2017

Alberta Government

KINSHIP CARE HANDBOOK

A toolkit for Kinship Caregivers

The Kinship Care Handbook

Introduction

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

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

The aim is to help all those involved in kinship care to understand and appreciate the essential contributions made by kinship caregivers and ministry staff. This Handbook demonstrates the team effort involved in planning, placing, and caring for a kinship child.

Table of Contents

Definitions

Term	Definition
Aboriginal	Includes First Nations, Métis and Inuit people of Canada
CYS	Child and Youth Services
Child	A person under the age of 18 years of age and includes a youth unless otherwise specified.
Custody	Having care, control (physical residence, etc.) and maintenance of the child.
DFNA	Delegated First Nations Agency which may be a single Band or group of Bands.
Foster Parent/Family	A family who has undergone intensive screening and training in order to take in one to four children who need out-of-home care when their own parents are not able to care for them.
Guardian	A guardian is the person who is responsible for the care, maintenance, and well-being of the child. Typically, a child's guardian(s) are the mother and/or the father. However, any other individual may be appointed a child's guardian by way of a court order or agreement.
Permanency	The objective is for every child to be a wanted and valued member of a family unit living in an environment with nurturing caregivers who support the child through a successful transition into adulthood, and who are prepared to facilitate the establishment and/or maintenance of life-long positive relationships. The goal of permanency planning is to cultivate a sense of belonging and well-being for each child receiving services under the *Child, Youth and Family Enhancement Act*. A successful permanency outcome is one that builds on stability, attachment and belonging for the child with a connection to culture
Practice	The professional method in which caseworkers work with a family utilizing practical and academic knowledge.
Statutory Director	The Director of the *Child, Youth and Family Enhancement Act*. The Director determines which services are delegated to DFNAs, CYS and directors in the Province.
Youth	A child is who 16 years of age or older

The Groundwork

The *Child, Youth and Family Enhancement Act*

The *Child, Youth and Family Enhancement Act* (CYFEA *or Enhancement Act*) is the legal authority for providing intervention services to children, youth and families in Alberta.

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

Human Services

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

Services to children, youth and families are provided by eight Child & Youth Services regions and 17 Delegated First Nations Agencies (DFNAs). Each CYS region and DFNA has a director to whom the Minister delegates responsibility for the care of children who need intervention services. Each director, in turn, delegates specific responsibilities to managers, supervisors, caseworkers, kinship families and others.

The Role of the Kinship Caregiver

The goals of the Kinship Care Program reflect the philosophy of the *Enhancement Act* and especially "Matters to be Considered". Placement with family is a priority for children. Children placed with family do much better than children placed in general foster care. Children in kinship care:

- Experience fewer moves than in foster care
- Are more likely to be placed with their brothers and sisters than in foster care
- Are less likely to have to change schools
- Are more likely to say that they like living in kinship care than to say they like living in foster care
- Are less likely to run away
- Are more likely to say that they feel loved
- Are more likely to remain with their parents when they return home, than those returning from foster care

Schwartz, C., Waddell, C., Barican, J., Gray-Grant, D., Dickson, S., & Nightingale, L. (2014). Kinship foster care. *Children's Mental Health Research Quarterly, 8*(3), 1–16. Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University.

A kinship home is a temporary placement for a child who cannot remain with his or her own family due to safety reasons. A kinship caregiver is an extended family member of a child, or a person who has a significant relationship with the child or is a member of the child's cultural community.

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

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

When does a child come into care?

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

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

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

What is a DFNA?

A Delegated First Nations Agency delivers child intervention services on reserves. A DFNA operates very much like a Child and Youth Services region.

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

The Foster / Adopted / Kinship Child's Journey

Step 1: Assessment (investigation)

A report that falls under the Enhancement Act is received is assessed for intervention, enhancement or closure. The family may find services helpful or the safety of the child may be better served if taken into out-of-home care.

Step 2: Child comes into Care

Parents may agree to the child being removed from the home or the child may be removed by apprehension.

Step 3: Placement

Home of relative or significant other;
Foster home
Group home
Residential facility

Child's Home

Kinship Home

Or

Foster Home

Step 4: Working Phase

Helping the child;
Working with the child's family

Step 5: Transition/Endings

Child visits home;
Child has pre-placement in a an out-of-care placement;
Transition Plan is developed with youth

Out-of-Care Placement

Child's home
Independent living
Private guardianship / Relative home
Adoption

Step 6: Follow-Up

Supports for Permanency
Supports for services as needed to maintain child in out-of-care placement

Child Intervention Practice Framework

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

Aboriginal Experience

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

Preserve Family

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

Strengths Based

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

Connection

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

Collaboration

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

Continuous Improvement

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

Foundations of Caregiver Support

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

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

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

Vision

Our vision for infants, children and youth involved with CFS is that they are nurtured by empathic, responsive caregivers who accept them as they are, respond to them in a developmentally appropriate manner, interpret their behaviour through a trauma informed lens and have an appreciation for the impact of grief and loss. We recognize that Aboriginal infants, children and youth have a unique identity and culturally connected needs that must be supported by the adults in their lives.

Core Story

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

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

Loss and Grief

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

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

Grief is:

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

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

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

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

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

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

Child Development

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

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

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

Trauma

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

Aboriginal Trauma

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

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

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

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

Legal Matters and You

Agreements and Court Ordered Status

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

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

Enhancement Services

Enhancement Services are provided as a way to support families, children and youth while they remain together. They can include Family Enhancement Agreements and Enhancement Agreements with Youth.

Agreements are voluntary and can be ended by the parents at any time. Court Orders usually are not voluntary. Parents can consent to a court order if they agree to the conditions.

Family Enhancement Agreement (FEA)

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

In addition, natural safety networks should be supported and strengthened around the child while they remain with their parents.

Enhancement Agreement with Youth (EAY)

In some cases, a voluntary Enhancement Agreement with Youth may be signed with a child 16 years-of-age or older. Enhancement Agreements with Youth include a plan that outlines tasks and goals for the youth and their caregiver(s).

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

Protection Services

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

Custody Agreement with Guardian (CAG)

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

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

Depending on your relationship with the child's parent/parents, you can use this opportunity to develop a sense of partnership with them. This can be a difficult time for them, but can also be a tremendous opportunity to build a relationship by co-planning for the child.

Custody Agreement with Youth (CAY)

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

Safety Assessment; Apprehension Order; or Interim Custody Order (ICO)

After a Safety Assessment determines that a child is at risk for abuse or neglect within their home and cannot be protected, the caseworker may apply for an Apprehension Order. The child will usually be placed in temporary care. If there is a change in circumstances regarding the child's safety the child may be returned home within two days without any further court proceedings.

If the child has not been returned home in this two-day period, the caseworker must appear in court within 10 days, along with the child's parents, and make an application for another court order with recommendations for the care arrangements for the child. At any court appearance there is provision for the case to be adjourned. The adjournment must specify who has interim custody of the child until the case is heard to determine guardianship.

As a kinship caregiver, when you have a child who has been apprehended but is not yet under a Guardianship Order, this means that the child's parent(s) still has or have guardianship and that only custody has been transferred to Human Services. Caseworkers therefore cannot make all decisions for these children as workers do not have guardianship rights.

Temporary Guardianship Order (TGO)

Under a Temporary Guardianship Order, the child is placed out of the home to ensure the child's needs are met. The parents may or may not agree with the TGO but are expected to work with the caseworker, kinship

caregiver family and other team members. The goal is to lower the safety risks and return the child home at the earliest possible time. The Statutory Director of Child Intervention is a joint guardian and shares in the responsibilities for the child with the parent(s) and kinship caregivers.

Temporary Guardianship Orders are granted for specific lengths of time as permanency for the child is critical. Cumulative time in care is counted; each time a child is in care is added to the time already spent in care. The total amount of time a child can spend in temporary care is:

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

The 15 and 18-month timelines do not mean that a child must remain under a TGO for those time periods. The child may return home at any point, shift to an Interim Custody Order or an application may be made for a Permanent Guardianship Order. The changes in court orders can be a lengthy process and one that can be very frustrating for kinship caregivers awaiting decisions for children in their homes.

Permanent Guardianship Order (PGO)

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

Kinship children with PGO status may stay with you or be placed with other family members or other individuals who will make a long-term commitment through Private Guardianship; perhaps as a family you will decide that adoption is the best plan – either with you or someone else. As a kinship family caring for a child moving towards a permanent home, you are asked to help everyone involved make the child's transition to whatever permanency placement is best for them as easy as possible.

