to the Minister for the purposes of adoption planning.

Children's Services Workers have responsibility for registering and preparing permanent wards for adoption planning. Children's Services Workers have additional responsibilities when they become involved with birth parents who have a plan to place their child for adoption through a voluntary committal or independently with someone they know.

A registration package containing information and history on the child or youth is created where the plan is for adoption. The registration package is used by the ministry, and sometimes others (e.g. birth parents, extended family) to determine which prospective adoptive parents will best be able to meet the needs of the child or youth.

5.0 ADOPTION PLANNING

5.2 Voluntary Committal

Legislative Authority

Section 46 of *The Child and Family Services Act (CFSA).*

Policy

A birth parent may voluntarily commit a child to the Minister for the purposes of adoption planning.

Standards

- In a voluntary committal, a child is deemed to be placed for adoption after the Director, Service Delivery (or designate) signs the **Certificate of Placement***, which* is issued when:
  - every birth parent who is required to sign a Voluntary Committal has done so and the period for revoking consent has expired; or
  - the court has dispensed with the requirement of a birth parent's signature to a voluntary committal and the time for the birth parent to appeal the decision has expired; or
  - a child has been permanently committed by court order and the time for appealing the order has expired, or the order has been appealed and the appeal has been discontinued or dismissed; and
  - care and supervision of the child has been accepted by the adoptive parents.

- The **Voluntary Committal (form 2001)** cannot be signed by a birth parent until a child is at least 72 hours old (see Practice Guidelines).

- Only a birth parent can sign a Voluntary Committal, and each birth parent is required to sign a separate form. The only exception is when a birth parent's signature and involvement are dispensed with through a separate court process (see 5.2.2, Dispensing with a Birth Parent Signature on a Voluntary Committal).

- The Director, Service Delivery or Designate reviews and signs each Voluntary Committal form.

Procedures

- Contact with the birth parents is documented in Linkin. Refer to the Linkin Training Manual to create the ongoing case.

- Birth parent counseling typically occurs over the course of several visits between the caseworker and the birth parent(s).

- The caseworker will provide birth parent(s) with information they may require on community services to support a decision such as parenting the child on their own, or for counseling (e.g. grief) following a decision to place for adoption.

- If required, the following services and payments can be approved to support birth parents in their decision-making:
  - counseling services (e.g. grief counseling);
  - travel or accommodation for birth parents who need to travel to meet with the caseworker; and
  - DNA testing in voluntary committal cases where there is question about paternity (see 5.2.2 Practice Guidelines, *Paternity Issues*).

- When a birth parent signs a **Voluntary Committal (2001)**, the caseworker ensures:
  - the birth parent understands he/she has the right to seek independent, third-party advice; a birth parent is encouraged to seek independent legal advice;
  - the voluntary committal represents the true and informed wishes of the birth parent;
  - the birth parent understands the right and process to revoke as well as the revocation period;
  - the birth parent understands the effects of the adoption order;
  - the birth parent understands he/she has the right to ask the Director,
  - Service Delivery at any time if the child has been placed for adoption; and
  - the birth parent is aware of the Post-Adoption Registry (PAR) and the services provided to birth parents and adoptees.

- The voluntary committal is signed by the Director (or designate), Service Delivery and a copy is provided to the birth parents. The timeframe in which a birth parent may revoke a committal depends on the time and date the Director (or designate) has signed the committal (see 5.2.3, *Revocation*).

- The child is added to the integrated, ongoing case in Linkin. Refer to Linkin Training Manual for information.

Practice Guidelines

Birth Parent Options

Birth parents may come to the ministry having thought of several options, including:
- parenting with supports;
- undertaking a voluntary committal with the ministry;
- placing their child for adoption independently with someone they know; or
- terminating their pregnancy.

Caseworkers must ensure birth parents are aware of their options and have discussed them with

individuals who may be able to offer guidance or support, particularly around the areas of grief and loss. Birth parents should also be encouraged to seek independent legal counsel if they are considering placing their child for adoption.

Caseworkers must remain neutral and not influence a birth parent towards any particular decision. The intent is to ensure birth parents understand what options exist, as well as the possible impacts or outcomes of their choices and what supports they may require. Caseworkers should also ensure birth parents understand their right to make a decision that is not influenced by others.

Parenting

Where supports may be required, birth parents should be referred to a community- based organization if they make a decision to parent. The following considerations may assist birth parents in making a decision on parenting, or deciding what supports they require:

- What is their knowledge about parenting? What is their experience with children? How well do they understand child development, and what information do they need?
- What is their ability to support themselves financially? What are their long-term employment or educational/vocational goals? How would they support a child while meeting these goals (e.g. maternity leave, social assistance, etc.)?
- What practical things are required, such as cribs, strollers or car seats? What do they understand about safety issues?
- How do they expect parenting will affect their social lives or activities? How will they cope with possible isolation?
- What will each parent's role be? What if only one wants to parent, or is committed to parenting – how will this affect the relationship?
- What family support do they have or expect (e.g. do they plan to live with their parents, will they receive financial support or assistance with babysitting)?
- What community supports exist? For example, what local agencies or professionals exist that might support such topics as breastfeeding or parenting a child with special needs?
- How would they prevent future, unplanned pregnancies? What information do they require?

Adoption

Birth parents should have knowledge of the legal and emotional impacts adoption will have on them, as well as the necessary supports. The following considerations may assist birth parents in making a decision on adoption, or deciding what supports they require:

- What do they understand about adoption (i.e. termination of birth parent rights, unable to make decisions regarding the child once adopted, emotional impacts they may feel, etc.)?

- What are their expectations? Do they expect to have contact and, if so, to what degree? Do they understand that communication agreements cannot be legally enforced (see 5.4.1, Agreement for Communication)?

- Who else, such as immediate or extended family, supports the plan for adoption?

- Are both parents in favor of an adoption plan? Does the other parent have a plan for custody (see 5.2, Dispensation)?

Termination of Pregnancy

The ministry does not become involved when there is a plan to terminate a pregnancy. A birth parent who expresses interest in this option is referred to the appropriate physician, health authority or agency for information.

5.0 ADOPTION PLANNING

5.2.1 Voluntary Committal & Indigenous Birth Parents

Preamble

It is important that Indigenous birth parents know and understand their rights and the rights of their child. Caseworkers should ensure Indigenous birth parents are aware they have the option to discuss culture and rights with an individual from a First Nations Child and Family Service Agency, their Band, Elder or Knowledge Keeper.

Birth parents have a right to place a child for adoption unless the child is in care of the minister under *the CFSA*. The decision should be made without influence and with full consideration of alternative options. Information about support services will assist birth parents in their decision as it helps them to plan for the best interests of the child.

Procedures

- When birth parent(s) of an Indigenous child are planning for an adoption, the caseworker will:
  - explain the effects of adoption and other options;
  - explain the benefits of, and provide information on, the importance of involving the birth parent(s)' Band or Indigenous community in planning for the benefit of the child;
  - provide information on available Indigenous support services and, if appropriate, provide the birth parents with links to those service; and
  - provide the Agreement for Voluntary Exchange of Communication (2228) to maintain contact.

- If both birth parents are involved in the adoption plan, determine if they jointly decide to consult with the Band or Indigenous community. If the birth parents decline consultation, respect their wishes. Advise birth parents that disclosure may occur when applying for the child's registration status as the child maintains their Indigenous rights after adoption.
  - If birth parents disagree on custody, or there is a dispute between them, advise them to seek legal advice.

- Document any concerns and consult with the supervisor/manager.

- After the committal documents are finalized and the 30-day appeal period has expired, invite the Indigenous Band and/or representatives to meet the adoptive parent(s) and participate in completing of the child's Cultural Connection Plan.

- The caseworker will determine which band(s) the birth parents are registered with (or eligible to be registered with) and ensure an application for status for the child is made and the information documented.

5.0 ADOPTION PLANNING

5.2.2 Dispensing with a Birth Parent Signature on a Voluntary Committal

Legislative Authority

Section 49(2) of *The Child and Family Services Act*

Policy

Where in the opinion of the Director, Service Delivery (or designate) it is in the best interest of the child to dispense with a birth parent's signature to a voluntary committal, the ministry may file an application in court to dispense with the birth parent's signature.

Standards

- The requirement for dispensing with a birth parent signature is undertaken through a separate application to court prior to proceeding with adoption planning (see Procedures).

Procedures

Prior to a decision by the Director, Service Delivery (or designate) to file an application to dispense with a birth parent's signature, the following must occur:

- A decision to make application to dispense will be preceded by documented efforts to contact the birth parent to explore their plan for the child. The ministry will establish contact, and all attempts at contact must be clearly documented within the Pregnancy Counseling case.
- If there is a refusal by the birth parent to participate in a voluntary committal, then he/she will be advised to seek independent legal advice and make application for custody.
- If the birth parent who has not signed a voluntary committal does not make application for custody within **15 working days** of being notified by the other birth parent and ministry to do so, an application may be made to dispense with the birth parent's consent. The birth parent who signed the voluntary committal is advised to seek independent legal advice regarding options.

An application to dispense made by the ministry does not prevent the other birth parent from making application for custody under *The Children's Law Act*.

- Where the ministry applies to dispense with signature on the Voluntary Committal, the

5.2.2 Dispensing with a Birth Parent Signature on a Voluntary Committal

following will be noted in the application:
  - Any consultation with the Director, Service Delivery (or designate) and ministry legal counsel; and
  - Evidence a dispensation order for the purposes of adoption planning would be in the best interests of the child (e.g. there are protection concerns, the birth parent showed no willingness or ability to parent, etc.).
- The ministry makes arrangements to discuss the option of a dispensation order with ministry legal counsel, who will advise the caseworker of the requirements. The court determines, based on the evidence provided, if it is in the best interests of the child to grant the dispensation order.

- If a dispensation order is granted, there is a **30 day (calendar days) appeal period from the date of the order** in which the birth parent who was dispensed with may seek to appeal. Throughout this 30-day appeal period, the birth parent who signed the voluntary committal may also revoke consent.

- Once the 30-day appeal period has expired and no appeal has been granted or consent has been revoked, the child becomes eligible for adoption (see Practice Guidelines).

- If the court refuses to grant a dispensation order, it will make an order regarding custody of the child.

Practice Guidelines

Right to Parent

Birth parents have the right to parent their child, but they may differ on what plan for the child is best. One may consent to an adoption plan, while the other may wish to seek custody and parent on his/her own. Birth parents must privately resolve custody issues in court prior to the ministry becoming engaged in adoption planning.

There are, however, circumstances under which the ministry may become involved in a dispensation process on one or both birth parents. The intent to become involved must be carefully weighed against the rights of the birth parent as well as what is in the best interest of the child.

The ministry may become involved in making application if any of the following apply (though other factors may also apply):

- The ministry and/or the birth parent has made several attempts to locate the other birth parent and their whereabouts are unknown;

- The safety of the child and/or birth parent would be compromised if the other birth

parent was notified, or the other birth parent may pose protection concerns and may not be considered a resource;

- The other birth parent has been notified regarding the adoption but refuses to sign the committal or apply for custody; and/or

- The other birth parent is avoiding contact or will not respond to repeated calls/correspondence regarding the adoption plan and has not applied for custody.

Attempting Contact with a Birth Parent (Where one birth parent wishes to undertake a voluntary committal).

Prior to making an application to dispense, thorough attempts are made to serve notice on the birth parent and advise of the right to make application for custody. These attempts are also an opportunity to advise birth parents, particularly those who may not be interested in planning for the child, of the importance of gathering family background information, including health information.

Documented attempts at contact will help support an application for an order of dispensation. **When speaking with third parties, it is important to not disclose the nature of the call in order to maintain confidentiality.** Options to locate or establish contact with a birth parent include, but are not limited to:

- Contacting the birth parent by phone and speaking directly to them, or ensuring that messages are left for them to return your call. If messages are left, the dates and times and whether or not there were any responses should be carefully noted on the file. **When leaving messages on someone's phone, do not leave any information or details about the purpose of the call in order to maintain confidentiality.**

- Sending a registered letter in order to verify whether or not the birth parent received and accepted it. More than one letter may be required. **Letters are to be marked 'Confidential' or 'To Be Opened by Addressee'.**

- Reviewing social media sites or phone directories (including online directories), or checking with such places as local jails or hospitals, if it is not known where the birth parent is located.

- Contacting known relatives of the birth parent to establish whether or not they have more current information on the person's whereabouts or to ask them to have the parent contact the ministry as soon as possible.

- Contacting a person's last known place of employment to see if they can be located there, or to have them call you back.

5.2.2 Dispensing with a Birth Parent Signature on a Voluntary Committal

Paternity Issues

In a **voluntary committal** situation, there may be some question about the validity of information provided by the birth mother regarding paternity (e.g. she provides information on two possible birth fathers). With agreement by the proposed birth fathers, the ministry may pay for services such as DNA testing. Payment can be made under Pregnancy Counseling and approved by the Director (or designate), Service Delivery. In cases where a proposed birth father refuses, there are no legal means to ensure this test occurs. Refusal to participate can form part of the basis for applying to dispense with the requirement for signature and involvement.

Dispensation Timelines Example

The birth mother signs a voluntary committal 72 hours after the child is born (on day four), while the birth father refuses to sign at the time the birth mother does. A decision to make application to dispense with the birth father is made because after making repeated attempts to contact him, he cannot be engaged in planning, and has not made application for custody.

Placement of Child with Prospective Adoptive Parents During Revocation Period

When a child is placed with prospective adoptive parents and matters relating to dispensation and custody have not been fully resolved in court, there is always risk the child could be returned to one or both the birth parents. In each of the following scenarios, the following documents should be prepared:

Scenario	Documents to Issue
Child placed after each birth parent signs a voluntary committal (72 hours has elapsed when placement occurs)	Responsibility for Care & Supervision (completed by the Adoption Caseworker)
Child placed before Voluntary Committal is signed and each birth parent intends to sign (72 hours has not elapsed when placement occurs)	Responsibility for Care & Supervision (completed by the Adoption Caseworker) Section 9 Agreement
Only one birth parent signs Voluntary Committal; other refuses or there are plans to dispense	Responsibility for Care & Supervision (completed by the Adoption Caseworker) Section 9 Agreement
Birth parents have not decided on a plan, but are not taking the child home	Section 9 Agreement

5.0 ADOPTION PLANNING

5.2.3 Revocation (Voluntary Committal)

Legislative Authority

Section 46, 50 of *The Child and Family Services Act*

Policy

Consent to adoption of a child may be revoked by the person who made it:

- at any time within 21 days after the day on which the consent to voluntary committal was signed; and

- after the expiry of the period of revocation if the child has not yet been placed for the purposes of adoption within a one-year period pursuant to *The Adoption Act, 1998*.

Notice of revocation must be provided by the birth parent(s) to the Director, Service Delivery in writing.

Where a child has not been placed for adoption, the court may on application extend the time for revocation beyond the one year if it is in the best interests of the child.

Procedures

- A birth parent who signs a voluntary committal must be notified, in writing, of the:
  - date and time prior to which they may revoke;
  - process for providing a written notice to revoke to the Director, Service Delivery (or designate); and
  - complete address and/or alternate means of contact regarding where to send a notice to revoke.

- The revocation period for a voluntary committal is 21 consecutive calendar days from the time the Director, Service Delivery (or designate) has signed. The Director, Service Delivery (or designate) is required to sign the voluntary committal as soon as possible upon obtaining the birth parents' signatures.

- The 21 calendar days excludes the day of signature, and includes the last day. If the last day ends on a weekend or statutory holiday when the office is closed, the revocation period is extended to midnight the first day the office is open.

- The Director (or designate), upon receiving the signed and dated revocation, notifies the other birth parent, **and a copy of the revocation is sent to the Central Adoption Registry**

(CAR) to be recorded on the revocation register. CAR has responsibility to verify whether or not a revocation has occurred (known as Certificate of Non-Revocation), which becomes part of the application for an Order of Adoption.

- The birth parent revoking a voluntary committal then assumes custody. If both birth parents revoke and a dispute arises as to who receives custody, the onus is on the birth parent(s) to seek independent legal counsel and make application for custody.

- If a birth parent fails to make application for custody **within 15 working days** of revoking the committal, the Director, Service Delivery (or designate) will make application to court for direction as to custody of the child.

- Where the ministry has protection concerns regarding birth parents, a referral is made to the local child protection unit for investigation.

Practice Guidelines

Revocation Timeline Examples

The following revocation timeline examples are intended to assist with understanding when a voluntary committal can be signed, and when the revocation period ends. In each example, 72 hours must elapse before the birth parents may sign the voluntary committal. For the purposes of all examples, the child is born on day one.

Example One:

- Each birth parent signs and neither revokes consent.

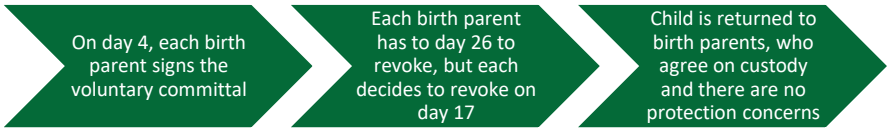
Example Two

- Each birth parent signs voluntary committal, but birth father signs 7 days after the birth mother. Neither revokes consent.

5.2.3 Revocation (Voluntary Committal)

Example Three

- Each birth parent signs voluntary committal, but both revoke. Caseworker discusses with the birth parents what their plan is for the child. Child is subsequently returned because there are no protection concerns.



5.0 ADOPTION PLANNING

5.3 Child Registration

Legislative Authority:

The Child and Family Services Act, Section 37.2 and Section 46.

Policy

All children who receive a permanent order will be registered for adoption within 120 days.

Intent

The purpose of registering a child for the purpose of adoption is to provide a permanent home for the child/youth and to provide prospective adoptive parents with necessary information about the child/youth. Background information about the child/youth's medical, physical, emotional, and psychological health and well-being is shared with the prospective adoptive parents to assist in making informed decisions.

Generally, a recommendation for a permanent order is made when:

- Reunification with the birth family is highly unlikely;
- A permanent ward order is in the best interests of the child as defined by Section 4 of *the Child and Family Services Act (CFSA);* including consideration of the effect on the child/youth when there are delays in decision-making*; or*
- The plan is for the child/youth to be registered for adoption.

Note: A child/youth 12 years of age and over must consent to an adoption.

A child/youth who is permanently committed to the Minister and subsequently adopted may be eligible for services and supports through the Assisted Adoption Program (see Adoption Services Manual, Chapter 4).

Standards

All children/youth who receive a permanent order will be registered for adoption within 120 days.

The 120-day time frame will begin on the first day after the expiry of the 30 calendar-day appeal period of the court order.

If there are circumstances beyond the control of the caseworker where a child/youth cannot be registered for adoption within 120-days, an Extension Request -Registration of Children for

Adoption form must be completed.

If a permanent ward has been granted for the child/youth and they are not being registered for adoption, an Exception to a Plan for Adoption form must be completed (see Children's Services Manual 5.3.1 Decision to Not Register and Deregistration).

Procedures

Prior to completing the Child Adoption Registration Summary (12.17), a planning meeting will occur with applicable members of the child/youth's team, including family and Indigenous community (if applicable), to reach a shared understanding for an adoption plan (see Chapter 3.2 Formal Review of Permanency Plans for Children) and to review the child/youth's Cultural Connections Plan.

The child/youth's caseworker will:

- Meet with the child protection and out of home care worker to discuss planning;
- Ensure all file documentation necessary for the adoption registration process is on file and up to date;
- Obtain list of family/extended family members that have/have not been previously explored for possible child placement;
- Review the family health history, cultural planning and other documents for completeness and;
- Arrange a home visit with the caregiver and child/youth. In circumstances where the child/youth has resided with the caregiver 12 months or more, the caregiver may express interest in applying to adopt the child/youth currently living in their home.

If the child/youth is Indigenous, in addition to the above, the caseworker will:

- Ensure that the applicable First Nation/Métis/Inuit agency or IGB has been involved in the child/youth's planning, including cultural planning;
- Ensure an application for status registration has been made to Indigenous Services Canada or Métis Nation Saskatchewan where applicable (not required to complete registration process);

Note: Families that were explored prior to a permanent order may be revisited on a case by case basis with written approval of the Manager, Service Delivery. Indigenous children will require a Cultural Connections Plan to be completed with the prospective family and other important members of the child's life.

It is important for the child's caseworker and other team members to work together to develop a plan for the child that will include stability, security and connectedness in a family.

Registering a Permanent Ward

When registering a child/youth for adoption, ensure all relevant child and family information/history is summarized as accurately as possible while respecting birth parent(s) privacy. The documents assist the Central Adoption Registry (CAR) in pre-selecting and matching appropriate adoptive applicant(s) for the child, as well as assisting caseworkers in determining what types of supports a child/youth requires.

- The caseworker prepares the Child Adoption Registration Summary (12.17) as part of the registration process, which is signed by the caseworker and the supervisor.
- The information provided will explain the child/youth's prenatal and developmental history and how external factors may impact their development (be respectful of the privacy of personal birth parent and family information and provide only general information that may have a direct impact on the child/youth).
- The most recent copy of the Annual Review will be submitted to the Supervisor.

- Utilizing the Process to Register a **Child for Adoption checklist (Form 2254)**, the caseworker compiles the specified documents from the child/youth's file, and birth parent and sibling files for any relevant information that is specific to the child/youth. The information will be photocopied and included in the registration summary package.

- The caseworker will request, where possible, the medical records/information from offices/hospitals where the child/youth received an assessment, diagnosis, surgery, etc.

- The copied documents are organized chronologically and sent to CAR to create the registration package.

- Information packages are redacted before they are provided to the prospective adoptive parents and to the caseworker.

- A picture and/or video may be included as part of the registration package. The picture/video will be free of other children or persons and without any identifiers in the frame. A picture/video of the child/youth will be shown to the prospective adoptive applicant(s) at the time the registration package is presented.

- The picture/video will be retained by the adoption worker and placed on the child's file. A copy may be provided to the adoptive applicant(s) when an agreement is made to proceed with child placement. (Caregivers and prospective adoptive applicant(s) will be reminded of their duty to protect confidentiality).

- When a specific adoption for a child/youth is being considered (e.g. extended family member), the child/youth's information will be registered with CAR when the Mutual Family Assessment (MFA) or MFA update is complete. Caseworkers will communicate with each other regarding the timing of submission.

- For a specific adoption, a memo or email correspondence will be completed to indicate the shared agreement and support for the planned placement of the child/youth. The memo will be signed by the managers of childcare, out-of-home care, and adoption. A copy of the memo/email will be submitted with the child/youth's registration package.

- A review of the childcare file and case reporting in Linkin will assist in compiling information regarding the child that may be necessary to include in the registration summary. Prospective adoptive applicant(s) are to receive current information on a child prior to formally accepting a placement. The child/youth's information must be regularly updated, and updates sent to Records and Privacy for redaction:
  - The Child in Care Assessment and Review (CCAR) is updated within policy guidelines and submitted to CAR. If placement occurs prior to the update of the next CCAR, the caseworker submits an Update to **Child Adoption Registration (Form 2255)** with any corresponding documents;
  - Progress reports and updated file information, including medical and/or health information is submitted to CAR a minimum of every four months for infants not yet placed; twice yearly for children aged one to six; once per year for children age six and over.

Where possible, obtain consent from the birth parent(s) to share personal, medical and birth history for the purpose of adoption planning.

Note:

- Permanent wards from Saskatchewan being placed for adoption in another jurisdiction are registered with CAR according to provincial policies and procedures. The province retains responsibility for planning and case management, as well as for providing adoption assistance (e.g. documentation to support the other province's adoption requirements such as letters or affidavits).

- Permanent wards from another jurisdiction are **not** registered with CAR. The originating jurisdiction is responsible for providing information and direction regarding planning for the child and maintains case management. The originating jurisdiction is also responsible for providing any adoption assistance (e.g. documentation that is required by Saskatchewan legislation such as letters or affidavits).

Extension of the 120-day Registration

There may be circumstances (beyond the control of the caseworker) that limit the ability to register a child/youth for the purpose of adoption within the time allotted.

When it is evident that the child registration will not be accomplished within 120 calendar days of the court order appeal expiry, the **Extension Request – Registration of Children for Adoption form (12.21)** will be completed. An initial 90-day extension may be authorized by

marking the appropriate box on the form. A final extension of 90 days may be requested (maximum 180 days) to ensure compliance. Where two requests of 90-day extensions have elapsed, Program Effectiveness Consultants (PECS) will account for the delay (non-compliance).

The supervisor, manager and Director, Service Delivery must approve the extension. The completed Extension Request form will be placed in the childcare file and a copy will be submitted to SS CFS CAR PEC.

When completing the Extension Request (12.21), caseworkers will indicate the rationale by checking the appropriate box on the form. Rationale may include:

- New information from FNCFS/IGB/Métis Nation Saskatchewan (MNS) on possible family/extended family placements or reunification with the birth family;
- Placement planning for siblings; an exploration may need to occur to assess whether a subsequent child/youth could be placed with the same family, or how the siblings will be considered in the planning;
- Medical reports/assessments for the child/youth (indicate the type of assessment and/or anticipated arrival);
- Prospective applicants seeking more time to complete MFA (provide approximate timeframe);
- Meeting with FNCFS/IGB/MNS on permanency/cultural planning/communication agreements; and
- Other (provide rationale that is not provided).

Examples of rationale that would **not** be accepted in the "Other":

- Caseworker not able to complete file documents, MFA, case records due to time and workload pressures, family history etc.; and
- Caseworker requires time to review case files for medical, family information etc.;

Note: In some instances, the completion of an MFA is delayed due to reasons provided by the prospective adoptive parent. The caseworker will determine if the MFA can be completed in the time the extension form allows or whether the applicant's file will need to be placed in abeyance.

For Exceptions to a Plan for Adoption, see chapter 5.3.1 Decision to Not Register & Deregistration

Voluntary Committals

Complete Birth Parent History (2212) and Child Adoption Registration Summary (12.17) and utilize the Process to Register a Child for Adoption Checklist (Form 2254).

Registering a Child Not Yet Born (Infant Placement/Voluntary Committal)

- When possible, engage the birth parent(s) to assist in completing the **Birth Parent Social**

History form (2212) and obtain their signed consent to share their information. Review the Saskatchewan Information for Birth Parents (2385) document to ensure their understanding.

- The caseworker will complete the remaining, **non-identifying Birth Parent Social History (Form 2212)** as part of the registration process. The document is signed by the caseworker and the supervisor.

- The caseworker prepares a copy of the file information to send to the CAR for registration. CAR registers the child and forwards the documentation to Records and Privacy for redaction. CAR will create a registration package to use for selection purposes.

- Once the child is born, the caseworker makes a copy of the hospital information, including the discharge summary and any other information (e.g. testing completed on the child) and sends it to CAR to be added to the child's registration package.

- Where applicable, birth parents will contribute to the child's Cultural Connections Plan (12.66) and the Agreement for Voluntary Exchange of Communication (2228).

When writing the history and summary, refer to "mother", "father", "sister", "grandparent", etc., instead of using full names. Full names are redacted prior to review by a prospective adoptive applicant, which can make it difficult to determine the relationship of that individual to the child. Information should be written as it pertains to the child to limit redaction. Information that does not pertain directly to or about the child will be redacted; this includes personal information regarding the birth parents and the child's siblings.

Writing Examples

- Use "doctor", "pediatrician", "dentist", instead of names;
- Use maternal, paternal; do not say "Mom's sister" or "Mom's aunt";
- Do not include names of hospitals, attending physicians, names of foster parents or other caregivers; do not include sibling names or locations; and
- Only include factual and objective information.

Any descriptor must be factual and specific to the child, e.g. "Birth mother was 5'6" tall and lived in a large urban center with two of her siblings".

5.0 ADOPTION PLANNING

5.3.1 Decision to Not Register & Deregistration

Procedures

Decision to Not Register

- When a child is placed with extended family who is committed to caring for the child long-term, adoption may not be the current plan. In most other cases, the child will be registered and adoption may be explored.

- If a child is not being registered for adoption, the caseworker completes **Part A of the Exception to a Plan for Adoption/Adoption Deregistration form (2099)** within 120 days after the appeal expiry of the permanent ward order.

- Caseworker will provide strong rationale why adoption is not the plan and the details regarding the alternate plan for permanency for the child.

- The Exception to a Plan for Adoption/Adoption Deregistration (2099) form must be signed by the caseworker, supervisor and approved by the Director, Service Delivery (or designate).

- The caseworker will enter the information on Linkin and email the Exception to a Plan for Adoption/Adoption Deregistration form (2099) to SS CFS CAR PEC once approved. Program Effectiveness will document the information.

Deregistration

- A child who was already registered for adoption and searches of the adoption registry have been unsuccessful, adoption may be unlikely. The caseworker completes **Part B of the Exception to a Plan for Adoption/Adoption Deregistration form (2099).**

- Where a plan for an adoption has changed (i.e. caregiver has reconsidered), the child will remain on the adoption registry and searches completed.

- The caseworker will include the date of the original registration for adoption and provide rationale as to why the child is being deregistered.

- After the form has been signed and approved by the caseworker, supervisor and director (or designate), a copy of the form must be emailed to SS CFS CAR PEC. CAR will then remove the child's registration from the CAR database and return the file information to the caseworker.

5.0 ADOPTION PLANNING

5.4 Selection

Policy

Central Adoption Registry (CAR) pre-selects prospective adoptive parents based on information in the child's file.

Birth parents who undertake a voluntary committal process may participate in the selection of adoptive parents for their child.

Procedures

Voluntary Committal Selection

Selection of prospective adoptive parents typically begins prior to a child being born, though a birth parent may decide to undertake a voluntary committal after a child is born. The caseworker follows the same procedures in either situation.

- CAR utilizes information in the *Birth Parent Social History* (2202) and any supporting documentation to pre-identify potential prospective adoptive parents.

- CAR forwards selected applicant profiles, along with the **Adoption Placement Selection form (2264)** to the caseworker. The caseworker screens the profiles before reviewing MFAs and Family Profiles with the birth parent(s). If the birth parent does not select any of the prospective adoptive families, the caseworker notifies CAR and requests additional MFAs and Family Profiles. The caseworker completes the applicable areas on the **Adoption Placement Selection (2264)** and returns it to CAR.

- If the birth parent selects a prospective adoptive family, the caseworker notifies CAR, and CAR notifies the adoption caseworker assigned to the applicant. The CAR coordinator sends the child's registration package to the adoption caseworker to review.

- Prospective adoptive parents are invited by the adoption caseworker to review the child's redacted information in the office. The adoption caseworker completes the top portion of the **Disclosure of Information to Adoptive Applicants (2238)** and provides access to the information off premises according to the conditions specified on the disclosure form. **Prospective adoptive parents may not make copies of any of the documents contained in the file.**

- If prospective adoptive parents wish to review the child's information with professionals, such as physicians or psychologists who are able to comment on the child's health or development, these individuals will be added to the disclosure form. **File information may not be shared with non-professionals, such as family, extended family, friends, etc.**

- If the decision is to proceed, the adoption caseworker completes the bottom portion of the

Disclosure of Information to Adoptive Applicants (2238) form with the prospective adoptive parents and permits them to retain the redacted file, ensuring confidentiality of information. A copy of the **Disclosure form** is sent by the adoption caseworker to the children's services worker, and a copy is provided to the prospective adoptive parent(s).

- If the decision is to not proceed, the adoption caseworker completes the bottom portion of the **Disclosure of Information to Adoptive Applicants (2238)** form and ensures the file information/binder is returned to CAR. CAR will notify the children's services worker and a request for further selections is made.

Ward (non-Voluntary Committal) Selection

- Permanent placements for a child will be enhanced by relationships with extended family and community members. As a placement priority for adoption services, attempts will be made to select adoptive parents of the same or similar cultural background as the child and where the child's needs can be met, in alignment with the federal Indigenous child welfare legislation: *An Act Respecting First Nations, Inuit and Métis children, youth and families*.

- If racial/cultural compatibility is not possible, CAR selects prospective applicants who are open to communication and will respect and encourage the child's cultural connections and heritage.

- CAR utilizes the information contained in the **Child Adoption Registration Summary (2256)** and any supporting documentation to pre-select potential homes from the Registry.

- CAR forwards selections, along with the **Adoption Placement Selection (2264)** to the caseworker. The caseworker reviews them and selects whichever one best meet the needs of the child, or requests further selections. The caseworker completes the applicable areas on the **Adoption Placement Selection (2264)** and returns it to CAR.

- Where an adoptive family is chosen, CAR notifies the adoption caseworker and sends both the redacted and non-redacted copies of the child's registration package (binder) for the adoption caseworker to review.

- Prospective adoptive parents are invited by the adoption caseworker to review the child's redacted information in the office. The adoption caseworker completes the top portion of the **Disclosure of Information to Adoptive Applicants (2238) form** and allows them to take the information off premises according to the conditions specified on the disclosure form. **Applicants are not permitted to make copies of documents contained in the file.**

- If applicants wish to review the information with professionals who are able to comment on the child's health or development, such as physicians or psychologists, these individuals will be added to the disclosure form. **File information may not be shared with non-professionals, such as family, extended family, friends, etc.**

- If the decision is to proceed, the adoption caseworker completes the bottom portion of the **Disclosure of Information to Adoptive Applicants (2238) form with** the applicants and permits them to retain the redacted file, ensuring confidentiality of information. A copy is sent to the children's services worker and to the prospective adoptive parent.

- If the decision is to not proceed, the adoption caseworker completes the bottom portion of the Disclosure form and ensures the file information (binder) is returned to CAR. CAR will notify the children's services worker and complete further selections.

Documenting in Linkin:
When documenting information in Linkin regarding prospective adoptive parents, identifying information is not to be included. This refers to any information that would lead someone to be identified or located including, but not limited to:

- full name and date of birth;
- complete address and/or location;
- specific occupation;
- specific work location; and
- names of family, including children, and any information that would identify them.

The child's new name is not recorded in Linkin if a name change is made prior to the adoption being finalized.

Practice Guidelines

Birth Parent Participation
Birth parents placing a child for adoption may have considered characteristics that they would like the prospective adoptive parents to have, which should be considered by CAR during the matching process. Birth parents should be advised there may not be applicants who will meet their requests and to consider what is most important.

Openness
Agreements that facilitate communication between an adoptive and birth family are seen as being in the best interests of the child unless there are circumstances, such as safety concerns, that should be considered. When discussing openness with the birth parents, the caseworker should:

- encourage the birth parents to discuss their plan with their family to determine the type of connection and communication with the child they might like to have; and

- discuss openly with the birth parents their wishes or desires with respect to maintaining connections, but also ensure the birth parents understand that their rights are terminated once an adoption order is granted. An Agreement for Voluntary Exchange of Communication (2228) is made in good faith but is not legally binding.

Comment Sheets/Providing Feedback

The **Adoption Placement Selection form (2264)** has space for children's services workers to provide constructive feedback about why a prospective adoptive family's file was not selected. This information is provided to adoption workers to share with prospective adoptive parents on their caseload. The intent is to inform them of the selection considerations made about them and whether it would impact certain choices or their lifestyle. For example, a prospective adoptive parent who smokes may not be selected because a birth parent does not agree with smoking, or because a child has sensitivities to smoke. Feedback is not meant to be a judgment on someone's personal habits; rather, it is meant to inform prospective adoptive parents of changes they may consider. CAR may return a form if further comment or clarification is required.

5.0 ADOPTION PLANNING

5.4.1 Placement

Legislative Authority

The Adoption Act, 1998 – Sections 14, 15 & 16, The Adoption Regulations (2003) – Section 14
An Act Respecting First Nation, Inuit and Métis children, youth, and families – Section 16

Definitions

Direct Placement – placement of an infant directly from the hospital or during the time in which a birth parent may revoke their consent.

Indirect Placement – placement of an infant from foster care after the period during which a birth parent may revoke their consent has expired.

Preamble

An Act Respecting First Nation, Inuit and Métis children, youth, and families, (the Act) outlines the priorities of placement for Indigenous children. Placement priorities must be consistent with the best interests of the child and considered in the following order:

- With one of the child's parents;
- With another adult member of the child's family;
- With an adult who belongs to the same Indigenous group, community or people as the child;
- With an adult who belongs to an Indigenous group, community or people other than the one to which the child belongs; or
- With any other adult.

Additional considerations of placements, according to Section 16(2) of the Act, include placing the child with or near siblings who have the same parent as the child, or who are otherwise members of the child's family.

Policy

A child is deemed to be placed for the purposes of adoption when:

- the voluntary committal is signed by each birth parent and the time for revocation has expired;
  or
- the court has dispensed with the necessity for either birth parent's signature on the voluntary committal, and the order is no longer subject to the rules for appeal; **or**
- a permanent committal order is made by the court and is no longer subject to appeal;

and

- the child resides with the adoptive parents; **and**
- care and supervision have been given to the adoptive parents.

Prospective adoptive parents must also receive and accept information regarding the child.

Procedures

Refer to Chapter 2.9, Adoption Placement, in the Adoption Services Manual.

1. Voluntary Committal Placements
   Following the selection process, the children's services and adoption workers discuss placement and when it will occur. Each worker is to be present at the time of placement and a family celebration should be planned. If a caseworker is not able to be present, the supervisor will arrange for a designate to attend. Placement can occur in the hospital, a foster home, the Service Area office, or any place mutually agreed upon by the birth and adoptive parents and the ministry.

   Note: some procedures described below may occur in a different order or they may occur simultaneously.

Children's Services Worker Responsibilities	Adoption Worker Responsibilities

• Arrange for adoptive parents to discuss questions regarding health with the infant's doctor, if requested
• Prepare *Checklist for Confirmation of Non-Revocation* (2241) and send to CAR to complete revocation search once revocation expires
• If there has been no revocation, prepare *Certificate of Non-Revocation,* which is signed by Manager, Service Delivery
• Prepare the *Certificate of Placement* (2236), which is signed by Manager, Service Delivery, when all revocation periods or periods to appeal an order have expired and the *Certificate of Non-Revocation* has been completed.
• Complete *Notice of Placement* (2257), ensuring a copy is sent to CAR
• Complete *Agreement for Voluntary Exchange of Information* (2228) with birth
	• Complete four (4) original copies of **Responsibility for Care and Supervision Pending Adoption form (2234),** which is signed by Manager, Adoption Services and adoptive parents. Two copies are placed on file, and the rest are provided to the adoptive parents
	• Inform adoptive parents of their responsibility to:
	  ○ make medical appointments;
	  ○ request visits or support from Public Health Nurse; and
	  ○ apply for Canada Child Benefit and Employment Insurance benefits.
	• Discuss and complete *Assisted Adoption Agreement.*
	• Complete the *Agreement for Voluntary Exchange of Information* (2228) with

parents (and with extended family members, where applicable) and forward a copy to CAR (see Practice Guidelines). • Maintain health coverage • Cancel foster care payments and Children's Special Allowances (where applicable) • After placement, send child care file to Adoption Worker **within 21 days**, ensuring: ○ the CCAR is updated in Linkin in a non-identifying manner to ensure confidentiality; ○ *Child Care Checklist* (2240) is completed; and ○ Linkin is updated.	adoptive parents, if applicable, and forward a copy to CAR; • Once placement occurs, maintain contact standards for a permanent ward. Refer to Chapter 2.7, Contact Standards, in the Children's Services Manual.

2. Domestic Ward Placement (non-Voluntary Committal)

Note that some procedures described below may occur in a different order or simultaneously.

Children's Services Worker Responsibilities	Adoption Worker Responsibilities
• For children twelve (12) years of age and over, and prior to completing *Certificate of Placement*: ○ review with the child and have them sign the *Consent of Child Over 12 Years of Age* (2203), which includes the *Affidavit of Execution* (2203) signed by the caseworker; ○ arrange for another worker for the child to complete the *Certificate of Independent Advice*. • Prepare the *Certificate of Placement (*2236), which is signed by Manager, Service Delivery, when all revocation periods or periods to appeal an order have expired and the *Certificate of Non-Revocation* has been completed. • Complete the *Notice of Placement* (2257) and send a copy to CAR (attach	• Complete four (4) original copies of ***Responsibility for Care and Supervision Pending Adoption* form (2234)**, which is signed by Manager, Adoption Services, and adoptive parents. Two copies are placed on file, and the rest are provided to the adoptive parents. This can be completed prior to *Certificate of Placement* being issued. • Inform adoptive parents of their responsibility to: ○ make medical or other appointments; ○ request visits or support from Public Health Nurse; and ○ apply for Canada Child Benefit and Employment Insurance benefits. • Discuss and complete *Assisted Adoption Agreement*.

Agreement for Voluntary Exchange of Information if it has been completed). • Complete the *Agreement for Voluntary Exchange of Information* (2228) with birth parents (and extended family members, where applicable), and forward a copy to CAR; *Note the option to check 'no agreement being completed'.* • Maintain health coverage. • Cancel foster care payments and Children's Special Allowances (where applicable). • After placement, send children's service file to Adoption Worker **within 21 days**, ensuring: ○ The CCAR is updated in Linkin in a non-identifying manner to ensure confidentiality; ○ Records placed on the file (e.g. school, medical/dental, etc.) are updated with adoptive name; ○ Permanent Wardship Order is on file; ○ Update the Cultural Connections Plan; and ○ Child Care Checklist (2240) is completed.	• Complete the *Agreement for Voluntary Exchange of Information* (2228) with adoptive parents, if applicable, and forward a copy to CAR; *Note the option to check 'no agreement being completed.'* • Once placement occurs, maintain contact standards for a permanent ward. Refer to Chapter 2.6, Contact Standards, in the Children's Services Manual.

Practice Guidelines

Any placement should consider a child's age, development, and level of understanding. Include foster parents, where appropriate, throughout the placement process to assist in easing the transition. The process of placing a child for adoption occurs as a series of planned stages that occur through the following:

- **Pre-placement** - the period prior to the *Certificate of Placement* being signed where the child and adoptive family are introduced to each other, and the adoptive parents begin to understand the child's needs and routines.
- **Placement** - the day where the child is placed for the purposes of adoption and the **Certificate of Placement form** is signed;
- **Post-placement –** the period following placement prior to finalization of the adoption in court. Contact standards are maintained and progress is evaluated; and

- **Finalization**, or the period where the adoption worker prepares the necessary documents and makes a recommendation for the adoption order to be granted.