Other Orders or Agreements

Supervision Order (SO)

If a child is in need of intervention but would be safe remaining in their home under supervision, this may be the appropriate order. The family is ordered by the court to meet certain conditions. This order specifies the extent of the caseworker's supervision of the home as the family works to meet the conditions imposed by the court. Some children leaving a kinship home may be returning to their family homes with this status.

Secure Services Order (SSO)

Secure Services may be provided to a child who is receiving intervention services. Secure Services are provided to high-risk children who are an immediate danger to themselves or to others and less intrusive measures are not adequate to reduce the danger. The child must meet certain criteria for this to happen. The child's placement will then be in a secure setting. A

child who has received secure services may return to your care after receiving these services. You will be actively involved in the planning for this child to return to your care.

Support and Financial Assistance Agreement (SFAA)

Just prior to turning 16 years of age, a child in care starts to develop a "Transition to Independence Plan" that outlines the education, expectations and services required to assist them in achieving independence. This plan is developed together with their caregiver(s) and their caseworker. At the age of 18, the youth may choose to enter into a third party agreement with the kinship caregiver family and the caseworker for an SFAA so that the youth's needs for support such as room and board can continue to be met. This agreement can be in effect until the youth is 24 years of age.

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

Permanent Guardianship Agreement (PGA)

Parents or single mothers may decide to permanently give up their rights to a child under the age of six months by signing a Permanent Guardianship Agreement. Efforts are made to place young children with their siblings if the siblings are in an adoptive home.

Private Guardianship Order (see also Supports for Permanency)

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

Sometimes adoption is not possible for various reasons; private guardianship can be a viable alternative.

Adoption Order (see also Supports for Permanency)

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

Legal Representation for a Child

A Legal Representation for Child and Youth (LRCY) lawyer can be appointed to represent the child's views, interests and viewpoints in a child intervention legal matter.

It is their job to tell the Judge important things about what the child would like to see happen, like where they would like to live. LRCY is the legal representation side of OCYA.

The lawyer will meet with the child; find out what they want, keep the child informed about what is going on in court, and tell the child what happened after court. The lawyer works for the child and does not take direction from the caseworker or from the parents or guardians.

If the child cannot speak for him or herself or is unable to make his or her wishes known, the lawyer takes all the information and presents it to the Court to help the Judge make a decision about what should happen.

At Court, the Judge makes a final decision based on all of the information that he/she has heard. The lawyer can only make sure that the Judge hears your side.

Call an Intake Worker about making a referral to an LRCY lawyer or to see if the child could have a lawyer appointed through LRCY.
1 (800) 661-3446

Supports for Permanency (SFP)

Families residing in Canada who either adopt or obtain private guardianship of children who have been the subject of an Alberta-issued Permanent Guardianship Order are eligible to enroll in the Supports for Permanency Program. Each case will be negotiated separately and an agreement signed, but the following supports may be available:

The Supports for Permanency program has been put in place to ensure that families who wish to offer permanent, loving homes to children in care have the means to advocate for them and meet their unique needs. The program provides financial support to families who adopt or obtain private guardianship of children in permanent government care.

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

If the child is eligible, additional services may be coordinated with the Family Support for Children with Disabilities (FSCD) program.

Status Flow Chart for In-Care Children

<table>
<tr><td colspan="5"></td><td colspan="2">Adoption</td></tr>
<tr><td colspan="3"></td><td colspan="2">Foster Care</td><td colspan="2"></td></tr>
<tr><td colspan="3"></td><td colspan="4">Kinship Care</td></tr>
<tr><td>Family Enhancement</td><td>Supervision Order</td><td>Custody Agreement</td><td>Temporary Guardianship Order</td><td>Permanent Guardianship Order</td><td>Permanency Planning Adoption</td><td>Adoption Order</td></tr>
<tr><td colspan="4"></td><td colspan="3">Private Guardianship Order</td></tr>
<tr><td colspan="4"></td><td colspan="3">*Note: In order to receive 'Supports for Permanency' a PGO must be granted prior to getting a Private Guardianship Order on the child.</td></tr>
</table>

Support for Kinship Families

Why do you need support?

Looking after children can be challenging. Looking after your nieces, nephews, grandchildren, cousins, siblings or the neighbour kid from down the street full-time when you didn't expect it can be even more challenging. When support is offered to you, take it; when you need support, ask for it.

What might stop you from asking for support?

Duty: Lots of families believe that it is their duty to help family out when there is a crisis. There is nothing wrong with this belief and nothing wrong with helping out family members. If we expect family members to accept our help, then we need to show them that it is okay to accept help.. It is a sign of strength to acknowledge when we need help. The most important thing is to remember that the children always come first.

Guilt: Some families feel guilty asking for help or getting support. Perhaps some families feel that they have been a part of the problem or feel that they should be able to provide for the children themselves. If this is the case, the past is the past. Taking care of the children is about changing the future for the child and their parents – it is not about changing the past. Financial compensation is to ensure that your expenses for these children are covered.

Shame: Some families may feel ashamed that child intervention involved with their family. It can be embarrassing to have caseworkers and show up on doorsteps, so they just want to be left alone. This feeling is perfectly natural. Your privacy is important. . Again, your privacy is important.

There are lots of ways that you can get support. Not only do you deserve it, you have a right to it. You may find it challenging working with caseworkers, the legal system, the child's parents, the school or the child. You may find everything to be perfectly smooth! Make sure you know where to ask questions and where to get what you need.

Kinship Care Support Plan

As a kinship provider, you must have a Kinship Care Support Plan. As soon as the child is placed with you the caseworker must work with you to develop this plan. **It is a requirement**.

Possible Elements of the Kinship Support Plan

- Child care – babysitting costs, daycare etc.
- Tutors

- Youth workers
- Start-up costs, i.e. beds, dressers, etc.
- Other costs – talk to the caseworker about specifics

Alberta Foster Parent Association

The Alberta Foster Parent Association (AFPA) is a great resource for information and support. If you have questions, need information or help navigating the system – there are people at the AFPA 24-hours a day to help you.

While the organization started out helping foster parents, it has branched out to helping kinship caregivers. Make sure to visit their website and read *The Bridge* to find out what's going on in the world of kinship and foster care.

Vision

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

Mission

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

Supports and Services

After Hours Support Line

After hours support line available evenings and weekends.

1 – 800 – 667 - 2372

Or

780 – 905 - 1046

Conflict Resolution Program

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

F.A.S.T. - Foster Allegations Support Team
(See section later on in manual)

F.A.S.T. offers support to foster and kinship families who are undergoing an investigation. Every foster and kinship parent has the right to representation by a F.A.S.T. team member during an investigation, also known as a placement assessment.

Legal Assistance Program

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

Provincial Mentorship Program

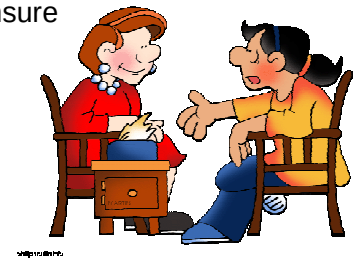
Offers mentor-matching to foster and kinship families who are in need of advice or support from experienced Alberta foster parents and kinship caregivers.

AFPA Office Location

Alberta Foster Parent Association
#303, 9488 – 51st Avenue
Edmonton, Alberta T6E 5A6
Toll- Free: 1 – 800 – 667 – 2372
Phone: (780) 429 – 9923
e-mail: reception@afpaonline.com

Office of the Child and Youth Advocate

The Office of the Child and Youth Advocate (OCYA, Advocate) works to ensure that the views and interest of the children are heard and represented. The Child and Youth Advocate is an independent Officer reporting directly to the Alberta Legislature under the new *Child and Youth Advocate Act*. Children in care or foster or kinship caregivers who are concerned about them, should contact the Child and Youth Advocate if they feel that the views, rights or interests of the child are not being represented or heard.



Do not worry that you will get into trouble for contacting the Advocate. They are there to listen to the child's point of view and to make sure that their voice is heard.

Who can the Child and Youth Advocate help?

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

When do you contact the Child and Youth Advocate?

- When you believe that a child's needs are not being met

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

How do you contact the Child and Youth Advocate?