Pre-Placement

- The children's services and adoption workers are required to participate in pre- placement planning. Encourage foster parents, where applicable, to participate.

- Initially, the children's services and adoption workers should set up a time when the foster and adoptive parents can meet. During this meeting, make introductions and discuss pre-placement planning, including times, locations, and lengths of future visits.
  - In a voluntary committal situation, face-to-face meetings between the birth and adoptive parents can occur prior to the child's birth. Ensure adoptive are aware that birth parents can reconsider their plan for adoption up until the revocation period expires.

- Involve older children in planning pre-placement visits so they can fully participate in the transition. With younger children, consider shorter visits, as well as shortened length of time between visits.

- Pre-placement visits usually progress in terms of length, with first visits typically occurring in the foster home with the caseworkers present. Eventually, the adoptive family should take the child on short outings. The adoptive parents may also visit the child in the foster home to learn the child's routines.
  - In a voluntary committal situation where it is to be an indirect placement (e.g., placement from foster home), encourage the adoptive parents to spend time with the foster parents to learn the routines of the baby.
- When the child feels comfortable with the adoptive family, overnight stays can occur. Assess factors including the child's readiness to have an overnight stay, as well as how prepared the adoptive family is to have the child in their care for an overnight period.

- The process of working up to extended stays should focus on the child's comfort as well as the adoptive family's demonstrated understanding of the child's care needs and ability to meet them.

- The adoption worker should determine which assisted adoption supports may be required. These supports may need to be re-assessed throughout placement (as well as after the adoption occurs).

Placement (Placement Day)

- This is the day the *Certificate of Placement* is signed, which signifies the child is officially 'placed' for the purposes of adoption.

- For non-verbal children, it is important the child see the foster and adoptive parents working together (e.g., packing or unpacking belongings). This can help ease the child's stress or

anxiety or show the child the foster parents are giving the child permission to move on.

- Often, a celebration is planned, which can signify an important event has occurred.

- Prepare a certificate for the child to sign, which can be added to the child's Life Book. This can include the child's new last name and statement about joining the family. This gives the message to the child this move is important and different than previous ones.

Post Placement

- Until an adoption is finalized in court, the adoption worker, family and child (as developmentally able or appropriate) discuss and assess how the family and child are adjusting to the new circumstances. Evaluate assisted adoption supports to ensure they are appropriate to the needs of the child and to support the placement. The adoption worker should also be aware to look for signs of potential disruption.

- After a period of placement with the adoptive family, a child may experience adjustment problems, or may begin to test boundaries or limits. These may signify a child is starting to attach and is feeling anxious as a result. The adoption worker should be available for support and guidance, and ensure the family is accessing appropriate community resources to avoid potential disruption.

Finalization

- At this stage, the adoption worker will make a final recommendation regarding whether or not the adoption should proceed and will prepare the documents required to make application for an Order of Adoption in court (See Chapter 2.10, Finalization of Crown Ward Adoption).

Adoption Disruption

- The adoption worker will ensure the adoptive family has exhausted all available support services and has considered options to place the child with extended family.

- In the event of an adoption disruption, the adoptive parents can sign a voluntary committal. This has the effect of making the child a permanent ward (and eligible for adoption). If protection concerns exist, make a referral to child protection; the child may be then placed in care under apprehended status.

- Where possible, work with the adoptive family and the child/youth to develop a transition plan that minimizes a traumatic move for the child/youth. The plan should include opportunities for the child/youth to say goodbye to the family, as well as neighbors, friends, and others in his/her life.

- Prior to exploring biological family, contact post adoption services to determine if a veto or contact preference has been registered (adoptive parent consent is required if the child is

placed under an Agreement for Residential Services).
  - If a veto or contact preference has been applied, the conditions will be respected.
  - If a veto or contact preference has not been applied, consider placing the child with a member of the child's biological family/extended family.

- If practicable, attempt to maintain the child in an environment that is consistent with their cultural background.

- If there is to be a legal name change, contact eHealth at vitalstatistics@eHealthSask.ca to request a Legal Name Change Form.

Note: When an adopted child becomes a permanent ward through an adoption dissolution or a voluntary committal process (30-day appeal period has lapsed), the provisions of *the CFSA* apply to the child with respect to confidentiality and the disclosure of information. The child retains the adoptive name.

Agreement for Voluntary Exchange of Information (communication agreement)

- At any time during the placement process, birth and adoptive parents may choose to complete and sign the **Agreement for Voluntary Exchange of Information (2228)** with their respective caseworker. It is important for caseworkers involved to discuss with them the type of ongoing communication or contact they prefer, and, if it is the case, to facilitate a mutually agreeable plan.

- In the case of permanent wards, a communication agreement can be completed with anyone meaningful to the child (e.g., former caregivers, siblings, extended family members, etc.).

- Where possible, the agreement should be sent to PAR as soon as it is completed; caseworkers do not need to wait to send it with the closed file. At times, PAR is asked to facilitate exchange of non-identifying information prior to the closure of a file, and so requires a copy of the communication agreement to assist. PAR cannot facilitate exchange of information where there is no agreement by the parties to do so.

The types of communication may include, but are not limited to:
- entering into a commitment for a voluntary exchange of non-identifying information;
- entering into a commitment for voluntary exchange of identifying information (fully open and direct contact) with parties identified (birth family, adoptive family, foster parents); or
- voluntary communication by means of cards, letters, photographs or electronic communication that is mutually agreed upon between the parties.

A copy of the Agreement is provided to whichever party signed it.

If an adoptive family is matched with an Indigenous child, they must agree to participate in cultural planning meetings and maintain the child's Cultural Connection Plan.

5.0 ADOPTION PLANNING

5.4.2 Ward Placed for Adoption Out of Province

Procedures

- Arrangements for a child placed out-of-province are made between the Regional Service Area and the out-of-province agency or child welfare authority. The ministry maintains responsibility for:
  - case planning and management of the file, and is also responsible for providing adoption assistance where the child is eligible; and
  - completing the Interprovincial Placement Agreement (see Chapter 11.13, Interprovincial Protocol, for further information). The agreement should outline any assisted adoption benefits that will be provided by the ministry including procedures for special needs requests.

- Requests for a home study and to facilitate an adoption are made through the Interprovincial Desk (interprovincial.desk@gov.sk.ca).

- The ministry shall supply the out-of-province agency or child welfare authority with a copy of the child's registration information (binder), along with a copy of the **Disclosure of Information for Adoptive Applicants (2238).** Instructions should be provided as to the completion and return of this document.

- The ministry ensures the other jurisdiction receives whatever documentation or information it requires for finalization of the adoption, including Registration of Live Birth and the **Consent of the Minister (2206),** signed by the Manager, Service Delivery. Other documents are provided to the other jurisdiction as required.

- Upon finalization, the Service Area will request a copy of the Order of Adoption from the out-of-province agency or child welfare authority. This copy is placed on the childcare file, and the file is sent to PAR to be stored as a ward file (it becomes a legal adoption file in the jurisdiction where the order is granted).

5.0 ADOPTION PLANNING

5.5 Adoption Program Travel and Placement Subsidy

Individuals adopting a child who is a ward six (6) months of age or more in the Domestic Adoption Program may receive a travel and placement subsidy to support expenses incurred during the required pre-placement and placement processes.

Procedures

In-province Applicants:

- Applicants are required to cover the first 800 km traveled for pre-placement and placement visits, and the ministry may reimburse for any mileage above this amount.

- Applicants are required to cover costs for accommodations and meals within the first 24 hours, and the ministry may reimburse for costs incurred beyond this time.

Out-of-Province Applicants

- Applicants may be reimbursed for return airfare plus accommodation and meal costs after the first 24 hours in Saskatchewan.

- Applicants are responsible for in-province ground travel costs (e.g. taxi, bus, car rental). Coverage may be provided in exceptional circumstances as approved by the Manager, Service Delivery.

Amounts Provided

- Public transportation is actual cost.

- Private transportation is according to current PSC/SGEU agreement rates.

- Accommodation and meals are as per PSC/SGEU agreement rates.

5.0 ADOPTION PLANNING

5.6 Independent Adoptions

Legislative Authority

Sections 7.2, 13 of *The Adoption Act, 1998*
Subsection 5(3), Section 5.1, 8 & 9 of *The Adoption Regulations (2003)*

Policy

Birth parents may independently place a child for the purposes of adoption and if they choose, may revoke their consent. If a child has no living birth parent, a legal guardian of the child may participate in placement arrangements for the purposes of adoption.

Standards

Birth parents cannot sign Consent to independently place a child until the child is at least 72 hours old.

Only a birth parent can undertake the process to independently place a child for adoption and each birth parent must consent to an adoption. The only exceptions are:

- where a birth parent's signature and involvement are dispensed with through a separate court process undertaken by a lawyer working on behalf of the birth parent; or

- where both birth parents are deceased and the legal guardian of the child wishes to independently place the child for adoption.

A birth parent who undertakes a process to independently place a child for adoption has 21 calendar days from the time the Consent is completed in which to revoke consent.

The process for independently placing a child occurs in the following sequence or order:

The Ministry of Social Services completes the *Certificate of Counseling*.
The birth parents see a lawyer to complete the *Consent*.
The Ministry of Social Services completes the *Certificate of Independent Advice*.

A child who is 12 years of age or older must consent to an independent adoption.

Procedures

Create the "ongoing case" in Linkin. Refer to the Linkin Training Manual for information.
Note the status 'Independent Lawyer' is used for independent adoption plans.

The caseworker will provide information to birth parents for community supports and/or services that may be required to support a decision to parent or to place a child for adoption (e.g. referral to a Community-Based Organization (CBO) that provides parent aid, or referral to an appropriate counselor for emotional support).

The caseworker completes the **Certificate of Counseling (2249),** also known as **Form F**, with each birth parent. The caseworker will review the following with the birth parent:

- the option to obtain financial assistance (e.g. Income Assistance) should they choose to parent the child;
- the possibility of seeking assistance from a relative, the other birth parent, the Ministry of Social Services or any other available service in raising the child;
- the option to explore Saskatchewan Income Support (SIS)/ Saskatchewan Assured Income for Disability (SAID), including services such as medical coverage;
- the possibility of voluntary, short-term foster care to enable them to work out a suitable plan;
- adoption alternatives;
- adoption through voluntary committal through the Ministry of Social Services; or
- independent adoption of a relative chosen by the birth parent; and
- PAR services.

Each birth parent is referred to his or her lawyer to complete the birth parent *Consent* to adoption. **The ministry requires a copy of the *Consen*t from the lawyer in order to undertake and complete the *Certificate of Independent Advice* with the birth parents**.

Once the *Consent* to adoption is received, the birth parents return to the ministry to complete the **Certificate of Independent Advice (2244)** also known as **Form G**. A ministry worker other than the person who completed the **Certificate of Counseling** will complete the **Certificate of Independent Advice (2244)** (i.e. if the children's services worker completed the **Certificate of Counseling,** then his or her co-worker or supervisor can complete the **Certificate of Independent Advice**). The person who completes this will review the following with each birth parent:

- the provisions in *The Adoption Act, 1998* respecting revocation and consent to adoption. A letter will be provided to the birth parents clarifying revocation timelines and the process to revoke.

- the effects of an order of adoption (severing of parental rights and responsibilities); and
- that the birth parents have the right to be informed by the ministry whether or not the child has been adopted.

Once the child is born, the child is added to the integrated, ongoing case in Linkin. See the Linkin Training Manual for information.

The Director must receive 30 days' written notice where a child is to be moved out of province for the purposes of an independent adoption.

Note - Independent adoptions are processed with the assistance of a lawyer. The application for Order of Adoption and supporting material is completed/gathered by the lawyer acting on behalf of the adoptive applicants and served on the Director, Service Delivery prior to the lawyer submitting it to court.

Revocation & Dispensation

In an independent adoption, applications for dispensation are made by the lawyer acting on behalf of the prospective adoptive parents. Dispensation timelines for independent adoptions are the same as those for voluntary committal placements. As well, the same provisions for revocation in a voluntary committal apply in the same way in independent adoptions. For information, see Section 5.2.3.

6.0 CHILDREN'S SERVICES EXPENDITURES

6.1 Authority for Case Related Expenditures

Policy

As per Section 55 of *The Child and Family Services Act (CFSA)*, the ministry will make payment for the expense of sheltering, supporting, educating, and caring for children in the care of the Minister. This also applies to children placed with a Person of Sufficient Interest (PSI).

Standards

- When children come into care and are placed by agreement (Section 10 or 56) or with a PSI, certain expenditures may be made to provide for daily living needs and special needs as identified through case planning.

- Caseworkers have the authority to approve or recommend expenditures to support case planning and to ensure the needs of children are adequately met. Caseworkers are responsible to ensure that such expenditures are allowed within the ministry's policies and guidelines and are approved at the appropriate level of authority.

- Caseworkers must follow ministry and general government policies and practice related to accountability for expenditures of public funds.

- Foster families and other caregivers recognized within these policies are to be compensated in a fair, timely and reasonable manner.

Procedures

1. **Prior to making payments,** there must be legal authority for involvement as reflected through the creation of an ongoing case, including legal status and the enrollment of the caregiver as a provider in Linkin.

2. **Provider setup.** Providers are enrolled in Linkin by Child and Family Programs. The caseworker completes the Person / Provider registration and management form and emails the scanned copy of supporting documents to the Financial Services Branch to set-up for payment.

3. **Monthly maintenance payments.** All maintenance payments including short term Emergency Care are automated upon placement in Linkin. This includes payments to Foster Parents, Alternate Care Providers, PSI, Place of Safety caregivers and any other party receiving ongoing monthly payments for children in care.

- To allow for a smooth transition, upon the child's 18th birthday where an order (long-term, permanent or PSI) or an agreement (Section 10) is set to expire, maintenance payments may be issued to the caregiver until the last day of the month in which the child turns 18 so long as the child remains in the placement.
- Where a youth is living semi-independently or independently, so long as the youth remains in the placement, rent or room and board payments may be issued for the entire month in which the child turns 18.
- Youth who are temporary wards or receiving services through a section 10 agreement may have their support extended to complete the current academic year if they are living independently, attending an educational, vocational or treatment program and turning 18 during the school year.
- For those youth who have signed an **Extension of Support Services (Section 56),** maintenance, room and board, or rent may be issued until the last day of the month in which the youth turns 21 so long as the youth remains in the placement.

4. **Foster parent monthly benefits** will include the basic maintenance and applicable PRIDE level payments.

5. **Ongoing Room and Board payments** may be paid to the caregiver on behalf of the youth.
- The payment may be split, with the Room and Board amount paid directly to the caretaker and the youth's personal, clothing, and spending allowance paid directly to the youth.
- Appointment of a private trustee may be made for all or part of the youth's entitlement. Private trustees will be accountable and must complete the **Trustee Accounting Form (1056B)**. Placement of the youth in Linkin will indicate the Trustee as a provider. Room and Board payment and youth allowance will then be paid to the trustee.

6. **Ongoing Independent Living Payments:** Rent can be paid directly to the landlord or to the youth who, in turn, is responsible for the payment.
- If rent is being paid directly to the landlord, a Case Plan Decision is created, using Independent Living services with the landlord as the provider.
- If rent is being paid to the youth along with all other benefits, use the youth allowance and Admin Services will enter into Linkin to create payment.

7. **Special Needs** (Referred to as "Other Benefit Services" in Linkin)
- Caseworkers shall not approve the processing of bills where the service provider has not received the worker's prior approval, either written or verbal.
- Upon receipt of an invoice or Foster Parent Statement of Accounts, the worker is required to verify the service ensuring the service and cost reflect the terms of the verbal or written prior approval. Where there are discrepancies, the worker must resolve these with the service provider.

- Special Needs should be entered in Linkin as a Case Plan Decision if it is a reimbursement (a cheque is produced) or by a Requisition for an immediate need.
- A requisition can be issued and then entered as a Case Plan Decision.
- Any contractual service should be entered and approved as a Case Plan Decision in Linkin. The total for the contract duration will be entered and approved. When the invoices arrive for payment, they will be verified as correct by the caseworker and support staff will process.
- Support staff will audit invoices for mathematical accuracy and ensure the entry in Linkin is correct prior to creating the payments.

Practice Guidelines

Caseworkers are required to approve or obtain approval for expenditures in advance of purchase. Approvals must be in accordance with policy regarding nature of item/service, cost and level of authority.

The caseworker must provide clear direction to service providers regarding the terms of the approval, i.e. clear description of item/service to be purchased, clear statement of dollar limits and time frame for submission of bills.

Caseworkers shall not approve the processing of bills where the service provider has not received the worker's prior approval.

Expenditure decisions must be fully documented in an established format that can act as a standing purchase order and which will allow the processing of the service provider subsequent bill. The documentation must include a description of the item/service, the number of units, the cost per unit and maximum amount. Such documentation should occur near the time of approval and prior to receipt of a bill from the service provider. Where practical, the written approval should be forwarded to the service provider prior to purchase.

Upon receipt of a bill, the worker is required to ensure that the items and cost submitted on the invoice accurately reflect the terms of the prior approval. Where there are discrepancies, the worker must resolve these with the service provider.

When the worker is satisfied that the bill accurately reflects the original approval, they will forward it for general auditing and payment processing. Financial services staff will audit for mathematical accuracy and assurance that the item/service approval level and cost adhere to the policies of the ministries of Social Services and Finance. Financial services staff are not responsible for auditing case practice.

6.0 CHILDREN'S SERVICES EXPENDITURES

6.2 Foster Care Maintenance Rates, Initial Placement Rates

Standards

The basic maintenance rate will form the basis for all monthly or per diem payments made to approved foster homes including therapeutic foster homes and other specialized homes. Rates are designed to cover the cost of raising a child and are established according to the child's age and the location of the foster home, north or south of the 54th parallel (degree of latitude). Communities north of the 54th parallel are designated "northern communities" in Saskatchewan (see Practice Guidelines for list of Northern Communities).

Payment is made for the day the child leaves but not the day the child arrives. Payment can be made for two days if the child arrives one day and leaves the next day.

When a child or youth is absent from care and expected to return to a foster home, the foster parent will continue to receive payment for a period of 10 days to hold the space in the home.

Southern Rates (effective April 2026)

Age	Food	Clothing	Education	Personal Care	Transportation	Household Operations	Recreation	TOTAL
0-5	234.00	148.00	11.00	15.00	100.00	187.00	51.00	746.00
6-11	260.00	112.00	19.00	17.00	100.00	188.00	85.00	781.00
12-15	303.00	122.00	19.00	46.00	100.00	188.00	102.00	880.00
16+	339.00	171.00	19.00	56.00	100.00	188.00	120.00	993.00

Northern Rates (effective April 2026)

Age	Food	Clothing	Education	Personal Care	Transportation	Household Operations	Recreation	TOTAL
0-5	254.00	149.00	16.00	21.00	107.00	191.00	51.00	789.00
6-11	326.00	117.00	25.00	29.00	107.00	191.00	85.00	880.00
12-15	383.00	124.00	25.00	55.00	107.00	191.00	107.00	992.00
16+	443.00	177.00	25.00	71.00	107.00	191.00	123.00	1137.0

Recommended Spending Allowance:

ages 6 – 11:	$25.00/month
ages 12 – 15:	$48.00/month
ages 16+:	$60.00/month

North and South.

To be given to the child from the food, personal, and recreation rate.

Dependent Child Allowance: Youth in care with a dependent child receive $195.00 per month

to cover the cost of basic maintenance items for the child. Special needs in regard to the child may be considered. The youth applies for the Canada Child Benefit for their child.

Practice Guidelines

1. **Food**
   - Rate is based on the nutritional food basket (Agriculture Canada);
   - For children two years and older, the amount allotted for food includes an additional 23 per cent over the base amount for restaurant meals; and
   - Infant rate includes the cost of undiluted formula.

2. **Clothing**
   - Includes basic wardrobe; and
   - The clothing rate for infants and toddlers covers the cost of diapers.

3. **Education**
   - Includes items such as infant development toys, books and tapes for pre-schoolers in the 0 – 5 age range;
   - Includes ongoing cost of items such as notebooks, pens, pencils, etc., as well as midyear replacement for shorts, T-shirt and runners for gym; and
   - Includes incidentals related to school activities (outings, day trips, hot dog days, etc.).

4. **Personal Care**
   - Personal needs such as the following are to be provided from the maintenance allowance:

Personal Soaps and Shampoos	odorants
Make up	Shoe supplies
Toothbrushes and toothpaste	Combs and brushes
Sanitary supplies	Haircuts
Shaving supplies	Dry cleaning

5. **Transportation**
   - To be used for bus pass, taxi or routine travel with the foster child.

6. **Household operations**
   - Includes items like laundry detergent, cleaning supplies, toilet paper and other household supplies; and
   - Infant rate includes additional laundry costs.

7. **Recreation**
   - Includes items like books, toys, bicycles, admission to movies or other events,

memberships, lessons, sports equipment and gifts for children one year and older.

8. Spending Allowance

- Spending allowance is included in the categories of food, personal, and recreation;
- It is expected that an allowance will be given to each child for his or her own use;
- The rates are provided as a guideline only. The actual amount will vary from family to family; and
- The spending allowance is intended for the child's use.

9. Dependent Child Allowance

- This allowance is provided to youth in care with dependent children, or those in Alternate care and Extension of Support, as well as PSI placements and 16 and 17 Year Olds program placements. Special needs in regard to the child may be considered. The youth applies for the Canada Child Benefit for their child.
- The dependent child is not in the ministry's care (unless there are protection concerns and the child is apprehended or in care by a Section 9 Agreement). The ministry does not apply for Children's Special Allowance for the child.

Northern Communities (Northern Allowance)

Air Ronge	Deschambault Lake	Joseph Bighead	Peter Ballantyne FN	Waterloo Lake
Beacon Hill	Descharme Lake	Key Lake	Pierceland	Weyakwin
Barthel	Dillon	Key Lake Mine	Pinehouse Lake	Whelan
Beauval	Dipper Lake	Kinoosao	Points North Landing	Wollaston Lake
Beaver Lake	Dore Lake	La Loche	Primeau Lake	
Birch Narrows FN	Dorintosh	La Ronge	Rabbit Lake Mine Site	
Black Point	Elak Dase	Landing	Rapidview	
Black Lake	Eldorado	Loon Lake	Sandy Bay	
Brabant Lake	English River FN	Makwa	Sled Lake	
Buffalo Narrows	Flying Dust FN	McLennan Lake	Southend	
Buffalo River Dene FN	Fond Du Lac	Meadow Lake	St. George's Hill	
Camsell Portage	Garson Lake	Michel	Stanley Mission	
Canoe Narrows	Goodsoil	Missinipe	Stony Lake	
Cluff Lake Mine Site	Grandmother Bay	Molanosa	Stony Rapids	
Cole Bay	Green Lake	Montreal Lake	Sturgeon Landing	
Collins Bay	Ile a la Crosse	Neeb	Sucker River	
Cree Lake	Island Fall	Patuanak	Timber Bay	
Creighton	Jan Lake	Peerless	Turnor Lake	
Cumberland House	Island Falls Lake FN	Pelican Narrows	Uranium City	
Denare Beach	Jans Bay	Pemmican Portage	Waterhen Lake	

Initial Placements - Per Diem Payments

Foster homes will receive an Initial Placement per diem payment in addition to basic maintenance rates for the first 15 days of a child's placement.

Note: Previously Initial Placement Rate included monthly maintenance rates in the per diem payment. The Initial Placement per diem payment now supplements monthly maintenance rates to provide the equivalent total payment.

1. Initial Placement per diem rate is paid for 15 days in addition to basic maintenance rates for all foster care placements. (Alternate Care and PSI providers are not eligible to receive Initial Placement per diem payments.)

2. Initial placement per diem payments are an additional payment to compensate the caregiver for the tasks required in the first two weeks of placement, for example, arranging medical appointments, purchasing clothing and supplies, attending to school needs, family visiting schedule, etc.

3. When a child remains in a placement longer than 15 days, the Initial Placement per diem will be discontinued and the basic maintenance rate payment will continue.

4. Extensions of Initial Placement per diem beyond 15 days require Director or designate approval.

5. Payment will be made for the day the child leaves but not the day the child arrives. **Exceptions:** Payment will be made for one day if the child arrives and leaves on the same day. Payment can be made for two days if the child arrives one day and leaves the next.

6. Unless otherwise stated in the child's case plan, initial placement per diem rates are not paid when a child is absent from the home for any reason including: hospitalization, visit with natural family, or an unauthorized absence. If a child is returned to the same foster home following a period of absence, Initial Placement per diems are paid for the balance of the 15-day period.

7. Special needs for the initial placement period, such as initial clothing allowance, may be paid in addition to the basic maintenance payment and initial placement per diems.

6.2 Foster Care Maintenance Rates, Initial Placement Rates

Initial Placement Rates (effective April 2026)

Location/Age Range	Basic Maintenance Payment	Additional Initial Placement Per Diem Payment
South 0-5	$746.00	$15.37
South 6-11	$781.00	$14.27
South 12-15	$880.00	$27.37
South 16+	$993.00	$23.97
North 0-5	$789.00	$14.07
North 6-11	$880.00	$11.27
North 12-15	$992.00	$24.00
North 16+	$1137.00	$19.64
Exceptions – use Case Plan Decisions to make payments exceeding 15 days.	Extension of time only. Use above rates for extensions.	Director or Designate

6.0 CHILDREN'S SERVICES EXPENDITURES

6.3 PRIDE Level payments for Approved Foster Homes

Policy

Approved foster parents who have completed required PRIDE Preservice and Aboriginal Culture training will be classified as a **PRIDE Level 1** home. They will receive basic maintenance payments for children placed in their home.

Approved foster parents who complete further training will be assessed as eligible for PRIDE Level 2, Level 3, Level 4, Level 5, Level 6A and Level 6B payments as outlined below in Procedures.

Definitions

Provincial Directors Panel

The Provincial Directors Panel is chaired by the Director, Family Based Care. Panel members include Directors, Out of Home care (OOHC), Executive Director of the Saskatchewan Foster Families Association (SFFA), and the Director of Service Delivery upon invitation. Secretariat support will by appointed by the Director, Family Based Care. The secretariat support will not have a decision-making role.

The panel reviews and approves foster parents for PRIDE Level classification. This panel also reviews exceptional foster parent requests and level of care needs assessments when the Provincial Levels of Pay Assessment Panel cannot come to an agreement.

The purpose of the Provincial Directors Panel is to ensure the principles of procedural fairness in the process and the presentation of the Care Needs Assessment Panel. If there is a concern about the level assessed by the panel:

1. The childcare worker and the resource worker will meet with the foster home and review the referral package presented to the panel.
2. In discussion with the foster family, if all the information was in the referral and presented, the decision is upheld.
3. If information was missing in the package, the Care Needs Assessment Referral is updated by the caseworker and re-presented to the panel for a thorough review.
4. If there is still disagreement regarding the assessment, the Provincial Directors Panel will review to ensure the principles of procedural fairness.

The panel also reviews all exceptional requests for respite, all requested training exceptions (temporary or permanent), and determines the date of approval for a foster family caring for a

child with assessed Level 3 needs and up where the family's training is postponed due to no fault of their own.

Procedures

PRIDE Level Categories:
Level 2:
Approved Level 1 foster parents are required to complete mandatory Level 2 training:

- PRIDE Core Modules One (12 hours) and Two (9 hours)
- First Aid/CPR certification (Level B or C) (17 hours)
- Fetal Alcohol Syndrome Disorder (3 hours)
- Trauma Competent Caregiver Training (6 hours)

Note: Certification for First Aid/CPR must be current and by an approved provider.

PRIDE Level 2 homes will receive a payment of **$500/child/month** in addition to basic maintenance.

Level 3:
Foster homes identified as a Level 3 home are required to complete Level 1, 2 and Level 3 training requirements:
Level 3 mandatory training includes:

- Caring for Aboriginal Children (6 hours)
- LivingWorks Start Suicide Prevention (1.5 hours)
- Trust Based Relational Intervention Training (6 hours)
- Working as a Professional Team Member (PRIDE Core Module 6) (9 hours)

Note: Certification for First Aid/CPR must be current and by an approved provider.

Foster parents classified as a Level 3 home **and caring for a child assessed as requiring Level 3 care** will receive a payment of **$1300/child/month** in addition to basic maintenance.

Level 3 payments are only applied to a child assessed as requiring Level 3 care.

Level 4:
Foster homes identified as a Level 4 home are required to complete Level 1, 2, 3 and 4 training which includes:

- LivingWorks ASIST -Applied Suicide Intervention Skills Training (14 hours)
- Med Assist (4 hours)

Foster parents classified as a Level 4 home **and caring for a child assessed as requiring Level 4 care** will receive a payment of **$2100/child/month** in addition to basic maintenance.

Level 4 payments are **only** applied to a child assessed as requiring Level 4 care by the Care Needs Assessment Panel.

Level 5:
Foster homes identified as a Level 5 home are required to complete Level 1, 2, 3, 4 and Level 5 training which includes:

- Transfer, Lifts and Repositions (6-8 hours)
- Grief and Loss (2 hours)

Foster parents classified as a Level 5 home **and caring for a child assessed as requiring Level 5 care** will receive a payment of **$2900/child/month** in addition to basic maintenance.

Level 5 payments are only applied to a child assessed as requiring Level 5 care needs as assessed by the Care Needs Assessment Panel.

Level 6A:
Level 6A approved foster families will provide emergency care (24-hour service) for children/sibling groups entering care, experiencing a placement breakdown or other circumstances where a child/youth would otherwise be placed in short term community-based homes.

Level 6A emergency receiving homes are intended for short term stays.

Foster homes identified as a Level 6A or "Emergency Receiving Home" are required to complete Levels 1, 2, 3, and 6A training which includes:

- Children Entering Care: Mental Health Issues (2 hours)
- Children Entering Care: Physical Health Issues (2 hours)

Foster parents classified as a Level 6A home will receive a payment of Level 3 remuneration, basic maintenance and $1300.

Level 6B:
Level 6B approved foster families will take the lead in working with families where reunification support is needed.

Level 6B approved foster families will participate in planning and case conferences to advance family reunification, have direct contact with a child's family, coordinate family visits, and support all activities to facilitate the reunification process.

6.3 PRIDE Level Payments for Approved Foster Homes

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Foster homes identified as a Level 6B or "Family Reunification Home" are required to complete Levels 1, 2, 3, 4 and 6B training which includes:

- Working with Birth Parents: Visitation (2 hours)
- Working Together with Primary Families (4 hours)

Foster parents classified as a Level 6B home will receive a payment of Level 4 remuneration, basic maintenance and $2100.

PRIDE Level Classification for Foster Families:

- When a foster family requests approval for PRIDE Level 3, 4, 5, 6A or 6B classification, the resource worker completes a Professional Development Agreement: Change of Circumstance with the family.

- The request is approved by the OOHC supervisor and manager and presented to the Provincial Levels of Pay Directors Group.

- If approved as a Level 3, 4, 5, 6A or 6B home, the family will be required to take additional mandatory training prior to accepting placement at these levels, and prior to receiving a higher level payment for a child already placed in the home.

- Completion of mandatory training must be recorded in Linkin in order to designate foster parents as meeting the requirements for Level 3, 4, 5, 6A and 6B classification.

- Training for Level 4 and 5 classification will be based on case specific training as needed to provide care for children with specialized care needs. Completion of this training must also be entered in Linkin.

- The PRIDE Level payments will be pro-rated based on the number of days of the child's placement, effective the date that the Level was approved. Payment is not provided for the date that the child is initially placed but is provided for the day the child leaves. Payment can be made for two days if the child arrives one day and leaves the next day.

- The PRIDE Level 1 and 2 payments will be applied when payment is made to foster families on behalf of relative children placed as Alternate care placements in the home. PRIDE Level 3, 4, 5, 6A and 6B payments will be applied only when a child is assessed as requiring care at those levels.

- The PRIDE Level 1 and 2 payments will be applied when payment is made to foster families on behalf of youth in the home who are receiving Extension of Support (Section 56) services. PRIDE Level 3, 4, 5, 6A and 6B payments will be applied only when a youth is assessed as requiring care at those levels.

- The PRIDE Level payments will not be applied on behalf of children who are placed pursuant to a PSI order.

- Payments for special needs of a child or for foster home support will be provided to all caregivers and will not be impacted by PRIDE Level payments.

- Initial placement rates will not be impacted by PRIDE Level payments (level payments will be effective on the date of the child's placement).

Description	Expenditure	Approval
PRIDE Level 1 Payment	Basic Maintenance rates	Supervisor
PRIDE Level 2 Payment	Basic Maintenance plus $500/month	Supervisor
PRIDE Level 3 Payment	Basic Maintenance plus $1300/month	Manager
PRIDE Level 4 Payment	Basic Maintenance plus $2100/month	Manager
PRIDE Level 5 Payment	Basic Maintenance plus $2900/month	Manager

Practice Guidelines

The following are some guidelines regarding administration of PRIDE level payments:

New Applicants:
Newly approved foster homes (PRIDE Level 1 designation) will have nine months (with a possible extension to twelve months) from the date of approval of their home to complete mandatory PRIDE Core One and Two modules, First Aid/CPR certification, FASD, and Trauma Competent Caregiver training. Whenever possible, newly approved foster homes will complete Trauma Competent Caregiver Training prior to accepting their first child placement.

Whenever possible, foster families will complete PRIDE Core One and Two modules when they have had placement of a child in their home for a period of one to three months in order for the material to be effectively learned and supported by the resource worker.

Oversight by the foster family's assigned resource worker should occur frequently in the family's first year of fostering to ensure training is available and the foster home is progressing toward completion (see Chapter 4.4.14 Support to First Year Foster Homes).

If training is not complete or nearing completion by 11 months, the foster family's circumstances should be reviewed by the Provincial Directors Panel to make a decision to extend the time period for completion of training, designate the foster home as PRIDE Level 1, or close the foster home.

If a foster family does not meet the above criteria, the family's circumstances should be reviewed to determine options for the family:

- PRIDE Level 1 payment going forward;
- Option of receiving future placements to be determined;
- Consider possibility of foster home closure.

Exceptions:
Exceptions may be agreed upon at the time of review of a family's circumstances and approved by the Director/Executive Director, OOHC.

The following circumstances may be considered as reasons to extend the family's time to complete required training and will be entered into Linkin as "Temporary Override Reasons" requiring an end date of up to one year from entering the exception:

- Weather Interruption
- Illness/Medical
- No Available Childcare
- Employment Related
- Training Certification Expired
- One on One Training Required
- Pending Inter-Jurisdictional Child Welfare Check
- Pending Medical Assessment(s)
- Pending Return of Fingerprints
- Pending First Nations Agency Verification

In rare circumstances, exceptions may be granted and entered into Linkin as "Permanent Override Reasons" with no end date required as follows:

- Medical/Cognitive
- Years of Service
- Retirement Pending
- Course Equivalency
- First Nations Agency Approved Caregiver

6.0 CHILDREN'S SERVICES EXPENDITURES

6.4 Child Specific PRIDE Level Payments for Approved Foster Homes

Policy

Children and youth with exceptional physical, emotional, or developmental complex needs may be assessed and matched for placement in foster homes eligible to provide Level 3, Level 4 or Level 5 care.

Definitions

Care Needs Assessment – an assessment intended for use by the Provincial Levels of Pay Assessment Panel to determine a child/youth's care needs and corresponding PRIDE level of pay eligibility for the caregiver.

Provincial Levels of Pay Assessment Panel – a collaborative decision-making team of subject matter experts established to complete the Care Needs Assessment and assign a level of care. The panel will be chaired by an OOHC manager and include:

- Service Delivery manager from each service area;
- OOHC manager from each service area; and
- SFFA representative.

Provincial Levels of Pay Directors group – reviews requests from foster parents for PRIDE Level classification and reviews level of care needs assessments when the Provincial Levels of Pay Assessment Panel cannot come to an agreement. The group includes directors of Service Delivery, OOHC, PRIDE Manager and the Executive Director of the SFFA.

Procedures

PRIDE Level Classification for Foster Families:

Foster family requests to become caregivers for children or youth with care needs assessed at PRIDE Level 3, 4 or 5 must be approved by the Provincial Levels of Pay Directors group (see Chapter 6.3 Procedures).

- The foster family will be required to take additional mandatory training prior to accepting placement at these levels.

- In cases where a child's assessed level changes during placement, the new rate of pay will not be in effect until the foster parent has been approved and completed all required training.

6.4 Child Specific PRIDE Level Payments for Approved Foster Homes

Care Needs Assessment Referral

- A Care Needs Assessment may be requested in the following circumstances:
  - An identified increase in care needs of a child/youth in a foster home;
  - Identified complex needs for a child/youth transitioning from high-cost care or alternate resource;
  - Reassessment may be requested at placement change to reflect an increase or decrease in care needs of a child/youth.

- A referral for completion of a Care Needs Assessment may be initiated by the child/youth's caseworker, resource worker or the foster family;

- An updated OOHC Child Placement/Extended Family Care Request is completed by the child's caseworker;

- The supervisor reviews and submits the referral to the manager;

- The Service Delivery manager reviews and submits the referral to the email group **SS CFS Provincial Levels of Pay Assessment Panel;**

- A Care Needs Assessment will be completed within 30 days of the referral.

Provincial Levels of Pay Assessment Panel Process

- The Provincial Levels of Pay Assessment Panel meets weekly (virtually) to review referrals;

- The child's caseworker, Service Delivery supervisor, and the resource worker will attend the panel discussion together;

- The child's caseworker presents the referral via video conference and will have all related materials present for reference;

- The Provincial Levels of Pay Assessment Panel completes the Care Needs Assessment, using a group decision-making process to assign a level of care;

- A 75 per cent agreement decision is required to assign Level 3, 4, or 5. If a 75 per cent agreement cannot be reached, the case will be presented to the Provincial Levels of Pay Directors group for a final decision within seven days of referral;

- If a Level 3 to 5 designation is established, the resource worker will contact the foster family within two business days to discuss the decision, rationale, and any recommendations. The foster parent will be provided the **Care Needs Assessment Decision letter (12.72)** within five working days. A copy is provided to the child's caseworker, Child and Caregiver Support Worker, and the Director, OOHC. The level designation is entered and approved in Linkin.

- If the child has been assessed at a level higher than the foster parent's approved level, a meeting time is arranged with the resource worker to complete a Change of Circumstance; Professional Development Agreement;

- If the OOHC supervisor and manager are in support of the family's approval to care for Level 3+ children, the OOHC manager will present to the Directors group; and

- If approved by the Directors group, the family can begin training.

Practice Guidelines

PRIDE Level 1 and 2 payments:

The majority of children in foster care will be cared for in PRIDE Level 1 or 2 homes. Care needs at these levels include routine medical care for eye care, dental care, orthodontics, asthma, eczema, allergies, and medication administration. Children may have mild hearing loss, speech, and language delays resulting in difficulty understanding instructions, and memory difficulties. They may require regular supervision in the completion of personal care tasks beyond what would be considered an age-appropriate level e.g., reminders to bathe, brush teeth, use the washroom, etc. They may require age-appropriate guidance, protection, and direction regarding sexuality and the development of appropriate sexual behavior. As well, they may require support and attention due to separation, loss, and trauma.

PRIDE LEVEL 3, 4 and 5 payments:

The following provides guidelines to inform the assessment of children's care needs in order to determine appropriate PRIDE Level 3, 4, and 5 payments:

Children/youth assessed as requiring Level 3 care:

- May have stable chronic conditions requiring an increased level of intervention including medical or behavioral needs, specific procedures (for example supplemental tube feeds, all bathing and hygiene activities initiated and carried out by the caregiver over and above age-appropriate needs);
- May require monitoring, support, and increased supervision due to psychological or emotional problems, patterns of disruptive or impulsive behaviors that place themselves or others at risk;
- May require guidance and support related to sexual orientation and gender identity;
- May require intensive support while recovering from debilitating symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, PTSD, etc.;
- May have been a victim of sexual exploitation or human trafficking.

Children/youth assessed as requiring Level 4 care:

- May require intensive case and supervision due to medical conditions, mental health, addiction, behavioral concerns, or a combination of needs;

- May demonstrate sever aggressive, antisocial behavior that places themselves or others at significant risk of physical harm;
- May require constant supervision and/or clinical intervention due to sexual activities causing significant risk to themselves or others;
- May exhibit frequent episodes of unprovoked aggressive behavior, premeditation, or intent to injure which may result in police investigation and/or criminal charges;
- May actively resist assistance with personal hygiene, including diapering when unable to assist in bladder/bowel care due to a chronic condition, causing intentional or non-intentional injury;
- May require two people for lifts and transfers;
- May be completely dependent on others for movement within their environment.

Children assessed as requiring Level 5 care:

- Will require constant physical/medical care and supervision;
- Have life threatening medical/physical conditions and may be dependent on a mechanical device to replace or compensate for vital body functions or avert immediate threat to life;
- Frequent consultation with medical personnel is required.

Care Needs Assessment Decision

- The Care Needs Assessment decision is based on information in the following areas presented by the child's caseworker:
  - Health; Medical Needs, Eating/Feeding and Personal Hygiene, Ambulation and Transfer, Communication:
    - Formal diagnosis including the prognosis for the condition;
    - Recent hospital visits or hospitalization;
    - Medical professionals involved e.g., home care, nursing, physicians;
    - Mechanical devices used for vital body functions; e.g., ventilator, dialysis;
    - Clear information outlining the child/youth needs including the level of intervention required, e.g., eating/feeing, personal hygiene, ambulation and transfer, communication skills.\
  - Mental Health and Addictions:
    - Formal diagnosis including the prognosis for the condition;
    - Details or recent hospital visits, hospital admissions including any mental health warrants;
    - Suicidal ideations and/or suicide attempts;
    - Recommendations for treatment from professionals;
    - Participation in formal programming e.g., treatment centre, detox, eating disorder groups.
  - Behaviors:
    - Behaviors are seen in multiple environments such as home, school, and

community;
    - Concerns with school attendance; the number of suspensions, or expulsions;
    - Existence of safety plans;
    - Impact of behaviors, e.g., injury to self, others, or property destruction;
    - Level of aggression;
    - Young offender involvement;
    - Absences from approved placement.
- Sexual Behavior:
    - Risk to self or others;
    - Required supervision and monitoring.
- Other contributing factors that affect child/youth needs.