You can contact the Child and Youth Advocate directly - in person, by telephone or in writing:

- Toll-free number: 1 - 800 661-3446
- Southern Alberta: 1 - 403 297-8435
- Northern Alberta: 1 - 780 422-6056
- Email: ca@gov.ab.ca
- http://www.ocya.alberta.ca/

Offices are located in:

Edmonton

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

Calgary

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

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

Child Related Issues

Looking after your kinship child can sometimes prove to be difficult. Even when you know a child, they have been raised differently than you would have raised your own children. They have been exposed to different things and some children may prove to have some challenging behaviours. Different children may need different parenting techniques.

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

In terms of understanding the child's behaviour, it is helpful to remember that every child that comes into kinship care is suffering some degree of grief and loss. Every child has lost the ability to live with their own parents and in their own home and everything that is associated with that. Remember, each child is hurting emotionally in some way. You cannot punish away an emotional problem.

Four Stages of Grief for Children Going into Care

Shock

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

Protest

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

Despair

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

Adjustment

- This stage takes at least three months or even years to reach. The younger the child, the easier it is for the child to adjust; the older the child, the more difficult it becomes.
- As a child gets older and becomes more familiar and comfortable with their new situation, there can be a sense of hope and looking forward. The child acknowledges the loss but is able to make plans for the future.
- The child has realistic thoughts, builds new relationships and enjoys life more.
- *What they need:* Routine, stability, permanency, acceptance of the past, connections to meaningful relationships and the knowledge and things can always change.

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

Suicide and Self-Harm

Suicide in Alberta

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

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

It is estimated that for every youth suicide up to 12 attempts were also made. (Mental Health Commission of Canada, 2011)

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

- **Separation from family and community** - Grief and loss has a large impact on a child's well-being. Being removed from one's parents is traumatic regardless of how

necessary it might be. Changing schools, losing friends, missing the neighbourhood and familiar surrounding is extremely disruptive to a child or youth.

- **Socioeconomic disadvantage** - A child or youth coming from a history of poverty, where meals were inconsistent or of poor quality or where they were constantly moving from place to place may feel a persistent sense of insecurity. Education falls behind and is not a priority.
- **Sexuality** - Children or youth who are gay, lesbian or transgendered have a higher risk of being bullied at school or being rejected by their families.
- **Traumatic childhood experiences** -
    - Divorce or separation of parents – Parental arguing, yelling or involving the children in parental issues increases the risk.
    - Spousal violence. Children who witness spousal battering are at increased risk of self-harm and suicide.
    - Emotional, physical or sexual abuse – Experiencing any of these places a child or youth at increased risk. Homes where there are lots of people coming and going increases the risk of sexual abuse for children and youth. Witnessing illegal drug use or alcohol abuse is also considered emotional abuse.
- **Interpersonal or psychological issues** - Children and youth who are impulsive or who have poor problem-solving skills are also at risk. Social skills are necessary in dealing with other children, youth and adults. The frustration that occurs when a child fails in daily interactions can lead to depression and self-harming behaviour.
- **Traumatic life events** - Children in kinship or foster care experience a great deal of grief and loss. Parents may disappear for months at a time or suddenly reappear. A parent or loved one may die. There may be a break-up with a boyfriend or a girlfriend. A Permanent Guardianship Order may be granted and there may be conflicting feelings about it. Even though a child or youth may know that the PGO is inevitable, the order signals an end and it can be very traumatic.

Grief and loss feelings can occur regardless of what has gone on in the child's life. It is important to see events through the eyes of the child or youth experiencing the event. Any change could trigger negative feelings. There are many children and youth who may be triggered toward a depressive episode or suicidal event.

- **Self-injury in peers** - Sometimes this behaviour will occur in clusters of young people, most frequently girls.
- **Alcohol** - Alcohol is a depressant and increases the potential for both self-harm and suicide.

Assessing for Suicide Risk

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

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

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

- Depression - Not all children and youth who attempt suicide are depressed but those who are depressed are at significantly higher risk to die by suicide.
- Previous Suicide Attempts - If the youth as made a prior attempt at suicide they are more likely to try again.
- Family history of suicide - If the child or youth has had someone in their family die by suicide they are far more likely to see suicide as a viable method of problem-solving. In addition, if mental illness was involved, including depression, there is a genetic factor that can predispose a youth towards similar behaviour.
    - To a lesser extent, friends who have died by suicide may increase the risk of suicide for those remaining. These can sometimes by seen in schools, First Nation or Métis communities where youth are deeply affected by the loss of a classmate whom they may or may not know well.
- Major psychiatric disorders - Schizophrenia or bipolar disorders are associated with a higher risk of depression and of suicide attempts.
- Gender - While females make more attempts, males die by suicide more often by at least two to one.
- Ethnicity - In Alberta 56% of Aboriginal youth (2011, Mental Health Commission of Canada) have attempted suicide. It is an issue of huge concern for Aboriginal communities.
- Bullying - Children and youth who are being bullied in-person or by social media are at high risk for suicide. If the child or youth IS a bully this also puts them at risk.

Other risk factors:

- Making statements that they want to die. Telling you that they actually have a plan. Talking about thoughts of suicide.
- Talking about their final wishes, stating plans for a funeral or giving away prized possessions.
- Loss of interest in hobbies, friends, sports or interests that they used to enjoy.
- Loss of energy; changes in sleep patterns.
- Loss of appetite or even over-eating (change in pattern of eating).
- Expressions of hopelessness and despair.
- Changes in appearances and behaviour.

A sudden change from negative to positive can be particularly dangerous; it can indicate that the child has made a decision on suicide and is at peace with that decision.

Aboriginal Youth and Suicide

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

According a report compiled by the Aboriginal Healing Foundation in 2009

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

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

Other factors that contribute to higher Aboriginal suicide rate:

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

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

Missing Protective Factors & Other Considerations

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

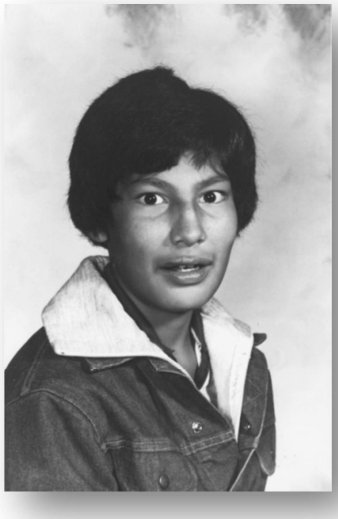
The Sixties Scoop also had a tremendous impact on First Nations communities, primarily in the Western provinces and the Territories, where large numbers of children taken into care and

adopted out into non-Aboriginal homes. This has left these community leaders mistrustful of working with the child intervention system even when workers 'intentions are good.

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

Richard Cardinal and his Impact on Child Intervention Placements

A change in caretakers during childhood or adolescence is a huge risk factor for Aboriginal children. Moves in and out of foster or kinship care have great impact. One of the biggest changes in policy and practice was motivated by the suicide of Richard Cardinal. Richard Cardinal was a Métis boy from Fort Chipewyan, Alberta. He died in 1984 after hanging himself from a birch tree in the backyard of his sixteenth foster home. In total, Richard lived in 28 separate placements – 16 foster homes, 12 group homes and locked facilities, as well as time spent on the street while he fled from abusive placements and looked for siblings.



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

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

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

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

As tragic as Richard's death was, it changed the way that all children are placed. No longer is it acceptable to change placements over and over again. No longer is it acceptable to split family groupings or prevent siblings from seeing or hearing from each other. No longer is it acceptable to move children far from their home communities. Richard's story means that every time a child has to move away from home, be separated from siblings or change placements – this is the option of last resort.

In addition, foster and kinship homes have to be checked thoroughly for motivation and safety to be approved to take in children needing placements. Caseworkers

must enter homes and talk to the children placed in care to check out their opinions of where they are living.

Richard's death resulted in changing a number of approaches towards separation of siblings, serious attempts to reduce the number of placements for foster children, a closer examination of foster homes and enhanced efforts to improve understanding of Aboriginal communities and families. Richard's death taught the world of child intervention a great deal.

(Richard Cardinal: Cry from a Metis Child. Dir. Alanis Obomsawin. DVD. Canada. 1986.)

To view the video on Richard's life, it is possible to download or purchase a copy from the National Film Board of Canada.