6.0 CHILDREN'S SERVICES EXPENDITURES

6.5 Fee for Service Payments for Developmentally and/or Physically Disabled Children

This policy has been removed as the Care Needs Assessment will replace the completion of the Daily Living Support Assessment (DLSA) for children in out of home care.

6.0 CHILDREN'S SERVICES EXPENDITURES

6.6 Alternate Care, PSI, and Specialized Out-of-Home Care Rates

Alternate Care and Person of Sufficient Interest

The ministry may provide financial assistance to children and youth living in Alternate Care or with a court designated Person Having a Sufficient Interest. See Chapters 4.3.4 and 4.3.5 for policies and standards.

Alternate Care and court designated PSI caregivers are paid a monthly rate, equivalent to basic foster care maintenance rates, as shown below.

Additional payments for Special Needs (see Chapter 7) and additional supports to caregivers for babysitting and respite (see Chapter 8 for rates) will be considered on a case-by-case basis in consultation with Supervisor / Director or designate.

Rates are designed to cover the cost of raising a child and are established according to the child's age and the location of the caregiver's home, north or south of the 54th parallel (degree of latitude). Communities north of the 54th parallel are designated "northern communities" in Saskatchewan (see Chapter 6.2 for list of Northern Communities).

Southern Rates (effective April 2026)

Age	Food	Clothing	Education	Personal Care	Transportation	Household Operations	Recreation	Total
0-5	234.00	148.00	11.00	15.00	100.00	187.00	5100	746.00
6-11	260.00	112.00	19.00	17.00	100.00	188.00	85.00	781.00
12-15	303.00	122.00	19.00	46.00	100.00	188.00	102.00	880.00
16+	339.00	171.00	19.00	56.00	100.00	188.00	120.00	993.00

Northern Rates (effective April 2026)

Age	Food	Clothing	Education	Personal Care	Transportation	Household Operations	Recreation	Total
0-5	254.00	149.00	16.00	21.00	107.00	191.00	51.00	789.00
6-11	326.00	117.00	25.00	29.00	107.00	191.00	85.00	880.00
12-15	383.00	124.00	25.00	55.00	107.00	191.00	107.00	992.00
16+	443.00	177.00	25.00	71.00	107.00	191.00	123.00	1137.00

Youth in Alternate Care or PSI placements who have a dependent child receive $195.00 per month to cover the cost of basic maintenance items for the child. Special needs in regard to the child may be considered. The youth applies for Canada Child Benefit for their child.

6.6 Alternate Care, PSI, and Specialized Out-of-Home Care Rates

Therapeutic (TFC), TAPS, TEAMS and Parent Therapist Foster Homes

These specialized homes have provided care to children and youth presenting a range of behavioural, social, developmental and emotional care needs.

Effective January 2022, all TFC, TAPS, TEAMS and Parent Therapist homes transitioned to PRIDE Level 3 pending completion of required training. Their rate of pay remains at TFC rate until they complete training, at which time they are eligible to receive PRIDE Level 3 payment for the children in their care at the time of transition. Going forward, new placements are compensated based on the assessed level of the child's care needs.

When a child or youth is absent from care and expected to return to the Level 3 foster home, the foster parent will continue to receive payment for a period of 10 days if the expectation is to keep the space available.

Independent Living

Children's Services provides payment for independent living only in exceptional circumstances. See Chapter 4.8 for policy, guidelines and procedures.

Independent Living basic rates include a monthly amount for rent, utilities, food and household, clothing, spending and personal. These amounts are paid in advance and may be split, with rent going to the landlord as a Case Plan Decision and the remainder paid to the youth under "youth allowance", or the entire amount may be paid under youth allowance, if the youth pays rent directly. There are also one-time grants for damage deposits, furniture and utensil purchases. Special needs (referred to as "Other Benefit Services" in Linkin) for youth in an independent living situation may be considered.

Youth in independent living situations with a dependent child receive $195.00 per month to cover the cost of basic maintenance items for the child. Special needs in regard to the child may be considered. The Canada Child Benefit is exempt.

These are maximum but not absolute rates, so that lesser amounts may be granted where feasible.

Service	Expenditure	Approval
Independent Living Rates		
Rent (Paid as Case Plan Decision or Youth Allowance)	$575/month	Supervisor
Youth Allowance:		
Utilities (Includes purchase of cell phone and minutes)	Actual	Worker
Damage Deposit	1 month's rent up to $575 Over $575	Worker Supervisor

Furniture/Utensils	Up to $400 (once) Over $400	Supervisor Manager
Food and Household	Up to $339/month	Worker
Clothing	Foster care rate ($171/month)	Worker
Spending	$60/month – south	Worker
Personal	$56/month – south	Worker
Laundry	$30/month	Worker
Rates in excess		Manager Service Delivery
Maintenance for Dependent Child	$195/month	Worker

Room and Board

The Children's Services program provides payment for Room and Board in exceptional circumstances. See **Chapter 4.8** for policy, procedures, and guidelines.

Room and Board rates are paid in advance, either as an automated monthly payment or through a Case Plan Decision. Clothing, spending and personal amounts are paid as youth allowance in addition to the room and board rate. Payments may be split, with room and board going to the service provider as a Case Plan Decision and the remainder paid to the youth under "youth allowance," or the entire amount may be paid under youth allowance, if the youth pays room and board directly. Special Needs (Other Benefit Services) for youth in room and board placements may be considered.

Youth in room and board with a dependent child receive $195.00 per month to cover the cost of basic maintenance items for the child. Special needs (Other Benefit Services) in regards to the child may be considered. The youth applies for Canada Child Benefit for their child.

When a child or youth is absent from care and expected to return to a Room and Board home, the provider will continue to receive payment for a period of 10 days to hold the space in the home.

Service	Expenditure	Approval
Room and Board Rates		
Room and Board	Up to $600 Over $600	Supervisor Manager, Service Delivery
Clothing	Basic foster care rate ($171/month)	Worker
Spending	$60 – south	Worker
Personal	$56 – south	Worker

Maintenance for Dependent Child	$195/month	Worker
Northern Allowance	$51/month	Worker

For youth receiving services under Section 10 of the *CFSA*, please refer to "Support Services for 16/17 Year Olds" policy manual.

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.1 Policy

Policy

The ministry may provide additional assistance for those items covered by basic maintenance where a child's individual need is in excess of what would normally be expected to be provided by the foster home from basic maintenance.

The ministry may also provide payment for services or other items to meet the child's needs when the service or purchase of an item is part of the case plan for the child or youth.

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.2 Standards

Standards

- Amounts in excess must be based on an assessed need of the child.
- The worker must clearly determine that the child's need is above what can be provided by basic maintenance.
- Ongoing excess amounts must be reviewed and approved at least every six months and must only be paid for as long as the need is demonstrated to exist.

7.0 SPECIAL NEEDS / OTHER BENEFIT SERVICES

7.3 Food

Procedures

1. Allowances for special diets, including high-cost infant formula, may be provided for children in care when the diet is prescribed in writing by the child's physician.

2. With the exception of infant formula, the cost of the prescribed diet must be calculated by a nutritionist from the Saskatchewan Health Authority.

3. Allowances for special diets shall be the difference between the cost of the special diet and the basic maintenance rate for food except for a child 1-5 years' old who requires a high-cost formula or special milk. In this case deduct ¼ of the food allowance from the cost of the special diet to determine if a special food allowance is required. The child will need other foods purchased for them. Not all diets involve additional costs as the type or volume of food may cost less than a regular diet. If options are available, the more economical alternative should be explored with the child's physician.

4. When foster parents are required to take a foster child for visits, counseling, appointments or recreational activities that are part of an approved case plan, the cost of meals for the foster parent(s) and the child may be claimed, without receipts. Cost of meals for any additional children need to be agreed upon by the foster parent and caseworker in advance and may be approved on a case by case basis.

5. For special holidays and excursions foster parents continue to receive basic maintenance and part of the food rate is for restaurant meals. However, some trips are quite costly and if most of the meals will be eaten in restaurants, consideration may be given to providing assistance for those high-cost days.

6. When a caseworker purchases a meal for a child (for example, when they take a foster child for appointments or purchase food for a child who is apprehended), the actual cost of the food or meal may be claimed by the caseworker (maximum re- imbursement of PSC meal rate; exceptional costs require Director/designate approval). Receipts are required.

Note: Service Authorizations in Linkin are required before special needs food costs may be issued.

7.3 Food

Service	Expenditure	Approval
Food above basic maintenance		
Special Diets	Actual minus maintenance rate	Supervisor
Restaurant Meals – a portion of the basic maintenance food rate is to cover occasional restaurant meals. For meals related to the case plan the following applies: 2-10 Years 11+ Years	 ½ PSC Rate PSC Rate	 Worker
For special holidays: 1-10 Years 11+ Years	 Up to $5/day Up to $10/day	 Worker
Food purchased for a child in care by caseworker	Actual cost (maximum re-imbursement equal to PSC rate) Exceptional costs exceeding PSC rate	Supervisor Director, Service Delivery or designate

7.0 SPECIAL NEEDS / OTHER BENEFIT SERVICES

7.4 Clothing

Procedures

Initial Clothing Allowance:

1. At the time of placement, or change of placement, the caseworker will ensure the child's complete clothing supply accompanies the child.

2. When the basic supply of clothing for a child admitted to care is inadequate, an Initial Clothing allowance may be granted for the purchase of necessary clothing.

3. When items are purchased for apprehended, voluntary care or temporary wards, consideration should be given to the financial means of the child's family. The child's parents should, wherever possible, be involved in the selection of items to ensure that purchases are consistent with their lifestyle and preferences.

Clothing Allowance - Change of Placement:

- Where a child's basic clothing supply is inadequate at the time of a change in placement, the caseworker will review with the former foster parents their use of the regular clothing allowance prior to approving a change of placement clothing allowance.

Clothing Allowance - Exceptional Circumstances:

1. Additional assistance may be provided in exceptional circumstances when a purchase cannot reasonably be covered by the regular clothing allowance, such as:
   - special clothing for a handicap/medical condition
   - replacement of clothing lost in an accident or fire
   - other exceptional circumstances, such as graduation or wedding

2. An amount in addition to the Initial Clothing or Change of Placement clothing allowance may be made, with Manager, Service Delivery approval, in exceptional circumstances, such as when a child comes into care in the fall or winter and does not have adequate outerwear, such as a coat/jacket/boots.

Bedding:

- Bedding and other baby needs are included in "infant clothing". Foster parents are expected to have the appropriate and necessary furnishings to begin fostering such as cribs, beds etc.

- Where bedding is required to support a placement of a child with an extended family member as a Place of Safety or an Alternate Caregiver, additional assistance for necessary bedding may be provided.

Luggage:

- An appropriate luggage item may be provided as part of the initial clothing.

Note: Case Plan Decisions in Linkin are required before special needs clothing costs may be issued. Linkin service names are based on program area, i.e., FC-Clothing, EF- Clothing, FC -Ranch Trtmt-Clothing and not by age of child.

Service	Expenditure	Approval
Clothing		
Initial Clothing		
Infant	$100	Worker
1-5 Years	$150	Worker
6-11 Years	$190	Worker
12-15 Years	$210	Worker
16 Years	$230	Worker
Change of Placement		
Infant	$50	Worker
1-5 Years	$75	Worker
6-11 Years	$95	Worker
12-15 Years	$105	Worker
16 Years	$115	Worker
Exceptional	$200/year Over $200/year	Supervisor Manager, Service Delivery

7.0 SPECIAL NEEDS / OTHER BENEFIT SERVICES

7.5 Education Costs

Procedures

1. Foster families receive a monthly education allowance as part of their basic maintenance payment for a child. This payment rate varies depending on the child's age and location (north or south) and is intended to cover the cost of day to day, ongoing expenses associated with school attendance, such as gym clothing, school outings, etc. (see Chapter 6.2 Foster Care Maintenance Rates).

2. Initial School Supplies and Fees: Prior to the start of the school year, foster parents and extended family caregivers will receive payment for the initial costs of books, supplies, equipment and school fees. Basic amounts are as follows:
   - Kindergarten students: $60.00
   - Elementary School students (Grades 1 – 8): $105.00
   - High School Students (Grades 9- 12): $160.00

3. If a child is in their placement prior to the beginning of the school year, the above amounts be paid automatically if information is entered on the child's person page in Linkin. School costs in excess of the basic amounts or costs incurred other than at the start of the school year, e.g. when a child comes into care in mid-year, will be provided as necessary. Receipts are required in these instances.

4. Lunchroom Supervision Fees: The actual costs may be covered where school divisions request fees for elementary and high school students who stay at school for lunch. This includes students who are transported to school by the school division.

5. School Pictures: The actual costs of an average package of school pictures will be issued to the foster parent or caregiver. This may be paid in advance or reimbursed after the purchase.

6. Tutoring: Payment may be made for individual tutoring if the Board of Education cannot cover expenses, and if the tutoring is such that a child's parent would otherwise be responsible.

7. Tuition Fees: The ministry will pay tuition fees for a child in care in those instances where a parent would be required to pay fees.

8. Post-Secondary: Costs of attending business, technical or vocational training or university may be provided as part of an educational plan for a ward (requires approval of the Manager, Service Delivery). Youth attending university or vocational school are

eligible for an increased spending and personal allowance (see below).

Note: Case Plan Decisions in Linkin are required before special needs education costs may be issued.

Practice Guidelines:

Tutoring:

- It is important that special tutoring considerations be discussed with school officials. Generally, all education expenses are the responsibility of Boards of Education. Payment may be made for individual tutoring due to environmental or personal factors or therapeutic tutoring when a child in care is experiencing failure in his school setting and will benefit from a therapeutic tutoring project.

Tuition Fees:

- Tuition fees may be paid to attend a private school only if this will meet an identified need which cannot be met in the regular school system or if this is part of an ongoing case plan for a youth.

Youth attending university or vocational school:

- Youth in care should generally not be enrolled in university or other educational or training facilities outside the province unless it has been established that the course is not available in Saskatchewan and is consistent with the youths' educational goals.

Other Educational Services:

- Services such as psychological testing, speech therapy and other professional services are often available through the Saskatchewan Health Authority or the Ministry of Education and must be considered before a decision is made to purchase services from a private individual or agency.

- When a youth in care is unable to enter the regular school program, training-on-the- job situations may be considered. Funds may be available through Post-Secondary Education.

Service	Expenditure	Approval
Education		
Initial Supplies/Fees	$60 Kindergarten $105 Elementary School $160 High School Exceptional	Worker Supervisor
Lunchroom Supervisor	Actual Cost	Worker
Pictures	Actual cost of average package (Maximum $300)	Worker

Tutoring (if not covered under *The Education Act*)	Actual cost (requires contract)	Manager, Service Delivery
Tuition Fees (includes post-secondary)	Actual cost	Director, Service Delivery
Youth attending university or technical school	Spending $75 Personal $50	Manager, Service Delivery

7.0 SPECIAL NEEDS / OTHER BENEFIT SERVICES

7.6 Travel Costs

Policy

The ministry may pay travel costs above the Basic Maintenance Rates for a child in care and an escort in the following circumstances:

a. to maintain or facilitate contact with the child's family or significant others;

b. to facilitate pre-placements visits when a child is being placed with extended family, foster home, group home, treatment facility, or adoption home;

c. when a child attends medical, dental, optical, psychological, psychiatric or other similar services (for medical travel out-of-province, the Ministry of Health must be explored as a resource);

d. to attend recreational, educational and cultural activities or events that occur regularly, or occur outside the home community, and are of benefit to the child and where the travel costs are normally a parental responsibility; and

e. travel required in the event of serious illness or death of child's family or significant others, including extended foster family members with whom the child has a close relationship.

Procedures

1. **For children who are in care pursuant to Section 9 – Residential Services Agreement**, the child's parent must provide permission for the child to travel outside of the province along with signed consent for emergency medical treatment.

2. Travel costs above the Basic Maintenance Rate are only paid for services or events over 10 kilometers(km) from the caregiver's home.

3. Travel costs above the Basic Maintenance Rate must have the prior approval of the caseworker **except in the case of an emergency**.

4. Where a foster home determines that travel is an emergency (primarily medical situations) and prior approval is not possible, post approvals will be based on whether the situation could reasonably be considered an emergency.

5. Where travel outside the 10 km radius range has been approved foster families must

submit bills monthly and indicate name of child, purpose of travel, name of the worker who authorized travel, date of authorization, and kms traveled.

6. Costs must be pro-rated per child if several children, including foster parents' children, are transported at the same time.

7. Compensation will be provided only for the distance to the nearest centre to the foster home where the service can be obtained.

8. When services are available within 10 km of the foster home and the foster family prefers to obtain services in a more distant centre, compensation in addition to basic rates will not be approved.

9. All travel approved on behalf of the child is paid through the child's file.

Note: Case Plan Decisions in Linkin are required before special needs travel costs may be issued.

Practice Guidelines

1. The means of transportation used should be the most economical or reasonable given the circumstances.

2. Travel for the child's family will be considered in the following circumstances:
   a. visits are considered important, necessary and in the best interests of the child;
   b. the child's family does not have the financial resources to pay for the travel costs; and
   c. funding for travel costs is not available from other sources.

Payment is to be based on the actual cost of transportation or gas - not PSC rates.

Service	Expenditure	Approval
Travel		
Public Transportation	Actual costs	In Service Area: Worker Out of Service Area: Supervisor
Private Transportation	PSC rate	Out of Province: Manager, Service Delivery Out of Country: Director, Service Delivery
Travel Costs for Child's Family	Actual or gas Not PSC rate	Director, Service Delivery or designate

7.0 SPECIAL NEEDS / OTHER BENEFIT SERVICES

7.6.1 Travel for Special Holidays/Excursions

Policy

The ministry may pay exceptional travel costs to enable a child or youth in care to take a special holiday with their caregiver.

Standards

- Requests for Special Holidays may be considered once per child per calendar year.
- Caregivers must provide a written request two months prior to the departure date of the planned special holiday in order to allow sufficient time for the ministry to complete the approval process.
- **For children who are in care pursuant to Section 9 - Residential Services Agreement**, the child's parent must provide permission for the child to travel outside of the province along with signed consent for emergency medical treatment. (12.56 Parent Consent for Travel letter).
- **For children in care of the Minister who are temporary, long term or permanent wards or on apprehended status** a letter of permission and medical consent must be **signed by the Director, Service Delivery or designate.** (12.54 Out of Province Travel letter and 12.55 Out of Country Travel letter).
- **When a child in care travels outside of Canada with their caregivers, additional health insurance must be purchased for the child**.

Procedures

1. The written special holiday request from the caregivers should include the following information:
    a. Destination
    b. Mode of transportation
    c. Length of holiday
    d. Number of individuals that will be traveling
    e. Children's names
    f. Type of lodging
    g. Planned activities (provide detail)
    h. Anticipated additional costs (provide an explanation).

2. The child's parent should be consulted whenever possible to ensure they are in agreement with the travel plans for the child. In the event they do not approve of the plans, the caseworker should consider alternate arrangements for the child's care while the caregiver is away.

Note: In the case of a child in care by Section 9 Agreement, signed parental consent is required (12.56 Parent Consent for Travel letter). The child may not travel without the parent's consent.

3. The ministry will provide written confirmation of approval to the caregiver when the special holiday request is approved.

4. The child's caseworker will prepare approval letters for out-of-province travel or out of country travel (12.54 and 12.55) attaching a copy of the child's wardship order to the letter provided to the caregiver.

5. Health insurance for the child must be purchased for the appropriate time period whenever travelling outside of Canada

6. The maximum allowable special holiday amount per year is $500 per child.

7. Depending on the duration of the holiday, basic maintenance is to be considered as part of the request. It is expected that recreation fees may be utilized based on the details provided in the special holiday request to help cover the costs of recreational activities for the child during the planned special holiday.

8. Upon returning from the trip, the caregiver will submit all receipts to the caseworker within 60 days (transportation, lodging, activities).

9. The child's passport must be returned to the caseworker.

Note: Case Plan Decisions in Linkin are required before special needs exceptional travel costs may be issued.

For guidelines on food/meals for holidays see Special Needs: Food.

Practice Guidelines

The Director, Service Delivery, or designate will take the following into consideration when considering approval of a holiday request:

1. Ensuring the child's safety, including:
   - the safety of the method of transportation;
   - if the child will be travelling by motor vehicle, ensure seat belts are used or approved car

seat is used;
- the types of activities the child will be engaged in on the trip;
- the accommodation arranged for the child;
- the nature of the supervision provided for the child throughout the trip and satisfaction that appropriate safeguards have been taken by the trip organizers in screening those who will be directly responsible for supervision;
- the proposed destination; and
- the duration of the trip.

2. Determining if the child's education will suffer if the trip is outside a school holiday;

3. Determining if a medical condition the child has could be worsened by the trip;

4. Ensuring the appropriate health coverage has been obtained if travel is outside of the country.

Service	Expenditure	Approval
Travel for Special Holidays/Excursions Once per calendar year	Up to $500 Out of Province	Supervisor Director, Service Delivery or designate

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.6.2 Passports for Children in Care

Policy

A passport must be obtained for any child in care traveling outside of Canada.

Procedures

1. An application for the passport must be completed by the child's caseworker. The Child application form (**Form PPTC 155**) can be found at www.cic.gc.ca.

2. The caseworker's supervisor must sign as a guarantor.

3. In addition to **Form PPTC 155**, when applying for children in out of home care, the caseworker must complete **form PPTC 463A**. This form can be found at www.cic.gc.ca.

4. Passport pictures of the child must be obtained and attached to the passport application.

5. A letter from the Director, Service Delivery indicating approval to issue the passport, release the passport to the foster parent, and authorize the child to travel with the foster parent outside of Canada, must be attached (12.37 Passport letter).

6. An original copy of the child's long-form birth certificate should be attached to the application.

7. A copy of the temporary or permanent care or custody order should be attached to the application.

8. The passport, when not in use, must be maintained by the ministry (child's file in the legal documents envelope).

9. Youth 16 years of age or older complete their own application for passport, using **form PPTC 153**, Adult General Passport Application. This form can be found at www.cic.gc.ca.

10. Complete Case Plan Decision for payment process, as per the Linkin Business Catalogue.

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.7 Recreation Allowance

Procedures

A monthly allowance for the purchase of recreational items is provided for all children in care over the age of one year as described in the Basic Maintenance Rate section.

If foster parents are requesting recreational items above the monthly allowance, there must be an explanation on the child's file as to how the monthly allowance has been spent.

Note: Case Plan Decisions in Linkin are required before special needs recreation costs may be issued.

Service	Expenditure	Approval
Recreation		
Over basic maintenance: (Accounting needed for maintenance amount)	Up to $300 (may deduct monthly maintenance amount) Over $300	Worker Supervisor

Practice Guidelines

When items are purchased for apprehended, voluntary care or temporary wards, consideration should be given to the financial means of the child's family. The child's parents should, wherever possible, be involved in the selection of items to ensure that purchases are consistent with their lifestyle and preferences.

Purchases that may be made with the additional recreation allowance include, but are not limited to toys, sports equipment, bicycles, camping equipment, purchase or rental of musical instruments, radios, stereos, tapes, cameras, hobby supplies. Foster parents are responsible for controlling the allowance. Although an itemized account is not required, foster parents are expected to generally account for the money issued.

Adolescent wards are expected to contribute to purchases in accordance to their earning capacity.

If foster parents have made expenditures on behalf of a child before sufficient allowance has accumulated to cover the cost of a purchase and the child moves from their home, the foster parent may submit a bill for reimbursement.

Exceptional, high-cost items, such as music lessons or a musical instrument, may be purchased at actual cost, in addition to the monthly recreation allowance if the child's interest and ability have been demonstrated.

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.8 Laundry Allowance

Procedures

The ministry may provide a monthly laundry allowance, if required, to youth who reside in Room and Board, student residences and independent living arrangements.

Note: Case Plan Decisions in Linkin are required before special needs laundry allowance may be issued.

Service	Expenditure	Approval
Laundry		
For Room and Board (if required) and Independent Living ONLY	$30/month Over $30/month	Worker Supervisor

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.9 Gift Allowances

Policy

Each child in care is entitled to receive gift allowances for holidays (e.g., Christmas, Hanukkah, Kwanzaa) and other occasions such as graduations.

Procedures

Holiday Gift Allowance:
Holiday gift allowance payments are automatically generated for children and youth who reside in one of the following provider homes on or before November 24th of each year:

- Foster Home;
- Alternate Care Provider;
- Person of Sufficient Interest (PSI);
- Therapeutic Foster Care; or
- Indigenous Approved Caregiver – No Transfer.

The caseworker must create a Case Plan Decision to issue the holiday gift allowance in the following circumstances:

- The child/youth is residing in a Place of Safety;
- The child/youth is residing in Group Care, Room and Board or Independent Living situation; or
- Children who are placed in out-of-home care after November 24th.

Note: It is the responsibility of the caseworker to ensure that the holiday gift allowance has been issued to the provider and that the provider is aware that should the child/youth wish to purchase gifts for their family that the provider is to determine what portion of the gift allowance is available for that purpose (if age appropriate, the provider should discuss with the child/youth).

The disbursement of the holiday gift allowance payment varies according to the child's placement, as specified below:

Foster homes, Extended Family Care (includes PSI) and Therapeutic Homes:
The gift allowance is payable to caregivers on behalf of the child(ren).

Group Homes (Block Funded):
The allowance is payable to the group home on behalf of the child/youth.

Private treatment facilities (Ranch Ehrlo and Eagles Nest Youth Ranch):

No gift allowance is paid to these facilities as all allowances and special needs are incorporated into their fee-for-service payment structure.

Youth living with a provider:
The gift allowance is payable to the provider on behalf of the youth.

Youth living independently:
The gift allowance is payable to the youth.

Youth Who Have Children:
Youth in care who have children receive an additional one half of the gift allowance for each child. These payments will be the responsibility of the youth's caseworker.

Miscellaneous Gift Purchases:
A gift may be purchased for children or youth in out-of-home care and youth receiving services under an Agreement for Services (16/17-Year-Old Program or Extension of Support Services for long-term and permanent wards) for other occasions or events such as graduations or a hospitalization.

The caseworker must document on the Case Plan Decision the circumstances for the gift purchase.

Service	Expenditure	Approval
Gift Allowance		
Holiday Holiday: Youth with Children	$120 $60.00/child	Worker Worker
Junior High Grad	$20	Worker
Grade XII Grad	$30	Worker
University Grad	$50	Worker
Hospitalization	$20/year	Worker
Exceptions to above	Up to $200.00	Manager, Service Delivery

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.10 Long Distance Phone Calls

Procedures

Payment for long distance telephone calls placed by the child or foster parent or collect calls from child's family may be made when the call is necessary to maintain natural family contact or set an appointment for a child in care or consult with the caseworker.

Note: Case Plan Decisions in Linkin are required before issuing telephone calls as a special need.

Service	Expenditure	Approval
Long Distance Telephone Calls	Actual (Maximum $300/month)	Worker

7.0 SPECIAL NEEDS / OTHER BENEFIT SERVICES

7.11 Life Books

Procedures

The actual cost of the book (album or scrapbook) and cost of pictures and supplies for the life book may be paid via a Case Plan Decision in Linkin.

Photo albums are available from the service area to be used for Life Books.

Note: Case Plan Decisions in Linkin are required before special needs expenditures for Life Books may be issued.

Service	Expenditure	Approval
Life Books	Actual (Maximum $300)	Worker

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.12 Automobile Safety Seats

Procedures

Transportation for children in care must be provided in accordance with Highway Traffic Board regulations.

At the time of placement, foster parents and adopting parents are expected to have an appropriate automobile safety seat with them.

Infant carriers should comply with the Canada Motor Vehicle Safety Standards established by Transport Canada.

Automobile safety seats for use by caregivers or ministry staff are obtained through the service area children's services budget.

Note: Case Plan Decisions in Linkin are required before special needs expenditures for automobile safety seats may be issued.

Service	Expenditure	Approval
Automobile Safety Seats	Actual (Maximum $300)	Worker

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.13 General Services and Supplies

Policy

The ministry may purchase services and supplies for a child in care when required to maintain the child's placement, facilitate future placements as part of the child's case plan, and to provide for the child's physical, emotional and social development.

Procedures

1. The caseworker fully documents the reason for the request and submits the request for approval.

2. For services (see guidelines below) a contract must be completed with the service provider individual or agency including the following:
- description of the service
- cost per unit
- total units to be purchased
- length of contract/service period

3. Services covered may include but are not limited to early childhood intervention services; professional services (e.g. psychological assessments, counseling, home studies, and contracted services with other professional agencies); play/nursery school and day care fees.

4. For purchases (e.g. special furniture or equipment required to support or maintain a child's placement), no contract is required. Where bedding is required to support a placement with a Place of Safety or Alternative Caregiver, see chapter 7.4.

Note: Case Plan Decisions in Linkin are required before special needs expenditures for general services or supplies may be issued.

Service	Expenditure	Approval
Services and supplies to maintain a child in foster care or to develop future permanent placement as part of the child's case plan	Up to $1000/year Over $1000/year Over $5000/year	Supervisor Manager, Service Delivery Director, Service Delivery

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.14 Personal Attendant Services

Procedures

1. In exceptional circumstances a personal attendant may be contracted to escort a child or youth when no other arrangements can be made to ensure the child/youth's safety.

2. A personal attendant may be contracted in situations in which the child is likely to harm themself or others, or to run away and must be used only for the minimum time necessary.

Note: Case Plan Decisions in Linkin are required before special needs expenditures for personal attendant services may be issued.

Service	Expenditure	Approval
Personal Attendant	Up to $500.00	Manager, Service Delivery
	Over $500.00	Director, Service Delivery

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.15 Funeral Costs

Procedures

Basic Funeral Expenses:
Services includes transfer from place of death including transfer vehicle (20 km), mandatory documentation, embalming, dressing, cosmetics, visitation, funeral service in chapel or church including use of hearse, transfer to cemetery or crematorium including equipment required to provide these services.

Casket for all burials and cremations include a casket appropriate for viewing, simple lining, and handles for six pallbearers. Important: This same casket is to be provided for all burial and all cremation services including immediate disposition.

Urn for all cremations with a service and/or visitation. If no service or visitation, cremains will remain in the container they are returned in from the crematorium.

Actual Cost Defined - Actual cost on manufacturer/supplier invoice, plus freight and PST when applicable. Not to include GST.

Additional expenses:

- Actual cost to a maximum of $150.00 for a flower arrangement for the child's funeral or the parent of a child in care.
- Actual cost of Crematory Charges
- Actual cost of a modest grave marker.
- Burial plot – (if not provided by the municipality).
- Special or hermetically sealed casket if required.
- Grave opening/closing (including Grave Liners when required by cemetery regulation – Minimal Vault or Wood Box).
- Plot maintenance – if not provided by the municipality.
- Transportation (when travel beyond 20 km roundtrip is required). Hearse and one vehicle
- Any associated exceptional expenses as approved by the Director, Service Delivery or designate.
- If the parents and/or foster parents of the child wish to contribute to the cost, they may do so. Their contribution is in addition to rates paid by the ministry.

Service	Expenditure	Approval
Basic Funeral Expenses – See above	$3850	Director, Service Delivery or designate
Crematory Charges	Actual	Director, Service

		Delivery or designate
Special or hermetically sealed casket	Actual	Director, Service Delivery or designate
Transportation (when travel beyond 20km roundtrip is required). Hearse and 1 vehicle	.91/km (south) .98/km (north)	Director, Service Delivery or designate
Grave opening/closing (including Grave Liners when required by cemetery regulation – Minimal Vault or Wood Box)	Actual	Director, Service Delivery or designate
Flower arrangement for child's funeral or child's parent	Up to $150	Director, Service Delivery or designate
Grave marker	Actual	Director, Service Delivery or designate
Burial plot	Usually provided Otherwise actual	Director, Service Delivery or designate
Plot maintenance	Usually provided Otherwise actual	Director, Service Delivery or designate
Funeral Exceptional Expenses		Director, Service Delivery or designate

Note: Case Plan Decisions in Linkin are required before special needs expenditures for funeral costs may be issued. The service "Funeral Costs" is used for all payments.

7.0 SPECIAL NEEDS / OTHER BENEFIT SERVICES

7.16 Health Services

Procedures

Children admitted to care must be nominated for Supplementary Health coverage, using the web nomination process (see Chapter 2.9 Administrative Requirements). A new health card may be requested from the Ministry of Health as needed.

When a child comes into care, the caseworker should advise the child's parents of the ministry's intent to obtain Supplementary Health coverage for the child. If a child is expected to be in care for less than 10 days, a health nomination is not required unless there is an immediate health need that must be met while in care.

The following sections provide information regarding supplementary health benefits and services for children in care.

Additional information regarding benefits covered under the Supplementary Health Program can be located on the Government of Saskatchewan's website:
https://www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/extended-benefits-and-drug-plan/supplementary-health-benefits

1. DRUGS

- Children in care are provided with health coverage, including the cost of prescription drugs approved through the Ministry of Health's Saskatchewan Drug Plan.
- The Ministry of Health has responsibility for determining which prescription drugs will be covered under the drug plan through a drug review process
- The drug review committees may recommend a drug for one of the following:
  - to be listed as a Formulary benefit or;
  - to be listed as an Exception Drug Status benefit according to certain medical criteria or;
  - to not list the drug as a benefit.
- The Ministry of Social Services will not reimburse a prescribed medication that is not listed in the Saskatchewan Formulary.
- Prescribers may look at alternative treatment options that are listed on the Saskatchewan Formulary.
- In addition to drugs available under the Drug Plan, select prescribed over-the-counter (OTC) products and drugs are available at no charge (i.e., cough syrup, Tylenol, etc.)
- In addition to physicians, dentists, duly qualified optometrists, nurse practitioners and pharmacists may also apply for Exception Drug Status.

For a current and complete formulary drug plan list, please see the Ministry of Health Website:

https://formulary.drugplan.ehealthsask.ca/SearchFormulary

2. MEDICAL SUPPLIES AND DEVICES

- Children in care are eligible for coverage of certain prescribed and OTC medical supplies and devices.
- Prescribed medical supplies and devices are provided through a pharmacy or medical supplier without charge to the child in care; examples include:
  - Insulin syringes, needles, and alcohol swabs
  - Surgical dressings
  - Ostomy appliances and supplies
  - Female contraceptive devices
  - Incontinence aids and accessories such as catheters, trays, drainage bags, syringes, and tubing
  - Cervical collars (soft)
  - Fiberglass casts
  - Various bandage type supports (ankle, knee, wrist)
  - Surgical supports such as hernia trusses
  - Surgical gloves
  - Orthopedic boots and accessories if provided through the Wascana Rehabilitation Centre in Regina or SaskAbilities in Saskatoon.
- The following supplies are not covered by the Supplementary Health program but may be reimbursed by the ministry as a special need:
  - Incontinent pads, pants, diapers
  - Food supplements (i.e. Ensure, Isocal, etc.)
  - Flu vaccines
  - Contact lens solutions
  - Male contraceptives
  - Hot water bottles and attachments, bed pans, urinals, thermometers, ice packs, heating pads and heat lamps, vaporizers, humidifiers
  - Non-elastic support hose
  - Autoclix devices, automatic injectors
  - Cannabis and cannabis-derived products, including Cannabidiol (CBD) products

3. HEARING AIDS, REPAIRS AND ACCESSORIES

- Hearing aids and repairs require prior approval and must be obtained through an approved hearing provider.
- Hearing aids and replacement batteries are provided without cost to beneficiaries of the Supplementary Health program.

4. DENTAL SERVICES

- Supplementary Health coverage includes a range of emergency and routine dental services (examinations, fillings, extractions, dentures).

- In those situations where additional dental services are required, the dentist has the option of writing a letter outlining the child's unique dental requirements to the Extended Health Benefits Program at the Ministry of Health.
- Orthodontic work requires prior approval by the Supplementary Health program. Only requests from certified orthodontists will be considered. The orthodontist may submit an application, including the child's dental records to the Extended Health Benefits Program, Ministry of Health.
- On the advice of a certified orthodontist, the cost of orthodontic work not covered under the Supplementary Health program may be paid by the Ministry of Social Services as a special need.

5. OPTICAL SERVICES

- Coverage includes one exam per year for children under 18 (or one exam every two years for those over eighteen), glasses and repairs.
- Glasses may be obtained from an optometrist or an optical dispensary (the service provider is required to obtain prior approval by the Supplementary Health program).
- Supplementary Health makes payment for the lenses, a dispensing fee, and a plain quality frame. All optometric offices are under contract to have frames available at the price paid by the Supplementary Health program.
- Payment for lost or broken glasses will usually be made only once in any twelve- month period by Supplementary Health. A letter of explanation may be requested.
- The ministry may pay for replacement glasses if a child in care has broken or lost their glasses and there is no available coverage through Supplementary Health.

6. MEDICAL EXAMINATIONS AND REPORTS

- There may be fees associated with third party medical examinations and reports requested by the ministry. These costs are primarily processed within the Ministry of Health and will be paid as a special need.

7. AMBULANCE AND MEDICAL RELATED TRANSPORTATION

- Coverage includes emergency medical transportation by licensed road and air ambulance.
- Long distance medical related transportation by other commercial carriers (bus, taxi, airline) is available in Northern Saskatchewan when authorized by Northern Health Services personnel.

Note: Case Plan Decisions in Linkin are required before special needs expenditures for health services may be issued.

Service	Expenditure	Approval
Health Services not covered by Ministry of Health	Up to $100.00	Worker

Includes: Health Services – Medical Health Services – Dental Health Services – Optical	Over $100.00 Over $300.00 Over $500.00	Supervisor Manager, Service Delivery Director, Service Delivery

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.17 Child Disability Benefit Adjustment (for Children Placed in Extended Family Care)

Effective April 1, 2021 extended family caregivers (Persons of Sufficient Interest and Alternate Caregivers) will no longer receive the Child Disability Benefit adjustment. Grandfathering provisions will be in effect and those caregivers receiving the payment as of March 31, 2021 will continue to receive the payment so long as the child remains eligible for the federal benefit and/or until the child in their care reaches the age of 18.

Grandfathering Procedures

Caregivers who had been receiving the Child Disability Benefit Adjustment from the ministry prior to March 31, 2021:

1. At the time of the annual review, the caseworker will verify the family's eligibility for the Child Disability Benefit (CDB) by obtaining/reviewing a copy of the letter of approval received from the Canada Revenue Agency.

2. Each year, the caseworker will email Financial Services Branch at CSACTBFinancial@gov.sk.ca to verify whether the ministry continues to receive the CDB as part of the Children's Special Allowance (CSA) for the child. The email must include the full name of the child and their date of birth.

3. The caseworker is responsible for updating the Case Plan Decision each July to reflect the increase in the CDB payment.

Service	Expenditure	Approval
Special Needs		
Child Disability Benefit Adjustment	$290.00month	Worker

7.0 SPECIAL NEEDS/OTHER BENEFIT SERVICES

7.18 Cultural Planning Supports and Services

Policy

The ministry may pay for services and items to facilitate the goals of cultural plans established with Indigenous children and youth in out of home care.

Procedures

Payment will be provided for cultural services and items as outlined below.

Expenses will vary depending on the child/youth's age, level of participation, experience, needs, interest(s), location, etc.

All items purchased for children and youth will accompany the child/youth on subsequent placements and/ or a return to parental care.

1. **Traditional Practices:** refers to costs associated with participation in spiritual beliefs reflective of the child/youth's Indigenous community or people, including ceremonies, sacred customs and practices, Land-based learning (i.e.: hunting, gathering, picking medicines, food preparation, etc.), Knowledge Keepers/ Elder's teachings, Elder's helpers, offerings, etc.

   Elders/ Knowledge Keepers
   Elders and Knowledge Keepers provide valuable family, community and cultural expertise, familiarity and linkages which can help connect children in care. Elders and Knowledge Keepers may share life experience, traditional teachings and guidance in various formats, including but not limited to individual or group teachings, Talking Circles, Prayers, smudging, and guided participation in Traditional practices.

   i. To engage with a First Nation Elder or Knowledge Keeper, caseworkers should contact the appropriate First Nations Child and Family Services (FNCFS) Agency, Tribal Council or First Nation Band.
   ii. To identify a Métis Elder or Knowledge Keeper, caseworkers should contact the Director of Child and Family Services, Métis Nation Saskatchewan for assistance. Generally, arrangements will be made with a local Elder or Knowledge Keeper.
   iii. Caseworkers may request the support of the ministry's Indigenous Services Consultants to establish connections with Elders and Knowledge Keepers who may be associated with a particular FNCFS Agency or Band. Some ministry offices may also have access to an Elder on site for information or guidance.
   iv. Elders and Knowledge Keepers are not traditionally paid for their services, but prefer to be given an honorarium and/or a gift of tobacco or cloth. The ministry's Indigenous Services Consultants may provide assistance regarding protocols.

v. Where an Elder or Knowledge Keeper is required to travel from another community, meals and mileage may be provided based on the circumstances.

vi. Elders and Knowledge Keepers will be paid an honorarium based on the following rates:

- Approval: Supervisor - $150.00 per half a day (3 hours or less) and
- $300.00 (more than 3 hours and up to and including 6 hours) and
- $500 (more than 6 hours)
- Travel time is to be included in the rate paid.
- No Service Provider Agreement is required. Payment will be based on Case Plan Decision.
- Mileage/Meals – Reimbursement is provided and based on PSC rates.

2. **Organized Activity or Programming:** may include registration and material costs for participation in classes/ individual learning programs and/or identified cultural planning goals e.g. language (Linguistic), beading, music, art, food preparation, sewing (regalia), etc.; may also include costs associated with the purchase of educational materials and resources in the caregiver's home.

3. **Traditional clothing and accessories:** refers to traditional and often sacred clothing, accessories and artifacts worn or carried during various ceremonies, celebrations and gatherings. In addition to clothing, regalia may include woven textiles, jewelry, makeup, footwear, such as moccasins, leggings and accessories, such as the sash, headband, arm bands, breastplates, roaches, scarves or shawls, vests, anklets, dance sticks and hackles, etc. The design, type and meaning varies greatly depending on the individual who wears it, the culture from which it originates and the event where it is worn.