Richard Cardinal: Cry from a Metis Child
https://www.nfb.ca/film/richard_cardinal/

Special Strategies for Helping Aboriginal Youth

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

Protective Factors

- **Contact with siblings and family**: This has to be a priority. It is unnatural for a child to grow up without their siblings. Weekly contact should be the minimum target, especially if the children were apprehended at the same time. Talk to your Kinship Care Worker and caseworker. At the very least the children and youth should talk on the phone with family – it may seem they have nothing to say to each other, but at least the contact is there.
- Family connections don't just have to be with parents. There are grandparents, aunts, uncles, cousins by blood and by name. Never forget that fathers are important even if the mother has not involved him before. Ask the caseworker for information.
- **Connection to home community:** Family in the Aboriginal community is defined by more than just parents and siblings – it includes those in the larger community. Children and youth need to make connections with their greater home communities. They need the identity provided by the community of their ancestors.

- **Cultural pride:** Aboriginal children and youth who take pride in their identity are less susceptible to depression. Children and youth need strong Aboriginal role models – teachers, business owners, caregivers, social workers, etc. - to counteract negative modelling presented in the media and, to a certain extent, negativity they may have seen in their own lives.
    - Both traditional and non-traditional role models are required for children and youth. As they grow older they can make the decision as to how traditionally they choose to live; as children, they need all the information about their culture in order to make a fully informed decision.
    - There should be a **cultural plan** developed with the child's caseworker that addresses exactly how the child's Aboriginal identity will be developed. This can include any family or community activities that will strengthen the child or youth's connection to their sense of pride.
    - Subscriptions to newspapers like the *Windspeaker* (http://www.windspeaker.com/) or newsletters from the home community can help you keep in touch with what is going on in the Aboriginal world. It keeps you, and therefore the child or youth, informed on issues that are important culturally and politically.

- **Positive school setting:** If possible, Aboriginal children and youth should be enrolled in schools where there is high population of other Aboriginal children and youth. For example, Amiskwaciy Academy is an Aboriginal Junior High and High School in Edmonton with the lowest rate of bullying in the city (Aboriginal Field Operations Unit, 2015).

Not all the youth in the school self-identified as Aboriginal until they began attending. Now they feel an intense sense of pride in who they are. They are also feeling a sense of connection to their future.

There are many other schools and programs that while not Aboriginal in nature, have strong Aboriginal programs, particularly in large urban centers.

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

- **Presence of at least one significant adult:** This significant adult is one who provides warmth, caring and understanding. This should be a family member, community member or cultural contact for the child.
- **Community strength:** Children and youth should have an opportunity to participate in their community through recreational and cultural activities. Volunteerism is also an important aspect. The ability to give back is a social responsibility and allows a child or youth to see things from another perspective.

- **Talk about the future:** Connect the youth to the future. If the child is interested in post-secondary education, see if there's an Aboriginal Student's group. Is there someone who

could talk to your child about what it's like to attend school there? Check out Aboriginal businesses online and see if someone could talk to your youth about what it's like to be in their field of interest.
http://www.aboriginal.alberta.ca/documents/AboriginalOrganizationGuide.pdf

- Ensure that the children interested in finishing school or interested in post-secondary education know about Advancing Futures bursaries. Children who have been in care (Aboriginal and non-Aboriginal are both eligible).

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

Self-Injury or Self-Harm

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

Self-injury is a dangerous behaviour where one causes physical harm to oneself *without the intent* of suicide.

This does not mean that death cannot occur as a result of the self-injuring behaviour.

Purpose of self-injury

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

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

Common forms of self-injury

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

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

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

You must let the child's caseworker know immediately. If it is after-hours, you must call Child & Youth Services Intervention Crisis Unit (1-800-638-0715).

In consultation with the caseworker, a safety plan will be developed. A safety contract will be made with the child or youth and all the risk factors identified. You may be asked to take the child to the hospital or a psychologist for a risk-assessment. The caseworker will instruct you on how closely you will need to watch the child. You must keep the child within your eyesight until all the risks have been examined and you have received instructions from the caseworker.

You will need to complete an *Incident Report* detailing what happened. Paperwork may not seem important, but this helps create a paper story providing evidence over time to help get the child or youth the services they may need. You can get this form from your Kinship Care Worker or the child's caseworker.

Talking to your child or youth when they are at risk

Calling your caseworker is important but you also need to know the basic steps in helping your child work through their suicidal feelings.

1. **First, you need to have a meaningful conversation with the child or youth**. Check out their feelings. Sit down with them in a quiet place and focus on them. Build a sense of comfort and safety for them. Let them share what is happening in their life right now. Really make it possible for them to open up to you. Check for risky behaviours. Have they been drinking or using drugs recently?
2. **Next, ask about suicide**. Be direct. Ask, "Are you thinking about killing yourself?" It's a scary question to ask, but a very important one. Don't try to change "killing yourself" into "hurting yourself." You have to take a deep breath and ask the big question. The answer is important and those who want help can feel relieved when the answer is out in

the open. If the person doesn't feel suicidal, asking them the question won't cause them to consider suicide.

3. **If they answer "Yes", make sure you explore this issue with them**. Don't panic; just explore gently and take the time to listen.
    a. Find out if they have ever made a suicide attempt before or if anyone in their family has made an attempt.
    b. Check to see if they have a specific plan. If they do have a plan, see if they have access to what they need to make it happen i.e. gun, pills etc.
4. **Find out if they have the support they need.** Do they feel totally alone? Are there people or organizations that they trust?
5. **Make a plan for safety.** Try to help the child or youth disable their plan for suicide. Keep yourself safe, too, especially if you are dealing with weapons. **Do not** leave the child alone until you have talked to the caseworker.

Resources

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

- Child Intervention Crisis Unit 1-800-638-0715
- Distress or Crisis line (1-800-SUICIDE, 1-800-784-2433)
- Hospital emergency room
- Psychologist or mental health worker
- Family doctor
- Clergy or Aboriginal Elder
- School counselor
- Emergency Medical Services
- Kids Help Line (1-800-668-6868)
- Honouring Life Network: Source for Aboriginal Youth Suicide Prevention http://www.honouringlife.ca/content/welcome-youth-corner

Training on suicide and self-harm or self-injury is available and encouraged for all caregivers. It can be scheduled through your Kinship Care Worker or your child's caseworker.

The Guiding Principles of Discipline:

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

- Develop and maintain a helping relationship with the child. That is, develop trust, love, acceptance and stability in the relationship.

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

Prohibited Practices

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

As a kinship caregiver you may **NOT** use the following **prohibited** discipline methods:

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

Parenting Toolbox: Discipline that Encourages the Child

Training is available to learn various methods of discipline that encourage a child and to become aware of the different disorders kinship children face. These methods of discipline focus on being fair, consistent and clear. Your role

as a caregiver is to encourage children through very difficult times in their lives; to teach them healthy ways to deal with negative emotions and safe ways to express themselves.

Types of discipline that are encouraged:

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

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

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

The way you handle problems teaches the child how to handle their own problems. You become a model by which the child and their family may pattern their own behaviour.

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

Conflict Resolution

There may be times when you disagree with decisions made by a caseworker. If this happens, it is recommended that you discuss it with the caseworker. Remember, the focus is on the child's best interest and you and the caseworker should work together towards that goal.

When agreement cannot be reached about what is in the best interest of the child there are several alternatives for a review of the situation. Caregiver families, however, cannot appeal court orders through this review system; they may only review decisions made by a caseworker or director.

Alternative Dispute Resolution

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

> *Alternative dispute resolution processes offer a greater opportunity for flexibility and the ability for both sides to really hear what the other person is saying.*