4. **Travel, accommodations and meals**: refers to costs incurred by members of the planning team to participate in development of the cultural plan, and/or to carry out learning goals identified within the child/youths cultural plan (i.e.: attendance at planning meetings, travel to an Indigenous community with the child/caregiver, a child/youth's travel for participation in an event within their home community, etc.).

- For travel costs to facilitate ongoing family contact and visitation, refer to CSM 7.6 Travel Costs;
- Reimbursement is provided based on PSC rates.

Note: Case Plan Decisions in Linkin are required before expenditures for cultural supports and services may be issued.

Service	Expenditure	Approval
Traditional Practices	Up to $400 >$400	Worker Supervisor

Elder's Honorarium	$150 (3 hours or less) $300.00 (more than 3 hours and up to and including 6 hours) and $500 (more than 6 hours)	Worker
Organized Activities or Programming	Up to $300 >$300	Worker Supervisor
Traditional Clothing and Accessories	Up to $200 >$200 and up to $500 >$500 and up to $1000 >$1000	Worker Supervisor Manager Director
Travel, Accommodation and Meals	Reimbursement provided based on PSC rates	Worker

8.0 PAYMENTS FOR FOSTER HOME AND EXTENDED FAMILY CAREGIVER SUPPORT

8.1 Payment for Babysitting to Foster Families and Extended Family Caregivers

Policy

The ministry may pay incidental babysitting costs to caregivers under the following circumstances:

- attending to the medical, educational and treatment needs of children in care as per their approved case plan;
- participating in approved caregiver training;
- responding to personal emergencies or special circumstances (injury, illness, job requirements etc.) of the caregiver family;
- attending meetings related to formal conflict resolution, appeals or allegations pertaining to their home;
- participation in case planning activities, where requested (meetings, conferences, Talking circles, Cultural planning);
- participating in ministry committees at the request of the ministry;
- attending Saskatchewan Foster Families Association (SFFA) provincial or local board meetings as an elected or appointed member; and
- attending meetings of their SFFA local.

Note: Under normal circumstances, a babysitter should not provide care for more than four children.

Definition

Babysitting

- includes short term, intermittent care of a child
- does not include overnight care

- supports caregiver participation and/or attention to personal matters, training or matters related to the child

Note: Manager approval is required for exceptional circumstances in which babysitting will be used for overnight care (i.e. incremental weather, extended hospital stays or delayed medical procedures).

Standards

- The caseworker or resource worker must ensure the following is completed for full or part-time babysitters:
  1. criminal record checks (which includes a vulnerable sector check);
  2. child welfare record checks (formerly ministry Record checks), Automated Client Index (ACI)/LINKIN checks;
  3. home safety check for the respite provider's home, where respite is not provided in the caregiver family's home.

- A **Child Welfare Record Authorization/Declaration form (12.35)** is provided to the babysitter for signature prior to completion of a child welfare record check.

Procedures

- When selecting a babysitter, consider the following factors in relation to the needs of the children:
  - the number and age(s) of all children requiring care;
  - the children's behaviours (ie: aggression, level of supervision required);
  - development or cognitive delays and abilities;
  - special needs (if any); and
  - culture and cultural needs (i.e. is the babysitter able to support the child's cultural participation).

- The caseworker or resource worker will:
  - advise the caregiver that they must have good knowledge of the babysitter they choose and ensure the babysitter has the level of maturity and skills to provide responsible and safe care for each child;
  - advise the caregiver that they must ensure the babysitter has sufficient knowledge of the needs of each child they will be providing care for; and
  - advise the caregiver that they must provide the babysitter with names of appropriate contact persons and/or agencies to respond effectively to any emergency that may arise.

8.1 Payment for Babysitting to Foster Families and Extended Family Caregivers

- Upon completion of a babysitting course, the caregiver's children and/or children in care, may provide babysitting services if they have demonstrated a level of maturity to manage crisis. This should be assessed considering the needs of the children currently in the home.

- Babysitters who travel over 50km may be compensated for their travel time (based on mileage).

- Babysitting to support the caregiver's incidental needs will be paid based on actual hours and reason for the request (i.e. date night, attending church service).

- In-Home supports (time limited, contracted supports) are distinct from babysitting and respite services and are not intended to include child care services (see Chapter 8.9 In-Home Supports for Foster Families for more information).

For re-imbursement of Case Related Payments:
Payment for babysitting required to meet the needs of a child in care is a **case related** payment. The caregiver submits babysitting expenses using the **Weekly Expense Form # 2307 (12.60)** which includes the following information:

- name and address of foster parent/caregiver;
- name and address of babysitter (Service Provider);
- dates of babysitting and length of time required;
- reason that the babysitting was required, including times of appointments;
- names of children cared for;
- cost of babysitting; and
- name and signature of babysitter.

The caregiver family must receive approval from their caseworker or resource worker for babysitting for time periods exceeding 10 hours/month**.**

Note: Case Plan Decisions in Linkin are required before expenditures for babysitting or childcare costs may be issued for case related payments.

Non-Case Related Payments:
Payment for babysitting costs incurred to support the caregiver family (part- time or casual employment, training or personal need) is a **non-case related** payment and the non-case related form will be used and the non-case related decision will be entered in Linkin on the Providers page under Service Tab.

The caregiver submits babysitting expenses using the **Weekly Expense Form # 2307 (12.60)** for incidental babysitting costs, including the following information:

8.1 Payment for Babysitting to Foster Families and Extended Family Caregivers

- name and address of foster parent/caregiver;
- name and address of babysitter (Service Provider);
- dates of babysitting and length of time required;
- reason that the babysitting was required;
- names of children cared for;
- cost of babysitting;
- name and signature of babysitter ; and
- name and signature of supervisor approving the payment.
- manager signature is required for exceptional circumstances.

For non-case related payments, a Non-Case Related Decision is required.

Service	Expenditure	Approval
Babysitting to meet child needs Case related payment Babysitting Hourly-CSM 8.1 **Babysitting Exceptional – CSM 8.1**	$8.00/hr first child; and $2.00/hr each additional child Up to $60.00 daily max for one child/$20.00 each additional child Maximum $140/day. Exception over $140 daily rate	Caseworker Manager
Babysitting to support caregiver need EF Babysitting/(Extended Family) FC Babysitting (Foster Care) FC Babysitting – (Attending Training or events) **Babysitting Exceptional – CSM 8.1**	$8.00/hr first child; $2.00/hr each additional child; Up to $60.00 daily max for one child/$20.00 each additional child Maximum $140/day Exception over $140 daily rate	Caseworker Manager

8.1 Payment for Babysitting to Foster Families and Extended Family Caregivers

Babysitting for PRIDE Levels 3 and 4 caregivers. EF Babysitting/ (Extended Family) FC Babysitting (Foster Care) FC Babysitting- (Attending Training or events) Case related payment Babysitting Hourly **Babysitting Exceptional - CSM 8.1**	$8.00/hr first child; $2.00/hr each additional child. Up to $80.00 daily maximum for one child/ $30.00 each additional child Maximum $150.00 for any number of children Exception over $150.00 daily rate	Caseworker Manager

8.0 PAYMENTS FOR FOSTER HOME AND EXTENDED FAMILY CAREGIVER SUPPORT

8.2 Payment for Respite to Foster Families and Extended Family Caregivers

Policy

All approved foster families and extended family caregivers, including Alternate Care or Person of Sufficient Interest (PSI) caregivers, are eligible for **10 days** of respite per fiscal year (April 1 to March 31).

Foster parents classified as PRIDE Level 3, 4, 5, 6A and 6B who are caring for at least one child/youth assessed at PRIDE Level 3 and above are eligible for **30 days** of respite per fiscal year.

Definition

Respite is defined as a planned block of time, of more than 10 hours, which provides a caregiver family with temporary relief or a short period of rest from the day-to-day responsibilities of childcare.

Respite can be used for:

- reprieve over 10 hours;
- overnight care; and
- can be taken over consecutive days.

Respite days apply to the caregiver's family home, not each individual child/youth. Respite days cannot be carried over between fiscal years.

Standards

- The caseworker or resource worker must ensure the following is completed for the respite provider of an alternate caregiver or foster parent:

    1. Criminal record check (CRC), which includes a vulnerable sector check (VSC):
        - Must be completed for the respite provider prior to approval.
        - When respite services are to take place in the respite provider's home, a CRC with a VSC must be completed for each adult residing in the home.
        - If the same respite provider continues to provide services on an ongoing basis, the CRCs with VSC must be updated every three years, and a Criminal Record

Declaration For Caregivers (Form 12.24) completed annually.
- **Note:** a CRC with VSC **is not** required for respite providers of a PSI caregiver.

2. Child Welfare Record Authorization/Declaration and ACI/LINKIN checks:
   - Must be completed for the respite provider prior to approval.
   - When respite services take place in the respite provider's home, a Child Welfare Record Authorization/Declaration (Form 12.35) must also be completed for each adult residing in the home.
   - If the same respite provider provides services on an ongoing basis, a Child Welfare Record Authorization/Declaration must be completed annually.
   - **Note:** a Child Welfare Record Authorization/Declaration **is not** required for respite providers of a PSI caregiver.

3. Home safety check:
   - An Extended Family Home Safety Checklist (Form 12.25) is required when respite services are provided in the respite provider's home.
   - Must be completed on the respite provider's home prior to approval and whenever there is a significant change in the home (see Section 4.4.3: Building, Health and Safety Requirements, for information on "significant change").
   - If the same respite provider continues to provide services on an ongoing basis for the same child/youth, a home safety check must be completed annually.
   - **Note:** a home safety check **is not** required for respite providers of a PSI caregiver.

Note: An approved and active caregiver (foster parent or alternate caregiver) does not require a new CRC with VSC or Child Welfare Record Authorization/Declaration when their provider file is up to date. Supervisors retain discretion to request updated checks or additional information at any time.

- A Child Welfare Record Authorization/Declaration form (Form 12.35) is provided to the respite caregiver and, if applicable, other adults in the respite provider's home, for signature prior to completion of a child welfare record check.

- If respite is provided by a foster home, the resource worker must ensure that the number of children/youth in the home does not exceed four, which is consistent with the policy regarding Maximum Number of Children in a Foster Home (see Section 4.4.7: Maximum Number of Children in a Foster Home, for more information).

8.2 Payment for Respite to Foster Families and Extended Family Caregivers

Procedures

1. The respite provider will complete the Expense Form (Form 12.60).

2. Caregiver families are responsible for making respite arrangements in conjunction with their caseworker or resource worker.

3. When a respite provider is approved, they may be reimbursed the cost of the CRC, if any.

4. The respite provider must be made aware of the basic child in care requirements for children/youth in care, including discipline policy, confidentiality, and legal authority and responsibility of the ministry for decisions related to care of each child/youth.

5. The respite provider must be given all information regarding the child's needs, and any conditions such as scheduled family visits.

6. The respite provider must be given the name of each child's primary worker or designate. During the period of respite, the resource worker or case worker may be the primary contact for the children/youth and respite provider.

7. In-home support for Foster Families (typically provided by the SFFA on a contractual basis and time-limited) are distinct from babysitting and/or respite services and are not intended to provide childcare services (see Section 8.9: In-home Support for Foster Families, for more information).

Payment Arrangements:
The caregiver family will be responsible for paying the respite provider, unless arrangements for direct payments by the ministry are made.

Respite may be provided in the caregiver's home or in the home of the respite provider. If respite is provided in another foster home, the foster family providing respite will only be eligible for the respite amounts.

The foster family or extended family will **not** have the payment for respite days deducted from their monthly maintenance payment.

8.2 Payment for Respite to Foster Families and Extended Family Caregivers

For non-case related payments, a Non-Case Related Decision is required.

Service	Expenditure	Approval
Respite Regular foster care/Extended family care: 10 days per year **(Non-case related payment)**	$8/hr for one child/youth up to $80/day $20/day for each additional child/youth Maximum per day for more than one child/youth $150.00.	Caseworker
Respite Foster parents classified as PRIDE Level 3, 4 and 5: 30 days per year **(Non-case related payment)**	$8/hr for one child/youth up to $120/day $60/day for each additional child/youth Maximum per day for more than one child/youth $150.00.	Supervisor
Policy Exception	Exceeding $150/day and more than four children/youth	Director, Out of Home Care, or Designate The Provincial Directors Panel will review all other non-immediate cases.

Practice Guidelines

Respite requires advance planning to assure there is sufficient time for the resource worker to assess the impact of respite on the children/youth's needs and to ensure that the respite provider can provide safe care, consistent with ministry expectations and policies.

Respite is meant to provide an extended break for caregiver families. It is recommended that the respite days be taken in a block; however, this is not mandatory.

The use of respite needs is to be distinguished from babysitting which is for situations where the caregiver family is attending to the needs of children/youth or responding to personal situations as defined in CSM Section 8.1: Payment for Babysitting to Foster Families and Extended Family Caregivers.

8.0 PAYMENTS FOR FOSTER HOME AND EXTENDED FAMILY CAREGIVER SUPPORT

8.3 Respite - Therapeutic Foster Care

This section has been removed as Therapeutic Foster Care homes have transitioned to PRIDE Level 3.

8.0 PAYMENTS FOR FOSTER HOME AND EXTENDED FAMILY CAREGIVER SUPPORT

8.4 Organized Activities

Policy

Summer camps, other camping activities, day trips, children and youth organizations

The policy applies to any organized activity throughout the calendar year to assure safety and programming is appropriate to the needs of children in care. Foster families must receive prior approval before registering a child for organized activities including summer camp. Approval will only be granted where participation in such activity forms part of the child's case plan.

When choosing summer camps or other organized activities foster families are to be encouraged to choose camps or organizations whose fees are in the moderate range. Specialty camps, activities or organizations with high fees should be discouraged unless they are essential to the case plan.

When summer camp is approved for a child the foster family will be required to pay $25 for each child in attendance towards the camp. Foster families will continue to be paid maintenance while the child attends camp.

In the best interest of the child it is the responsibility of the foster family and the caseworker to assure that the camp or other organized activity is safe and provides supervision and programming appropriate to the needs of the child.

Practice Guidelines

The caseworker in conjunction with the foster family must assure that the camp or organized activity meets reasonable program and safety standards. In regards to camps any camps that are accredited by the Saskatchewan Camping Association should generally be considered to be safe and appropriate.

As most camps are not accredited, when choosing a camp, it will be necessary to assure the camp meets the following guidelines adapted from the Saskatchewan Camping Association Directory of Summer Camps (1996) and the Saskatchewan Camping Association standards. While specific to camping these guidelines can generally be applied to any organized activity.

1. Adequate accident and emergency methods and procedures are established and used and the camp has appropriate liability, fire and vehicle insurance in place.

2. There is one person completely responsible for the child's welfare at all times.

3. Sufficient medical attention is available. All camp staff members must have taken the standard first aid course.

4. Sleeping, eating, and sanitary facilities are safe, comfortable, well-spaced and well-ventilated; activity equipment and facilities are safe and adequate.
5. All swimming activities must always be supervised by a qualified lifeguard with a minimum of national lifeguard service.

6. The staff of the camp should have the appropriate training regarding canoeing, archery and boating activities. The camp must comply with Transport Canada regulations regarding all boating activities.

7. Camp program is varied, well-balanced and flexible to fit the individual camper's need for self-expression. There is an opportunity for the camper to develop new skills, and the activities are ones the child will enjoy.

8. There is opportunity to develop social relationships and leadership skills and to have new experiences.

9. Camp director has a sound background in camping and an understanding of children; the counsellors are mature, well-trained, and experienced.

10. The ratio of campers to counsellors is satisfactory to provide safe conditions and opportunity for group interaction.
a. Children under 8 years of age: 1 counsellor to 6 camper's maximum;
b. Children 8 years and older: 1 counsellor to 8 camper's maximum; and
c. Ratios may need to be higher for children with disabilities dependent upon the disability.

11. Understand all aspects of the camp's fee structure and the rationale which supports it.

12. If the camp is a church camp, ensure its religious objectives and instruction are understood and in alignment with the child's spiritual beliefs and in the best interests of the child.

13. Ensure the camp policy is acceptable regarding the child and prepare the child adequately for the new experience.

14. Ensure the camp is aware of any special needs or considerations of your child (physical or emotional) and the camp is prepared to meet them to your satisfaction.

15. Determine whether the camp is accredited by the Saskatchewan Camping Association, and if not, why not.

Given the unique needs of children in care you must also assure that the following is in place:

16. The camp's/organization's discipline policy is consistent with the ministry's discipline policy for children in care.

17. The camp/organization has a policy for responding to children's complaints regarding harassment and abuse. Children must be made aware of how to register a complaint.

Approval for a child to attend more than one camp/organized activity in a season should only be granted in exceptional circumstances where it is essential to the case plan.

Camp supplies or supplies for other organized activities are to be provided by the foster family based on the Recreation Special Needs policy. **See Chapter 7.7.**

Where possible the child's parents should be involved in the decision and arrangements regarding the activity as appropriate.

Many organizations and camps may require signed waivers in order for a child to attend. Foster families, in consultation with the child's worker, may sign a waiver if it is normally required of all children and seems reasonable.

8.0 PAYMENTS FOR FOSTER HOME AND EXTENDED FAMILY CAREGIVER SUPPORT

8.5 Damage Compensation

Policy

When a child in care causes damage to a foster parent's property, compensation may be provided by the ministry when the foster family is not eligible for compensation through their personal insurance or the SFFA insurance rider.

Compensation may be provided for actual loss or to cover the foster family's cost of insurance deductibles or increased insurance premiums as a result of making a claim on their personal insurance policy.

Compensation requests must be submitted within two years from the date the damage was incurred or acknowledged.

Definitions

Personal Insurance: Insurance purchased privately by a foster family to cover loss or damage related to their home, vehicle or other possessions.

Saskatchewan Foster Families Association Insurance Rider: The SFFA purchases an insurance "rider" which applies when a claim is not valid or collectible under the foster family's personal insurance due to the criminal or willful acts of the foster child. The "rider" does not cover damage to vehicles.

Only homes fully approved as foster homes are members of the SFFA and eligible for coverage under the "rider". They must also carry personal insurance on their property and possessions.

Professional Damage Assessment: Assessment of damages by a professional damage assessor contracted by the SFFA.

Procedures

Insurance Claim through Personal Insurance or Rider

1. When a foster family makes a request for damage compensation, the resource worker will refer them to the SFFA.

2. The SFFA completes a **Damage Compensation Intake form** which includes a description

of the damages for which compensation is requested.

3. The SFFA assists the foster family to make application to their personal insurance carrier and if applicable, to the SFFA insurance rider to determine if they are eligible to receive insurance payment.

Note: Foster families must carry sufficient insurance to cover the value of their property.

4. If the compensation request is less than the deductible of their personal insurance or the SFFA insurance rider deductible, the foster family will not be required to submit to the insurance company before reimbursement will be considered.

Compensation for Damages through the Ministry of Social Services

1. Compensation requests must be submitted to the ministry resources worker within two years from the date the damage was incurred or acknowledged.

2. The Resources worker documents the compensation request and refers the foster family to the SFFA for assistance with processing the request.

3. The SFFA determines whether a professional damage assessment is required. The following are some examples when a professional assessment may **not be** required:

- the compensation request is for the cost of the deductible or increased premiums; and
- the compensation request is less than $300 (the cost of contracting a professional damage assessment) and has been validated by the resource worker.

4. When a professional damage assessment **is** required, the SFFA makes arrangements with a contracted damage assessor who will complete an assessment.

5. The damage assessment will include a statement regarding the validity of the compensation request (i.e. damage incurred by a foster child **or** as a result of wear over a period of time) as well as estimates from licensed contractors or retailers regarding the cost to repair or replace the damaged items, including fair replacement value, based on depreciation where applicable.

6. Upon completion of the assessment, the damage assessor submits a report to the SFFA.

7. The SFFA gathers all documentation related to the damage compensation request and submits this to the resource worker. This documentation will include:

- SFFA Damage Compensation Intake form;
- Damage Assessor's Report;
- Statement from the claimant's insurance company approving the claim or giving reasons for denial of the claim;

- Where damage is the result of willful or criminal acts, a statement from the company carrying the SFFA insurance rider approving the claim or giving reasons for denial of the claim;
- A copy of that portion of the claimant's insurance policy which states the amount of the deductible (if required); and
- For increased premiums a copy of the claimant's insurance policy indicating that the claimant's insurance premiums will increase as a result of successful claims for damages caused by the actions of a child in care; the professional damage assessor's report (if required).

8. **The resources worker prepares a Damage Compensation Report (12.15) and attaches the documentation gathered by the SFFA.** The report is submitted for approval as follows:
- If the requested damage compensation is up to $300.00, the report may be approved by the supervisor; and
- If the requested damage compensation is over $300.00, the supervisor shall review the report and submit it to their Out of Home Care Manager along with the supervisor's recommendation. If the damage compensation request exceeds $3,000.00 the Director, Out of Home Care must review and approve the compensation request; in those instances, where there are legal or liability issues to be considered, the Director, Out of Home Care, will consult with the Ministry of Justice.

9. Compensation must be for repair or replacement to an equal or lesser value of the damaged item. Payment amount must be supported by receipts or estimates signed by the SFFA professional damage assessor.

10. The ministry will provide the foster family written confirmation itemizing the damage compensation payment with a copy to the SFFA.

Service	Expenditure	Approval
Damage Compensation (Case related payment)	Up to $300	Supervisor
	Up to $3,000	Manager, Out of Home Care
	Over $3,000	Director, Out of Home Care

Practice Guidelines

A parent or guardian is not liable for a wrongful act, injury or damage caused by a child or youth where it is committed without his knowledge, consent, participation, or sanction, and when the child/youth has not been in the role of an employee of the parent or guardian.

8.5 Damage Compensation

Unless it can be demonstrated the ministry has been negligent**,** the ministry may make payment for property damage caused by a child or youth in foster care **on the basis of policy and not on the basis of legal liability.**

Foster families must carry sufficient insurance to cover the value of their property. Deductibles for such insurance must fall within a normal range. Foster families are further required to take reasonable measures to ensure their property is protected from damage and that the children or youth in their care are instructed in the care of property and provided with appropriate supervision.

While the primary source of compensation to a foster family must be through insurance, the ministry does not wish foster families to experience undue hardship due to damages caused by children placed in their care.

Where persons other than children in care also bear some responsibility for the damage, the ministry will only consider compensation for the child in care's portion.

Damages to property of persons other than the foster family will only be considered for payment in extremely rare circumstances where it seems reasonable to do so.

Exploring Alternatives:

Every alternative for compensation shall be explored before payment from the ministry will be considered. These alternatives include:

- restitution by the child/youth in cash or by service of equal value (note: restitution must be approved by the child's worker and be of a non-demeaning nature that is fair, age appropriate and equitable to the child);
- the birth parent/guardian of a child/youth in care by agreement;
- the foster parent's personal insurance;
- the SFFA insurance rider; and
- insurance carried by claimants other than foster parents.

Determining Damage Compensation Amounts:

Where it has been determined that a child placed in the foster family's care has accidentally or willfully caused damage or loss the ministry shall provide the following compensation:

- Insurance deductibles;
- Actual damage costs where request where is less than the deductible of the foster family's personal insurance or the SFFA insurance rider; and

- Premium rate increases where costs can be attributed to a number of claims for damage caused by children placed in the foster family's care, the ministry may pay for an increase in the premium. Approval must be assessed on a case by case basis.

Compensation will not be provided in the following circumstances:

- Damage compensation request stemming from failure to purchase insurance; and
- Claims refused by personal insurance or the SFFA insurance rider due to timeliness of submissions.

Exceptional Circumstances:

In exceptional circumstances, a compensation request may be considered at the discretion of the Director, Out of Home Care or designate. Such circumstances may include:

- Damage costs exceeding the amount paid by the insurance company;
- Damages not covered or approved by the insurance company; and
- When a policy has expired and the foster parent intended to renew the policy.

8.0 PAYMENTS FOR FOSTER HOME AND EXTENDED FAMILY CAREGIVER SUPPORT

8.6 Counselling and Elder/Knowledge Keeper Services for Foster Families and Extended Families

Policy

Where it is determined that a foster family or extended family is experiencing trauma as the result of a serious event directly related to providing care to a child or youth, the ministry will help foster families and extended families access counselling or Elder/Knowledge Keeper services as required.

Rates: Pre-approved actual costs up to a maximum of 10 hours

Approval: Manager

Procedures

- The worker will debrief the foster family or extended family following a serious event. The worker will assess whether members of the family appear to be experiencing trauma as a result of the event. Where a family is experiencing trauma, the worker will discuss the family's support needs, including counselling from another agency, individual, or an Elder/Knowledge Keeper.

- If it is determined that counselling or Elder/Knowledge Keeper service is required, it should be provided through publicly funded agencies wherever possible. Where a family has access to employee assistance programs through their place of employment, Non-Insured Health Benefits (NIHB) program or access to other support services, they should be encouraged to explore such services as they may apply to the situation.

- The ministry will pay for counselling and/or Elder/Knowledge Keeper services where it is not available within a reasonable distance from the family's home through publicly funded agencies, NIHB or where such services cannot meet with the family within a reasonable period of time.

- Additionally, approving a current counselling or Elder/Knowledge Keeper service that the family is accessing for support or has accessed in the recent past should also be taken into consideration for approval due to the existing therapeutic relationship formed. Prior approval for the services must be received.

- Where the ministry determines that counselling services need to be obtained from a private counsellor, Elder/Knowledge Keeper or agency:
  - The counsellor, Elder/Knowledge Keeper or agency must be recognized by the ministry as qualified.

  - Qualified counselling providers include the following: a registered psychiatrist, registered psychologist, registered social worker, NIHB approved counsellor or other regulated providers permitted to practice by legislation. Typically, a professional counsellor must be registered, in good standing with a legislated professional regulatory body and eligible for independent practice in the province or territory in which the service is being provided.
  - Elders and Knowledge Keepers should be recognized within the Indigenous community as reputable and qualified to provide cultural supports/services to children and families.
  - Rates charged must be within the range of a reasonable community standard.
  - For Elder/Knowledge Keeper honorarium rates and other costs related to arranging traditional practices, see Chapter 7.18 Cultural Planning Supports and Services.
  - The ministry will pay for a maximum of 10 hours.
  - A formal service contract must be entered into with the counsellor, Elder/Knowledge Keeper or agency with a clear statement of purpose and cost.

Service	Expenditure	Approval
Counselling **Elder/Knowledge Keeper Services** **(Non-case related)**	Actual to a maximum of 10 hours Note: For additional expenditures related to arranging this service, see Section 7.18 Cultural Planning Supports and Services	Manager,

Practice Guidelines

Providing care to children is generally very demanding for both foster and extended families. ministry managers, supervisors and workers are expected to be aware of the impact of the normal demands of caring for a child and provide families with appropriate support. Such support may include formal or informal debriefing, respite, increased worker contacts, and access to support from the SFFA.

However, some events families experience as the direct result of providing care are so severe and intense they can have a traumatic effect on the foster parents or extended family caregiver, their children and the children placed in their care. Trauma must be recognized as a very serious condition that could lead to chronic emotional and psychological harm if not responded to effectively. It should not be confused with normal reaction to grief, loss or crisis which initially may be intense. Traumatic effects may include a deep and pervasive sense of grief, loss, poor self-image, thought disorder, psychosomatic illness, or impaired social functioning.

While not all serious events will lead to trauma, it should be recognized that events such as the following may trigger a traumatic response:

- Death of a child while in the care of the family.
- Death of a child who is no longer in the care of the family but where there has been a significant and strong attachment to the child.
- Death of a child's biological parent/close family member while in the care of the family.
- Grieving the loss of a child through family reunification, adoption or removal from the foster or extended family home where there has been a long-term, significant and strong attachment to the child.
- An event that caused serious physical, sexual or emotional harm to the child placed in their care.
- Serious physical, sexual or emotional harm to an immediate family member by a child placed in the home or as the result of a child being placed in their care.

Where it is determined a family or some of its members are exhibiting traumatic reactions and the family wishes to seek formal counselling or Elder/Knowledge Keeper services, ministry staff are expected to help the family access these supports. Services should be sought through publicly funded agencies, NIHB, employee assistance programs or other support services that may be available to the family. It is important that the family is provided with help to assure that the counselling or Elder/Knowledge Keeper services available can address their needs.

With permission of the family, it may be appropriate for the worker to contact the counsellor/agency/Elder/Knowledge Keeper in advance of the sessions to provide an understanding of the demands of foster and extended family care generally and the impact similar events have had on other families who have experienced them.

Where such services are not available or are not easily accessible due to distance or length of waiting time, the ministry can consider whether it is appropriate to purchase services from a private counsellor, agency or Elder/Knowledge Keeper as a means to assure the family's needs are met in a timely fashion. The counsellor or Elder/Knowledge Keeper should be chosen in consultation with the family and must be recognized by the ministry as having the training, skills, ability and knowledge to provide counselling or Elder/Knowledge Keeper services

appropriate to the needs of the family.

The contract needs to be written in clear terms that indicate the nature and purpose of the counselling or Elder/Knowledge Keeper services, the number of sessions paid for by the ministry, the total hours to be paid for by the ministry, and the rate to be paid. It should clearly state that any additional hours will be the responsibility of the family.

8.0 PAYMENTS FOR FOSTER HOME AND EXTENDED FAMILY CAREGIVER SUPPORT

8.7 Referral Fee for Foster Homes

Policy

The ministry may pay a referral fee to a foster family who makes a referral resulting in the approval of a new foster family.

Standards

The ministry shall pay a referral fee of $200.00 to a foster family who refers a new family.

Payment shall be made following approval of the new foster home and placement of the first child.

Procedures

Costs associated with referral fees are to be paid by service area offices from funds allocated to foster home recruitment.

The referent family contacts their resource worker to request payment, following approval and child placement in the home of the new foster family.

Payment can only be made to one referent.

The new foster family is responsible for verifying the referent foster family.

There is no limit on the number of new referrals that a foster family can receive payment for, provided the new families become approved and have accepted placement of a child.

Service	Expenditure	Approval
Referral fee **(Non-case related payment)**	$200	Supervisor

8.0 PAYMENTS FOR FOSTER HOME AND EXTENDED FAMILY CAREGIVER SUPPORT

8.8 Foster Parent Training

Policy

The ministry may provide payment and associated expenses related to all required and pre-approved training for foster parent applicants, approved foster parents, foster parent trainers and resource persons.

Standards

- The ministry shall pay an hourly rate of compensation to foster parent applicants (following approval) and approved foster parents for attendance at all required Pre- Service, In-Service and additional approved training (see "Procedures" for rates).

- The ministry shall pay for specified expenses incurred by foster parent applicants and approved foster parents while attending all required Pre-Service, In-Service and additional approved training sessions (see "Procedures" for specifics).

- The ministry shall compensate foster parent co-trainers and pay for specified expenses incurred during Train the Trainers sessions and joint training sessions with ministry staff (see "Procedures" for rates).

- The ministry shall pay honorariums (see "Procedures" for rates) and/or specified expenses incurred by resource personnel, including First Nation Elders and Knowledge Keepers who are invited to attend training sessions as presenters, panel members or to provide opening and closing prayers.

- PSI caregivers will receive a $10.00 per hour honorarium for completing the Traditions of Caring training.

Procedures

1. Compensation payments (hourly rate payments) and expense costs associated with attendance at training are to be paid by service area offices from funds allocated to foster parent training.

2. Expenses covered include honorariums, babysitting, transportation, accommodation and meal costs.

3. All records relating to foster parent training are to be retained on the foster family file.

4. Costs associated with the delivery of the training such as room rental or payment of resource personnel require prior approval.

Compensation rates and expenses covered:

- Lump sum payment at the rate of $10.00 per hour of training curriculum, will be paid to foster parents upon successful completion of all required or approved training;
- Babysitting: as per policy Chapter 8.1;
- Public Transportation: actual cost;
- Private Transportation: PSC rates;
- Accommodation and meals: PSC rates;
- Facility: actual cost;
- Compensation to foster parent trainers: $60 per approved three-hour training session (includes Train the Trainers), plus expenses for babysitting, travel, meals and accommodation if required;
- Compensation to resource personnel who attend training sessions as panel members or guest speakers: $60 per approved three-hour training session, plus expenses for travel, meals and accommodation if required; and
- Compensation to Elders or Knowledge Keepers who attend training sessions as resource personnel or to provide opening and closing prayers: $150.00 per three hours or less, $300.00 over three hours and up to and including six hours, and $500.00 for over six hours. A per diem of $150 may be paid to the Elder/Knowledge Keeper if they require an assistant. Travel time should be considered in the determination of rate paid. Re-imbursement for mileage, meals and accommodation is provided and based on PSC rates, if required..

Note: Contracts are required for payment of all resource personnel who attend training sessions. An Elder Honorarium Agreement (12.41) will be used to facilitate payments of Elder/Knowledge Keeper fees.

Service	Expenditure	Approval
Foster Parent Compensation for Training/PSI TOC training	$10 hourly rate for all required or approved training, paid upon	Supervisor

Foster Parent Training Expenses (Includes all expense categories below) **(Non-case related payment- use non-case related decision)**	completion/ $ 270.00 max for completion of TOC training Up to $750.00 Over $750.00	Supervisor Service Manager
Babysitting	Babysitting rates	
Public Transportation	Actual	
Private Transportation (mileage)	PSC rates	
Accommodations	Actual	
Meals	PSC rates	
Foster Parent Trainer compensation (Includes: Train the Trainers)	$60.00/session	
Facility (Room Rental and/or coffee, snacks and supplies)	Actual	
Resource personnel compensation	$60.00/session	
Elder/Knowledge Keeper and assistant services (Resource personnel, specialized sessions or workshops)	$150.00 per three hours or less $300.00 for over three hours and up to and including six hours $500.00 for over six hours $150.00 per diem – Elder/Knowledge Keeper assistant if required Travel time included in rate paid. Re-imbursement for mileage, meals and accommodation is provided based on PSC rates	Supervisor

8.0 PAYMENTS FOR FOSTER HOME AND EXTENDED FAMILY CAREGIVER SUPPORT

8.9 In-Home Support for Foster Families

Policy

The ministry may provide financial compensation for in-home support to foster families in approved circumstances.

Intent

In-home supports are a short term, time-limited service provided to assist in addressing temporary circumstances which limit the foster family's capacity to care for the children placed in their home.

Standards

Payment for in-home support may be provided to assist foster parents under the following circumstances:

- When a foster parent has experienced a significant or serious event (such as short-term illness or injury, death in the family, etc.) which directly impacts their ability to provide care for the children in their home;

- When the home exceeds the maximum of four foster children on a short-term basis, or where the home exceeds its approved number of placements or range of acceptance as indicated on the approved Mutual Family Assessment / Home Study report and/or Annual Review;

- When a child or children / youth in a foster home present extreme behavioural challenges that cannot be managed by a foster home without additional support; and

- In other exceptional circumstances where it is assessed that that in-home support is required.

Procedures

In-home support services are typically provided by the SFFA on a contract basis, but may also be provided by a private individual service provider, or an alternate Community-Based Organization (CBO) in exceptional circumstances.

Upon receiving a request or assessing the need for in-home support, the Child & Caregiver Support Worker will:

- Complete the In-Home Support Assessment (12.40) in cooperation with the foster parent and in-home support provider, detailing:
  - start date and end date of service;
  - number of hours of service per week;
  - tasks to be completed;

- Review and submit all support contracts for approval every six months; contracts exceeding 20 hours per week must be reviewed and submitted for approval every three months;

- Ensure in-home support is available to foster homes when making over maximum placement decisions or placing children with behavioral or complex needs;
  - Complete the In-Home Support Assessment prior to planned over maximum placement;
  - Complete the In-Home Support Assessment within two working days if an over maximum placement is required on an emergent basis;

- Reassessment is required upon the request of an increase or decrease in hours;

- The In-Home Support Assessment will include input from case workers, SFFA, as well as other formal and informal supports;

- The In-Home Support Assessment is submitted to the Service Manager for approval;

- Where risks are evident and agreement can't be reached, the assessment is submitted to the Service Manager for consultation regarding next steps; and

- If the foster parent is not in agreement with the recommended supports or the recommended supports are unavailable, the ministry must reconsider placement.

Payment Procedures for Contracted Services with SFFA

The SFFA is block funded to provide in-home support services, therefore no billing is required. Contracts are reconciled quarterly.

Payment Procedures for Private Service Providers

1. Hourly rate of payment for a private service provider is minimum wage, or as negotiated to a maximum of $20.00/hour.

2. Hourly rate of payment for professional services is negotiable to a maximum of $20.00/hour.

3. Rates in excess of the rates above will be considered in exceptional situations with the prior approval of the Service Manager.

4. Foster parents who have directly paid the service provider must obtain receipts from the service provider(s) and submit to their Child and Caregiver Support worker within 30 days of service provision.

5. Contracted services may be paid at actual costs (subject to approval by the Service Manager).

6. ministry contracted CBO's may be paid directly by the ministry. Receipts are not required for services provided by a CBO contracted by the ministry.

Description	Expenditure	Approval
In-home Support for Foster Families **(Non-case related payment)**	Actual costs ranging from minimum wage to a maximum of $20.00/hour and contracts not exceeding 20 hours per week. Exception (costs exceeding $20.00/hour or 20 hours per week)	Service Manager Director

Practice Guidelines

1. Though in-home support services are intended to be provided on a short-term basis, there may be situations where foster families require ongoing support for a period of time. These situations should be considered as exceptional and require Director or designate approval.

2. In-home support typically includes services such as: meal preparation, house cleaning, and laundry services.

3. In-home support does not include supports such as babysitting and respite.

4. In-home support is not intended to provide child care or support for children with special or exceptional needs.

8.0 PAYMENTS FOR FOSTER HOME AND EXTENDED FAMILY CAREGIVER SUPPORT

8.10 Payment for Daycare to Foster Families and Extended Family Caregivers.

Policy

The ministry may pay day care costs to caregivers under the following circumstances:

- when foster /caregiver families are employed outside the home;
- when enrollment in daycare is considered essential to meet the developmental needs of the child.

Information

Licensed Child Care:
Licensed childcare is regulated and monitored by the Early Years Branch of the Ministry of Education.

Licensed centers and family care home must meet specific standards as outlined in *The Child Care Act, 2014* and *The Child Care Regulations, 2015*. Families who access licensed services may be eligible for subsidy.

By 2025-26, Saskatchewan will provide an average of $10 a day regulated early learning and childcare spaces for all children under six years to have a day care space that can meet their needs.

In January 2024, the Saskatchewan Employment Incentive (SEI) replaced the Child Care Subsidy and will not accept new applicants. Current families who continue to meet the eligibility criteria will continue to receive benefits. New clients can apply at SEI to assist them with the costs of licensed child care.

The early learning and childcare subsidy will also support children with disabilities and children needing enhanced or individual supports to have access to early learning and day care.

Unlicensed Child Care:
Unlicensed childcare services are not monitored by the Ministry of Education, however they are still required to meet some standards such as proper ratio of caregiver to children.

Unlicensed services are not eligible for childcare subsidy.

Standards

- The caseworker or the resource worker must ensure the following is completed for unlicensed home day care providers:
  - criminal record checks (CRC) (includes a vulnerable sector check);
  - child welfare record checks (formerly called ministry Record checks), ACI/LINKIN checks; and
  - home safety checks.

- A Child Welfare Record Authorization/Declaration form (12.35) is provided to the unlicensed home day care provider for signature prior to completion of a child welfare record check.

Procedures

- Consider the child(ren)'s level of care needs when choosing an appropriate Daycare provider.

- Families are responsible to submit an application for the Saskatchewan Employment Incentive to determine eligibility. The ministry will cover the difference between the monthly daycare fee and the subsidy amount provided. The application may be found at: https://www.saskatchewan.ca/residents/family-and-social-support/financial-help/saskatchewan-employment-incentive-sei#apply.

- Caregiver families should be encouraged to explore all available options for licensed childcare within their community. Where licensed childcare or a subsidized spot is not available, unlicensed childcare may be supported.

For re-imbursement of unsubsidized daycare expenses:
The caregiver submits Child and Family Programs Monthly Day Care Reporting template # 2431 (12.61).

Case Related and Non-Case Related Payments:
Complete the **Child and Family Programs Monthly Day Care Reporting template form 2431 (12.61)** for payment/reimbursement to a monthly childcare provider/facility, including the following information:

- name and address of foster parent/caregiver;
- name and address of childcare provider;
- dates of childcare and length of time required;
- reason that the childcare was required;
- names of children cared for;
- cost of child care;
- name and signature of provider or invoice from childcare facility;
- name and signature of supervisor approving the payment; and/or

8.10 Payment for Daycare to Foster Families and Extended Family Caregivers

- name and signature of director for exceptional circumstances.

For non-case related payments, a Non-Case Related Decision is required.

Contracts with childcare service providers are not required.

Payment:

Service	Expenditure	Approval
Child Care to support Caregiver with Outside Employment (day care) **Non-case related payment** EF Babysitting/Day care (Extended Family) SS Daycare (Foster Care)	Up to $1,000/month/child Over $1,000/month/child	Supervisor Director or designate
Child Care to support the Child's Developmental Needs **Case Related Payment** EF Babysitting/Day Care (Extended Family) SS Daycare (Foster Care)	Up to $1,000/month/child Over $1,000/month/child	Supervisor Director or designate

9.0 LEGAL SERVICES EXPENDITURES

9.1 Legal Documents

Policy

The ministry may make certain expenditures for the costs of legal documents associated with children in out of home care.

Procedures

1. The ministry shall pay actual fees for the following legal documents:
   - birth, marriage and death certificates when required for court purposes or to complete the children's services file;
   - required certificates for adoption applicants who are receiving financial assistance;
   - passports for children in care (5-year passport for children 16 years of age or older);
   - court transcripts.

2. If the child is a temporary ward an application for a passport can only be made after consultation with the parent. The parent and **the Director, Service Delivery** should sign the passport application.

Note: Payment is processed through a Case Plan Decision in Linkin.