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

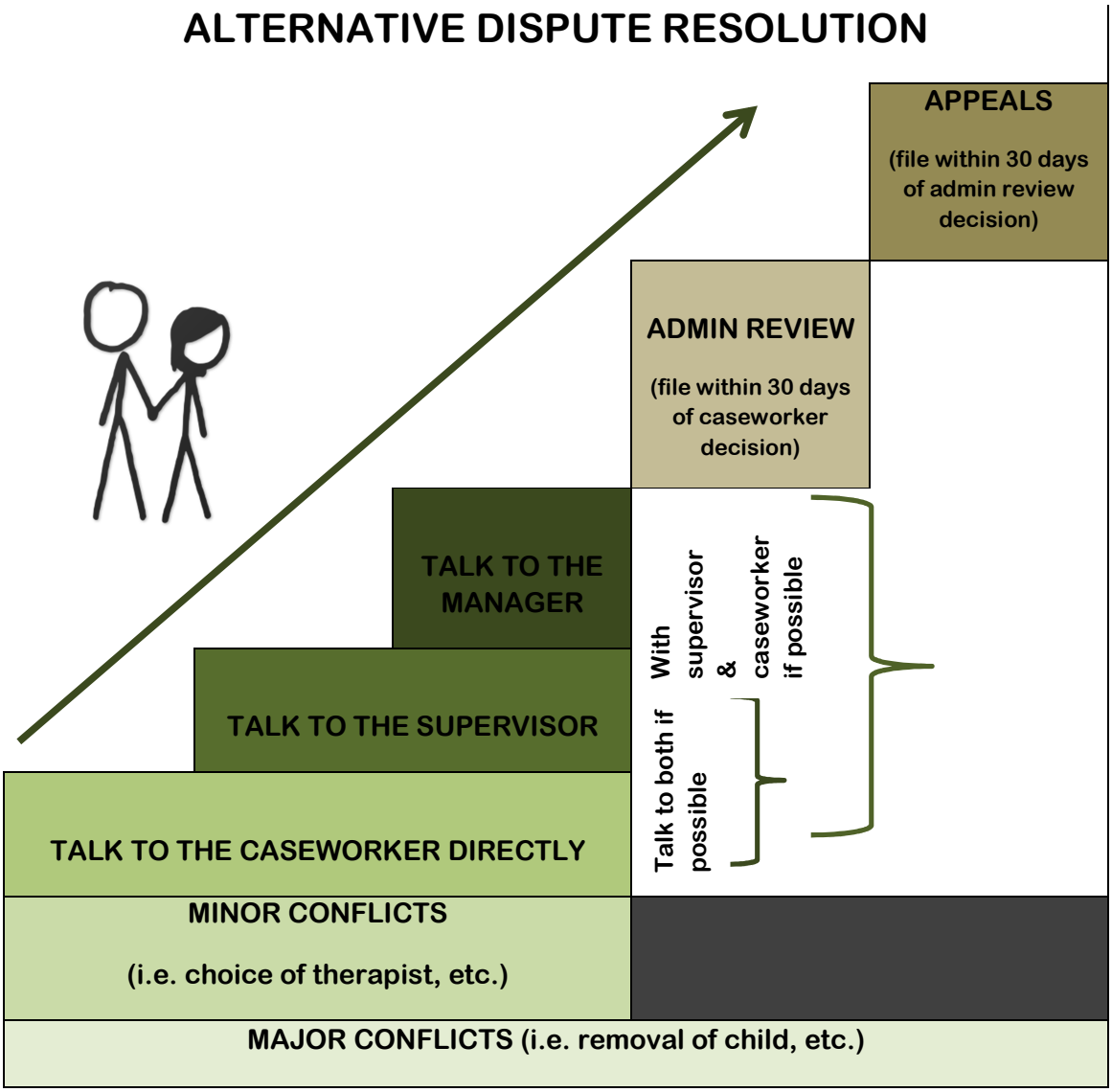
Administrative Review

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

As a kinship provider, you may not file for an administrative review/appeal unless you have had continous care of the child for six of the proceeding twelve months prior to the decision being made.

The decisions which may be reviewed are specified in the *Enhancement Act*. Ask the caseworker if you are unsure which decisions can be reviewed. If you decide to proceed with an Administrative Review, **you must complete and submit the required form within 30 days of receiving the decision(s) disagreed with** from the caseworker. You can obtain the form from any CYS or DFNA office.

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



The above diagram illustrates the timelines and types of decisions that could be dealt with at each level of the dispute process.

Appeal Panels

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

An appeal is the most formal method of decision review. Appeal Panel members come from the general community and are not CYS staff. The appeal form, available at any CYS or DFNA office, must be completed and submitted for an appeal to proceed. The form gives Notice and sets the appeal process in motion. CYS or DFNA staff are available to help complete the form. The decision of an Appeal Panel may be appealed to the Court of Queen's Bench.

If you have any questions about an Administrative Review or Appeal please contact your caseworker who will direct you accordingly. You may also ask for advice from the AFPA for what type of resolution process might be your best option.

Disputes within the Family

If there are conflicts between family members, you may choose to request mediation or Family Group Conferencing.

Family Group Conferencing empowers families to make and implement decisions about their children and brings family, extended family, and community members together in a supportive environment. It allows families to solve problems and develop plans for the children involved. It usually takes 1-2 days and follows the family's own cultural, religious or spiritual practices.

Mediation involves the use of a mediator to resolve issues between family members who agree to voluntarily sit down and discuss the child. The use of an objective third party can be helpful to gain perspective on certain problems.

What to Expect When a Child is placed in Your Home

Kinship placements occur in one of two possible ways. Either the child is placed in your home on an emergency basis (immediate placement) OR you are given some notice.

Immediate Placement

When you receive a call about a child you know and indicate that you are willing to take the child, the following things occur when the child is placed:

- You agree to provide a safe, secure and nurturing environment for the child
- The caseworker talks to you about any criminal history any members of your household may have had and you sign a declaration regarding this history

- You are told to apply for a **Criminal Record Check**, including a **Vulnerable Sector Search** within 10 days of the child being placed
- An Environmental Safety Assessment for Caregivers is completed
- You are provided with a copy of this Kinship Care Guide.

Within 72 hours of the child's arrival:

- You will sign a Kinship Care Agreement, which sets out the remaining conditions for kinship care approval;
- You will sign an Application to Become a Kinship Care Provider;
- You will receive a Delegation of Powers and Duties to a Child Caregiver (Delegation) regarding the child (this allows you to take the child to the doctor or register him or her in school);
- You will need to advise the caseworker of anything that you need immediately to care for the child. These costs will be covered by the Kinship Care Support Plan (e.g. crib, smoke detectors, car seat, etc.)

Within 60 days of the child's placement:

- You will have a home study completed on your family. This includes:
    - Several visits by a home study practitioner who will interview you,and any children and other adults living in your home;
    - Completed medicals on you and any primary caregivers in the home;
    - Three references - two from family members not living with you and one from a person who has known you at least two years;
    - An Intervention Record Check on every adult living in your home. This indicates whether or not anyone has ever had involvement with the child intervention system. (Note: Just because someone living in the house has had involvement with the child intervention system does not mean that you cannot provide kinship care – it depends on when and what kind of involvement it was.);
    - **Criminal Record Checks including a Vulnerable Sector Search** on all adults living in the home. . (Note: Having a criminal record does not mean that you cannot provide kinship care – again, it depends on when and what kind of criminal record the person has.).
- You will have to complete Kinship Orientation Training. This can be provided in a classroom setting with other kinship families or on a one-on-one basis using the *Kinship Care Guidebook* depending on where you live and what will work best for your family;
- You will have to have an Environmental Safety Assessment for Caregivers (see pg. XX for details) done. This is a checklist of safety matters that must be addressed in your home. If there are things that you need to meet these safety requirements, such as a fire extinguisher or first aid kit, you may be able to use the Kinship Care Support Plan to purchase them.

Placement after Approval

If the child is currently in a placement, you may have located through the family or through a kin-finder service and then contacted to see if you were interested in taking the child.

Once you agree to take the child, the process to approve your home will begin. The steps are as follows:

- As with Immediate Placement, you will have a home study completed:
- You will have to complete Kinship Orientation Training. This can be provided in a classroom setting with other kinship families or on a one-on-one basis using the *Kinship Care Guidebook*, depending on where you live and what will work best for your family
- You will have to have an Environmental Safety Assessment for Caregivers done. This is a checklist of safety matters that must be addressed in your home. If there are things that you need in your home to meet these safety requirements, such as a fire extinguisher or first aid kit, you may be able to use the Kinship Care Support Plan to purchase them. You will have visits with the child that will be moving in with you. They may stay with you on weekends, or even longer;
- You will develop a Kinship Care Support Plan.

After all this is completed and you have read and signed your home study report, you will then read and sign Kinship Care Agreement. The child will then be placed in your home and you will get a Delegation of Powers and Duties to a Child Caregiver for each child placed with you.

Information Provided to Caregivers

- The Delegation of Powers and Duties to a Child Caregiver should provide the child's:
    - Name
    - Birth date
    - Alberta Personal Health Number
    - Alberta Children's Services Identification Number
- If the child is Aboriginal, it should also include their Treaty Number, Band Registration Number or Band affiliation (Does the child have the potential to be registered with a Band?) or information on whether the child is Métis or Inuit
- A Concurrent Plan *or* for children 16 and over a Transition to Independence Plan ()
- Information about why the child is in care
- School information
- Health needs (e.g., allergies, formula, medication etc.)
- Summary of habits, possible problems and what behaviours to expect
- Information about visits, telephone contact and your role in dealing with the child's family

It is really important that you keep documentation regarding certain things. You will always have to keep a record of the child's health needs and annual medical, dental and optical appointments.