Service	Expenditure	Approval
Legal Documents		
Vital Statistics	Actual Cost	Worker
Court Transcripts	Actual Cost	Supervisor
Passports	Actual Cost	Worker
	Exception – costs exceeding $1,500	Manager

Practice Guidelines

Court transcripts are requested in exceptional circumstances only. It may be sufficient to order a transcript of the Judge's summation rather than the entire proceedings.

A request for a court transcript may be made to the Ministry of Justice in the following types of cases:

- where a decision is being appealed;
- where permanent committal is recommended by the ministry and the petition has been denied by the court;
- exceptional cases.

9.0 LEGAL SERVICES EXPENDITURES

9.2 Witness Fees

Policy

The ministry may pay witness fees and travel costs to any person who attends a hearing under *The Child and Family Services Act* as a witness.

Procedures

1. Payment may be made even though the person is not called as a witness.

2. Mobile Crisis Unit bills the ministry based on the agency's rate.

3. Medical doctors are compensated according to the rates in the **Saskatchewan Justice, Court of King's Bench schedule.**

Note: Payment is processed through a Case Plan Decision in Linkin with the service name "Legal Witness Fees".

Service	Expenditure	Approval
Legal Witness Fees:		Up to $100 – Supervisor
Non-Professional	$15.00/day	
		Up to $1,000 – Manager, Service Delivery
Professional	$52.50 – ½ day $105/day	
		Over $1,000 – Director, Service Delivery
Expert Consultant	$72.50 – ½ day $130/day	
Public Transportation	Actual Cost	
Private Transportation	PSC Rate	
Meals	PSC Rate	
Accommodation	PSC Rate	
Exceptions:	PSC Rate	
Travel – MD	PSC Rate	
Meals	PSC Rate	
Accommodation		
	$26.50 – ¼ hour	
Professional Witness	$30.00 – ¼ hour	
Expert Witness	$26.50 – ¼ hour to a maximum of $150	
Medical Report		

9.0 LEGAL SERVICES EXPENDITURES

9.3 Interpreter Fees

Policy

The ministry may pay court related interpreter fees.

Procedures

1. The ministry may pay interpreter fees and related costs to any person who:
   - Attends a hearing under *The Child and Family Services Act* as an interpreter.
   - Payment may be made even though the person is not called to provide interpretative services.
     - provides interpretative services during interviews.
     - translates ministry correspondence, legal documents and other written materials.

Note: Payment is processed through a Case Plan Decision in Linkin.

Service	Expenditure	Approval
Interpreter Fees: Court Hearing	$20.00/day	Up to $1,500 – Supervisor Over $1,500 – Manager
Other than Court	Actual Cost	
Document Translation	Actual Cost	
Public Transportation	Actual Cost	
Private Transportation (Rates are the same as per the PSC/SGEU agreement)	PSC Rate	
Meals	PSC Rate	
Accommodation	PSC Rate	

9.0 LEGAL SERVICES EXPENDITURES

9.4 Legal Fees for Ministry in Hearings under *CFSA*

Policy

Where legal services are not available through the Ministry of Justice, the ministry may engage legal counsel to represent the ministry in a hearing under *The Child and Family Services Act*.

Procedures

1. Fees shall be approved in accordance with the fee schedule for counsel representing the ministry in Provincial Court, King's Bench Court, and Unified Family Court.

2. Except in exceptional circumstances and subject to the approval of the Deputy Minister, a straight hourly fee is paid for case preparation and court presentation.

Note: Payment is processed through a Case Plan Decision in Linkin.

Service	Expenditure	Approval
Legal fees for *CFSA* Hearings	Up to $1,000.00 Over $1,000.00	Supervisor Manager, Service Delivery

9.0 LEGAL SERVICES EXPENDITURES

9.5 Legal Fees for Families in Hearings under *CFSA*

Policy

Families who are eligible for legal aid shall obtain legal counsel from that source.
Families who are not eligible for legal aid shall pay their own legal costs.
Exceptional cases may be considered by the **Executive Director.**

Procedures

- Exceptional fees shall be approved in accordance with the fee schedule for counsel representing the ministry.

Note: Payment is processed through a Case Plan Decision in Linkin.

Service	Expenditure	Approval
Family Legal Fees	Exceptional	Director, Service Delivery, in consultation with Executive Director

9.0 LEGAL SERVICES EXPENDITURES

9.6 Legal Assistance for Children in Care

Policy

The ministry shall assume responsibility for costs of legal counsel for children in care. **Legal services for children in care are available through the Counsel for Children (CFC) Program which is administered through the Public Guardian and Trustee Office**.

The CFC Program does not appoint legal representation for children involved in civil, criminal or private custody and access matters.

Introduction

The CFC Program may appoint a lawyer to act on behalf of a child receiving services under *The Child and Family Services Act*. The objective of the CFC Program is to:

- ensure the child's voice is heard in child protection proceedings;
- appoint legal representation in a timely manner;
- establish best practices, supports and standards for quality legal representation; and
- create a body of lawyers with expertise and experience in this area of law.

Appointment of counsel may be considered by the CFC Program in the following circumstances:

- where there is a difference in the interests or views of the child and the interests or views of the parties to the hearing;
- where the nature of the protection hearing, including the seriousness and complexity of the issues may have a long-term impact on the child;
- where the child has expressed a wish to have their views considered;
- where there are competing plans presented by various parties, including sibling groups, where there are diverse plans and ideas with respect to their individual best interests or any difference in the interests or views of the child and the interests or views of any other child involved in the proceeding.

Procedures

1. A referral is made to the CFC Program in writing by:
   - using the form **Request for a Lawyer** (see "Forms and Links"), or by contacting the CFC Program by phone or email; or
   - requesting the court to appoint counsel (the court may order the appointment, make a referral to the CFC Program or deny the request).

2. Where the CFC Program approves a request, it will appoint a lawyer from its roster, or approve a lawyer specified by the child (third-party requests for specific lawyers are not accepted). Approval of a specific lawyer is subject to CFC review and approval.

3. If the appointed lawyer does not have contact or case information (e.g. name of caseworker), he/she will contact the Director, Service Delivery to obtain it.

4. The appointed lawyer may contact the child's caseworker to set up a time to meet the child, or may contact the child directly (this may occur via the foster parent or caregiver). During this contact, the lawyer will seek the child's consent to representation. If the child consents, the CFC will:

a. send a letter to the caseworker confirming the appointment (the letter shall be placed on the child's file); and
b. file notice with the court.

If a child does not consent to representation, the engagement terminates.

5. Where file information (disclosure) on the child's circumstances is sought, the appointed lawyer will work with Counsel for the ministry.

6. The appointed lawyer will send invoices for service to the CFC Program, who will forward the invoices to the child's caseworker for processing.

Note: Payment is processed through a Case Plan Decision in Linkin.

Forms and Links
Information and forms related to the CFC Program can be found at:
Publications Centre (saskatchewan.ca)

9.0 LEGAL SERVICES EXPENDITURES

9.7 King's Bench Fees

Tariff of Fees for Physicians and Surgeons

King's Bench Fee - Saskatchewan Justice Effective June 27, 1995

Subject	General Practitioner	Specialist
Testimony		
First court appearance – during "fiscal year for the **first hour** or part thereof (includes preparation, pretrial briefing and waiting time)	$150.00	$175.00
if testimony is **more than one hour**, for each subsequent 15 minutes or major portion thereof add:	$35.00	$40.00
Subsequent court appearances during the same fiscal year	$175.00	$200.00
if testimony is more than one hour, for each subsequent 15 minutes or major portion thereof add:	$40.00	$45.00
Cancellation Notice: Failure to give notification of adjournment or cancellation to the practitioners' offices by noon of the work day prior to the date of the scheduled court appearance notice a "flat rate" will be paid.	$125.00	$150.00
Compensation for Physician's Travel		
Travel: commercial carrier (receipt required) private vehicle Taxi (receipt required)	PSC Rate	PSC Rate
Meals:	PSC Rate	PSC Rate
Accommodation: Payable for witness only (max./night)	PSC Rate	PSC Rate
Medical Documentation At the request of the Crown Prosecutor, submission of the following documentation may eliminate the need for the physician's attendance at court proceedings. A complete response to the prosecutor's request must be provided prior to payment for the service rendered.		
Letter: This is a factual report on past health and/or current	$100.00	$100.00

condition based on review of office and/or hospital records. This is a factual summary of the history, symptomatology, investigation, therapy, results and present condition.		
Report (Opinion): This is an expert opinion concerning such matters as: cause and effect; long term consequences, possible complications; and, extent, or percentage of disability. It involves the exercise of expert knowledge and judgement with respect to the medical facts and findings including a detailed prognosis. Depending on the circumstances of the case, it may contain some comment as to the likelihood of permanent disability.	$250.00	$250.00

***** *Fiscal year - April 1 - March 31.*

****** *If the testimony is given during a "subsequent court appearance during; the same fiscal year" it is the responsibility of the witness to advise the prosecutor of the "subsequent" appearance status.*

******* *At the discretion of the Executive Director of Public Prosecutions, other people appearing as professional witnesses in criminal matters may be eligible for payment under the above Tariff.*

Payment Arrangements
Payment is processed through Case Plan Decisions in Linkin.

Service "Legal –Witness Fees QB – CSM 9.7"
Approval Level: Up to $100 – Supervisor
Up to $1500 – Manager
Over $1500 - Director

Provincial Court - Adult and Young Offender
In Regina and Saskatoon submit claims for expenses, reports and court appearances to the prosecution office requesting services. In all other areas of the province submit claims to the RCMP or city police officer who requested the testimony.

Court of King's Bench - Adult and Young Offender
In all areas across Saskatchewan, please submit claims for expenses, reports and court appearance to the prosecution office requesting the services.

In both of the above Courts
When submitting expenses, please include a statement as to whether this is a first or "subsequent" appearance during the current fiscal year (April 1 to March 31). An increased fee will be paid for any subsequent testimony during that fiscal year.

10.0 PAYMENT RELATED POLICIES

10.1 Monies Received for Children in Care

Policy

Any money received for children in the care of the Minister, such as:

- benefits from a personal injury claim, e.g. Saskatchewan Government Insurance;
- pension benefits;
- orphan or survivor benefits from the Government of Canada;
- benefits from Worker's Compensation; **or**
- inheritance

must be directed to the Public Trustee of Saskatchewan.

This policy does not apply to:

- Income received by a youth from employment, which belongs to the youth; **and**
- Special Allowances received by the ministry for maintenance purposes.

Procedures

The children's services worker will complete the appropriate application on behalf of the child in care for benefits and instruct that the payment be sent to:

The Public Trustee of Saskatchewan
Saskatchewan Justice
#100 - 1871 Smith Street
Regina, Saskatchewan
S4P 4W4

A copy of the application must be sent to the Public Trustee and a copy placed on the child's file.

NOTE:
Children who are victims of crime and/or abuse may be eligible for compensation through the Victims Compensation Program, providing the matter was reported to the police and application is made within two years from the date of the offense. Compensation is not paid for lost, damaged or stolen property.

The supervisor may make application to the Victims Compensation Program on the child's behalf. Awarded money will be administered by the Public Trustee, Ministry of Justice.

Practice Guidelines

Income received by a youth from his or her employment belongs to the youth. However, youth

who work during extended holiday periods should be expected to contribute toward their clothing, personal or spending needs as seems appropriate for their age and amount of earnings.

Each case will be assessed on an individual basis, reviewed by the supervisor and the agreed plan recorded on file.

10.0 PAYMENT RELATED POLICIES

10.2 Cheque Disbursement

Policy

A mailing address is required to disburse children's services cheques. In the event that a child/youth in care does not have an address to which a cheque can be mailed, requisitions must be used.

10.0 PAYMENT RELATED POLICIES

10.3 Children's Special Allowances

Definitions

Children's Special Allowances:
Children's Special Allowances are monthly payments made by the federal government to child welfare agencies on behalf of children in care of these agencies. Children's Special Allowances include all federal benefit payments for which the child is eligible.

Child Tax Benefit:
Child Tax Benefits are monthly payments made by the federal government to parents and caregivers of children. The payments received are based on family net income. Child Tax Benefit includes several payments:

- the National Child Benefit,
- the Child Disability Benefit, and
- the Universal Child Care Benefit.

Note: The Universal Child Care Benefit applies only to children under six years of age.

Policy

When a child is placed in the care of the Minister through apprehension, court order or voluntary agreement for more than 30 consecutive days, or when a child is placed with an extended family caregiver and the ministry is providing maintenance payments on behalf of the child, the ministry will make application for Children's Special Allowances as outlined in the "Procedures".

Procedures

Application:

- The Canada Revenue Agency's (CRA) **Children's Special Allowances Application and Cancellation form** is available on the CRA website (https://www.canada.ca/en/revenue-agency/services/forms-publications/forms/rc64.html) or from Central Office, Financial Services Branch, Revenue and Program Support. This form is used for both application and cancellation of the Children's Special Allowances.

- The child's caseworker or an Administration (Admin) Aide completes the application after the child has been in care or placed in an extended family arrangement for 30 consecutive days. The application will be dated commencing on the date of the child's placement in out of home care.

- All sections of the form are to be completed except the "Certification" section. The caseworker or Admin Aide will ensure that the completed form includes the Social Services business number**,** and that the "Child Identification Number" is left blank (this is a unique CRA identification number).

- The caseworker or Admin Aide retains a copy on the child's file and submits the original to Social Services, Financial Services Branch, Revenue and Program Support, 1920 Broad Street, Regina, S4P 3V6.

- Financial Services Branch, Revenue and Program Support Unit completes the "Certification" section and submits the original to CRA.

Important: Please note the following exception: The ministry will not make application where the child is in care or extended family placement for more than 30 consecutive days, but is being reintegrated with their family, and is regularly spending three or more days per week in the care of their family.

Cancellation:

- The child's case worker must submit a cancellation of Children's Special Allowances under the following circumstances:
  - The child is discharged from care;
  - There is a change in the child's circumstances subject to the exceptions to the policy i.e. being reintegrated with family; and
  - The child is placed for adoption.

- Upon discharge, the child's caseworker or an Admin Aide shall complete the **Children's Special Allowances Application and Cancellation form** as above within seven days, using a new form and entering the information, including the date of discharge.

- The form is submitted to Financial Services Branch, Revenue and Program Support.

- Financial Services Branch, Revenue and Program Support, notifies CRA of the cancellation.

- A copy of the cancellation will be placed on the child's file.

Coordination:

- Financial Services Branch will coordinate communication with CRA.

- Financial Services Branch will maintain a record of all applications and cancellations.

- Where an application or cancellation may be outstanding the child's case worker or Admin

Aide must submit the appropriate information immediately. **The effective date must be backdated to the date of the child's out of home care placement.**

Notification to Parents/Caregivers:

- When a child is placed in care or extended family placement the child's parents must be notified that the ministry will apply for the Children's Special Allowances and the parent/caregiver will not receive the Child Tax Benefit while the child is in out of home placement.

- Upon return to the parent or placement with an adoptive parent, the parent/caregiver must be notified to reapply/apply for the Child Tax Benefit. Caseworkers should provide the family with the appropriate forms and help them complete the application if required.

- Parents/caregivers should apply immediately, however as it can take up to 90 days or more for the family to receive the Child Tax Benefit, families in receipt of financial assistance may be eligible to receive the Transition Benefit for Children to provide interim funding until they receive Child Tax Benefit payments. Low-income families not in receipt of Income Assistance (SIS/SAID) may be re-assessed as eligible.

- For parents/caregivers in receipt of SIS/SAID the child's worker must notify the family's SIS/SAID worker by e-mail when the child is placed in out of home care and when the child is returned.

- Where a child is returned to their parents or placed with an adoptive parent and the parents/caregiver is in receipt of SIS/SAID the family must be notified that they will need to arrange with their SIS/SAID worker to add the child(ren) to their budget.

- Teen parents who are in the care of the Minister are to be provided assistance in applying for the Child Tax Benefit for their child.

Practice Guidelines

- Receipt of the Children's Special Allowances is important as it forms part of Federal/ Provincial cost sharing for children in care of the ministry.

- When the ministry is in receipt of the Children's Special Allowances, the child's family will no longer be eligible to apply for the Child Tax Benefit.

- The ministry does not wish to cause hardship for families and therefore it is important that they are notified of the changes when a child is placed in out of home care and the process to reapply when a child is returned home.

- The ministry wishes to support and strengthen permanency planning for children. Where the child is being reintegrated with their family or placed for adoption, and spending three or more days per week in the care of the family or prospective adoptive parent, the ministry will not apply for the Children's Special Allowances in order that the family can apply for the Child Tax Benefit to help them respond to the child's care needs.

Other Child and Family Program Areas:

- The Children's Special Allowances will continue to be received for youth in independent living arrangements including youth under the 16/17-year-old program (see 16/17-Year-Old Program Manual).

- The Children's Special Allowances will continue to be received for children in care who are in custody pursuant the *Youth Criminal Justice Act*.

10.0 PAYMENT RELATED POLICIES

10.4 Overpayments

Policy

The ministry will recover outstanding funds when an overpayment has occurred, with the exception of amounts less than $25.00.

Caregivers will be requested to provide consent on the caregiver "Agreement for Services" to share information with CRA for the purpose of overpayment recovery in the event of an unsuccessful attempt to recover outstanding funds owed to the ministry.

Definition:

An overpayment occurs whenever a client, foster parent, or other caregiver is paid in error and has received funds they are not entitled to receive. This may include basic maintenance payments, and any other payments issued for a period of time in which a child is not placed in the caregiver's home, or in the event that the client or caregiver was not entitled to receive the funds.

Procedures

Case Related Overpayments:

1. The Linkin system will automatically create overpayments based on child placement dates entered into Linkin.

2. A standard overpayment notification letter will be sent to the caregiver indicating the overpayment amount and proposed recovery schedule (see below).

3. No response from the caregiver is interpreted as agreement with the ministry's overpayment recovery letter.

4. Recovery will begin within 30 days following the date the overpayment recovery letter was mailed.

5. The entire overpayment amount may be recovered at once, if the caregiver provides instruction to this effect.

6. Should the caregiver provide a response indicating that they are not in agreement with the proposed recovery schedule, the caseworker responsible for the caregiver file (Linkin provider owner) will be notified.

7. The caseworker will contact the caregiver to arrange a payment recovery schedule. Should the caregiver not agree to any terms for repayment, the caseworker will advise the caregiver that the matter may be referred for collection through CRA refund payments, as authorized in the Agreement for Foster Care Services (12.12).

8. Manual overpayments may be entered into Linkin when automated overpayments do not apply, for example, an error occurring on a foster parent expense claim.

Options for overpayment recovery:

- Standard Recovery Schedule:
  - If the overpayment amount is **$0 - $200**, the entire amount owing will be collected from next pay period;
  - If the overpayment amount is between **$200 - $500,** 40 per cent of the caregiver's maintenance payment amount will be collected from each pay period until repaid;
    - If overpayment amount is **over $500**, 20 per cent of the caregiver's maintenance payment will be collected from each pay period until repaid.
- Should the standard recovery schedule pose a hardship, the rate of recovery may be adjusted according to the caregiver's ability to repay the amount owing.
- If a caregiver states that they are unable to repay or a foster parent has ceased fostering or has no further placements:
  - The caseworker, resources worker or supervisor will send a letter to the caregiver advising of the ministry's obligation to refer the matter for collection.
  - A copy of this letter will be forwarded to Financial Services Branch and a copy placed on the caregiver file.
  - Upon receipt of this letter, Financial Services Branch will invoke the collection process which includes reminder letters at 60 days and 90 days.
  - If the overpayment is still not recovered through this process, Financial Services Branch may contact CRA, who may recover the funds from federal benefit payments such as Income Tax refunds, or Goods and Services Tax (GST) payments.
  - In exceptional circumstances, waiving of the overpayment recovery process may be approved at the level of the Deputy Minister.

Non-case Related Overpayments:

1. When it has been identified that a provider has received an overpayment, the recovery process will be initiated.

2. Determine if the provider is receiving monthly maintenance. When the amount of monthly maintenance is determined, recovery may be set up to 20 per cent of total maintenance.

3. The caseworker will complete the Non-Case Related Overpayment Calculation sheet (see Templates) and send by email to Admin financial in their service Centre. Admin financial will verify the calculations and provide an electronic signature.

4. The caseworker will receive a confirmation email with an attached letter that is to be sent to the provider to repay the overpayment. The signed Non-Case Related Overpayment Calculation sheet and the letter will be printed and filed in the paper file.

5. If changes are required and overpayments are renegotiated, a new Non-Case Related Overpayment Calculation Sheet will be completed and sent to admin financial worker.

6. In situations where a provider does not receive monthly maintenance, the caseworker will negotiate a repayment schedule and if unsuccessful, Admin Financial will send out 60 and 90-day reminder letters. The caseworker will print and file letters in the paper file.

10.0 PAYMENT RELATED POLICIES

10.5 Case Transfer and Financial Reimbursement to First Nations CFS Agencies

Legislation

Section 61 provides for the Minister to enter into agreements with a band or other legal entity for the provision of services or the administration of all or any part of the Act. An agency that enters into such an agreement is responsible to exercise the powers of the Minister as specified in the agreement.

Policy

When First Nations Child and Family Service Agencies are providing services for children in care of the Minister, the ministry of Social Services will reimburse maintenance and special needs expenditures according to ministry policy.

Standards

- Reimbursements for all Maintenance and Special Needs expenditures to First Nations Child and Family Services (FNCFS) Agencies must follow ministry policy.

- The ministry is responsible for maintenance and special needs for First Nation children whose parents resided off-reserve at the time the child entered care. This is determined by Indigenous Services Canada's (ISC) "Rules of Residency":

  ...a person deemed to be an on-reserve resident if he or she resided with a parent or guardian whose ordinary residence was on-reserve at the time the child was taken into care. The only exception applies when the parent/guardian is residing off-reserve for the purpose of obtaining services not available on-reserve such as health care, education, access to treatment programs or incarceration.

- Where there is administrative and policy disagreement between ISC and Social Services regarding payment of services for children apprehended on-reserve, Social Services will be responsible pending administrative clarification.

- Case transfers to FNCFS Agencies need to be undertaken within the Protocol for Case Transfer between FNCFS and the Ministry of Social Services.

- The FNCFS/Social Services Case Transfer Protocol ensures that a thorough case review process is achieved prior to the actual case transfer to the Agency. This review process includes co-case management responsibilities, case conferencing and the development of a

current case plan.

- Once reviewed, a case transfer plan is developed to determine billing procedures and transfer scheduling.

Procedures

- All reimbursement procedures must be agreed upon between the agency and the ministry service area prior to the actual case transfer.

- When the Case Transfer occurs the caseworker updates the placement type to First Nation Agency Transfer, and selects the correct First Nation provider. This ends any payments to a previous provider and supports the payment of the reimbursement to the First Nation Agency. When Central Office receives a reimbursement request from a FNCFS Agency, they will confirm that the child has been transferred to the agency by reviewing the Placement Type and the Interjurisdictional Agreement in Linkin.

- Special needs reimbursements need to be submitted by the agency on **form 2307**. These invoices must follow ministry policy in order to be reimbursed for the full amount.

- For cases where Social Services continue to maintain financial responsibility for the child, Linkin should indicate the child's placement provider as one of the FNCFS agencies. The original paper file is also to remain open and have an assigned case worker responsible for any Linkin updates, questions and actions required. The legal authority remains with MSS for the duration of the order. The paper file will remain 'Active 'in the office of the assigned case worker.

- Each case must be closed on Linkin at the time the legal status of the child expires. The file must also be closed when a child reaches the age of 18, when there is no extension of services under Section 56, or when a child returns to his/her parents to live permanently.

RELATED POLICIES

Child Protection Services Manual	Children's Services Manual
Chapter 2, Section 13 Investigations of Abuse and Neglect in Alternate Care and Persons of Sufficient Interest Placements (PSI)	**Chapter 4, Section 3.5** Person Having a Sufficient Interest in a Child
Chapter 2.1A, Appendix Ch. 2 Offices not using SDM®/Linkin – Intake and Investigation	**Chapter 11, Section 16** MSS and FNCFS Shared Planning for Children and Families

Chapter 7, Section 4 MSS and FNCFS Shared Planning for Children and Families	

10.0 PAYMENT RELATED POLICIES

10.6 Children in Care Establishing Residence in Another Jurisdiction

Please refer to **Chapter 11.13 Provincial / Territorial Protocol on Children, Youth and Families Moving Between Provinces and Territories** which came into effect April 1, 2016**.**

For payment processes see Linkin Training - Documenting Provincial/Territorial Processes in Linkin

10.0 PAYMENT RELATED POLICIES

10.7 Out of Province Travel for Staff

Policy

Travel costs for ministry staff for out of province travel may be paid if the staff is required to place a child with adoptive parents or birth family, attend a court hearing involving a child in care, escort a child attending a medical appointment or accompany a child for birth family contact.

Procedures

1. When an out of province adoption placement is planned the caseworker determines:
   - if the adoptive parents will travel to Saskatchewan;
   - the foster parent will accompany the child to the other province or;
   - it is necessary for the caseworker to accompany the child to the other province.

2. When it is determined that the caseworker must accompany the child out of province, a prior approval form is completed by the caseworker and submitted to the Director, Service Delivery.

3. A covering memo accompanying the prior approval form must outline: reasons for the request, alternatives considered, implications and whether there are funds in the service area budget to cover the cost.

4. An **out of province Travel Report form 3619** must be completed for all out of province travel. This form does not take the place of the prior approval form.

5. Any out of province air travel must be arranged through ministry administrative staff who have been designated to coordinate travel.

6. Out of province travel for staff is **NOT** paid through Linkin.

Service	Expenditure	Approval
Out of Province Travel for Staff Public transportation Meals/accommodation Discretionary Nondiscretionary	Actual PSC rate	Director, Service Delivery Deputy Minister

Note: For travel not directly relating to clients, refer to Section 54-2 of the Financial Administration Manual.

10.0 PAYMENT RELATED POLICIES

10.8 Advertising for Foster Home Recruitment

Policy

The Director, Service Delivery with the Director, Service Delivery, Central Office may approve the cost of advertising for foster home recruitment. Service Areas who advertise for foster home recruitment submit the bill through their support services and the bill is paid out of the service area account.

Service	Expenditure	Approval
Advertising for Foster Home Recruitment **(Non-case related)**	Actual	Director, Out of Home Care

10.0 PAYMENT RELATED POLICIES

10.9 Payment for Damages in Group Homes

Policy

When a child in care causes damage to a group home's property, compensation may be provided by the ministry to cover actual loss.

Compensation requests must be submitted within six months from the date the damage was incurred or acknowledged by the group home.

Procedures

1. When a child in care causes damage to a group home's property, the group home completes an incident report (Residential Services Manual, Appendix 9.6-1).

2. The incident report is reviewed by the group home director/manager and forwarded to the ministry caseworker, or designate, along with a copy of the repair/replacement estimate from the service provider (or maintenance staff for group homes with in- house maintenance staff).

3. For damage where the estimated cost of repairs exceeds $3000, the ministry will require three written estimates.

4. The incident report and estimate(s) for requested damage compensation are reviewed and approved at the following approval levels:

Service	Expenditure	Approval
Damage Compensation (Case related payment)	Up to $300 Up to $3,000 Over $3,000	Supervisor Manager, Service Delivery Director, Service Delivery

Practice Guidelines

1. Some group home organizations will utilize either a consistent service contractor, or their own staffed maintenance/repair staff.

2. While the damage claim estimate will typically precede the completion of the repair work, this is not a requirement for claims where the repair cost is expected to be less than $3000. There may be situations where due to necessity the repair work needs to be

completed immediately (i.e., a damaged bathroom door). In these situations, the group home can submit the damage compensation request after the required work has been completed.

3. Where persons other than children in care also bear some responsibility for the damage, the ministry will only consider compensation for the child in care's portion.

4. Damage compensation may be withheld when it is determined that the damage occurred as a result of staff negligence (i.e. lack of supervision) or an inappropriate staff action.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.1 Child and Family Programs/Youth Justice Interface

Policy

When a youth in out of home care enters the youth justice system, the ministry's parental obligations remain unchanged. The youth's caseworker and community youth worker will work together in order to effectively plan for the youth.

Procedures

Legal Representation
When a youth in care has been charged under the *Youth Criminal Justice Act*, the youth's caseworker ensures the youth is aware of his or her right to be represented by legal counsel.

If the youth wish to obtain legal counsel, the caseworker contacts Legal Aid to request representation.

Notice of Hearing/Attendance at Hearing
When a youth in care is required to appear at a hearing under the *Youth Criminal Justice Act*, the Director, Service Delivery or designate will be provided with a notice of hearing.

The youth's case worker will attend court with the youth. If the youth's caseworker cannot attend, he or she should arrange for another caseworker to attend.

Community Supervision Order
When a youth in care is subject to a community supervision order under the *Youth Criminal Justice Act*, the youth's caseworker will consult with the community youth worker on a regular basis with respect to planning and the progress being made by the youth. Should the youth be required to appear in court for a review, the youth's caseworker will be informed.

Pre-Sentence Reports
When a pre-sentence report is being completed regarding a youth in care, the community youth worker may consult with the youth's caseworker as to background information, plans for the youth and possible resources should they be required.

Information pertaining to the youth may be shared under Section 74(2)(b) of the *Child and Family Services Act* as it relates to planning for the best interest of the youth.

Youth in Custody
When an order for custody is made, the facility youth worker will ensure that the youth's caseworker is aware of the order.

The facility youth worker becomes the primary worker in planning and case management during the custody placement.

The youth's caseworker will engage with the facility and community youth workers and work jointly in planning for the youth's release from custody.

Practice Guidelines

Legal Assistance for Youth in Care in Hearings Under the *Youth Criminal Justice Act*

The youth has the right to instruct legal counsel. A caseworker cannot provide direction that is contrary to the instructions given by the youth.

If the youth wishes to retain private counsel rather than be referred to Legal Aid, this is his or her right and becomes their financial responsibility.

If the youth's legal guardian wishes to obtain private counsel and the youth is in agreement, any costs associated with hiring a private lawyer are the legal guardian's responsibility.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.2 Income Assistance Programs and Children in Care

Introduction

Many families receiving child protection services are also clients of Income Assistance. Income Assistance workers administer the Saskatchewan Income Support (SIS) and the Saskatchewan Assured Income for Disability (SAID) program. It is important that Child and Family Programs (CFP) workers and Income Assistance (IA) workers communicate closely when children are placed in out of home care.

Families on SIS/SAID should experience no delays or interruptions in benefits when children are returned from care. The ministry makes every effort to expedite administrative processes associated with children returning from out of home care, including the application and cancelation of the Children's Special Allowances (see Chapter 10.3).

Definitions

Canada Child Benefit:
The Canada Child Benefit (CCB) is a **non-taxable** amount paid monthly to assist eligible families with the cost of raising children under 18 years of age. The CCB may include the Child Disability Benefit and any provincial and territorial programs.

Families must file an income tax return and apply for the CCB. Canada Revenue Agency (CRA) uses information from the income tax return to calculate how much the payments will be. To get the CCB, tax returns must be filed **every year, even if there is no income in the year**. Spouses or common-law partners are also required to file a return every year. Benefit payments are recalculated every July based on information from the income tax return from the previous year.

Please visit the CRA webpage: http://www.cra-arc.gc.ca/bnfts/menu- eng.html for complete information on Canada Child and Family Benefit programs.

Children's Special Allowances:
This is a federal benefit paid to Child Welfare agencies for children in care or those placed with extended family caregivers where the agency is providing maintenance payments. As a result of changes to the federal *Children's Special Allowances Act* in January 2012, child welfare agencies became eligible to apply for Children's Special Allowances for all children for whom they provide maintenance payments. Accordingly, extended family caregivers (Alternate Care or Person of Sufficient Interest (PSI)) will no longer be eligible to receive the CCB when they are receiving maintenance payments from the ministry for children in their care.

Procedures

When a child is placed in out of home care:

- The CFP worker notifies the IA worker of the date of placement and the expected length of time the child will be in care.

- The child is removed from the family's SIS/SAID budget.

- The CFP worker submits an application for the Children's Special Allowances when the child has been in care for 30 days. (The CRA's Children's Special Allowances Application and Cancellation form is available online at: https://https://www.canada.ca/en/revenue-agency/services/forms-publications/forms/rc64.html or from Central Office, Financial Services Branch, Revenue and Program Support, 1920 Broad Street, Regina, SK. This form is used for both application and cancellation of the Children's Special Allowances).

- The CCB to the family is terminated when the Children's Special Allowance is paid to the ministry.

When a child is returned to a family on SIS/SAID:

- The CFP worker notifies the IA worker (by e-mail) the date the child will be returned.

- The CFP worker completes and submits the **Children's Special Allowances Application and Cancellation Form** to Financial Services Branch, who will co- ordinate communication with CRA to cancel the Children's Special Allowances payment.

- The family reapplies to CRA for the CCB as soon as possible following a child's return (CFP workers can facilitate this by giving the family the application forms and helping to complete them, if necessary).

- The child is added to the SIS or SAID budget.

When a child is returned to a family not on SIS/SAID:

- The parent applies to CRA for the CCB (CFP workers can facilitate this by giving the family the application forms and helping to complete them, if necessary. The forms are available on the CRA website: https://www.canada.ca/en/revenue-agency/services/forms-publications/forms/rc64.html or from Central Office, Financial Services Branch, Revenue and Program Support);

- The parent may apply for SIS/SAID.

Extended family eligibility for benefits when children are placed in their care:

Extended family caregivers may apply for SIS for the family unit as a whole.
For extended family placements where no monthly maintenance payments are being provided by the ministry, the extended family caregiver may apply for CCB. The child's parent may also

continue to receive the CCB benefits and may be asked to contribute to the needs of the child by giving the benefits to the extended family or by asking CRA to have them send the benefits to the address of the extended family. In this situation, the parent must sign the cheque.

For those children in extended family placements (PSI or Alternate Care) where the ministry is providing monthly maintenance payments, extended family caregivers are no longer eligible to apply for CCB as per changes to the federal *Children's Special Allowances Act* in January 2012. As a result of the changes, child welfare agencies are eligible to apply for Children's Special Allowances for children for whom they are paying maintenance payments (see Chapter 10.3).

The ministry's maintenance payments to extended family caregivers are equivalent to basic foster care maintenance rates (see Chapter 6.6 for rates). Families may also receive payment for special needs for the child or support services as assessed by the child's caseworker (see Chapter 4.3 – "Placement with Extended Family"). In addition, for those families who previously received the federal Child Disability Benefit, the ministry may pay a Child Disability Benefit Adjustment payment up to the maximum federal payment amount of $227.50 per month on behalf of those children for whom eligibility for the federal Child Disability Benefit can be verified (see Chapter 7.17 "Special Needs").

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.3 Health Care/Medical Treatment

Policy

The ministry shall ensure that the health care needs of children/youth in care are met.

All children and youth in care must be fully informed of their health and medical issues (as appropriate to their age and level of understanding) and provided the opportunity to participate and be heard with respect to any decisions made about their care.

Procedures

Routine Medical Care:

- Caregivers are expected to ensure that children receive routine medical care, including arranging regular medical, optical and dental check-ups, and filling prescribed medications.

- The caregiver is delegated by the ministry to provide consent when required for these routine medical procedures (with the exception of children in care by Residential Agreement, in which case a parent or legal guardian must consent).

Immunizations:

- Caseworkers will ensure that immunization records are requested for each child (see Chapter 2.9 Administrative Procedures) and that children's immunizations are up to date as per Public Health guidelines.

- Caregivers are delegated by the ministry to provide consent for vaccinations for children in care by court order or apprehended status. Caregivers include foster parents, extended family caregivers and staff caring for children in group home care.

- Parents will be notified of the ministry's intent to vaccinate a child.

- If parents are opposed to vaccination and attempts to provide education regarding the benefits of vaccine and implications of being unvaccinated are unsuccessful, consultation with a physician must occur.

- If it is the physician's opinion that the child requires vaccination, and the physician provides this medical advice in writing, the caseworker will notify the parent that the ministry will proceed according to written medical advice; the caseworker or caregiver can then provide consent to the vaccination.

- For children in care by Residential Agreement (Section 9), a parent or legal guardian must

consent prior to immunization of the child.

- Some children may benefit from receiving an annual flu vaccine, for example those children with medical conditions, special health needs and/or those more susceptible to illness. For these children, the caseworker will also follow the advice of a physician in determining whether a child should receive a flu vaccine and proceed as noted above.

Medical Treatment

- Consent for medical treatment for children and youth in care must be obtained according to the child's legal status and aligned with their right to consent to their own treatment.

- A child or youth may independently consent to their own medical treatment when he or she has been assessed by a qualified medical practitioner as having the capacity to do.

- **In any emergency or life-threatening situation, the medical practitioner has the authority to provide treatment without the consent of the parent, the ministry or the child/youth.**

- **In non-emergent situations**, **whenever consent of a parent or guardian is required by a health care professional**, it must be obtained as follows:

  Children in Care by Residential Services Agreement (Section 9):
  - The child's parents provide consent for medical treatment.

  Children in Care by Apprehension or Court Order:
  - Officers under *The Child and Family Services Act* (caseworkers) provide consent to medical treatment.

- For all children and youth in care as temporary, long term or permanent wards (where there is no adoption plan), or those in care by apprehended status, the child's parents must be advised of the child's need for medical treatment and have opportunity for involvement in the decision-making process, including the opportunity to meet with the child's physician.

Practice Guidelines

In Saskatchewan, health legislation (*The Health Information Protection Act*) provides that all patients, regardless of age, have the right to consent to their own mental health, surgical or medical treatment when the treating medical practitioner deems that they are able to understand and appreciate the nature of their illness, the options available for treatment, and the risks and benefits associated with each treatment option.

The ministry must ensure that children in care are afforded these same rights.

In determining whether a child or youth may consent to their own treatment, the following factors will be taken into consideration by the medical practitioner/team:

- the child/youth's age, maturity and cognitive development;
- the nature and extent of the child/youth's dependence upon his/her own parents with respect to making his/her own decision;
- the nature and risks associated with the treatment; and
- whether the child or youth is able to understand relevant factors and can comprehend the foreseeable consequences of a decision or lack thereof.

In all matters pertaining to a child's or youth's health care and medical treatment, the ministry must ensure confidentiality, fairness and best interest of the child as primary considerations.

Cultural factors relating to medicinal practices should be considered and discussed with the child, his or her family, caregivers and medical team.

- Youth in these circumstances must receive support and accurate information from their caseworker, their caregivers, their parents or guardian, and any other person who has a significant role in planning for the youth.

- In Saskatchewan, health legislation provides that all patients, regardless of age, have the right to consent to their own mental health, surgical or medical treatment when the treating medical practitioner deems that they are able to understand and appreciate the nature of their illness, the options available for treatment, and the risks and benefits associated with each treatment option (see Chapter 11.3 Health Care and medical Treatment).

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.3.1 Accessing Health Records for Children in Care

Introduction

Section 52 of *The Child and Family Services Act* outlines the Minister's responsibilities as parent. This section provides authority for the ministry to access health records for children in care with any of the following legal status:

- Section 17 (Apprehended Status)
- Section 37(1)(c) Temporary Ward
- Section 37(2) Permanent Ward
- Section 37(3) Long-term Ward
- Section 46 Voluntary Committal

NOTE: The ministry does not have authority to access the personal health records for children in care pursuant to a Residential Services Agreement (Section 9). Access to these records must be obtained from the parent directly, or the parent must authorize the release of the health records to the ministry.

Procedures

When requesting access to health records for children in care, caseworkers must ensure the ministry has authority to access the information (based on a child's legal status) and that the request for health records is made using the appropriate form letter.

To access health records for a child in care:

- The supervisor completes the **Request for Child in Care Health Records (12.68).**
- This letter of request must include the name of the child, the child's legal status, and what specific records are being requested. Examples may include records specific to an incident/investigation, to a time frame, to a specific diagnosis or treatment plan, a birth record, or all medical records.
- The letter is to include a date when the records are required, the supervisor's name, and phone number.
- The letter is to be printed on Ministry of Social Services letterhead, signed by the supervisor and forwarded to the Saskatchewan Health Authority (SHA) by fax or email.
- A copy of the letter is placed on the child's file.

Note: A child's personal health number should be entered into Linkin under Alternate ID. Any medical concerns or diagnoses that are provided should also be entered into Linkin under Medical Information, or for severe cases, as a Special Caution.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.4 Life Threatening Illness/Terminally Ill Children in Care

Policy

When a child or youth in care is diagnosed as having a life threatening or terminal illness, discussions will be held with the child's physician/medical team, the child's parents and the child (as appropriate to age and level of understanding) to determine the family's wishes in terms of a treatment plan, including a decision regarding a "No Resuscitation" order.

Authorization for a "No Resuscitation" order for all children in care, except permanent wards, must be provided by the child's parents or legal guardians**.**

For children who are permanent wards, authorization for a "No Resuscitation" order may be provided by the Director, Service Delivery, on behalf of the Minister of Social Services.

Procedures

For Children in Care other than Permanent Wards:

- When a child or youth is in care under any status below consent for a "No Resuscitation" order must be given by the child's parents:
  - apprehended status;
  - Residential Services Agreement (Section 9)
  - Long Term Care Order,
  - Temporary Wardship Order,
  - Voluntary Committal and not placed for adoption.

- If the child or youth has been deemed by a qualified medical practitioner/team to have the capacity and understanding of his/her medical condition, they may provide independent consent to the "No Resuscitation" order.

- The parent(s) and/or the child would be asked to sign a consent form authorizing a "No Resuscitation" order. A copy of the consent will remain on the hospital file and on the child's service area file.

For Children Who Are Permanent Wards:
If the physician is recommending that there be no resuscitation and the child is not deemed to be able to provide consent on their own behalf, the Director, Service Delivery may provide consent on behalf of the Minister.

The following consultations must occur:

- The child/youth must be consulted. Even if the physician/medical team has assessed the child/youth as not having capacity to be involved and make decisions concerning his/her health/treatment, the wishes of the child/youth must be considered.

- The child's parents must be consulted and consent must be sought wherever possible.
- When a foster parent or other caregiver has been very involved in caring for the child or youth, they must be consulted for their views concerning a **"**No Resuscitation" order, however, they do not have the authority to provide consent.