If you have any concerns about the child's health when they arrive, make a written note of it and let the caseworker know as soon as possible. Also make sure that you keep any information

about the child confidential to protect their privacy and the privacy of others. Only tell those that need to know the information.

Things to Remember and Do in the First Few Days

The first few days of placement are critical for a new child in your home. This is a time of adjustment for your whole family. Try to create a routine as soon as possible so that everyone starts to feel comfortable. Some things that you should do right away:

- **Book a medical within two (2) days of placement -** The caseworker will give you a Medical Form for the doctor to fill out and send in to the caseworker.
- **Book an optical exam -** This must be completed within two months of placement. For children between the ages of two and five, Canadian optometrists recommend that they have at least one eye exam. If you have a child in this age group ask your caseworker if you need to book one.
- **Book a dental exam -** This must be completed within two months of placement. Dental issues are quite common so having your child's teeth checked is important. The Canadian Dental Association recommends having an exam by age one. If you have a very young child, check with your caseworker about having the exam done.
- **Register the child in school -** Unless the caseworker has made other arrangements, you are usually allowed to register the child in a school near your home. Give the school the caseworker's name and phone number and the name of the previous school if you have it. The school does not need to know details about why the child came into care. You will also begin to develop a Success in School Plan to optimize the child's educational experience.
- **Family Conference or Family Group Conference -** There should be a family meeting where you, the caseworker and the child's parents all meet together to discuss how things will work while the child is living with you. Any arrangements for contact between you and the parents, visits for the child and timelines will be discussed. It is really important that you feel supported and that everyone understands that the needs of the child come first.

The Child's Parents

Contact between the child and their family is a critical part of the reunification plan. Every child has the right to have this contact nurtured and maintained. A kinship placement is considered to be a temporary placement while the child's parents work to resolve their issues and create a safe enough environment into which the child may hopefully return.

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

Contact can take many forms:

- **Visits -** You may be asked to drive your kinship child to visits. You may spend some short periods of time with the child's parents as you drop-off or pick-up the child. Again, you need to feel supported and respected in your role as the caregiver to the child.

  You may have to remind the child's parents that they cannot drop by your home unannounced or change visit times unexpectedly. You may want to involve the caseworker to do this so that you can more easily maintain the most positive relationship possible with the child's parents. . It's okay to let the caseworker make requests or give any negative news to the child's parents – you don't have to do it. Your relationship to the family is important.

- **Sibling visits -** If your kinship child is separated from their siblings, you will have to work with the other kinship or foster families to arrange sibling contact. It is important that siblings see each other on a regular basis. If family visits are not arranged or are happening sporadically, it may be up to the all the foster and kinship families to arrange sibling contact through visits, sleep-overs or multi-family picnics. Maintaining sibling connections has to be a priority for all the families involved.

- **Appointments and Special Occasions -** You may be asked to meet with the parents at medical or other appointments or for special occasions. By letting the parents take the lead at medical appointments, you reassure them that you are not taking their place but just trying to support them during a difficult time. This makes inviting them to birthday parties or school events easier and allows the child an opportunity to include his or her parents or other family members.

- **Telephone contact -** You may be asked to facilitate telephone contact between the parents and the child. If this occurs, you may ask that this take place at a time of day that is convenient for your family and the child. You may be asked to monitor the calls to ensure that the content of the calls is appropriate. If doing this will cause discomfort to you or damage your relationship with the child's parents, talk to the caseworker about it. They can talk to the child's parents and make sure that they understand what the rules are. It is important that all the rules are upfront and clear for everyone.

- **Communication books -** If you do not have personal contact with the child's parents, you can use a communication book. You may write notes back and forth with the parents using a notebook. Pictures can also be sent with the book. Regardless of what type of notes the parent may write, you must always maintain a positive and supportive tone. Copies of these notes can be provided to the caseworker.

Your involvement with the child's parents is necessary to prepare the child for their transition home and to keep the child and family connected. The frequency and manner of contacts will

vary according to the needs of those involved. By showing your support, your kinship child will not feel like they have to choose between families.

Taking care of a relative's child can be complicated. You might feel a range of emotions from sympathy to anger. All of this is completely normal. Be sure you seek support if you need it!

Roles of Child and Youth Services Workers

CYS and DFNA workers fulfill a number of roles for caregivers. They also provide many services to families. . Where roles are specialized, you are likely to have more than one caseworker. It may be confusing unless you understand the different duties of the caseworkers.

Kinship Care Worker

Your Kinship Care Worker is someone you should communicate with about your needs and concerns as a kinship caregiver. You need to communicate about any new people moving in or out of your home, as well as financial, job and family changes, major illnesses and anything else that might affect the placement of children in your home.

Your Kinship Care Worker can be a great resource should you need help accessing respite, in dealing with behavioural issues or even communicating with other team members. They also:

- Provide ongoing support and training to kinship families
- Complete annual evaluations of kinship families
- Complete reassessments when there is a change in a kinship family's circumstances

If you are provided agency support as a kinship caregiver, you may find some terminology differences and some variances in roles. In this case, find out and discuss the specific differences with your agency worker.

Assessor (formerly called Investigator)

There are various kinds of Assessors– community, specialized, Foster or Kinship Home etc. Basically, this means that the Assessor is gathering information in order to determine safety issues relating to the children. (Note: In this case, Assessments used to be known as Investigations.)

Assessor - Community

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

Assessor – Specialized

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

Assessor – Foster & Kinship Home

- Specializes in gathering information and making recommendations when an allegation is made in regard to a foster or kinship home (See: “Assessing Allegations of Abuse in a Kinship Home”)

Caseworker

The caseworker is the person who coordinates the team responsible for decisions related to the child. The caseworker helps decide on what the goals are for reunification and permanency. A caseworker also:

- Completes an on-going child assessment record
- Coordinates activities with the natural family and foster or kinship family
- Collaborates on setting goals with the team (the child, the parents, extended family, etc.)
- Consults with others in making major planning decisions for the child
- Has primary responsibility for coordinating the Concurrent Plan or the Transition to Independence Plan
- Appears in court when required

Crisis Caseworker or On-Call Duty Caseworker

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

- Are available after hours
- Investigate child abuse and neglect complaints
- Respond to emergencies families currently involved with the regions or DFNAs

Band Designate or Métis Resource

If the caseworker has reason to believe that a child is Aboriginal (First Nations, Métis or Inuit), is a member of a Band and resident on Reserve or Métis Settlement, they must involve a person designated by the Band Council in planning for the services to be provided to the child. The Band Designate or Resource person can be helpful in connecting the child to family members, creating a cultural plan or providing information regarding a child's cultural history and background. If the Band Designate is not an Elder (A cultural leader in the community), he or she may be able to connect the child to another Elder in the community who can assist the child with spiritual issues.

When a Child Leaves a Kinship Family

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

Whenever possible, the move is planned so that there is time to prepare everyone involved. However, there are circumstances, such as the court's refusal to renew the child's care status or where the safety of the child is a concern, when little advance notice may be given of a child's removal from your home. At times, caregiver families may ask for a child to be removed or a child may themselves ask to be moved.

What is an Elder?

Community elder *– Has gained life experiences and has obtained knowledge and teachings throughout his/her life here on Mother Earth.*

Resource Elder *– An Elder who has gained life experiences, knowledge and teachings throughout his/her life, but who is also active in the community sharing this knowledge and wisdom.*

Medicine Keeper *– also has life experiences, knowledge and teachings gained from throughout his/her life, is a keeper of medicines for both knowledge and healing purposes. He/she may also be active in the community.*

Pipe holder *– This Elder also has life experience, teaching and knowledge obtained throughout his/her life but also has had a pipe passed down to him/her and may also have medicine knowledge and be active in the community.*

Samson Band Elder's Committee, 2016

Reasons for Moves

When you start this kinship caregiver journey by accepting placement of child, it seems hard to believe that you might not be able to keep your child with you. There are many reasons this can

happen, some things you can prepare for and discuss if they arise. Talking to your Kinship Care Worker can help.

- **Family system changes:** Sometimes events occur that suddenly change your entire family dynamic. Perhaps there is a pregnancy, a sudden illness or a death in the family. While this does not mean a kinship child has to move, for some families the change in their own system is so dramatic that there is no other choice. If a move is necessary, it is important to give as much notice as possible and to transition the child with as much compassion as possible.