- In the case of an Indigenous child in care, when the child or youth has not been assessed as having capacity to consent to his/her own medical treatment or decision, and where the parent cannot be located or does not wish to be involved, or is unable to be involved in planning, the child's First Nation Band, the Métis Local, IGB or Inuit authority should be consulted.

If agreement is reached regarding the recommendation for a "No Resuscitation" order, a report must be submitted to the Director, Service Delivery requesting consent for a "No Resuscitation" order. The report will include the following information:

- the child/youth's condition; diagnosis, prognosis, and treatment provided;
- child/youth's wishes and involvement in planning, if age appropriate;
- letter from the attending physician recommending no resuscitation;
- extent of parental involvement with child or youth;
- copy of parental consent wherever possible;
- length of time in foster home and indication of foster parents' wishes.

The Director, Service Delivery will approve and sign the report.

The Director, Service Delivery will sign the required hospital form and a copy will be placed on the child/youth's file.

Practice Guidelines

- Children or youth in care with serious life-threatening conditions may require decisions concerning whether or not life support systems are used.

- When treatment is not possible or recommended for a terminally ill child or youth, a medical recommendation may be made to "not resuscitate" the child in the event of a medical crisis.

- The decision to "not resuscitate" is extremely difficult, particularly in the case of a child or youth. A decision of this magnitude should be made only after careful consideration and discussion of the options with the child's physician and if possible one other physician. Hospitals require permission from the parent or guardian to carry out this order.

- Efforts should be made to help the parent, and child (appropriate to age and level of understanding), to make an informed decision before a medical crisis occurs necessitating quick action.

- In Saskatchewan, health legislation provides that all patients, regardless of age, have the right to consent to their own mental health, surgical or medical treatment when the treating medical practitioner deems that they are able to understand and appreciate the nature of their illness, the options available for treatment, and the risks and benefits associated with each treatment option (see Chapter 11.3 Health Care and Medical Treatment).

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.5 Serious Occurrence Reporting and Review

Policy

The Ministry of Social Services will maintain a process for reporting, responding to, and reviewing Serious Occurrences that impact the health and safety of a child/youth who is in the care of the ministry, is receiving services under *The Child and Family Services Act* (CFSA), or who received services under the CFSA within the 12 months preceding the Serious Occurrence.

Intent

The ministry and First Nations Child and Family Services (FNCFS) Agencies have responsibility for, and commitment to, children, youth, families, and the public to ensure that supports and services are delivered with integrity and are of high quality.

Each year, a number of children and youth experience trauma, injury or death while in the care of the Minister of Social Services, while receiving services under the CFSA, or within 12 months of receiving services. A thorough and timely review of these cases is completed as a way to improve services and outcomes for children, youth and their families.

Serious Occurrence reporting and reviews are utilized to evaluate the appropriateness and quality of services provided by the ministry and FNCFS Agencies pursuant to the CFSA.

This policy is intended to improve casework practice and outcomes by:

- Providing education with the potential to reduce the risk of future injuries or death;
- Ensuring comprehensive case analysis, and evaluation;
- Identifying internal and external systemic issues that impact client service and outcomes;
- Identifying individual and system training needs that support the continuous improvement towards best practice;
- Identifying trends or themes that emerge from the review; and,
- Redesigning existing policy and developing new policy; and

NOTE- Where there are references in this policy to directors and caseworkers, it is intended that this includes both ministry directors and caseworkers and FNCFS Agency Executive Directors and caseworkers.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.5.1 Serious Occurrence Definition

Definition

A Serious Occurrence is:

- An illness, injury, condition, or event that affects the health and safety of a child/youth in the care of the Minister or who is, or was previously, receiving services pursuant to the CFSA; and

- Requires a specific, remedial, planned intervention by the ministry or FNCFS Agency, the child/youth's caregiver, and/or others involved with the child/youth in an attempt to alleviate impact on the child/youth or others and to prevent further occurrences (e.g., safety planning, risk assessment, mental health services, clinical counselling, or medical intervention).

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.5.2 Serious Occurrence Categories, Reporting and Review

To maintain a clear and consistent process for reporting and reviewing Serious Occurrences, they are categorized as High, Medium, or Low Impact, with specified reporting and review requirements for each category.

- The category used for a Serious Occurrence is determined by the **level of impact** on the health and safety of the child/youth, **not on the type of occurrence.**

- Staff are to contact the Quality Assurance Unit (QAU), Central Office, in circumstances where the Serious Occurrence category is unclear.

Serious Occurrence reporting and review procedures apply to children who are receiving services under the CFSA, or who received services under the CFSA within the 12 months preceding the Serious Occurrence. Serious Occurrences require a review by the QAU depending on the assessed impact of the occurrence on the health and safety of the child/youth.

The tables on the following pages describe Low, Medium, and High impact Serious Occurrence categories, and the reporting and review requirements for each level of impact.

High Impact Serious Occurrence (HISO)	
Reporting and Review Type:	Reporting by the caseworker for a review by the QAU and potential review by the Advocate for Children and Youth (the ACY) (see Section 7.3.3: Quality Assurance Review) is required for children/youth in the care of the Minister or who were in care 12 months prior to the occurrence and for children/youth who received services pursuant to the CFSA at the time of the occurrence or in the 12 months prior to the occurrence. **Reporting and Review will apply in the following circumstances:** • Apprehended status; • Temporary, long-term and permanent wardship orders; • Section 9, 10 and 56 Agreements; • Time-limited and indefinite Person of Sufficient Interest (PSI) orders; • Children of families receiving in-home child protection services; and • Prior to the finalization of an adoption. Reporting by the caseworker for a review by the QAU is not required for adoptions that have been finalized.

Description	An illness, injury, condition, or event that: • Results in a child/youth's death; or • May cause the child/youth's death, as determined by a qualified medical practitioner; or • Necessitates major medical treatment and may cause serious or long-term impairment of a child/youth's health, as determined by a qualified medical practitioner. **Sexual assault is a HISO when:** • It results in serious injury or requires major medical treatment. • It involved a severe invasion of the victim's bodily autonomy by object or body part. **If the occurrence does not meet the above two criteria, a HISO will also include sexual assaults that occurred:** • In a placement resource; or • Under the care and supervision of an approved resource; or • On a family/extended family visit; or • Within 90 days of the child/youth's reunification with their parent/guardian. **AND one or more of the following factors are present:** • The alleged offender is a parent, caregiver, staff member, or another adult person in a position of trust or authority to the child/youth; and/or • The assault involved incapacitation or confinement; and/or • The assault involved the use of, or a threat to use, a weapon; and/or • There is more than one reported incident involving the victimization of the same child/youth that demonstrates an escalating pattern of frequency and severity; and/or • The victim is under the age of 12; and/or • The victim has a diagnosed developmental or cognitive disability. **Refer to the MISO table below for information on incidents that may prompt the QAU to conduct a further review of a MISO.**

Medium Impact Serious Occurrence (MISO)	
Reporting and Review Type:	Notification by the caregiver for documentation on the child/youth's file and for the purpose of a timely intervention and response is required for children/youth in care or children/youth receiving services pursuant to the CFSA at the time of the occurrence.

	Reporting by the caseworker for a review by the QAU is required for current: • Apprehended status; • Temporary, long-term and permanent wardship orders; • Section 9, 10 and 56 Agreements; and • Children in time limited and indefinite PSI placements. **The QAU will consider conducting a further review of a MISO if the occurrence:** • Demonstrates a pattern of repeated behaviour (e.g., self-inflicted injury, overdose, victimization); or • May be the result of an act or omission of the caregiver; or • May have been preventable (reasonable precautions, supervision, or actions by the community or an individual could have changed the circumstances that led to the illness, injury, condition, or event). Reporting by the caseworker for a review by the QAU is not required for adoptions that have been finalized and for children receiving in-home child protection services.
Description	An illness, injury, condition, or event that: • Is considered temporary, treatable, and non life-threatening; **and** • Requires unscheduled and unforeseen medical treatment by a qualified medical practitioner or hospital assessment/admission; **and** • Is not likely to result in long-term impairment of the child/youth's health; **and** • Is atypical and not reasonably expected to occur, given the child/youth's age and development. **MISOs also include:** • Victims of sexual assault that do not meet the criteria for a HISO; • Attempted suicides that do not meet the criteria for a HISO; and • An act committed or alleged to be committed by a child/youth that would be equivalent to a serious violent offence such as homicide, attempted homicide, aggravated assault and aggravated sexual assault. **Examples of MISOs include:** • motor vehicle accidents; • ingestion of a harmful substance, overdoses, alcohol poisoning, stomach pumping; • unplanned or emergency surgeries ; • incidents where a child/youth is a victim of an assault and requires medical attention;

	• admission to a psychiatric inpatient or detoxification facility; and • incidents of non-suicidal self-injury that require medical treatment by a qualified medical practitioner or hospital assessment/admission. **Where the illness, injury, condition, or event does not meet the criteria of a HISO.**

Low Impact Serious Occurrence (LISO)	
Reporting and Review Type:	Notification to document on the child/youth's file and for timely intervention and response is required for children/youth in the care of the Minister or children/youth receiving services at the time of the occurrence. **Reporting by the caseworker for a review by the QAU is not required.** **The following have other types of notification and reporting requirements:** • Children absent from care have specific notification requirements and require the submission of the Linkin Incident report by the caseworker to the Director, Service Delivery or designate for review purposes (see CSM, Section 11.8: Children/Youth Absent from Care).
Description	An illness, injury, condition, or event that: • Does not require medical attention or only requires minimal medical treatment; or • Requires medical treatment by a qualified medical practitioner or assessment/admission to hospital but is planned or is typical and could reasonably be expected to occur given the child/youth's age and development. LISOs will also include behaviour of a child/youth in care that impacts the health and safety of others **but is not** a serious violent offence. **Examples of LISOs include:** • Unforeseen but typical injuries like scrapes, bruises, minor burns, sprains, or abrasions that require minimal treatment (e.g., stitches, bandaging, splinting); • Unplanned or unforeseen medical treatment, hospital admission, or monitoring for typical/common conditions (e.g., planned procedures or surgeries, ear, eye or respiratory infections, fevers, UTIs); • Sports/recreation related injuries (e.g., while biking, scootering, using a trampoline, or playing sports); • Planned inpatient admissions for testing, appointments, or treatments (e.g., ultrasounds, EEGs, MRIs, dialysis, medication reviews);

	• Possession of illegal or dangerous contraband in an approved resource • Attempted run from an approved resource; • Child/youth absent from care; • Making serious threats or statements; • Use of restraint or escort that does not cause injury; • Common assault of another in an approved resource; • Suicidal ideation; and, • Non-suicidal self-injury that requires little or no medical treatment.

Procedures

Notification and Reporting

Staff and care providers have responsibility to ensure that the appropriate person or authority is notified of a Serious Occurrence in a timely manner. The notification process serves to maximize timely, quality responses to Serious Occurrences at all levels. The ministry and FNCFS Agencies will ensure that all care providers (foster parents, alternate care providers, Place of Safety providers, PSI care providers, group home care providers, private facility treatment care providers) are aware of and instructed to follow the notification procedures. In cases where a child/youth is, or has within the previous 12 months been, in the care of or receiving services from the ministry but resides in another province under an interprovincial agreement, it is the responsibility of the caseworker to inform the receiving province of its responsibility to notify the caseworker of a Serious Occurrence as per Saskatchewan policy. This responsibility should be outlined in the Interprovincial Placement Agreement (IPPA) Form when planning for a child/youth who is moving to another province (see CPSM, Section 7.7: Interprovincial Protocol).

Serious Occurrence - High impact

Upon becoming aware of a HISO, care providers will:

1. Provide immediate notification to the child/youth's caseworker or designated covering worker via direct phone contact or in person (leaving a voice mail is not sufficient). When appropriate, care providers should notify the child/youth's parents or legal guardian of the HISO. When a HISO incident occurs outside ministry business hours, the caregiver will contact Mobile Crisis Services/After Hours Emergency Duty worker who will provide immediate notification to the child/youth's caseworker or designate.

2. If the child/youth resides in a residential facility or group home, the facility worker will provide immediate notification as stated above and will complete a critical incident report. This report must be forwarded to the Residential Facility Manager and to the child/youth's case worker within four working days (see RSM, Chapter 9: Critical Incident Response).

11.5.2 Serious Occurrence – Categories, Reporting and Review

Upon becoming aware of a HISO, the child/youth's caseworker or designated cover will:

1. Provide immediate notification to the child /youth's family;

2. Provide immediate notification to the supervisor, who will provide notification to the Director, Service Delivery or designate who will provide immediate notification to the Executive Director, Service Delivery via SS CFS High Impact Serious Occurrence email group or by phone if after hours and the FNCFS Agency Director if it is a First Nations child/youth.

3. Provide immediate notification to the Coroner's office in the case of a child/youth death.

    - In the case of a child/youth who was in care or receiving services pursuant to the Act at the time of the child/youth's death, or within 12 months before the child/youth's death.
    - Or when requested by the Coroner if longer than 12 months since the child/youth's death or since the child/youth received care or services

4. The caseworker will notify any other caseworkers who have current involvement with the child/youth as soon as is practicable.

5. Complete an Incident Report in Linkin and a Serious Occurrence Report and submit to the supervisor and Director, Service Delivery or designate within seven working days of initial notification. FNCFS Agency staff who do not have access to Linkin will not complete the report in Linkin (see reporting standards for Serious Occurrences involving medically fragile children/youth at the end of this section).

6. Upon approval by the Director, Service Delivery, submit the Serious Occurrence Report to the QAU via the SS CFS High Impact Serious Occurrence email group within seven working days.

*See the Linkin SharePoint for information on processes for documenting serious occurrences in Linkin and processes for approval and signatures.
http://employeeservices.gov.sk.ca/SSTraining/LINKIN_PHASE2_TRAINING/incident

Upon notification of a HISO, the QAU will:

1. Ensure notification of the Coroner's office has occurred in the case of a child/youth death.

2. Determine specific ministry involvement with the child/youth/family via Linkin and ACI.

3. Determine if the child/youth is a member of First Nation via Linkin and ACI and contact the appropriate FNCFS Agency to verify their involvement;

4. Review the Serious Occurrence and complete an Initial Review to determine whether a further review is required.

5. Notify the ACY via email within 24 hours of receiving notification.

6. Provide a letter to the ACY, the Director, Service Delivery and, if the child/youth is a long term or permanent ward, the PGT within 30 days of receiving initial notification advising of the ministry's intention to complete a review or advising that no further review is required.

Serious Occurrence - Medium Impact

1. Upon becoming aware of a MISO, care providers will provide immediate notification to the child/youth's caseworker or designated covering worker via direct phone contact or in person (leaving a voice mail is not sufficient). When appropriate, care providers should notify the child/youth's parents or legal guardian of the MISO. When a Serious Occurrence occurs outside ministry business hours, the care provider will contact Mobile Crisis Services/After Hours Emergency Duty worker.

2. The Mobile Crisis Services/Emergency Duty Worker will determine whether there is a need to contact the child/youth's caseworker (e.g., in cases where the child/youth is admitted to hospital and consent for a procedure is needed or there is concern for how the incident occurred).

3. If the child/youth resides in a residential facility or group home, the facility worker will provide immediate notification by direct phone contact and will complete a critical incident report. The report will be forwarded to the Residential Facility Manager and to the child/youth's caseworker within four working days (see RSM, Chapter 9: Critical Incident Response).

4. The caseworker will notify the parent(s) or legal guardian(s) of the child/youth as soon as is practicable.

5. The caseworker will provide immediate notification to their supervisor who will provide notification to the Director, Service Delivery or designate and the FNCFS Agency Director if it is a First Nations child/youth within 24 hours or the next business day.

6. The caseworker will notify any other caseworkers who have current involvement with the child/youth as soon as is practicable.

7. The caseworker will complete an Incident Report in Linkin and a Serious Occurrence Report and submit to the Director, Service Delivery or designate within seven working days of initial notification. FNCFS Agency staff who do not have access to Linkin will not complete the report in Linkin (see reporting standards for Serious Occurrences involving medically fragile children/youth at the end of this section).

8. Upon approval by the Director, Service Delivery, the caseworker will submit the Serious Occurrence Report to the QAU via the SS CFS Medium Impact Serious Occurrence email group within seven working days of initial notification.

9. The QAU will review the Serious Occurrence Report and determine whether the occurrence falls within the MISO criteria and whether further review is required;

10. The QAU will provide notification to the ACY for all requested MISOs within 24 hours of receiving the Serious Occurrence Report.

11. The QAU will provide information on MISOs to the PGT for children/youth who are long term or permanent wards. This will be provided on a semi-annual basis, or as agreed upon by the PGT and the QAU.

12. The QAU will prepare a semi-annual report of the MISOs that does not require further review. This report will be provided to the Directors of Service Delivery/Executive Directors of FNCFS Agencies and the ACY.

*See the Linkin SharePoint for information on processes for documenting serious occurrences in Linkin and processes for approval and signatures.
https://skgov.sharepoint.com/sites/SSlinkin/SitePages/Welcome.aspx

Serious Occurrence - Low Impact

1. Care providers will notify the child/youth's caseworker or designated covering worker within 48 hours of the occurrence or on the next working day. Immediate notification is required for children/youth absent from care.

2. The child/youth's caseworker will notify their supervisor upon becoming aware of the occurrence.

3. The caseworker will notify the parent(s) or guardian(s) of the child/youth as soon as is practicable.

4. The caseworker will notify other caseworkers with active involvement with the child/youth as soon as is practicable.

   Exceptions:
   In the case of a quality-of-care concern, the caseworker will notify their supervisor of the concern immediately as per policy (see Section 4.4.8: Foster Home Assessment and Review).

   In the case of children/youth who are absent from care, the care provider will provide direct, immediate notification to the child's caseworker and immediate notification to local

authorities such as police and Mobile Crisis Services (see Section11.18: Children Missing from Care).

Medically Fragile Children/Youth

Definition – Medically fragile describes a child/youth who has a condition diagnosed by a physician that can become unstable and change abruptly. Medically fragile children/youth require frequent, ongoing medical intervention and live with ongoing threats to their lives, health and well-being. Ongoing medical intervention may include frequent hospitalization, daily monitoring and treatment by trained professionals, parents and/or caregivers. Examples include children/youth who require medical devices such as a tracheostomy vent for breathing or a gastronomy tube for eating.

In circumstances where a Serious Occurrence Report has already been submitted to the QAU regarding a Serious Occurrence related to the condition of a medically fragile child/youth, caseworkers are not required to complete additional Serious Occurrence Reports regarding subsequent Serious Occurrences related to the child's diagnosed condition, unless:

- The Serious Occurrence is **not** related to the diagnosed medical condition; or
- The Serious Occurrence is a result of an act or omission of the parent/caregiver or was preventable (reasonable precautions, supervision or actions by the community or an individual could have changed the circumstances that led to the occurrence).

The caseworker is required to notify the QAU of subsequent Serious Occurrences via email and is still required to document the serious occurrence in Linkin.

*If a Serious Occurrence (regardless of impact level) involves an allegation of abuse or neglect of a child/youth in care or a quality of care concern, there are concurrent procedures that must be followed (see RSM, Section 9.7: Investigations of Abuse Allegations Against Group Home Resources and Section 4.4.10: Investigations of Complaints of Abuse and Neglect).

*See Section 11.5.6: Serious Occurrence Notification and Reporting Quick Reference Appendix "A".

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.5.3 Serious Occurrence – Quality Assurance Review

Procedures

Internal Review Process - Debriefing and Distribution
All High Impact Serious Occurrence (HISO) Reports and Medium Impact Serious Occurrence (MISO) Reports are reviewed for content and impact on the child/youth by the Child and Family Programs Quality Assurance Unit (QAU) to ensure they have been assessed appropriately according to the specified criteria (see Section 11.5.2: Serious Occurrence Categories, Reporting, and Review).

Initial Review
An Initial Review examines services provided to the child/youth and their family in the 12 months prior to the Serious Occurrence to determine if there are opportunities for learning or the prevention of similar occurrences. Initial Reviews are completed for all HISOs.

The QAU will consider conducting a further review of a MISO if the Serious Occurrence:
1. Demonstrates a pattern of repeated behaviours (e.g., multiple recent incidents or injuries of a similar nature); or

2. Appears to be the result of an act or omission of the caregiver; or

3. Appears to have been preventable (reasonable precautions, supervision, or action by the community or an individual could have changed the circumstances that led to the illness, injury, condition or event).

Comprehensive Review
A Comprehensive Review evaluates services provided to the child/youth and their family in the two years prior to the Serious Occurrence. A Comprehensive Review may be considered, following the completion of an Initial Review, if the Serious Occurrence meets Initial Review criteria and presents opportunities for learnings and continuous improvement.

The QAU may also consider:
1. The degree of involvement by the ministry/Agency with the child/youth and family;

2. The ministry's/Agency's responsibility to provide services that protect the child/youth and the frequency and intensity of the services provided; or

3. The quality of the ministry's/Agency's services is questioned or where the occurrence has become the subject of public attention.

Once it is determined that a Comprehensive Review is required, the following will be completed:

1. A QAU analyst who did not directly provide services to the child/youth or family or have responsibility for supervising the case will be assigned to lead and complete the Comprehensive Review.

2. Comprehensive Reviews will be completed within six months of the date of notification to the QAU.

3. In all cases where a child/youth is First Nations or entitled to be registered as a member of a First Nation, a representative from the FNCFS Agency or Band will be invited to participate as a member of the review team.

Comprehensive Reviews may generate four types of recommendations:

1. Case specific recommendations – those that focus on immediate actions that should be taken on behalf of a specific child/youth and assessment of risk to other children/youth in the home. These recommendations may be made at any time in the review process by caseworkers, supervisors, Service Managers/Directors, or Executive Directors.

2. Ministry systemic recommendations – those focusing on programs, policies and procedures and training.

3. External sharing recommendations - findings that are relevant to other agencies, programs, ministries or systems.

4. Human resource recommendations - findings related to staff performance and action. These findings are confidential, not included in the final report, and intended for human resource management only.

Once the draft Comprehensive Review is completed, the following should occur:

1. The draft will be forwarded to the Service Delivery/Agency Director.

2. A debrief meeting will be initiated and facilitated by the Service Delivery Area or Agency; and

3. QAU staff as well as Service Delivery Area/Agency staff involved will attend the debrief meeting. This debriefing will occur as soon as is practicable, but not more than 30 days after the review has been received.

The purpose of debrief meeting is to:

- Review the content of the report and discuss findings and recommendations.
- Ensure that learning from the review is shared as an informal, professional development opportunity with those directly involved in the case; and
- Provide a sense of "closure" for those involved.

After the report is received:
Within 30 days of receiving the report, the Service Delivery Area or Agency will provide a plan of action that will be incorporated into the review.

The timeframe for completing the plan of action may be extended if warranted, provided all debrief meeting participants are informed and are in agreement.

The review and plan of action will be forwarded to the Directors and Executive Directors then to the Deputy Minister, or designate, who will finalize and forward to the Saskatchewan Advocate for Children and Youth (ACY) and, if the child/youth is a permanent or long-term ward, to the Public Guardian and Trustee of Saskatchewan (PGT).

External Review Process – Advocate for Children and Youth (ACY)
The intent of the external review is to ensure an independent and objective examination of the circumstances surrounding the death or critical injury (as defined by the ACY) of a child/youth and of the services provided by the ministry.

The ACY requires notification of all cases where a child or youth suffers a critical illness/injury or death and was in the care of the Minister at the time of the occurrence or had received services pursuant to the CFSA in the 12 months preceding the occurrence.

The ministry will provide the findings and recommendations from the ACY review, assessment, or investigation to:

- Casework staff who were directly involved in providing services to the child/youth and family;
- Director, Service Delivery;
- Director, FNCFS Agency; and
- QAU staff for analysis and response.

The Deputy Minister, or designate, will send the ministry's response to the ACY Office within 30 working days of receiving their findings and recommendations.

External Review Process – Public Guardian and Trustee of Saskatchewan

In order to fulfill its statutory obligation as property guardian of the child/youth, the PGT relies upon information provided by the ministry. The circumstances in which the PGT has mandated responsibilities related to a ward of the ministry are set out in Section 52(3) of the CFSA and include situations where:

1. The child/youth is a permanent ward of the Minister of Social Services pursuant to Section 37(2) of the CFSA.

2. The child/youth is a ward of the Minister of Social Services pursuant to Section 37(3) of the CFSA.

3. The child/youth is a ward of the Minister of Social Services as a result of a voluntary committal by the parents pursuant to Section 46 of the CFSA.

4. Any disclosure of information to the PGT is disclosure of information that is required to carry out the intent of the CFSA and is pursuant to Section 74(2) of the Act.

5. All Medium and High Impact Serious Occurrences involving a child/youth who is a permanent or long-term ward or a child/youth who has been voluntarily committed pursuant to Section 46 will be reported to the PGT.

6. All rights and responsibilities of the Minister and the PGT conclude when the child/youth's file is transferred to an Indigenous Governing Body (IGB).

7. The Ministry of Social Services and the PGT will use best business and information technology practices and maintain all controls necessary to ensure the information provided will not be disclosed further unless disclosed pursuant to Section 74 of the CFSA.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.5.4 Serious Occurrence Documentation

Procedures

All Serious Occurrences will be documented in the Incident Report in Linkin by the child's caseworker.
https://skgov.sharepoint.com/sites/SSlinkin/SitePages/Welcome.aspx ry.html

In addition to documenting Serious Occurrences in Linkin, and as a preliminary step to assessing the need for a Quality Assurance review of High Impact Serious Occurrences (HISO) and Medium Impact Serious Occurrences (MISO), a Serious Occurrence Report will be completed by the Service Area or FNCFS Agency to provide initial information about the Serious Occurrence and service involvement by the Service Area or Agency.

The Serious Occurrence Report, along with the Linkin Incident Report, must be submitted to the Executive Director, Service Delivery, within seven (7) working days of becoming aware of the occurrence.

A Serious Occurrence Report is not required for Low Impact Serious Occurrences.

The Serious Occurrence Report will include the following information:

1. Serious Occurrence Category (HISO or MISO).

2. Client Reference #, Name of Child/Youth, Date of Birth, Age at time of occurrence, Legal Status, Name of Care Provider (if child/youth is in care), Provider Type, Name of Legal Guardian, Service Area/Agency Involved.

3. Occurrence Details:
   - Description of the Serious Occurrence, including what happened, where it occurred, who was involved, the date of the occurrence, and when the ministry was notified.

4. Police Involvement:
   - Type of law enforcement involved (RCMP/police); and
   - Any charges resulting from the incident, type of charge and against whom and their relationship to the child/youth.

5. Assessment of Risk/Safety to other children/youth in the home and follow-up plan:
   - Assessment of safety and risk to other children/youth in the home if the Serious Occurrence involves an allegation of abuse or neglect or violence against others.

6. Assessment of the Child/Youth's Needs:
   - Assessment of the child/youth medical/emotional/physical/cognitive needs and how

these relate to the occurrence.

7. Assessment of Caregiver/Resource:
   - Assessment of caregiver/resource and support needs (emotional, physical, etc.); and
   - Status of the resource as a result of Serious Occurrence (referred for investigation, open/closed/suspended, formal review).

8. Follow-up Actions and Implementation Plan:
   - Plan to follow-up with all those impacted by the occurrence; and
   - The case plan to address the child/youth's needs as they relate to the occurrence including change of placement, treatment interventions, safety planning, caregiver resource needs.

9. Signatures and dates of signatures of the caseworker, supervisor, service area manager, and director.

A copy of the Serious Occurrence Report will be retained in Linkin and the confidential Central Office electronic file and paper file. FNCFS Agencies not using Linkin will retain the report on the child/youth's paper file.

An Initial Review completed by the Quality Assurance Unit (QAU) will include:

1. Circumstances Surrounding Serious Occurrence:
   - Child/youth's name and age;
   - Legal status of child/youth;
   - Description of circumstances surrounding the Serious Occurrence;
   - Autopsy/cause of death determination (in the case of a child/youth death); and
   - Current status of criminal charges/police investigation related to the occurrence.

2. Case Summary and Assessment:
   - A summary of the services provided to the child/youth/family in the 12 months prior to the Serious Occurrence. This summary and assessment serves as the basis for the QAU to determine whether the Serious Occurrence should be closed, require follow-up, or have a Comprehensive Review completed.

A Comprehensive Review completed by the QAU will include:

1. Circumstances Surrounding Serious Occurrence:
   - Child/youth's name and age;
   - Legal status of child/youth;
   - Description of circumstances surrounding the Serious Occurrence;
   - Autopsy/cause of death determination (in the case of a child/youth death);
   - Current status of criminal charges/police investigation related to the occurrence.

2. Case Summary and Analysis:
   - A summary of the services provided to the child/youth/family in the 24 to 36 months prior to the Serious Occurrence.
   - An analysis of the services provided. The analysis provides the foundation for the findings and recommendations.

3. Assessment of Current Risk:
   - An evaluation of any risks that may impact the child/youth or other children/youth in the household.

4. Findings:
   - A summary of the review's findings (key analytical conclusions that lead to recommendations include whether service delivery was a factor in the Serious Occurrence, policy and practice implications, internal or external systemic issues including those focusing on external agencies, programs, ministries or systems and other learnings).

5. Recommendations:
   - Case specific recommendations;
   - Ministry/Agency systemic recommendations – those focusing on programs, policies and procedures;
   - External sharing recommendations – findings that are relevant to other agencies, programs, ministries, or systems; and
   - Human resource recommendations – related to identified staff performance and action. These are confidential, not included in the final report and intended for human resource management.

A copy of the Comprehensive Review will be retained on the child's file, the family file and on the e-file/paper file located in Central Office.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.5.5 Responding to a Serious Occurrence

Procedures

The following procedures will be considered in cases involving a High Impact Serious Occurrence (HISO) where a **child/youth is in the care** of the ministry:

1. Ensure the child/youth has immediate medical attention as needed and address any continuing risks to the health and safety of the child/youth.

2. Implement the applicable investigation procedures if the HISO is allegedly the result of abuse or neglect, including assessing the safety of any other children/youth in the placement.

3. Provide immediate support to the family, caregivers, and others by clearly and sensitively explaining the necessary protocols and procedures.

4. Explore with the family, caregivers and others any supports available to them and offer to contact them if they are not able (e.g., Elders, church, extended family, friends, Band).

5. If the family and/or caregivers do not have supports, explore the need for formal support services such as the Saskatchewan Foster Families Association, grief counselling, respite, childcare etc.

6. In the case of a child/youth death, the child/youth's caseworker will provide support and financial assistance for funeral arrangements. (see Section 7.15: Funeral Costs).

7. Where the family or caregiver does not wish to make funeral arrangements, the caseworker will proceed with making the arrangements.

8. If the child/youth is Indigenous, the caseworker will consult with the child/youth's Band, Métis Local, IGB or Inuit authority regarding funeral arrangements.

9. The caseworker will provide support to the child/youth's family and caregivers following the Serious Occurrence and provide ongoing assessment of their needs.

The following procedures will apply in cases involving a HISO where the **family is receiving in-home child protection services:**

1. Implement the applicable investigation procedures if the HISO is allegedly the result of abuse or neglect, including an assessment of the immediate safety of the child/youth and other children/youth in the home.

2. The caseworker will offer immediate support to the family by connecting with supports such as extended family, Elders, Knowledge Keepers, Band, community agencies or by referring to formal community supports such as counselling services, family support services etc.

3. The ministry should provide financial support for services to maintain the family if these supports cannot be provided through other publicly funded resources.

4. In the case of a child/youth death and there are no other children/youth in the home, support will be provided to the family following the death for a limited period of time. Financial support for services in these circumstances will be limited due to the pending closure of the child/youth protection case.

5. In the case of a HISO, the Director, Service Delivery or designate will determine the need for supports to casework staff who may be impacted by the occurrence.

11.0 General Application Policies and Protocols

11.5.6 Serious Occurrence Notification and Reporting Quick Reference Appendix "A"

High Impact Serious Occurrence (HISO)
An illness, injury, condition or event that: • Results in a child/youth's death; or • May cause the child/youth's death as determined by a qualified medical practitioner; or • Necessitates major medical treatment and may cause serious or long-term impairment of a child/youth's health as determined by a qualified medical practitioner. **Sexual assault is a HISO when:** • It results in serious injury or requires major medical treatment. • It involved a severe invasion of the victim's bodily autonomy by object or body part. **If the occurrence does not meet the above two criteria, a HISO will also include sexual assaults that occurred:** o In a placement resource; or o Under the care and supervision of an approved resource; or o On a family/extended family visit; or o Within 90 days of the child/youth's reunification with their parent/guardian **AND** one or more of the following factors are present: o The alleged offender is a parent, caregiver, staff member, or another adult person in a position of trust or authority to the child/youth; and/or o The assault involved incapacitation or confinement; and/or o The assault involved the use of, or a threat to use, a weapon; and/or o There is more than one reported incident involving the victimization of the same child/youth that demonstrates an escalating pattern of frequency and severity; and/or o The victim is under the age of 12; and/or o The victim has a diagnosed developmental or cognitive disability.

11.5.6 Serious Occurrence Notification and Reporting Quick Reference – Appendix "A"

Care Provider	Ministry/FNCFS Caseworker or Cover	Supervisor	Director, Service Delivery / Designate	Quality Assurance (QAU)
Notification				
The care provider must: • provide immediate notification to the caseworker or cover worker through direct telephone contact (must not leave a message). • provide immediate notification to Mobile Crisis or the after-hours Emergency Duty Worker (when the occurrence happens outside business hours), who will notify the caseworker. *For residential facility or group home responsibilities, see Residential Services Manual Section 9.6: Reporting of Incidents/Serious Occurrences.*	The caseworker or cover worker must: • provide immediate notification to the child/youth's family/legal guardians. • provide immediate notification to any other caseworker with current involvement, the applicable supervisor(s) and the Coroner (in the case of child/youth death).	The supervisor must: • provide immediate notification to the Director, Service Delivery. • ensure the caseworker has notified the Coroner (in the case of a child/youth death).	The director/designate must: • provide immediate notification to the Executive Director, Service Delivery via SS CFS High Impact Serious Occurrence email group, and the FNCFS Agency Director if the child/youth is First Nations.	The QAU must: • verify that notification to the Coroner and FNCFS Agency Director has occurred where applicable. • notify the Advocate for Children and Youth (ACY) via email within 24 hours of receiving notification. • inform the ACY, Director, Service Delivery and PGT (where applicable) in writing within 30 days of initial notification of the ministry's intent to complete a Comprehensive Review or to advise that no further review is required.
Reporting				
For residential facility or group home responsibilities, see Residential Services Manual Section 9.6: Reporting of Incidents/Serious Occurrences.	The caseworker or cover worker must: • complete the Linkin Incident Report and Serious Occurrence Report and submit to the supervisor. • upon approval of the Director, Service Delivery, submit the Serious Occurrence Report to the Executive Director, Service Delivery and the QAU via SS CFS High Impact Serious	The supervisor must: • review and approve the Linkin Incident Report and the Serious Occurrence Report. • forward both reports to the Director, Service Delivery.	The director/designate must: • review and approve the Linkin Incident Report and the Serious Occurrence Report. • ensure the caseworker submits the Serious Occurrence Report to the Executive Director, Service Delivery and the QAU within seven working days of the	The QAU must: • complete a Comprehensive Review, where required, within six months from the date of notification of a Serious Occurrence to QAU. • forward the draft Comprehensive Review to the Director, Service Delivery and all Executive Directors.

	Occurrence email group within seven working days of the initial notification.		initial notification. • develop a plan of action within 30 days of receiving the draft Comprehensive Review from the QAU.	• forward the final draft Comprehensive Review to the Deputy Minister who will finalize and forward to the ACY and the PGT.

Medium Impact Serious Occurrence (MISO)

An illness, injury, condition or event that:

- Is considered temporary, treatable, and non life-threatening; **and**
- Requires unscheduled and unforeseen medical treatment by a qualified medical practitioner or hospital assessment/admission; **and**
- Is not likely to result in long-term impairment of the child/youth's health; **and**
- Is atypical and not reasonably expected to occur, given the child/youth's age, and development.

MISOs also include:

- Victims of sexual assault that do not meet the criteria for a HISO.
- All attempted suicides that do not meet the criteria for a HISO.
- An act committed or alleged to be committed by a child/youth in care that would be equivalent to a serious violent offence such as homicide, attempted homicide, aggravated assault and aggravated sexual assault)

Care Provider	Ministry / FNCFS Caseworker or Cover	Supervisor	Director, Service Delivery / Designate	Quality Assurance (QAU)
Notification				
The care provider must: • provide immediate notification to the caseworker or cover worker through direct telephone contact (must not leave a message). • provide immediate notification to Mobile Crisis or the after-hours Emergency Duty Worker (when the Serious Occurrence happens outside regular business hours), who will notify the caseworker if required.	The caseworker or cover worker must: • provide immediate notification to supervisors and any other caseworkers with current involvement. • provide notification as soon as is practicable to the child/youth's family/legal guardians.	The supervisor must: • provide immediate notification to the Director, Service Delivery. • provide notification to the FNCFS Agency Director within 24 hours or next business day if the occurrence involves an First Nations child/youth.		The QAU must: • determine whether the occurrence falls within the Medium Impact Serious Occurrence criteria and advise the caseworker via email. • provide the PGT with information on Medium Impact Serious Occurrences regarding Long Term and Permanent Wards on a semi-annual basis, or as agreed upon by the PGT and the QAU.

For residential facility or group home responsibilities, see Residential Services Manual Section 9.6: Reporting of Incidents/Serious Occurrences.				• provide notification to the ACY for requested Medium Impact Serious Occurrences within 24 hours of receipt of the Serious Occurrence Report. • complete a semi-annual report of Medium Impact Serious Occurrences that do not require follow-up and provide to the Director, Service Delivery, the ACY, and FNCFS agencies.
Reporting				
For residential facility or group home responsibilities, see Residential Services Manual Section 9.6: Reporting of Incidents/Serious Occurrences.	The caseworker or cover worker must: • complete the Linkin Incident Report and Serious Occurrence Report and submit to the supervisor. • upon the Service Delivery Director's approval, submit the Serious Occurrence Report to the Executive Director, Service Delivery and the QAU via SS CFS Medium Impact Serious Occurrence email group within seven working days of the initial notification.	The supervisor must: • review and approve the Linkin Incident Report and the Serious Occurrence Report. • forward both reports to the Director, Service Delivery.	The director/designate must: • review and approve the Linkin Incident Report and the Serious Occurrence Report. • ensure the caseworker submits the Serious Occurrence Report to the Executive Director, Service Delivery and the QAU within seven working days of the initial notification.	

Low Impact Serious Occurrence (LISO)

An illness, injury, condition or event that:

- Does not require medical attention, or only requires minimal medical attention; or
- Requires medical treatment by a qualified medical practitioner or assessment/admission to hospital but is planned or is typical and can reasonably be expected to occur given the child/youth's age and development; or

LISOs will also include behaviour of a child/youth in care that impacts the health and safety of others **but is not** a serious violent offence.

11.5.6 Serious Occurrence Notification and Reporting Quick Reference – Appendix "A"

Care Provider	Ministry / FNCFS Caseworker or Cover	Supervisor	Director, Service Delivery / Designate	Quality Assurance Unit (QAU)
Notification				
The care provider must: • provide immediate notification to the child/youth's caseworker and local authorities (e.g., Mobile Crisis and the Police) when a child/youth is absent from care. • notify the caseworker or cover worker within 48 hours (or next working day) of other occurrences.	The caseworker or cover worker must: • notify the supervisor upon becoming aware of an occurrence. • notify the parents/legal guardians and other caseworkers with active involvement as soon as is practicable.			
Reporting				
For residential facility or group home responsibilities, see Residential Services Manual Section 9.6: Reporting of Incidents/Serious Occurrences.	The caseworker or cover worker must: • document LISOs in a Linkin Incident Report (a Serious Occurrence Report is not required). • submit the Linkin Incident Report to the supervisor and the Director, Service Delivery if a child/youth is absent from care.	The supervisor must: • ensure the Linkin Incident Report is forwarded to the Director, Service Delivery if a child/youth is absent from care.	The director/designate must: • ensure a "Children Absent from Care Report" is generated semi-annually for review by the Executive Director, Service Delivery.	

***Where there are references to directors and caseworkers, it is intended that this include FNCFS Agency Executive Directors and caseworkers.**

*FNCFS Agencies not using Linkin will complete documentation on the child/youth and/or family's paper file and on the Serious Occurrence Report when applicable.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.6 Marriage of a Child in Care

This policy section has been removed as per federal legislative changes effective June 18, 2015, as a result of which it is not legal in Canada for a child under age 16 to marry (see Chapter 0 Revisions July 2015).

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.7 Pregnancy Planning for a Youth in Care

Policy

Any youth who is pregnant while in the care of the Minister will receive support and services to assist them with decisions and planning regarding the pregnancy.

Procedures

Pregnancy Planning:

When it is determined that a youth in care is pregnant the case worker must:

- Meet with the youth as soon as possible to discuss pregnancy planning and explore the youth's needs and wishes.
- Ensure the youth is receiving proper medical attention.
- Ensure that pregnancy counseling is available for the youth.
- Meet with the youth and their caregiver to discuss pregnancy planning and ensure that the caregiver is able to assist in meeting the youth's needs during the pregnancy.
- Where possible, and with the youth's consent, meet with the youth's parents or guardian to discuss the youths needs and the involvement of the parents or guardian.
- The youth must be actively engaged and informed of all options in order to make decisions regarding the pregnancy.
- The youth must be advised of her right to contact the ACY at any point during her pregnancy.

Requests to Terminate a Pregnancy:

If the medical practitioner/team determines that the youth is competent to give informed consent to terminate her pregnancy, then the medical procedure can proceed in accordance with the youth's decision and consent to do so. No further consent is required from parents or guardians and, with the exception of youth in care via Section 9, there is no obligation to notify parents unless the youth is willing to do so.

If the medical practitioner/team deems that the youth is NOT competent to give "informed consent", consent must be provided by the youth's parents/ guardians or the ministry, depending upon the youth's legal status:

- When a youth is in care under a Residential Services Agreement, the youth's parents must be notified and parental consent is required to terminate a pregnancy;

- When a youth is apprehended or temporarily committed, the youth's parents shall, whenever appropriate, be consulted regarding pregnancy planning but the ministry may provide consent to terminate the pregnancy; and
- When a youth is a permanent or long-term ward, the ministry may provide consent, however consultation with parents is encouraged and should be undertaken in all cases where the parents maintain significant involvement with the youth.

Procedures When ministry Consent is Required to Terminate a Pregnancy (Youth is NOT deemed competent):

- The youth's caseworker documents the request on the youth's file and arranges to meet with the youth.

- The caseworker refers the youth for pregnancy planning counseling, (including alternatives to terminating the pregnancy) from an individual or group qualified to provide such counseling.

- The caseworker requests from the youth's counselor a written assessment regarding the youth's understanding of pregnancy planning including alternatives to terminating the pregnancy.

- The caseworker requests from the youth's physician a report indicating the stage of the pregnancy and recommendations concerning the termination of the pregnancy. The report must include the physician's assessment of the youth's "lack of competence" to provide informed consent for the medical procedure.

- Consideration should be given to the appropriateness of involving the father in the discussions and decisions regarding the termination of the pregnancy (provided consent from the youth is obtained).

Written Report

- Upon completing the above requirements, the youth's caseworker prepares a report requesting approval for termination of the pregnancy.

- The caseworker's report is signed by their supervisor and forwarded to the Director, Service Delivery within 10 working days of receiving the request to terminate the pregnancy.

- The report will contain the following:
  - the youth's name, date of birth and status under *The Child and Family Services Act;*
  - the caseworker's documentation of the youth's request to terminate the pregnancy;
  - a statement of the involvement of the family;
  - results of the discussions between the youth, the youth's parents or guardian and the caseworker; and

- results of the reports completed by the youth's physician, independent counselor, and any other professionals involved in an assessment capacity.

- Upon receipt of the report, the Director, Service Delivery reviews and approves or denies the request, based on information received from professionals and according to legislative guidelines pertaining to the best interest of the child, citing rationale for the decision along with his or her signature on the report within 5 working days.

- If the request is denied the worker must inform the youth and her parents and indicate that this may be appealed directly to the Director, Service Delivery.

Full Term Pregnancy:

- When a youth plans to proceed with the pregnancy to full term the youth's worker must assure that plans are established for the youth and for the expected infant. The following must be provided prior to birth:

- Pregnancy planning for the youth and infant must be established.

- Pre- and post-natal health care must be established.

- Where the youth is planning to parent the infant:
  - parent training must be assessed and discussed with the youth and be provided as appropriate;
  - living arrangements for the youth and her infant must be established;
  - where the youth and her infant will be living with caregivers the child care responsibilities must be established between the youth and her caregivers;
  - the caseworker completes referrals to the appropriate agencies to provide support, education and mentoring.

- Where the youth is considering undertaking an adoption plan, pregnancy counseling services must be provided.

Practice Guidelines

- A youth may be pregnant upon entering care or become pregnant while in care. This is a unique situation as the youth's needs that required their entering care continue at the same time that they must address issues related to their own possible parenthood. The ministry has parental responsibilities for the youth who is pregnant as well as responsibility to ensure the youth is prepared to the extent possible to parent their expected child.

- At all times the ministry must act in the best interest of the youth with consideration of the developmental needs of the youth and their capacity to make an informed decision.

- The ministry may also need to assess child protection issues in relation to the expected child following birth.

- Youth in these circumstances must receive support and accurate information from their caseworker, their caregivers, their parents or guardian, and any other person who has a significant role in planning for the youth.

- In Saskatchewan, health legislation provides that all patients, regardless of age, have the right to consent to their own mental health, surgical or medical treatment when the treating medical practitioner deems that they are able to understand and appreciate the nature of their illness, the options available for treatment, and the risks and benefits associated with each treatment option (see Chapter 11.3 Health Care and Medical Treatment).

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.8 Record and Paper File Retention

Policy

Paper and electronic records/files must be maintained for an adequate time period to ensure that CFP's file information is available upon request of families, former wards, children in care, foster families and other caregivers.

Procedures

1. Pursuant to *The Archives and Public Records Management Act* and the ministry's Operational Records Schedule, CFP records/files are to be retained as follows:

- Children's Services records/files: 99 years from closure
  - Permanent and long-term ward
  - Temporary ward
  - Section 9 and Section 10
- All other Children's Services records/files: 99 years from closure
  - Person of Sufficient Interest
- Child Protection records/files: 99 years from closure
- Foster Home/Extended Family Caregiver (Provider) records/files: 25 years from closure
- Adoption records/files: Permanently

NOTE: These timeframes are subject to any legal hold, in which case, the timeframe could be extended.

2. It is the responsibility of the ministry's Designated Records Officer (DRO – Records and Privacy unit) to determine which records/files are eligible for destruction and to ensure that provincial government standards for file destruction are followed.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.9 Child Welfare Alerts

This policy section has been removed and has been included in the Child Protection Services Manual, Chapter 7.6 "Child Protection Alerts".

See also Chapter 11.13 - Provincial / Territorial Protocol on Children, Youth and Families Moving Between Provinces and Territories.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.10 Minister's Referrals

All clients should be aware of the ministry's process to appeal a decision they do not agree with and provided with a copy of the brochure "Your Right to Appeal", which is found on the Government of Saskatchewan's website.

If a client expresses considerable dissatisfaction that may result in a Minister's referral, the service area should notify the Director, Service Delivery, Central Office, with a copy to the **CFS Minister Referral SS** mailbox.

When a referral from the Minister or Deputy Minister's office is received, Central office staff will work jointly with the appropriate service area to complete a response.

Note:
As procedures and protocols for Minister's referrals are frequently updated, they are provided directly to service areas as they are issued and are no longer included in policy.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.11 Ombudsman's Referrals

Procedures

The following are procedures for responding to Ombudsman's referrals:

1. The Ombudsman notifies the Deputy Minister in writing of intention to investigate a complaint.

2. The procedures for responding to an Ombudsman's referral are the same as for a Minister's referral.

3. While conducting an investigation, the Ombudsman's staff has the authority to review the client's file, photocopy information and interview ministry staff.

4. Ministry staff must co-operate fully with the Ombudsman and staff during any investigation.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.12 Interprovincial/Territorial Requests and Correspondence

Policy

The ministry will adhere to the **Provincial/Territorial Protocol on Children, Youth and Families Moving Between Provinces and Territories,** effective April 1, 2016 (see Chapter 11.13).

Intent

The intent of the Protocol is to ensure that child welfare organizations understand their roles and responsibilities in providing services to children, youth and families who move between provinces and territories (P/T).

Procedures

Ministry and FNCFS Agency staff must direct all new interprovincial requests to the interprovincial coordinator at the Interprovincial/ Territorial (IPT) Desk, Central Office (Interprovincial.desk@gov.sk.ca).

All requests will be reviewed by the supervisor and their manager prior to forwarding to the IPT coordinator to ensure plans have been approved.

Interprovincial requests include:

- Interprovincial Child Protection Alerts;
- Requests for Services - includes courtesy service of court documents, supervision of visits, home assessments, child placements, adoption services, child welfare record checks, etc. Individuals must provide consent, using **form 2376 Consent to Collect**, Use and Disclose Information, for child welfare record checks or any service that falls within *The Child and Family Services Act*;
- Child Protection Referrals; and
- Repatriation.

Responsibilities of the Interprovincial/Territorial (IPT) Coordinator (Central Office)

1. The IPT coordinator reviews all incoming and outgoing requests and directs completed requests to the appropriate originating or receiving P/T ensuring required client consents have been obtained, where applicable. Requests received by email correspondence should include a brief description of the request, the requestor's name, signature, and a

confidentiality clause (see Responsibilities of the Service Area/FNCFS Agency). The IPT Coordinator logs all requests.

2. Requests for service involving an Indigenous community are managed by the IPT coordinator following the same process identified above: The IPT Coordinator logs the request and forwards it to the appropriate service area office (for ministry served Bands) and/or FNCFS Agency (See Section 5: First Nation, Inuit or Métis Child Welfare Organizations).
3. After a referral is made, the IPT coordinator:

- may follow up on accommodated requests for service that have been forwarded to the receiving authority, based on the IPT Desk's standards.
- must follow up on urgent requests and those with time sensitivity (service of documents, child moving from one P/T to another, home assessments) or risk (home safety check, assessment of child safety, interviews for investigative purposes).
- The IPT coordinator provides tombstone information, including last date of correspondence and agreed upon plan, to identify the referral in follow-up email correspondence.

4. The IPT coordinator assists service areas and FNCFS Agencies in the coordination of services and development of case plans to provide timely responses to requests.

5. The IPT coordinator is available to provide direction and to respond to questions relating to the Protocol, including compliance with timelines outlined in the Protocol standards, and with use of the accompanying forms (available in SharePoint Manuals and Forms - Interprovincial Forms):

- Interprovincial Child Protection Alert;
- Interprovincial Request for Services; and
- Interprovincial Placement Agreement.

6. The IPT coordinator documents the completed status of incoming or outgoing requests when notified by service areas or FNCFS Agencies that they are complete (see Responsibilities of the Service Area/FNCFS Agency).

7. The IPT Coordinator is the second level of dispute resolution and may participate in Interprovincial Placement Agreement (IPPA) negotiation meetings when a solution cannot be reached at the supervisor/manager level.

8. Requests for international child welfare record checks for caregiver applicants are made in consultation with the IPT coordinator.

- The caseworker submits a completed Request for Services form to the IPT Desk.
- The IPT desk provides the Making a Referral form to the caseworker for completion and return to the IPT desk.

- The IPT desk forwards the completed form to International Social Services (ISS).
- ISS communicates information back to the caseworker and IPT desk; the caseworker documents information in the Mutual Family Assessment or Extended Family Assessment in Linkin.
- If a child welfare record check cannot be completed (e.g., there is no formal system in place in the receiving country), ISS will send a letter stating why the information could not be obtained and may offer options to obtain the information (See CSM Chapter 4.4.2 Approval of Foster Homes-Background checks and Adoption Manual, Chapter 2.2 Inquiry, Intake & Waitlist for Release for more information on ISS child welfare record checks).

9. The IPT Desk will provide quarterly reports to service areas and FNCFS Agencies with the types of requests, the number of requests received and any other reported information.

Responsibilities of the Service Area/FNCFS Agency

Service areas and FNCFS Agencies:

- assign requests to the appropriate staff;
- ensure timely response in completion of assigned requests;
- maintain records of all incoming and outgoing requests to/from their service area or FNCFS Agency and notify the IPT Desk when completed; and
- ensure staff follow through with services agreed to as per Interprovincial Placement Agreements.

When emailing a request for service to the IPT desk, include a brief description of the request, the requestor's name and signature, and a confidentiality clause.

Note: If a service area or FNCFS Agency receives a non-urgent service request from an originating P/T, i.e. family assessment the service area or FNCFS Agency should ask the sending (originating) P/T to redirect their service request through their respective IPT desk to Saskatchewan's IPT desk.

Linkin /Administrative Procedures

All IPT requests must be documented in Linkin (see Linkin Training – Documenting Provincial/Territorial Processes in Linkin). Place details from the IPPA in Linkin.

To ensure alignment with the ministry's approved records retention schedule (see Chapter 11.8 Retention of Files), when a case is generated in Linkin, also create a corresponding paper file. This includes creating a provider paper file for all IPT home assessments, including those completed by another province or territory. Place all provider information obtained from the other jurisdiction on the provider paper file. Typically, this information includes a copy of the home assessment, and other documentation received from another province or territory specific to the approval of a placement.

11.12 Interprovincial/Territorial Requests and Correspondence

Practice Guidelines

Within the Provincial/Territorial Protocol, two sections are widely used: **Child Protection Services** and **Children and Youth in Care.**

Child Protection Services (Section 7)

- Child Protection Alerts
  - The originating P/T may issue an alert when a child/youth/family is missing or there is knowledge that a person/family has moved, and a child/youth is in need of protection.
  - Complete the Interprovincial Child Protection Alert Form for notification purposes. The form is used to provide the content of the alert, to distribute relevant and available information to P/Ts.
  - When receiving requests from other P/Ts. Document these as a special caution in Linkin.
  - Complete the **Interprovincial Request for Services form (8.29)** to request actionable services from the P/T where the child, youth or family is residing. The receiving P/T will develop a plan in consultation with the originating P/T.
- Interprovincial Request for Services
  - Use the Interprovincial Request for Services form to request services of the receiving P/T based on the originating P/T's case plan.

- Interprovincial Child Protection Referrals
  - A referral may occur when a family receiving child protection services is moving to another P/T.
  - The family should be informed of the referral and, if possible, obtain consents to share information.
  - The originating P/T will provide a summary of the case including case plans, court documents, assessments, etc.

- Repatriation Services/Returning to Original Province
  - The originating P/T will contact the receiving P/T with instructions regarding repatriation.

Children and Youth in Care (Section 8)

- Child/youth **moving with foster family** to another province
  - The originating P/T should provide 60 days' notice prior to the child's move.
  - The receiving P/T completes an assessment of the foster family according to their policies and standards and provides ongoing support to the foster family.
  - An IPPA is negotiated prior to the child and family moving to the P/T.
  - The IPT coordinator will provide the SK caseworker with 60 days' notice before an annual review is due. The IPPA is to be renegotiated at the time of the annual review.

- Child/youth **moving to family** (not currently approved) in receiving P/T
  - The originating P/T should provide 60 days' written notice prior to the move.

- The Interprovincial Request for Services form is completed to request a home assessment/home study within 60 days or agreed upon time.
- The home study will meet requirements of originating P/T.

- Child/youth placed in Residential Facility
  - The originating P/T will notify the receiving P/T in all cases and advise of the casework services required.
  - The originating P/T maintains financial and case management responsibility.
  - Notification and planning must take place prior to the move and must be in writing.
  - The receiving P/T (Saskatchewan, if a child is moved to the P/T) will provide updates and progress reports to originating province.
  - If the placement breaks down, the receiving P/T holds responsibility to find alternative placement in their province.
    Note: If a child/youth is being placed in a temporary treatment facility, the originating P/T must notify the receiving P/T only if monitoring and supervision is requested and planning will occur. The originating P/T maintains financial and case management responsibilities. In these cases, the Saskatchewan Ministry of Social Services is not responsible for the child/youth if the placement breaks down; the originating P/T and treatment facility must have a plan in place for such occurrences.

Important: The originating P/T ALWAYS maintains legal and financial responsibility for a child/youth who has moved to another P/T. An existing child in care case remains open in the originating P/T and a child in care case is opened in the receiving P/T.

The IPPA is to be negotiated prior to a child/youth moving to another P/T and is to be completed after the review of each P/T's obligations as outlined in the Protocol. The IPPA is provided to the IPT coordinator of both the originating and the receiving P/T.

The IPPA is also required for children/youth who have an alternate legal status, including a PSI (Section 9.1.5) status, where supervision and monitoring is being provided by a receiving P/T. This includes case planning and documentation requirements as stated in Section 8, Children and Youth in Care.

Refer to the Interprovincial Placement Agreement Guide (2503.1) for more information and to ensure Cultural Plans and repatriation are addressed. The IPT coordinator will ensure the negotiated IPPA is signed by both P/Ts and submitted to the appropriate IP Desk.

Other Services Referenced in the Protocol:

- Children/youth in out of Care Placements (Section 9);
- Adoption and Post-Adoption Services (Section 10); and
- Working with Provinces/Territories that are not signatories to the Protocol (Section 11).

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.13 Interprovincial Protocol

See Child Protection Services Manual, Section 7.7.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.14 Protocol for Section 10 Agreements (Support Services to 16 and 17 Year Olds)

Policy

All protection concerns and requests for services regarding 16 and 17 year old youth will initially be assessed through child protection screening to determine whether there is information indicating child abuse or neglect that meets the criteria for a protection investigation. If not, section 10 of *The Child and Family Services Act* authorizes the use of Section 10 agreements with youth 16 and 17 years of age may be considered in the following circumstances:

- When a youth is in the care of the ministry by way of a temporary wardship order, apprehended status, or through a Residential Services (Section 9) Agreement and turns 16 but requires continuing services, the worker shall make an assessment as to whether a Section 10 Agreement is more appropriate than protective services. Use of an agreement pursuant to this section will allow for input from the youth and will also place the responsibility on the youth to fulfill his or her part of the agreement.

- When a 16 or 17-year-old youth is a member of a family wherein younger siblings must be taken into care due to protection concerns, the youth may be apprehended if they are in need of protection. A Section 10 Agreement may be considered for the youth if it is in their best interests, they understand the responsibilities and implications of entering into the agreement, and they demonstrate the ability and readiness to engage in a plan of care that addresses their safety, wellness and independence.

- When the youth is 16 or 17 years of age, a director may enter into an agreement where reasonable efforts to support the youth in the home of the parent or another adult person have been unsuccessful; there is no parent willing to assume the responsibility for the youth, or the youth cannot be reestablished with their family.

For program specifics, refer to the Support Services to 16/17 Year Olds Manual.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.15 Transition Planning for Youth in Care of the Minister to Community Living Service Delivery

Application and Eligibility

Intent

This transition policy is intended to support CFP and Community Living Service Delivery (CLSD) caseworkers plan for youth/young adults eligible for CLSD services as they transition to adulthood. The development and implementation of a jointly managed transition plan will assist youth/young adults to move towards independence and where full independence may not be achieved, ensure necessary supports and services are available to aid in maximizing potential. The policy is consistent with the principles contained within CLSD's *Comprehensive Personal Planning and Support Policy* (see Appendix A; Key Terms).

Policy

CFP and CLSD will proactively plan, resource and implement services for youth and young adults who transition from CFP to adult services through CLSD.

Procedures

For any child or youth brought into care, the presence of an intellectual disability and the impact it can have on development should be considered. Where appropriate, referrals to specialized assessment and services should be made and enhanced supports arranged to maximize the child or youth's development and potential. Such considerations and enhanced service delivery requirements due to the presence of intellectual disability will be noted in the CFP file.

The Minister has responsibility for long-term planning and expenses related to youth and young adults who transition from CFP to adult services through CLSD.

When it is felt by CFP that a youth may be eligible for future services, the following will occur:

- The CFP caseworker will, once a youth is **13 years of age**, explore his or her eligibility for CLSD. Factors that *may* indicate eligibility include:
  - previously assessed eligibility for CLSD services (reassessment may be required);
  - significant delays in early childhood development milestones;
  - a student designated as 'intensive needs' in the school system;
  - diagnosis of a disability that is strongly linked to Intellectual Disability (e.g., Down Syndrome, Fragile X Syndrome);

- eligibility for the Cognitive Disability Strategy (CDS); and
- residence in a long-term care facility because of complex cognitive and/or developmental needs.

- The CFP caseworker completes **CFP/CLSD Tracking Information (2004**) and provides it to the supervisor, who sends a copy to the CFP Consultant, Program Effectiveness so the youth may be placed on the provincial tracking database (a copy is also placed on the youth's file). Note: The caseworker will indicate on the form if the child is in the ministry's care for medical reasons only.

- The CFP caseworker ensures required assessments related to eligibility are on the file (where previously assessed as eligible) or completed as soon as possible by discussing the need with the supervisor and making appropriate referrals (approval for the completion of an assessment are as per chapter 7.13, Special Needs – General Services & Supplies, of the Children's Services Manual). Required assessment information is as per Appendix 'B' - Eligibility Criteria for Services from CLSD.

- Three months prior to the youth's **15th birthday,** the CFP caseworker initiates an application package to CLSD, which will be sent by the CFP supervisor to the CLSD supervisor. The package will contain the CLSD Initial Request for Services (1956) and any psychological reports or assessments related to eligibility.

- The CLSD supervisor will register the Initial Request for Service on the ACI in SWIN utilizing the code RCIN.

- The CLSD supervisor assesses for eligibility according to CLSD intake and approval processes as per Appendix 'B', Eligibility Criteria for Services from CLSD. The CLSD supervisor provides a formal, written response (not email) to the CFP supervisor within 60 days which describes the following:
  - Eligibility is confirmed, based on information received. Upon determination of eligibility, the CLSD supervisor will assign a CLSD caseworker.
  - Eligibility cannot be established and further information is required. The CLSD supervisor will indicate what specific information or documentation is required.
  - Not eligible based on information received.

- If CFP wishes to initiate a review of the decision with CLSD:
  - Questions regarding eligibility can be directed by the CFP supervisor to the CLSD supervisor.
  - Where resolution is not reached, the CFP supervisor will forward a written request to the CLSD Manager of Client Services asking for a review of the decision.
  - A review is conducted by a CLSD panel comprised of the Manager of Client Services

and two Regional Supervisors not involved in the original decision. A formal written response will be provided within 30 days.
    - Advocacy supports for the child/youth can be sought through the Saskatchewan ACY or Inclusion Saskatchewan (formerly known as the Saskatchewan Association for Community Living).

- Upon the review, if the individual is not eligible for CLSD services, CFP may consult with CLSD regarding alternate services and options available for individuals with exceptional and/or disability related support needs.

- If CLSD eligibility is established, the CFP caseworker will update the CFP/CLSD Tracking Information (2004) to **include date of initial referral and date of expected transition** and the CFP supervisor will submit it to the Consultant, Program Effectiveness.

- CLSD opens a file on approved individuals once the file is assigned to a caseworker. The CLSD caseworker will register the individual on the ACI in SWIN using the appropriate transition sub-program code (CF) and register the emerging need codes to identify potential service needs and resource development.

Youth Who Become Involved with CFP at a Later Age

There are some youth/young adults who come to the attention of CFP at an age later than the transition process would normally begin, which means time for planning can be reduced. Depending on the type of agreement or order, CFP may or may not have a direct role in supporting or planning. CFP may also have limited or non-existent prior involvement, which means information on the individual may be lacking. Examples of such youth/young adults would be those on an Agreement for Services to 16/17 Year Olds (Section 10) or in receipt of child protection services. Refer to Appendix 'C' – Children's Services Mandate Chart for information on the various ways in which youth and their families may become involved with CFP and the roles and responsibilities of CFP in these situations.

For youth who wish to explore the possibility of receiving services through CLSD the application and acceptance procedures for CFP and CLSD are the same as previously described. If eligibility has not been previously established, however, and assessment information is required:

- the CFP caseworker will discuss with the youth options for obtaining the appropriate assessment information, including through the parents/caregivers or last school attended. The caseworker will check with the school regarding its requirements for release of information; or

- if an assessment is required, the CFP caseworker will discuss the need with the supervisor and make appropriate referrals. Payments and approval for the completion of an assessment are as per chapter 7.13, Special Needs – General Services & Supplies, of the

11.15 Transition Planning for Youth in Care of the Minister to Community Living Service Delivery

Children's Services Manual.

Case Management, Joint Planning and the Service Continuum

Information

The outcome of a person-centred transition plan depends on factors related to collaborative planning, early identification of resources and resource availability and seamless service provision. This area focuses on roles and responsibilities in transition planning, and highlights how planning should occur on a continuum in order to facilitate a transition that minimizes disruption and impacts to the youth/young adult. Outcomes are also dependent upon clear and open communication and sharing the plan with those involved in the planning and provision of supports to the youth.

Policy

There will be shared case planning between CFP and CLSD when eligibility for future services for youth/young adults through CLSD has been established.

Upon determination of eligibility for CLSD services, a minimum of three (3) person-centred planning meetings per year will occur with the youth/young adult and CFP and CLSD. For individuals with higher support needs, more frequent meetings will occur as necessary. This consideration also applies to youth/young adults on an *Extension of Supports Agreement* (Section 56) who receive supports and services through CFP beyond the age of 18.

Procedures

Roles and Responsibilities in Case Management and Planning

- The CFP caseworker:
  - leads the development of the person-centred transition plan through support and collaboration with the youth and CLSD;
  - ensures the plan reflects the individual's strengths and needs and encourages the youth to participate to the maximum extent that they are able;
  - maintains primary case management until the youth/young adult leaves care. The CFP caseworker will advise the CLSD caseworker of the date on which the youth/young adult will officially leave care (transfer date) and when the CFP file will be closed;
  - coordinates all meetings, including joint meetings with CLSD by collaborating on availability to participate;
  - provides the CLSD caseworker, upon determination of eligibility, the most recent assessment information available, including any updated Child in Care Assessment and Review (CCAR), previous Daily Living Support Assessment (DLSA) if available, a summary of the care needs assessment, educational and medical reports, family health histories,

ecomaps, genograms, etc.
- arranges for specialized assessments, such as assessments for specialized equipment or supportive aids;
- assists youth in making application for Social Insurance Number (if not already obtained);
- facilitates an application for financial benefits through the IA Division (see "Making Application for Financial Benefits through IA" in the following section);
- assesses the need for and initiates a request for behavioral support services through the CLSD/CFP joint initiative. Services may include behavioral analysis and development of behavior support strategies. Interventions developed will be included in the transition plan to ensure new caregivers are aware of the appropriate support requirements including training as required;
- participates in the Complex Needs designation process in conjunction with CLSD; and
- continues to consult on the case, with the written permission of the youth/young adult, up to six months after he or she leaves care and CLSD assumes primary case management.

- The CLSD caseworker:
  - assists in the development of the person-centered transition plan through support and collaboration with the youth and CFP;
  - participates in joint planning meetings and provides information on CLSD supports and services (including information on procedures for accessing or applying for services and rates as appropriate);
  - assumes primary case management upon the youth leaving the care of the Minister (CFP);
  - administers appropriate assessments, such as the Supportive Living Assessment (1877) and the SARC Individual Assessment and Planning Tool to assist in planning and determining levels of support required; and
  - initiates and leads the Complex Needs designation process if required in conjunction with CFP.

- The CFP and CLSD caseworker jointly:
  - assist the youth in identifying who will be part of the planning meeting/session, including family, extended family, service providers, caregivers, Band members, FNCFS Agency personnel, Elders or whoever else can provide support or assistance;
  - identify opportunities to enhance transition, such as recommending or arranging formal transition experiences with community-based organizations and Approved Private-service Homes (i.e., arranging trial placements and assessing suitability). The CLSD caseworker will help identify resource or support individuals who should participate, such as personnel from any community-based organization that either currently provide or will provide services;
  - ensure information is shared between current caregivers and future care givers to inform

the development of the transition plan;
- develop a transition plan including the identification of support and financial resource requirements;
- share the plan with members of the planning team including current and future care providers;
- support individuals, caregivers and organizations as the youth/young adult transitions from one system to the next; and
- maintain respective documentation standards.

Making Application for Financial Benefits through Income Assistance

An important aspect of the transition process for CFP and CLSD is awareness of the IA benefits that will be available through the SAID or the SIS program and to plan accordingly.

Youth may become eligible for financial benefits through the IA Division once they turn 18 years of age and if they are Canadian citizens or authorized to be in Canada and meet other eligibility criteria.

Youth who meet the eligibility requirements for CLSD may be eligible for the SAID program if they meet the:
- financial eligibility requirements; and
- current requirements for assessment of disability.

If the youth is not eligible for SAID, he or she may be eligible for a benefits under a different income assistance program such as SIS.

To ensure a smooth transition, the CFP caseworker or supervisor may contact the IA Service Delivery Manager directly to initiate an application for benefits. The Service Manager will refer the inquiry to an Assured Income Specialist (AIS). For youth transitioning to CLSD, the CFP caseworker and youth do not need to call the Client Service Centre (for all other youth in care, the youth is required to make application through the Client Service Centre as per policy with the exception of those applying for SAID).

The CFP caseworker is able to initiate the request at least three months prior to the youth turning 18 (or prior to the youth requiring benefits), and should include documentation as per Appendix 'E', *Income Assistance Required Documentation*. The AIS will make contact with the CFP caseworker with respect to questions, further requirements or eligibility.

Recommending Extension of Supports Agreements (Section 56)

Where a youth is eligible (see Appendix 'C' CFP Mandate Chart), an *Extension of Supports for Services Agreement* can aid the transition period and allow more time for planning. This agreement may be considered to allow a youth/young adult adjustment time (e.g., prior to or

upon move to new resource), time to acquire more skills or continue educational programming, or time to ensure specialized supports are in place or develop new programs where necessary.

Individuals Who Wish to Continue Residing with the Same Caregiver after Aging out of Care

As part of a transition, a youth/young adult may wish to continue residing with their same caregiver, such as a foster parent, after they age out of care. A caregiver may become certified as an Approved Private-service Home (APSH) through CLSD.

- Individuals who are interested in becoming an APSH operator are referred to the CLSD caseworker 12 months prior to youth/young adults aging out of care for information on the requirements for becoming certified and on level of care rates. Rates available to an APSH operator may vary from those provided to a foster parent.

- Once a foster home begins the APSH certification process, no further CFP placements can occur. Existing children may remain in the home until such time as they age out of care or move.

Identify Emerging Needs

Ongoing collaboration and information sharing between CFP and CLSD is required to ensure joint case planning is occurring, and to review future support and resource requirements to enable financial planning. Early identification allows for forecasting and budget considerations. Early identification is particularly important when individual support needs are high or complex, or where exceptional services are required.

Forecasting of resources is done based on the identification of the transition population. Multi-year forecasts may be established for budget submission based on early identification of the transition population. Budget submissions are based on the actual transition plans that have been submitted up to June of the fiscal year for inclusion in the following year's budget.

- CFP Program Effectiveness Consultants will maintain a provincial tracking database of information regarding youth transitioning from CFP to CLSD.

- To support submission of requests for inclusion in the following year's budget (April 1) the CFP Service Area Program Effectiveness Consultants will coordinate quarterly joint case planning meetings, inviting CFP and CLSD Directors, Managers and Supervisors.

- At these meetings, the CFP Program Effectiveness Consultants will provide the active CFP to CLSD transitions list reports from the CFP tracking database for the group to discuss transition planning and update emerging needs of those on the list. The intent is to assist CFP and CLSD in forecasting future support or resource requirements and to ensure alignment of funding at time of transition.

- A roll up of the transition database information will be provided annually June 1 to the CLSD

Program Effectiveness Unit by the CFP Program Effectiveness Unit lead. This annual report will provide additional financial information to CLSD assist in their budget forecasting process.

- Up to 2 years prior to transition date the Transfer of Responsibility section of the CFP CLSD Tracking Information form will be filled out as final notification for transfer of responsibility. This section will be filled out jointly and signed by the CLSD Manager of Client Services and the CFP Service Area Manager. The final notification will include effective date of transfer and costing details for required supports. The signed form will be submitted to the CFP and CLSD Directors.

Appendix

A. Key Terms
B. Eligibility Criteria for Service from CLSD
C. Children's Services Mandate Chart
D. Transition Planning Timeline
E. Income Assistance Required Documentation

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.15.1 Appendix A – Key Terms

The terms apply to either CLSD or CFP. It is important for workers in either program to know and understand these terms and how they apply to a collaborative approach to planning.

Approved Private-service Home (APSH)	Private homes certified by CLSD to provide a family atmosphere for people with intellectual and/or physical disabilities. Homes are certified pursuant to *The Residential Services Act* and Private-service Home Regulations. APSH Operators receive a monthly level of care payment from CLSD and IA for each individual residing in their home. Payment amounts are dependent on the assessed level of care and support an individual requires.
***Comprehensive Planning and Support Policy* (CPP&SP)**	Guides organizations and Approved Private-service Homes certified by CLSD, CLSD staff, and individual service providers funded by CLSD, in the provision of supports to individuals with intellectual disabilities. The *CPP&SP* outlines standards for the provision of effective and ethical support to individuals with intellectual disabilities, particularly those with challenging behavior and complex support needs. The policy outlines principles and ethical standards, requirements for person-centred planning, and requirements for the design and provision of supports to individuals who engage in harmful and/or challenging behavior. *CPP&SP* is part of all funding agreements with CLSD.
Emerging Needs	Early identification of long-term resource requirements, such as residential supports, is a critical part of the transition process. Early identification is particularly important when individual support needs are high or complex, or where exceptional services are required. CLSD forecasts resource needs and submits its budgets based on forecasting of resources and the actual transition plan.
Foster Home	type of home where families in the community offer their home to children who are taken into care and cannot live with their own families for a period of time. To become approved as a foster home, individuals must pass through a home assessment and orientation, and must complete additional training related to the needs of children in care and their families. Foster parents receive a monthly payment to meet the physical needs of a child including food, shelter, clothing, personal items, transportation and recreation. Additional funds may be available for expenses such as sports, music lessons, cultural activities and other special needs. These funds are based on a child's developmental needs, and are assessed through case planning.
Person-centred Planning	A planning approach whereby the youth/young adult remains the focus of planning, and is directly involved with setting goals and determining

	what supports will be required. A person-centred approach allows a youth/young adult to participate in and evaluate their own plan and feel in control of what happens. This approach provides a forum to express hopes, wishes and fears, and to help youth understand what is possible.
Transition Planning	The term *transition* applies to periods in our lives when predictable changes occur over a period of time, leading us from one phase of our lives to the next. Transitions occur in a planned way, where the setting of goals helps us achieve a pre-determined outcome. For example, as youth, many of us plan to move away from home at 18 to attend university. In doing so, we undertake a series of planned steps to achieve the eventual outcome, which is to graduate from university, thereby leading us to the next phase of our lives.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.15.2 Appendix B - Eligibility Criteria for Services from Community Living Service Delivery

Legislative Authority

The Saskatchewan Rehabilitation Act (1979/2014) and the Saskatchewan Rehabilitation Regulations (1979 and 2014) establish the legal authority for CLSD. Persons with an intellectual disability are a designated group to be offered programs and services.

Eligibility Requirements

CLSD offers programs and supports to children and adults with a diagnosis of Intellectual Disability with an onset before age 18. The establishment of eligibility for CLSD services provides access to case management planning though the provision of services is subject to availability of resources.

CLSD establishes eligibility on the basis of assessment documentation and requires an assessment report from a dually qualified medical practitioner or a qualified professional with an Authorized Practice endorsement (APE) designation that substantiates the diagnosis of intellectual disability in order for eligibility to be considered.

Documentation

Assessment documentation as obtained from a qualified professional (above) should provide:

- A diagnosis of intellectual disability;
- A summary of the individual's history and previous testing;
- Identification of variables that could impact on the validity of the assessment results and a description of the individual's adaptive behavior, developmental skills and cognitive functioning;
- Confirmation that the diagnosis manifested in the developmental period (the diagnosis being established prior to the eighteenth birthday);
- Licensure information of person making the diagnosis and report.

Provisional Diagnosis

The assessor may initially identify a diagnosis as being "provisional" if they need to gather more information before making a final / firm diagnosis.

The provisional specifier may be used when the qualified assessor presumes that the full criteria will ultimately be met for a disorder, but not enough information is currently available to make a definitive diagnosis.

11.15.2 Appendix B – Eligibility Criteria for Services from Community Living Service Delivery

Young children with the diagnosis of global developmental delay and/or children considered untestable may be eligible for CLSD services but this will be determined on a case-by-case basis.

In situations where a child has a diagnosis of global developmental delay or is considered untestable, formal documentation from a qualified professional is required. At a minimum that documentation must include a description of the child's developmental abilities and an estimation of the developmental age. If accepted, the child's ongoing eligibility for the program will be reviewed prior to their 8th birthday. Additional diagnostic testing may be required at that time.

Questions related to the eligibility criteria may be directed to the CLSD supervisor.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.15.3 Appendix C – Children's Services Mandate Chart

Section of *CFSA*	Description	Role of Minister/Provision of Supports
Section 9	**Agreements for Residential Services –** a voluntary agreement made between the Minister and the parents/caregivers where parents/caregivers agree to place their children in out-of-home care (e.g. foster care) with the goal being reunification and a return of the children to the family home. Parents/caregivers retain guardianship under this type of arrangement.	Minister provides support services to families and residential supports to the child. Parents/caregivers retain right to guardianship and provide consent to health/medical, education, religious and/or cultural decisions regarding the child.
Section 10	**Agreement for Services to 16/17 Year Olds –** a voluntary agreement made between the Minister and a 16/17-year-old youth who cannot remain in the family home because of safety concerns, or because the parent/caregiver is not willing to assume responsibility. The youth is not 'apprehended' or in care of the Minister.	Minister may provide support services to families and residential and financial supports to the young person. Depending on the circumstances, the youth and/or parent may be required to participate in counseling, education and/or rehabilitative services. Expectation is to work towards having the youth return home. If this is not possible, then the ministry works with the youth to develop a plan for independence, which may involve a referral to CLSD for future supports/services. The youth's views on planning are always taken into consideration.
Section 17(1)(b)	**Apprehension –** when children are deemed to be in need of protection from an unsafe situation and are at risk of serious harm, Section 17 allows the ministry to remove them and put them in an out of home placement (e.g., extended family member, foster care).	Minister provides support services to families, where applicable, when a child is returned to a caregiver. Services include parent support and parent education, and may also include referrals to other agencies such as Addiction Services.

	After an apprehension is undertaken, the Minister must make an application to court for a protection hearing within seven days. At a protection hearing, a caseworker makes a recommendation for the type of order that would best suit the needs of the child and family situation. A decision can be made by a judge to return a child to a parent with or without supports, to be placed in the custody of a PSI, or for a temporary, permanent or long-term order. Permanent and long-term orders are sought where family reunification is unlikely and there is no extended family member able to provide safe or adequate support. Apprehensions may occur up to the age of 18.	CFP may work with CLSD, where a child is eligible, to seek supports for the family from CLSD such as respite. The objective would be to ensure a family is connected to preventative community supports and services as part of the overall family case plan, and for those supports and services to remain in place once CFP involvement ends.
Section 37(1)(b)	**Person of Sufficient Interest (PSI) Order –** when children are deemed to be in need of protection from an unsafe situation and are at risk of serious harm, the court may make an order placing them in the custody of a PSI Caregiver. A PSI caregiver may be an extended family member, the chief of a child's band or a designate, or a person with whom the child has a meaningful relationship.	Under a PSI order, the child is not in care of the Minister, and the Minister has no legal status on the child. Parental rights are not severed, but PSI caregivers have the ability to make decisions, such as health and education, on behalf of the child, as a parent would. The Minister may provide information or assistance to a PSI caregiver on making a referral to CLSD.
Section 37(1)(c)	**Temporary Order –** an order issued by the court that places a child in temporary care of the Minister for a period up to 6 months when it is determined the child is in need of protection. The order may be extended beyond 6 months.	Minister is *parent* and has responsibility for planning, including the provision and coordination of supports and services for the family and for all aspects related to the child's needs.
Section 37(2)	**Permanent Order –** an order issued by the court that places a child permanently in care of the Minister until the age of 18. Under this type of order,	Permanent wardship orders place children in the custody of, or commit them to, the care of the Minister until their 18th birthday. Minister retains all

	parental rights are severed and the child is eligible to be adopted. Children under this type of order are often referred to as *permanent wards*.	rights and responsibilities as parent including expenses related to care, shelter and supports. Minister undertakes registration for adoption and adoption planning. Not all children in care via a permanent wardship order become adopted. The Minister retains the responsibility to provide support services to the child/youth as they transition to adulthood, which may include a referral to CLSD where applicable. The child's views on planning are always taken into consideration.
Section 37(3)	**Long-Term Order –** an order issued by the court that commits the child to the custody of the Minister until the age of 18. This type of order is typically used for older children, or where it is felt adoption of the child is not a likely option. Children under this type of order are often referred to as *long-term wards*.	Long-term Wardship orders place children in the custody of, or commit them to, the care of the Minister until their 18th birthday. Minister retains all rights and responsibilities as parent including expenses related to care, shelter and supports. Adoption is not typically considered for a child who is in care via a long-term wardship order. The child's views on planning are always taken into consideration.
Section 46	**Voluntary Committal –** is undertaken by birth parents who wish to relinquish their parental rights and give custody of their child to the Minister. A voluntary committal is typically undertaken by birth parents who wish to place their newborns for adoption. This type of order results in a Permanent Wardship order.	Minister is *parent* and has responsibility for long-term planning, including the provision and coordination of supports and services. Minister undertakes registration for adoption and adoption planning. Newborns who are voluntarily committed typically become adopted.
Section 56	**Extension of Support Services –** a voluntary agreement undertaken by a young adult (18-21) who is in care of the	Minister provides supports and services to transition to adulthood, which can include a referral to CLSD where

	Minster via either a permanent or long-term court order, where the youth wants to continue his or her education or training (transition to adulthood) and requires supports to do so. Young adults who enter this type of agreement are no longer in care of the Minister.	applicable and if the young person agrees.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.15.4 Appendix D – Transition Planning Timeline

Age	CFP	CLSD	Joint Planning
13	Identify potential future need for CLSD services Begin tracking on CFP/CLSD tracking database Determine what documentation is required for CLSD eligibility	Provide information to CFP on CLSD eligibility and services	
14	Gather required documentation for referral to CLSD (e.g. psychological assessments, DLSAs); referrals for assessments may be necessary Continue to update CFP/CLSD tracking database		
15	Three (3) months prior to 15th birthday, complete application package to initiate referral to CLSD Continue to update CFP/CLSD tracking database	Review application package and determine eligibility Open file on ACI upon determination of eligibility	
15-18	Continue to update CFP/CLSD tracking database Where youth is not eligible for an Extension of Supports Agreement (e.g. Section 10 or PSI), file is closed on 18th birthday. Where youth is eligible for an Extension of Supports Agreement (only permanent and long-term wards), agreement is signed at 18th birthday to aid transition if it is assessed more time is required		Begin process of joint planning meetings Identify support requirements including financial resources and responses to complex needs (i.e. referral for behavioural support to CFP/CLSD joint initiative Develop transition plan outlining transition process, supports required, age of transition and how an Extension of Supports Agreement may be used as part of the transition process
18-21	Where an Extension of Supports Agreement is signed, file is closed when youth transitions to adult services (can occur anywhere	At age 18, becomes eligible for adult services through CLSD At time of transition, confirm funding availability to ensure	

	between ages 18-21) With written permission of the youth/young adult, may consult on planning up to six months after file closure	continuation of supports as established in the transition plan Assume case management when youth/young adult transitions and CFP closes file	

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.15.5 Appendix E – Income Assistance Required Documentation

(As applicable)

Identification

- Social Insurance Number (SIN).
- Personal Health Number (PHN).