- **Behaviours that are beyond the capacity of the kinship family:** Sometimes the child shows behaviours that are beyond your abilities to manage. Clear communication with your Kinship Care Worker is very important. It is possible they may be able to help you, and perhaps help you find resources to help the child. With this extra support, the child may be able to remain in your home. If it does become necessary for the child to move, however, planning ahead is always better for everyone involved.

- **Ongoing supports:** It is important that you receive the correct information about your child and get the supports you require. Never be afraid to ask for what you need. Call the child's caseworker when you need information about the child, ask your kinship care worker for help and support, and contact the AFPA for advocacy and advice if you get stuck. There are always resources available for kinship caregivers when you need them.

- **Lack of comfort with the caseworker and the system:** Sometimes kinship caregivers can feel intimidated by the system and by caseworkers, psychologists and the numerous people that you come into contact with during your time as a kinship caregiver. What is important to remember is that you are an advocate for your child and that you know the child well. ; If you feel that you need help during meetings with professionals, you can always ask for it from your Kinship Care Worker or seek advice from more seasoned kinship or foster parents. You can even call the AFPA and seek help from their mentoring program.

Baby-sitting, Relief/Respite, Relief /Care

	Babysitting	Relief	Respite	Alternate Child Care
Reason	Short-term (not over-night)	Caregiver away for an extended period of time	Provided to caregivers under exceptional circumstances or for children with complex needs	Caregivers working out of the home and have child care providers who relate to the child in a parenting capacity, i.e. Nannies*
Duration	Up to 12 hours and usually in the caregivers home	Overnight, weekend, a week at a time	As outlined in a Support or Kinship Care Plan	Regular ongoing basis
Safety Checks	Caregivers choose the babysitter and consider: • maturity, • skill level • experience of the person • number and needs of the children The babysitter must be able to reach the caregiver in emergency.	Intervention Record Check and any other information that the caseworker requires. Caseworker and Foster Care/Kinship Worker are provided with: • Name, address & contact number for the relief provider, • Dates the child will be in relief • Names of any other persons in the relief provider's home	Must be provided in another licensed foster parents' home or residential facility. Caseworker and Foster Care/Kinship Worker are provided with: • Name, address & contact number for the relief provider, • Dates the child will be in relief • Names of any other persons in the relief provider's home	Intervention Record Check and Criminal Record Check, with Vulnerable Sector Search are required. The Foster Care or Kinship Worker completes a face-to-face interview with the provider. Caregivers must provide the caseworker's contact information to the alternate care provider.
Compensation	Babysitting is subsidized according to the Foster Care Rate Schedule if for training or business related to fostering. For other reasons, the caregiver reimburses the babysitter.	Relief can be subsidized according to the Foster Care Rate Schedule if for training or regional procedures for business related to fostering. In exceptional circumstances, relief expenses may be reimbursed through a Support/Kinship Plan. Otherwise the caregiver compensates the provider.	Reimbursed through a Support/Kinship Plan	Caregivers compensate or may have costs included through a Support/Kinship Plan.

As a kinship caregiver, you may require resources for child care when you attend appointments, other responsibilities, and have breaks from the day-to-day demands of parenting. Most of these costs will be covered through your Kinship Support Plan. Talk to your child's caseworker and Kinship Care Worker about the people you would like to use as babysitters or as respite care providers.). If you don't have anyone who can take the child overnight or for the weekend so you can take a break, your Kinship Care Worker may have some suggestions for you.

Kinship Caregiver Responsibility

The Delegation of Powers and Duties to a Child Caregiver (Delegation) is a legal document executed (completed and signed) by the caseworker on behalf of the Director, allowing the kinship caregivers to make some daily decisions for the child. A signed Delegation must accompany each child at the time of placement. Information you will find on the form will be the name, birth date, and personal healthcare number, Band Number if the child is registered with a First Nations Band and the child's CYS I.D. number. The caseworker will have signed, dated, and given their worksite number on the form.

If you provide kinship care directly for a CYS office, your name will appear in the Delegation section. If you provide kinship care for an agency, the name of your agency Executive Director will appear in that section. In the case of agency kinship care, you will also receive a Sub-Delegation of Powers and Duties to a Child Caregiver with the child's name on it which provides the same delegation of tasks as listed on the Delegation. Just make sure that you are carrying both documents when you go to register your child for school, take them to the doctor etc. or you will not be able to show your authority to do those tasks.

As a kinship caregiver, remember that the caseworker has the right to see the child at any time. There are times when it is necessary for the caseworker to see the child without making an appointment. You must allow the caseworker full access to the child. As a caregiver you must be prepared to allow the caseworker to perform their duties.

The Delegation has a check-list of duties for which you are responsible.

Matters about which the caregiver *may* decide or consent to:

- Daily routines, including providing behaviour management
- Recreational activities (Note: You **cannot** sign liability or waiver forms – these must be signed by the caseworker)
- Enrolling the child or youth in school or vocational activities
- Supporting the child or youth in their religious or cultural activities
- Ordinary medical or dental care (DOES NOT include immunization unless the child is under a Permanent Guardianship Order)

- Admitting a child to hospital (DOES NOT include consent to any surgery, treatment or tests)
- Employment
- Obtaining recreational licenses and permits (DOES NOT include a firearms permit or a driver's license)

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

Matters about which the caregiver *may not* decide and *cannot* consent:

- Changing a child's religion. If the child comes from a religion different than your own, you must be honest about your ability to support the child's need to practice their religion. You **may not** have a child baptized
- Changing a child's name
- Obtaining a firearm permit or driver's license or consenting to participation in a high-risk activity (i.e. white-water rafting, sky-diving, rock climbing etc.)
- Emergency medical treatment - the caseworker or Crisis Unit (1-800-638-0715) must be called
- You may **not** consent to surgery
- You may **not** immunize child- Signed consents by the child's parents are required to immunize any child who is not the subject of a Permanent Guardianship Order. The parent, however, may immunize the child during visits if they wish.
- Signing the *Freedom of Information and Protection of Privacy Act* (FOIPP) forms from the school. A kinship family cannot consent to a child in care being photographed by the media. The kinship family cannot speak with the media or disclose the child's identity to the public.

There many other situations not specifically mentioned on the Delegation document where you need to **get permission** from the caseworker. For example (but not limited to):

- Any piercing, tattoos, or body modifications
- Shaving or cutting hair, even if the child has head lice
- Cutting the hair of an Aboriginal child
- Leaving the province or the country. This requires *written* permission from the caseworker

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

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

Health & Medical Responsibilities

Children in care may have more health concerns than other children. As a caregiver, you have a responsibility to ensure that the child in your care has their health and medical needs met.

Medical Appointments and Follow-Up

- **You must keep all medical appointments**. If necessary, the caseworker will arrange for transportation and babysitting so that the child can make the appointment. Keep in mind that the caseworker may arrange to have the child's biological parents attend the medical appointments as well. This facilitates attachment and contact between the parents and the child.
- If you see a **different doctor** than the one who normally sees the child (a walk-in clinic or emergency situation etc.) **you must get the doctor's name and document it**. You must provide the doctor's name to the caseworker and the child's regular doctor.
- If the doctor tells you to do something for the child or prescribes something for the child – you must follow the doctor's directions. You can only change this if the doctor tells you to change it and you consult with the child's caseworker. Again, document everything.
- The caseworker must be kept advised of any changes to medications and any changes in medication dosages.
- If you are going to be providing care to an infant, you should pick the infant up from the hospital yourself so you can learn firsthand the experience, care, schedule and soothing methods for the infant. The caseworker should have provided you with a Delegation of Powers and Duties to a Child Caregiver so that you are allowed to take the baby with you.

Medications

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

Refusal to Take Medication or Adverse Reaction to Medication

- If a child refuses to take medication you should call Health Link (811) or a pharmacist to find out what the implications are if the dosage is missed.

- You must also document the refusal to take the medication.
- If there will be an adverse reaction, that is, negative side effects from not taking the medication, you must take the child to the doctor and immediately let the caseworker know.
- If the child has an adverse or negative reaction to medication (gets sick, swells up, difficulty breathing etc.), do not give the child any more of the medication. Call Health Link (811) or a pharmacist to determine what the next step should be. If the **reaction is severe** call **911** or take the child to the hospital.
- Call the caseworker and document the incident.
- In both cases (refusal and adverse reaction) you must also send in a Critical Incident Report to the caseworker.

Taking the child's temperature

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

Environmental Safety Assessment for Caregivers (Safety Assessment)

There are several areas that are assessed during the walk-through of your home. Please ask your Kinship Care Worker for a copy of the *current* Environmental Safety Assessment for Caregivers document.