Shelter Verification – Include living arrangement, cost/fee, address, landlord information

- Rent receipt within the last 30 days
- Lease/rental agreement
- Mortgage papers (including house insurance, property tax notice)
- Written letter stating address, rental/room and board need, landlord
- Completed Move Form (SIS/SAID).

Verification of Needs

- Current utility bills (in client's name for current service address - power, energy, water, telephone)

Income Verification

- Pay stubs for current and previous month

Asset Verification

- Current bank statement for all accounts including client name and account number.
- Current statement from Financial Institution (stocks, bonds, RRSPs, RESPs, GICs, etc.).

Additional Information

- Existing assessments such as DLSA and/or Level of Care Medical Report (LOC) - the CFP or CLSD caseworker should forward these to the AIS.
- The IA Division may request additional information to confirm assets, income or needs or may issue a medical report for the applicant to have completed.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.16 MSS and FNCFS Shared Planning for Children and Families

See Child Protection Services Manual, Section 7.4.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.16.1 Child Welfare Record Search (Caregiver Applicants)

Introduction

The Ministry of Social Services and FNCFS agencies work together in providing coordinated services to approve caregivers for children in care of the ministry or a FNCFS agency.

When assessing caregiver applicants, ministry and FNCFS agency caseworkers are required to complete child welfare record check searches to obtain relevant information regarding current or historical CFP involvement. These child welfare record checks are required for all adults living in the home and whenever a new adult moves into the home.

To request a search of child welfare records (child protection history and previous caregiver or provider records), the caseworker must obtain signed consent from the caregiver and all adult residents in the home, using the Child Welfare Record Authorization/Declaration Form (12.35). Note: This form is **NOT** intended for use in Child Protection investigations.

Procedures

FNCFS Agency Requests to Ministry:

- The caregiver applicant(s) and all other adults residing in the home complete, sign and date separate Child Welfare Record Authorization/Declaration forms.
- The applicant(s), and all other adults living in the home, **must** sign the consent portion of the form, which authorizes the release of the case information to the FNCFS agency.
- The Agency caseworker scans and sends a copy of the signed Child Welfare Record Authorization/Declaration form to cfpclientenquiry@gov.sk.ca.
- The original signed copy of the Child Welfare Record Authorization/Declaration form is retained on the Agency's caregiver file.
- Once the form has been received by the ministry, the Agency caseworker will be notified by email if a record does or does not exist.
- If a record exists, the ministry will provide a summary of the information to the agency caseworker.

Ministry Requests to FNCFS Agency:

- The applicant(s) and all other adults living in the home complete, sign and date separate

Child Welfare Record Authorization/Declaration forms to authorize the release of case information to the ministry.

- The ministry caseworker scans and sends a copy of the signed Child Welfare Record Authorization/Declaration form to the appropriate FNCFS agency.

- The original signed copy of the Child Welfare Record Authorization/Declaration form is retained on the ministry's caregiver file.

- Once the form has been received by the agency, the ministry caseworker will be notified by email if a record does or does not exist.

- If a record does exist, the agency will provide a summary of the information to the ministry caseworker.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.17 Case Transfer Protocol – Children in Out-of-Home Care and Extended Family Providers

Policy

Ministry staff will work collaboratively in providing coordinated and timely services to children in out-of-home care and to extended family providers who move between or within service areas.

Intent

To ensure clarity of roles of the referring and receiving offices when a child in care and/or an extended family provider (Alternate Care, Persons of Sufficient Interest, Place of Safety) moves between or within service areas and to facilitate the transfer of responsibility for child in care or provider services on the ongoing case.

Definitions

Case Transfer: The action of transferring the responsibility for child care and/or provider services when a child is placed or moves with a caregiver between or within service areas.

Services Area: There are three service areas in Saskatchewan: North, Centre and South. Within each service area there are a number of **service centres** that deliver services to children who are in out-of-home care. Service centres may also be referred to as **office locations**.

Referring Office: The ministry office making the referral/request for services.

Receiving Office: The ministry office receiving the referral/request for services.

Relocation: The child has been placed or moves with a caregiver between or within a service area.

Courtesy Services: Includes case related actions performed by one service centre at the request of another (for example, conducting interviews, completing assessments, completing face-to-face visits in order to meet contact standards and or facilitating/supervising visitation). Typically, courtesy service would not exceed 30 days.

Standards

When a child in out-of-home care moves between or within service areas the Supervisor in the

referring office will:

- Make contact with the receiving office to discuss planning for the child and document the details in a contact log;

- Ensure completion of an updated Child in Care Assessment and Review (CCAR).
  - In circumstances where the child has been in care for less than 45 days and PART A of the CCAR is to be completed prior to transfer.
  - Where the child has been in care for more than 45 days, the referring office is required to complete the CCAR as required by policy (CSM Ch. 2.5) prior to case transfer.

  Note: When case transfer occurs close to assessment timeframes, the referring and receiving supervisors must determine in consultation which service centre will be responsible for completion of the assessment. Consideration should take into account the best interests of the child and which service area can provide the most valuable information. For example, if a child has been in care for 150 days prior to case transfer, it may be appropriate for the referring office to complete PART A and B of the CCAR prior to case transfer.

- Negotiate an agreed upon date for the transfer of responsibility of child in care services to the receiving office location; and

- Arrange and facilitate a case conference with all key service providers, the referring office (including caseworker and supervisor) and the receiving office (including caseworker and supervisor) **within 30 days** of case transfer. (While every effort should be made to hold a case conference in person or by video conference, a phone conference would meet this requirement.)

Procedures

When a child in out-of-home care moves between or within service areas: (Examples include child moving with foster parents, Persons of Sufficient Interest, or Alternate caregivers, or child is being placed with foster parents, Persons of Sufficient Interest or Alternate caregivers in another service area or service centre location.)

1. Consultation will occur with the receiving office, with personal contact (telephone) between supervisors. Personal contact is followed by an e-mail from the referring office outlining/confirming the plans and agreements made regarding case management and the case transfer. The plans are to include confirmation that referrals have been made to the child's new community for the provision of services and a date and location for a case conference that includes all key service providers. If a child is relocating with a foster parent, and the plan includes the transfer of provider case management duties, caseworkers for the

provider home in the referring and receiving offices should be included in the case conference.

2. If a child in out-of-home care leaves their service area for placement in a private treatment resource, such as Ranch Ehrlo or Eagles Nest, the child's case is transferred to the CRS Unit who takes over the case including planning for the child. This unit then becomes responsible for attendance at admission, quarterly and discharge planning conferences in the private treatment resource. Once the child has been discharged from this placement, the child's case is transferred back to the originating childcare unit.

3. The responsibility for child in care services **is** transferred for all cases where a child is likely to remain in the receiving office location for more than 30 days. If the transfer of child in care case management responsibilities is not seen as being in the best interests of the child, the decision to not transfer the case is to be made jointly by supervisors in both the referring and receiving office.

4. When placement is being arranged between or within service areas (such as with an alternate care provider), the home assessment and Place of Safety designation is completed by an out-of-home care caseworker in the nearest service centre to where the caregiver resides, unless alternate arrangements are agreed to by each service centre. The supervisor of the referring office must contact the appropriate supervisor in the receiving office (by email or phone) to request the home study and follow up with a written request, using the Out of Home Child Placement and Extended Family Care Request (12.4). Home assessments should be completed within 60 days of receipt of the request whenever possible.

5. If child in care services are being provided by one service centre, and child protection services are being provided in another service centre, it is the service centre where the child protection case is located that conducts all the court related matters and is responsible for ensuring that copies of the authority for care are forwarded to the caseworker providing child in care services.

6. When the transfer of case responsibilities occurs, the supervisor of the referring office ensures that the following are completed:

- A case conference has been held or is scheduled to take place with all stakeholders. The case conference must occur within 30 days of the transfer of child in care services;
- Child's address, legal status and placement type are updated in Linkin;
- All case plan and non-case plan decisions are created for case related payments;
- School and Health authorities are notified so that records can be forwarded to the receiving school/health authority;
- Determine, where appropriate, and in consultation with the receiving office whether the

CCAR requires an update prior to case transfer;
- The case has been reviewed and approved by the supervisor;
- The case (in Linkin and the corresponding paper file) is transferred to the receiving office by the agreed upon date for transfer of responsibility.

If a case is received with missing information, the supervisor in the receiving office will contact the supervisor in the referring office by telephone or email, and request that the information be provided. The receiving office retains case management responsibility and the case is not returned to the referring office.

NOTE: See Transfer of Responsibility Checklist 8.31.

If a foster care or alternate care placement breaks down:

1. If a placement is breaking down, the child's caseworker provides services to the caregiver to maintain the placement (if in the best interests of the child). This may include a short-term change in placement while the issues are being resolved.

2. If it is determined that the child cannot return to the caregiver and the child must be moved, the service area with the child protection case assumes responsibility for planning for the child (this may include a new request for an out of home care placement if extended family is not possible).

3. If the child is a long-term/permanent ward, planning is the responsibility of the child's caseworker. The child's caseworker will explore alternate resources for the child including extended family or significant others. This may require that consultation occur with other service centres where extended family or other resources may be available.

4. Should planning for the child involve a change of placement between or within service areas, follow Procedures 1-5 as outlined above (When a child in out-of-home care moves between or within service areas). This includes the requirement for a case conference.

If a Person of Sufficient Interest (PSI) placement breaks down:

Caseworkers are encouraged to consult with their legal counsel prior to making any court application to ensure the appropriate application(s) is being sought and that timeframes for service are complied with, in the event of concurrent orders being sought.

1. If a PSI placement is breaking down, the caseworker responsible for the PSI case provides services to the PSI provider to maintain the placement.

2. If the PSI caregiver is no longer willing or able to provide care to the PSI child, a referral to child protection where the PSI caregiver resides must occur for the purpose of initiating a child protection investigation. In this circumstance, the PSI caregiver should

be identified as the parent/primary caregiver (see Chapter 2.2 Child Protection Intake – Receiving and Screening Reports of Child Maltreatment).

3. If the PSI child is placed in out-of-home care and reunification to the PSI caregiver is likely, the service centre conducting the investigation remains responsible for case management including making application to court, if required. The application to court occurs in the location where the PSI caregiver resides. Courtesy service may be required by another service centre to effect service on the parents or other parties to the hearing, issue funding (meals, transportation) for parents to attend court etc.

4. If it is determined that the PSI child cannot be reunified to the PSI caregiver, the child protection caseworker remains responsible for making application to court for a child protection hearing as well as termination of the PSI order, as necessary (both applications could run concurrently). The caseworker remains responsible for re-exploring the child's parent(s) and extended family. This may require a request for courtesy service by the service centre where the parent(s) resides for the purpose of determining whether they are suitable to resume care for the child. If reunification to the PSI caregiver is not possible, every effort should be made to ensure that decisions pertaining to placement of the child (including decisions to maintain placement in the child's community or whether to move the child closer to family) are meaningful and take into account the best interests of the child.

5. Until the PSI order is terminated or varied, child protection services must continue to be offered to the PSI caregiver until planning for the child has been completed. This would include the continuation of contact standards (Child Protection Services Manual, Ch 3.4) with the PSI caregiver.

6. If an assessment determines that reunification with the parent(s) **is** possible, arrangements will be made with the service centre where the parent(s) reside to determine planning for the child and family. In many circumstances, this will require that child protection services are provided to the parent(s) to ensure stability of the placement and to reassess safety and risk.
7. If an assessment determines that the PSI child cannot be reunified to the parent(s) and the child remains in out-of-home care, arrangements will be made between service centres to evaluate what is in the best interest of the child and whether consideration should be given to having the child placed closer to their parent(s). (See Procedures above). In this circumstance, arrangements to transfer the responsibility of childcare services should be made, including the requirement for a case conference with all key service providers. Until planning is in place, the service centre providing child protection services continue to maintain responsibility until planning for the child has been completed (i.e. reunification with parents, long-term order, permanent order, PSI with another caregiver).

8. If a court terminates a PSI order planning for the child remains the responsibility of the service centre providing child protection services. A child's placement should not be disrupted until planning for the child has been completed (in many circumstances the child would remain in the originating service centre).

Death of a PSI caregiver:
Caseworkers are encouraged to consult with their legal counsel prior to making any court application to ensure the appropriate application(s) is being sought and that timeframes for service are complied with, in the event of concurrent orders being sought.

- In the event of the death of a PSI caregiver, the PSI caseworker must determine whether the order identified custody and placement of the PSI child to one individual or to two PSI's jointly (e.g. married couple, brother and sister etc.). If the PSI order identified two individuals, so long as the other caregiver continues to be willing and able to provide care, the PSI child is to remain with the surviving caregiver. If monthly payments had been issued to the deceased PSI caregiver, the caseworker is to create a Case Plan Decision changing the payee to the surviving caregiver. In this circumstance, the PSI caseworker should consult with their legal counsel to determine whether the PSI order should be varied.

- Should a PSI caregiver die and the name of their surviving spouse not be identified on the PSI order, a referral to child protection intake where the PSI caregiver resides must occur for the purpose of assessing the capacity/suitability of the surviving caregiver and initiating any required court application. Should the surviving caregiver be assessed as willing and able to provide care to the child **and** is acting as parent as defined in the *Child and Family Services Act* (loco-parentis), the caseworker is responsible for making any required court application.

- If there is no approved surviving caregiver, the child is to be apprehended and a referral to child protection intake where the PSI caregiver resides must occur for the purpose planning for the child and initiating an application to court for a Child in Need of Protection. The child protection caseworker continues to provide services until planning for the child has been complete. A child's placement should not be disrupted until planning has been completed (in many circumstances the child would remain in the originating service centre).

Practice Guidelines

1. When discussions occur regarding case management responsibility and case transfer, decisions should be made on the basis of what is in the best interests of the child. Considerations should include:
   - the child's needs;
   - connection to culture and community;

11.17 Case Transfer Protocol – Children in Out-of-Home Care and Extended Family Providers

- access to significant others;
- location of current or future caregiver(s);
- continuity of community supports (i.e. peer groups, school, sports); and
- continuity of case management services.

2. A case conference serves a number of purposes:

- Ensures all key stakeholders are aware of planning for the child and that services and supports within the child's new community are explored and arranged prior to case transfer;
- Allows for a seamless transition of a case transfer;
- Assists to identify any gaps in the continuity of service to the child; and
- Promotes coordinated and timely service delivery.

3. Should there be disagreement pertaining to the transfer of child care responsibilities between or within service areas that cannot be resolved at the supervisor's level, the matter is to be referred to the Manager, Service Delivery in the referring office. If resolution is not reached at the manager's level, the matter is referred to the Director, Service Delivery for final resolution. Until the matter is resolved, the receiving office retains case management responsibility.

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.18 Children/Youth Absent from Care

Policy

In situations where a child or youth is absent from care, ministry staff shall ensure that all relevant parties are notified, including making timely reports to proper authorities, and developing a course of action to locate the child/youth and return him/her to an appropriate placement.

Preamble

Children or youth who are absent from care are at risk for victimization and exploitation. They may not perceive the inherent risks or see themselves as potential victims. The majority of situations in which a child or youth is reported as "absent from care" are as a result of the young person running away from their placement.

Caseworkers and caregivers must consider a child or youth absent from care as a concerning situation that requires intensive and ongoing intervention and follow up. Children and youth must be provided with information on how to keep themselves safe while they are absent from their care provider home, including a list of phone numbers of their caregiver, the local police, crisis services, the caseworker, the school, and other support services.

Safety planning is not an alternative to the caregiver's responsibility to keep the child/youth safe. The caregiver shall take all reasonable measures to prevent the child/youth from being absent from their home. The child/youth needs to be assured that upon phoning the caregiver, arrangements for their safe return will be made.

Definition

"Child/youth absent from care" means any child or youth for whom the ministry has responsibility (including all temporary, long term and permanent wards and children or youth on apprehended status or in care under voluntary agreements) and the child/youth's whereabouts are unknown.

Standards

1. The caseworker and caregiver shall develop a safety plan (see Procedures) with each child/youth in their care (providing the child/youth with phone numbers of the caregiver, the local police, crisis services, the caseworker, the school, and other support services.

2. Upon determining that a child or youth is absent from care, the caregiver shall notify the

proper authorities (local police and the ministry) as outlined in Procedures.

3. Following a report that a child or youth is absent from care, the caseworker shall ensure that the local police, parent(s), school authorities, and significant others have been notified of the circumstances.

Procedures

Developing Safety Plans
Safety plans should include but are not limited to providing the child with the following information:

- The telephone number of the caregiver, the local police, crisis services, caseworker, school, and other support services (Kid's Help Phone 1-800-668-6868);

- Information and addresses where the child/youth could go for safety, such as safe shelters, hospitals, police stations, schools, community centres, and other services; and

- Information regarding how to contact the caregiver (i.e. phoning collect on a pay phone if no cell phone is available).

At the time of the child or youth's placement, the caseworker shall provide information and direction to the caregiver on procedures for reporting a missing child/youth to the local police and the ministry (Mobile Crisis or Duty Worker on call after business hours).

Reporting Children/Youth Absent from Care
A. Required Timeframes for Reporting

Immediate Reporting:
Caregivers shall notify the local police and the ministry **immediately** upon determining that a child or youth is missing when one or more of the following applies:

The child or youth:

- has been, or is believed to have been taken from placement;

- has been or is believed to have been lured from placement or to have left placement under circumstances that indicate the child/youth may be at risk of harm (physical/sexual assault or exploitation);

- is 12 years of age or younger;

- has one or more physical or mental health conditions that if not treated daily will place him or her at severe risk;

- is pregnant or parenting and the infant/child is believed to be with him or her;
- has severe emotional problems (e.g., suicidal ideations) that if not treated will place him or her at severe risk;
- has a developmental disability that impairs the child/youth's ability to care for him/herself;
- has a serious alcohol and/or substance abuse problem; and
- is at risk due to other circumstances unique to that individual.

Non-immediate Reporting:
Circumstances in which immediate notification of the local police **would not** be necessary may include the following:

- An older child/youth who leaves school or has an unauthorized absence from school (and none of the above listed factors apply),
- An older child/youth who does not return at the end of the school day.

In these situations, the caregiver and the caseworker may decide to temporarily delay notification to the police for **up to 4 hours.** Alternately if a child is in a Community Based Organization that is using Operation Runaway and the risk assessment tool is applied, the Community Based Organization will follow the policy standards set up by that program. These decisions must be made based on the individual case situation and risk factors.

Prior to reporting a child missing from care, the caregiver shall take all reasonable steps to determine that the child/youth has gone missing. This will include assessing the circumstances in collaboration with the caseworker in an attempt to locate the missing child/youth. A plan around next steps will be established that will include contacting the child/youth's extended family or friends, the school, and places that the child/youth is known to frequent.

Each situation of an absent child/youth will be unique to the individual circumstance, and therefore necessitates a response accordingly.

B. Reporting Requirements

Information Required to Report to Police:
When reporting a child/youth absent from care, the caregiver will provide as much of the following information as is known to the local police and to the ministry. This may include but is not limited to:

- name, date of birth and physical description of the child/youth;
- when the child/youth was last seen;

- where the child/youth was last seen;
- what the child/youth was wearing;
- any known behaviors or interactions that may have precipitated the child/youths departure;
- any possible places the child/youth may go;
- any physical or mental health conditions or medications that may impact the child/youth's safety;
- any known companions who may be aware of and involved in the child/youth's absence;
- names of relatives, significant adults or peers who may know where the child/youth might go; and
- a recent photo of the child/youth (digital if available).

Ministry Caseworker Responsibilities:

1. Following a report that a child/youth is absent from care, the caseworker is required to:
   a. Confirm that the caregiver has reported the child/youth's absence to the local police, and obtain the police file number;
   b. Ensure that the child/youth's parent(s) and other significant persons have been notified;
   c. Ensure that the child/youth's school/principal have been notified.
2. The caseworker will add a new placement for the child/youth within Linkin using the applicable "Absent from Care" placement type.

3. The caseworker will create an Incident in Linkin with the "Child/Youth Absent from Care" type, located on the child/youth's person page. Documentation included within the Incident will be the detailed information pertaining to a child or youth absent from care.

4. Information regarding contacts made with the caregiver, police, child or youth's family members, school authorities, and others, as well as all steps taken to locate the child/youth must also be documented in Linkin contact logs directly within the "Child/Youth Absent from Care Incident" (as opposed to the ongoing case), until such time as the child/youth has been located and returned to an approved placement.

5. Depending on the missing child/youth's circumstances (age, developmental level, disabilities, etc.) the length of time the child/youth has been missing, and presenting risk factors, the caseworker in consultation with their supervisor, will develop an appropriate action plan. This plan may include, but is not limited to the following:

a. Review with the local police their efforts to locate the child/youth;
b. Review with the caregiver any new information that may lead to locating the child/youth;
c. In consultation with their Supervisor, develop and implement additional strategies for actively searching for the missing child/youth. This may include, but is not limited to:
   - coordinating search efforts between the local police and various community agencies such as Mobile Crisis Services, Community Centres, youth group services, schools and other community groups;

- increasing the amount of contact with other persons in the child/youth's life – family, relatives, friends and associates to enlist their involvement in locating the missing child/youth;
- developing strategies with the local police that may include the use of the media to help locate the missing child/youth; and
- contacting organizations such as "Child Find" to seek additional information on strategies to assist with locating the missing child/youth.

Using the Media in Helping to Locate a Missing Child/Youth:
The caseworker, Supervisor and Manager, Service Delivery will review the circumstances and risk factors on a missing child/youth that may warrant the use of the media to help locate the missing child.

If the decision is reached that the media should be used the Manager, Service Delivery or designate shall:

- Contact the local police to request a media release. The police will provide criteria and determine if the circumstances of the missing child/youth warrant the use of the media.

- Complete an Issue Alert and forward to Research and Information Management by email at CFS Briefing Note SS.

Ongoing updates may be required, using an Issue Alert or Briefing Note format, as appropriate.

When a Child/Youth Returns to Care:

- The caseworker will notify the local police, the child's/youth's parent(s), and the child/youth's school of their return, as soon as possible.

- The caseworker will add a new placement for the child/youth within Linkin to indicate that the child/youth has returned to an appropriate placement by using the applicable placement type.

- The caseworker will update the "Child/Youth Absent from Care Incident" in Linkin, by documenting in contact logs the details of the child or youth's return, at which point the Incident in Linkin will be closed.

- The caseworker will meet with the child/youth as soon as possible and debrief the circumstances surrounding the incident of the absence from care (see Practice Guidelines).

- The caseworker and caregivers will support the child/youth to remain in their placement and involve the child/youth when reviewing the case plan to ensure that the child/youth's needs are adequately addressed and to develop plans to prevent future

occurrences.

- The caseworker will notify Research and Information Management using the CFS Referrals & Information Management SS email.

Practice Guidelines

The following is a guide for structuring an interview with a child or youth following their return to care, however if a child or young person is speaking freely the worker should not feel that they must adhere to this format. Alternatively, a child/youth may not wish to disclose any details of the time during which they were missing and should not be pressured to do so.

Sample questions to guide the caseworker's interview with the child/youth following their return to care:

Do you understand why you were reported missing?
Tell me about where you went while you were missing.
Who were you with? Were they with you all the time?
Did you feel unsafe or frightened? Tell me about more about this (if relevant).
Did anyone hurt or threaten you?
Did you drink alcohol or take drugs?
Tell me about why you left your placement.
What might stop you from leaving again?
Scaling Question: On a scale of 0-10 how likely is it that you might leave again? (0 being "I don't think I will ever leave again" and 10 being "I definitely think I will.")

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.19 Children/Youth at Risk of Suicide

Policy

When there are warning signs and triggering events that lead to a belief that a child/youth in care is at immediate risk of suicide, ministry approved caregivers and ministry staff shall take immediate steps to ensure the child/youth's safety and connect them with the appropriate resources to prevent future risk. ministry staff shall ensure that all relevant parties are notified, and ensure referrals are made to the appropriate mental health professionals.

Preamble

Children or youth in care are more likely than other children/youth to think about, attempt, and die by suicide. Factors that raise the risk of suicide for youth in care include adverse childhood experiences including abuse and neglect, substance abuse, mental illness, grief and loss, exposure to suicidal behavior, social isolation etc. In addition, protective factors for youth in care are often limited compared to the general population. In most cases, youth suicide is preventable when actions by family, caregivers and professionals include a range of interventions that focus both on immediate safety and on addressing the risk factors that are at the root of suicidal thoughts and behavior.

Caseworkers and caregivers must consider a child or youth who is displaying acute warning signs of suicide as a critical situation that requires immediate, intensive and ongoing intervention and follow up. ministry staff and approved caregivers both play a significant role in recognizing when a child is at immediate risk, implementing immediate safety actions and ensuring the youth is connected to the appropriate resources and supports to mitigate future risk of suicide.

Immediate safety planning with youth may be possible when the youth is able to participate in the intervention. However, in situations where it is suspected that a youth is at immediate risk of suicide, safety planning with a child/youth at risk of suicide is not an alternative to the caregiver's and other's responsibility to keep the child/youth safe. The caregiver shall take all reasonable measures to get immediate emergency help such as calling 911, taking the youth to hospital and not leaving the youth alone.

Definitions

Non-suicidal self-injury (NSSI) –
Sometimes referred to as self-harm. According to the Diagnostic and Statistical manual of Mental Disorders, Fifth Edition (DSM – 5), NSSI is self-injury directed to the surface of the body undertaken to induce relief from a negative feeling/cognitive state or to achieve a positive mood

state. The intent of the act is not to cause death. Common forms of NSSI are cutting, self-hitting and burning.

Suicidal Ideation –
Thoughts of wanting to ends one's life with or without an indicated method and/or specific plan or intent. (adapted from the Columbia suicide rating scale (C-SSRS) Research shows that suicidal ideation is predictive of later suicide attempt.

Suicide Attempt -
A non-fatal, self-directed injurious behavior with an intent to die as a result of the behavior. The behavior might not necessarily result in injury. One of the strongest predictors for suicide death is a suicide attempt.

Chronic, long standing suicide risk –
Chronic, long standing suicide risk refers to the ongoing likelihood of a person making future attempts.

Acute or imminent suicide risk –
Persons who have a chronic, long standing suicide risk can experience acute suicidal crises where the risk becomes extreme or imminent and the incident is occurring or about to occur. (also referred to as near term risk of suicide).

Suicide First Aid -
Suicide first aid refers to actions and interventions that focus on the immediate safety of a person who is at acute risk of suicide.

The role of the first aider is to assist the person who is at immediate risk of suicide until professional mental health help is received or the risk has ended.

Standards

Caseworkers will advise caregivers of the following expectations:

- Caregivers will be provided with the *Information for Caregivers of Children/Youth at Risk of Suicide* brochure (12.69) at approval (Place of Safety, Alternate Care, Foster Care, PSI) and caseworkers should review this information with the caregiver any time there is a child/youth placed in the home that is at risk of suicide.

- The caregiver will provide emergency service contact information to each child/youth in their care (providing the child/youth with phone numbers of the caregiver, the local police, crisis services, KIDS help phone, the caseworker, the school, and other support services (see procedures).

When a child or youth is at **acute** risk of suicide (Incident is occurring or about to occur)

- The caregiver will immediately call for help from local police, hospital emergency room, primary care physician, or emergency mental health professionals.

- The caregiver will not leave the child alone and will remove any lethal means of suicide that may be accessible to the youth until the crisis has passed.

- If a youth with a history of self-harm, or who has recently confirmed thoughts of suicide, absconds from the placement, local law enforcement will be notified immediately by the caregiver.

- The caregiver will notify the caseworker as soon as is practical once the youth's immediate safety is secured.

- In circumstances where a safety plan is implemented, the caregiver will participate in the safety plan.

Caseworkers will do the following when it is believed a child or youth in care is at risk of suicide.

1. Where appropriate, and where a first aid response is required, the caseworker will make arrangements to complete a safety plan with the caregiver (either verbally or in writing), that may or may not include the youth (see practice guidelines on safety planning).

2. Refer the child to a mental health professional who can provide a thorough risk assessment. The caseworker and caregiver will work in conjunction with the mental health professional to develop, monitor and manage the safety plan.

3. Where the youth or child is not able or willing to commit to a safety plan as assessed by the caseworker or mental health professional, the safety plan will include the caregiver and caseworker's and other's responsibilities to provide safety. The safety plan must be reviewed and approved by the supervisor (see Practice Guidelines for Safety Planning).

4. The caseworker shall ensure the parents/legal guardians are notified as soon as possible.

5. The caseworker will place a special caution on the child's Linkin person page.

6. The caseworker will document the concerns in an incident report in the child's case in Linkin and ensure the intervention plan becomes part of the child's case plan.

Procedures

Suicide First Aid –

Caregivers and caseworkers have key roles and responsibilities in providing suicide first aid to children and youth in care at risk of suicide:

Caregiver role and responsibilities:

- Ask the youth directly if they have intentions to take their life. The question must be direct and to the point. It is important to ask the question calmly, confidently and without judgment. If the caregiver has difficulty asking, they should enlist another person to help, including a caseworker or crisis worker.

- Always take talk of self-harm and suicide attempts seriously.

- Really listen. Show your interest and support without judgment. Don't interrupt, and don't give advice. Express concern and tell the youth that you are there to help.

- Stay with the youth. Don't leave them alone. Go with them to the doctor, mental health professional, hospital etc.

- Safety proof the environment. Make inaccessible any lethal means of suicide that might be used by the youth in an impulsive moment. (firearms, drugs or other means of suicide)

Caseworker role and responsibilities:

- Immediate/short term safety planning with a youth if the youth is able and willing to participate in the intervention. If so, the caseworker, together with the caregiver and youth, should implement a safety plan until professional help can be obtained and the crisis has resolved (see practice guidelines).

- If the youth is unable or unwilling to participate in a safety plan and self-harm or harm to others is imminent, ensure that an appropriate emergency response is implemented and the youth is getting direct supervision until help can be obtained.

- Arrange an assessment or consultation with a mental health professional if not already done.

- Where possible and when imminent danger has been resolved, the caseworker should immediately arrange a meeting with the child, caregiver and other supports to develop a safety plan if not already done. This should include mental health professionals when available and cultural supports such as elders where applicable.

Follow up Actions:

- The level of risk can change very suddenly depending on a number of factors affecting the child. Caseworkers should review and adjust interventions such as safety planning accordingly.

- Caseworkers and caregivers should support and advocate for services that reduce long

standing risk such as family connectedness, cultural connectedness, community connectedness, academic achievement and psychological or emotional well-being.

- Once a referral has been made to Mental Health Services for a child who is at risk of suicide, the Mental Health professional will be kept informed about the status of the child, and will be notified of any suicidal behaviors as soon as is practicable.

- Where 1:1 supervision is in place, the decision to discontinue 1:1 supervision will occur only after consultation with a supervisor and mental health professional (where applicable) and follow up suicide interventions have determined the child is no longer at acute risk of suicide.

- The decision to return personal property of the child will be made by the caseworker after follow up suicide interventions have determined the child is no longer at acute risk of suicide.

- If a child is leaving the placement within a few months of having been assessed at risk for suicide, there must be a plan for continuity of professional mental health care when the child is discharged from the placement.

- Often family members can be very supportive during the time when the child is at risk of suicide. When a child has engaged in suicidal behavior or has been assessed at risk of suicide, the caseworker should fully inform the family prior to any visits occurring. Following the visit, there should be a further discussion with the family by the worker to review any significant comments made by the child that would suggest further risk factors.

Practice Guidelines

Chronic, long standing risk factors:

- Previous suicide attempt
- History of suicidal ideation
- History of NSSI
- Family history of suicide
- History of mental health issues
- History of loss, abuse, neglect, trauma
- Cultural risk group
- Chronic illness and pain
- Impulsive/aggressive tendencies
- Other

**Previous suicide attempts is a strong predictor of subsequent suicidal behavior

The following behaviors or symptoms may signal a suicidal crisis.

- Feelings of hopelessness

- Feelings of worthlessness or being a burden;
- Anxiety, agitation, trouble sleeping, or sleeping a lot;
- Expressions of having no purpose or reason for living;
- Feelings of being trapped – like there is no way out;
- Increased alcohol/drug use;
- Withdrawal from friends, family and community;
- Loss of interest in activities;
- Rage, uncontrolled anger;
- Reckless risk taking behavior;
- Dramatic mood changes;
- Recent loss, failures, bullying etc.

Acute risk factors requiring an immediate emergency response:

A youth is at acute/imminent risk of suicide if he or she:

- Threatens or talks of wanting to hurt or kill themselves; and/or
- Looks for ways to kill themselves by seeking access to firearms, pills or other lethal means; and/or,
- Has a plan of how they will take their life (firearms, pills or other lethal means) and/or;
- Preoccupation with themes of death or suicide (talks or writes about death, dying, or suicide, when these actions are out of the ordinary).

Common Misconceptions about suicide:

- Talking to someone about suicide will lead to and encourage suicide.
- People who die by suicide are selfish and take the easy way out.
- Most suicides happen suddenly without warning.
- Suicide only affects individuals with a mental health condition.

Suicide Safety Planning

Suicide safety interventions may be implemented at any time during a suicide crisis, depending on the circumstances. When an emergency response is required because an incident is occurring or about to occur more formal safety planning can be done once the situation has stabilized. Safety planning may include any or all of the following:

- *Actions agreed to by the youth that support safety.* (sometimes called contracting). If the child/youth is able and willing to agree to actions that will keep him/herself safe, the caseworker must use their knowledge and past experience with the child/youth to determine if they can fulfill their obligations to the safety plan. **Safety planning with a child or youth must not be used in isolation of other safety interventions strategies as described below.**

- *Safety proofing the environment or disabling a suicide plan* involves removing all lethal means of suicide that the child/youth may have access to. If the child/youth is not able or willing to participate in the safety plan, particular attention must be paid to removing all lethal means,

regardless of a specific plan to use one particular method (For example, if the youth has disclosed a plan to overdose on drugs, other means in addition to the removal of drugs must be considered such as the removal of guns, sharp objects, toxic substances, objects used to asphyxiate themselves etc.).

- *The level of supervision required for safety*. The level of supervision required is often assessed by the caseworker in consultation with a mental health professional where possible. Twenty-four hour one on one supervision may be required until the crisis has ended or until a formal risk assessment can be completed by a mental health professional. Once the situation has stabilized and the youth is able to participate in the safety plan, the level of supervision required may change. The supervision plan should include detailed information about what the child/youth can be involved in, where they can go and who will be supervising. Determining the level of supervision required should take into account:
  - The seriousness of the incident of self-harm, and/or plan for suicide;
  - The child's ability to carry out a plan for suicide;
  - The caseworker's knowledge of the child, taking into account the child's history and/or previous incidents of self-harm/suicidal behaviour;
  - The child's willingness/ability to participate in a safety plan; and
  - The location where the supervision is being provided (e.g. specific areas of the home, the community, school).

When safety planning, caseworkers should consider the following:

- Where appropriate, complete the safety plan in writing using the Personal Safety Plan. (12.65 Personal Safety Plan);
- The plan should be doable and relatively easy;
- Always agree on emergency contacts that are available to the youth 24 hours a day;
- Always agree on an appointment with a medical doctor or mental health professional, now or later;
- Clearly identify who is participating in the safety plan and each person's role and responsibility in mitigating risk and who will monitor the plan;
- Clearly identify who will follow up, and the date and time for check in with the youth; and
- Review and update the safety plan until professional help is obtained and the risk has ended. This should include regular conversations with the child regarding their safety and well-being.

References:

- For policies and procedures regarding children/youth at risk of suicide residing in Residential

Care see The Residential Services Manual, Chapter 9.1: Self-harm and Suicidal Behaviour.

- Children's Services Manual: 12.65 Personal Safety Plan
- Children's Services Manual: 4.3.2 Place of Safety
- Children's Services Manual: 12.48 Place of Safety Designation Form and Guide
- Children's Services Manual: 12.26 Extended Family/PSI Assessment Approval Check List

11.0 GENERAL APPLICATION POLICIES AND PROTOCOLS

11.20 Secure Detoxification and Stabilization for Youth at Risk for Severe Drug Addiction and Abuse

Policy

When seeking Secure Detoxification and Stabilization services for youth in care, caseworkers must adhere to the processes prescribed in *The Youth Drug Detoxification and Stabilization Act* and Regulations.

Legislation

The Youth Drug Detoxification and Stabilization Act
The Youth Drug Detoxification and Stabilization Regulations

Intent

- *The Youth Drug Detoxification and Stabilization Act:*
    - provides parents, caseworkers and care providers with options for accessing services on behalf of youth ages 12 to 17 who are unwilling or unable to engage in voluntary services for severe substance abuse and pose a risk to themselves.
    - provides a controlled and safe environment for the care and education of young people who suffer from severe addiction and substance abuse.
    - is intended to be a last resort when other means of intervention have been unsuccessful and where a youth is causing serious harm to themselves and/or others through severe and persistent substance abuse.
- Most youth who have substance abuse concerns can be adequately supported in the community through services offered by the Saskatchewan Health Authority (SHA) Mental Health and Addictions Services, and do not require involuntary detoxification and stabilization.
- Factors that raise the risk of substance abuse for youth in care include childhood trauma, abuse and neglect, mental illness, grief and loss and social isolation.
- Youth detoxification and stabilization **does not** provide for involuntary "treatment" of youth after secure detoxification and stabilization. Ongoing treatment is voluntary.

11.20 Use of Secure Detoxification and Stabilization for Youth at Risk of Severe Drug Use

Practice Guidelines

1. Where a caseworker believes a youth to be at risk of severe addiction and poses a risk to themselves or others and is contemplating whether involuntary detoxification is warranted to ensure the youth's safety, the caseworker should:

    - Engage with the youth's parent(s) to discuss planning/options, including seeking a warrant through *The Youth Detoxification and Stabilization Act*.

    - Contact their local SHA Youth Mental Health and Addictions Services to determine if the youth is connected with their program and if not, determine how to initiate this support.

2. When considering Secure Youth Detoxification and Stabilization, the caseworker, parents and SHA Youth Mental Health and Addictions Services (if available) must consider the following:

    Is the youth:
    - Suffering from severe drug and/or alcohol addiction;
    - At risk of serious harm or danger to themselves or someone else;
    - Needing confinement to ensure their safety or the safety of someone else or needing confinement to help detoxify and stabilize; and
    - Needing to be assessed by a doctor to determine whether the youth should be placed in a detoxification facility or receive services in the community.

3. If the youth in care meets the above criteria, the caseworker will consult with their supervisor and manager prior to applying for a Youth Detoxification Warrant. For youth in care under a section 9 or section 10 agreement, the parent(s) are responsible for making application for a Youth Detoxification Warrant. Caseworkers are encouraged to assist and accompany the parent(s) with the application process.

    NOTE: If the youth is in care under a section 9 or 10 agreement and the parent(s) refuse to seek or assist in the application of a Youth Detoxification Warrant, and there continues to be concerns for the safety and wellbeing of the youth, the caseworker will consult with their supervisor on how to proceed.

4. If a decision is made to pursue a Youth Detoxification Warrant, the caseworker (or parent) must complete Form A (contained in The Youth Drug Detoxification and Stabilization Regulations) and submit the form to their local provincial courthouse. Form A can be found at any Addictions Services office, provincial courthouse or it can be completed online with the following link: https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/ministry-of-health-forms

5. Once Form A has been completed, the caseworker (or parent) will contact their local courthouse and speak with a clerk who handles the scheduling for available judges to determine how the form is filed with the court. Contacts for local courthouses can be located here: https://sasklawcourts.ca/provincial-court/about-the-court/provincial-court-offices/

6. If the judge is satisfied that the basic criteria has been met, a warrant will be issued to locate and apprehend the youth to transport to the hospital to be seen by a physician for an assessment (the hospital the youth is transported to may not be in the youth's local community). In most cases, the youth is transported by the police.

7. The warrant to locate and apprehend the youth expires seven days from the date of issue. If police are unable to execute the warrant, a new application for a warrant must be submitted before a Provincial Court judge through the completion and resubmission of Form A.

8. While in hospital, for the first assessment, the doctor will contact an Official Representative (lawyer) provided by the province, who will inform the youth of their rights under the Act.

9. During the youth's initial assessment, the doctor may consider three options:

    - To recommend a live-in, locked facility (Secure Youth Detox) for up to five days with the possibility of renewal for two additional five-day periods (the assessment by a second doctor would take place before admission to the locked facility); or

    - If the doctor believes the youth does not meet the criteria for severe drug addiction or abuse to require involuntary care, the youth will not be detained (youth will still be encouraged to seek voluntary care within the health system); or

    - If the doctor decides the youth meets the criteria for involuntary treatment, the doctor can order detoxification and stabilization through a Community Order in either the youth's home community for up to 30 days while living at home or in another place where the youth will be safe (an assessment completed by a second doctor would occur in the home community, if possible).

10. The assessment by a second physician must occur within 24 hours of the first assessment.

11. The first order is valid for five days at the locked facility. For renewal, two doctors must agree and decide to renew the order for five additional days. The five-day order can only be extended twice, with the maximum length of stay being 15 days.

12. The caseworker is responsible for updating the youth's placement type to "Rehabilitation Facility" in the Linkin case management system.

13. Following their stay in secure detoxification and stabilization, the youth is encouraged to attend drug and alcohol treatment at a youth facility and connect with community addiction supports. Ministry staff are to ensure that all relevant parties are notified, and that referrals are made to the appropriate mental health and addictions supports before the youth's discharge. Once the youth has been discharged from secure detoxification, the caseworker is responsible for updating the youth's placement type in the Linkin case management system.

14. In circumstances where a judge denies the order, the caseworker (or parent) will consult with the SHA's Youth Mental Health and Addiction Services and/or the youth's counsellor to determine how best to support the youth. If support services in the community are not effective and the youth's substance abuse is worsening, the caseworker (or parent) may re-apply for a warrant outlining the efforts since the last warrant application.

15. While application for a Youth Detoxification Warrant can be done at any provincial courthouse in the province, if secure detoxification and stabilization is ordered by the physician, the youth will be transported to the nearest detoxification and stabilization facility (Regina General Hospital is currently the only Youth Secure Detoxification in the province).

16. While in some circumstances ministry caseworkers may require courtesy service from the nearest service centre, childcare cases will remain in the service area where the child resides and will not be transferred.