Accommodations

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

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

- Home Safety for Infants and Young Children
http://www.albertahealthservices.ca/injprev/Page4844.aspx

- Is Your Child Safe? General - Sleep Time - Play Time
http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/index-eng.php

Sleeping Arrangements

This section deals with where and how the children sleep. Each child needs to have their own bed, adequate space, and the ability to be able to get out of their room i.e. **no** external door locks. Children's rooms also need to have a window. All beds and cribs must meet Canadian Standards Association (CSA) safety standards.

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

Safe Babies – Caring for Babies with Prenatal Substance Exposure is a two-day course provided by each CYS region. It is required training for any caregivers for children under the age of three.

- Safe Sleep for Infants
http://www.albertahealthservices.ca/ps-1029951-safe-sleep-brochure.pdf

- Is Your Child Safe? Sleep Time (Health Canada)
English: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php
French: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-fra.php
- Emergency Egress (Alberta Health Services - Window Standards)
http://www.albertahealthservices.ca/assets/wf/eph/wf-eh-emergency-egress.pdf

Communication

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

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

Weapons

All weapons must be kept in a locked container (gun locker) or in other locked storage... Guns must have trigger locks and ammunition must be stored separately and also kept locked.

Fire Safety

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

Medicines and Hazardous Material Section

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

General Safety Section

This section addresses miscellaneous information about safety. A First Aid kit must be readily available. Water safety, play equipment safety, yard and farm safety, trampoline safety etc. must all be discussed.

Pets

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

Automobile Safety

All vehicles used for transporting children must be in safe operating condition and be fully insured and registered. Child car seats and booster seats must meet Canadian Standards Association (CSA) safety requirements. Children under the age of 12 must ride in the back seat. ATVs, snowmobiles, farming equipment etc., must be stored securely with their keys removed.

All the items on the Environmental Safety Assessment must be met, if application. You may need to make the appropriate changes before you can move forward. Sometimes the change will be as simple as adding batteries to a dead smoke detector. Other times it may be more complicated and mean something like adding a railing to a staircase.

Safe Sleeping

The following sections on Safe Sleeping are taken from Health Canada "Is Your Child Safe? Sleep Time." Always check the website
English: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php
French: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-fra.php
for the latest information about safe sleeping.

Crib and Bassinet Safety Laws
English: http://laws-lois.justice.gc.ca/eng/regulations/SOR-2010-261/page-3.html#h-7
French: http://laws-lois.justice.gc.ca/fra/reglements/DORS-2010-261/page-3.html

Bassinet Safety (Always check website for latest information)

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

- **Always follow the manufacturer's instructions for setting up and using the bassinet.** Only use parts provided by the manufacturer. Your baby's bassinet should not be modified in any way.
- Check often to make sure the bassinet's hardware is secure and not damaged.
- Check that there are no small parts on the bassinet that could be a choking hazard.
- Make sure there are no sharp points on the bassinet.
- Check that the mattress is firm. Mattresses that are too soft or worn down in any area could create a gap where a baby's face could become stuck, causing them to suffocate.
- The bassinet mattress must not be thicker than 3.8 cm (1½ in.).
- There must not be a gap of more than 3 cm (1⅛ in.) between the mattress and any part of the bassinet's sides. Push the mattress firmly against the sides of the bassinet to test this.

- If the bassinet has removable fabric over the frame, check often to make sure the fabric is securely attached to the frame.
- Avoid the use of loose bedding or soft objects in your baby's bassinet. Things like comforters, quilts, heavy blankets, infant pillows, adult pillows, foam padding, stuffed toys, bumper pads and sleep positioners should not be in your baby's sleeping area.
- A blanket should not be draped over the bassinet to keep light out. This could restrict air flow or the blanket could fall on a baby's face, causing them to suffocate.
- Use a fitted bottom sheet made specifically for a bassinet mattress of the same size.
- Place your baby's bassinet so that hazards like windows, patio doors, lamps, candles, electrical plugs, corded baby monitors, extension cords and small objects are out of your child's reach.
- Do not use a crib with sides that drop down.

Above info is from Health Canada: *Is Your Child Safe? Sleep Time*
English: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php
French: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-fra.php

Crib Safety (Always check website for latest information)

A crib that meets current Canadian safety regulations is the **safest** place for your baby to sleep. A crib should not be used if the child is taller than 90 cm (35 ½ in.) or if he or she is able to climb out of it, whichever comes first. When your baby reaches this milestone, you should put them to sleep in a toddler or standard bed.

- Do not use a crib made before **September 1986** as it does not meet current safety regulations. Also, cribs older than ten years are more likely to have broken, worn, loose or missing parts and to be missing warnings or instructions.
- Always follow the manufacturer's instructions for putting together and using the crib. Only use parts provided by the manufacturer. Your baby's crib should not be modified in any way.
- Check often to make sure that the crib's hardware is securely fastened and not damaged.
- Do not use cribs with decorative cut-outs, corner posts that are more than 3mm (⅛ in) in height (unless they are over 40.6 cm [16 in] in height) or that have large spaces between the bars (spacing should be no more than 6 cm [2 ¼ in]).
- Check that the mattress is firm. Mattresses that are too soft or worn down in any area could create a gap where a baby's face could become stuck, causing them to suffocate.
- The crib mattress must not be thicker than 15 cm (6 in).
- There must not be a gap of more than 3 cm (1⅛ in) between the mattress and any part of the crib's sides. Push the mattress firmly against the sides of the crib to test this.
- Check often that the crib's mattress support system is secure. Shake the crib from side to side, thump the mattress from the top and push up hard on the mattress

support from underneath the crib. The mattress support system should hold the mattress firmly in place.

- If the crib has movable sides, after placing your baby in the crib make sure both sides are upright and locked in place.
- Avoid the use of loose bedding or soft objects in your baby's crib. Things like comforters, quilts, blankets, infant pillows, adult pillows, foam padding, stuffed toys, bumper pads and sleep positioners should not be in your baby's sleeping area.
- Use a fitted bottom sheet made specifically for a crib mattress of the same size.
- Remove mobiles and toy bars as soon as your baby begins to push up on their hands and knees.
- Place the mattress support in its lowest position as soon as your baby can push up on their hands and knees.

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

Above info is from Health Canada: *Is Your Child Safe? Sleep Time*
English: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php
French: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-fra.php

Bed Sharing with Babies

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

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

A baby can suffocate if:

- He or she becomes trapped between objects like the sleeping surface, the body of the adult or another child, the wall and other objects.
- The adult or another child rolls over onto the baby.
- There are soft bedding materials, like pillows or comforters, in the bed.

Babies sleeping on a high surface can fall off and be seriously hurt.

Bedside sleeping products

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

Room sharing is a safer sleeping choice for babies.

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

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

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

Above info is from Health Canada: *Is Your Child Safe? Sleep Time*
English: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php
French: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-fra.php

Safe Sleep for Infants
http://www.albertahealthservices.ca/ps-1029951-safe-sleep-brochure.pdf

Bunk Bed Safety

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

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

Things to look out for:

- Only buy bunk beds meeting the latest ASTM (American Standard Test Method) International standard. Ask before you buy. Check the label.
- Only allow one person at a time on the top bunk.
- Teach your children to use the ladder to get up or down. The ladder should always be securely attached to the bed. It should not be removed for any reason.
- Children should not be allowed to play on the top bunk. They should also not be allowed to play under the bottom bunk, unless the area under the bed is designed as a play area by the manufacturer.
- Never tie ropes or cords (like bathrobe belts or skipping ropes) to any part of the bed. These can be a strangulation hazard.
- Check often to make sure the frame of the bunk bed is sturdy and in good condition.
- Make sure the top bunk has guard rails on all four sides of the bed, even if the bed is pushed up against a wall.

- Make sure all parts of the bed, like corner posts or ladder uprights, do not extend more than 0.5 cm (3/16 in) above the upper edge (usually the guardrails) of the bed.
- Mattresses should fit snugly on all sides, leaving no gaps between the mattress and the sides of the bed. The sleeping surface should be at least 12.7 cm (5 in) below the top of the guardrails.

Above info is from Health Canada: *Is Your Child Safe? Sleep Time*
English: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php
French: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-fra.php

Playpens

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

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

Above info from Health Canada: *Is Your Child Safe? Sleep Time*
English: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php
French: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-fra.php

Car Seat Safety: Online Training and Certification

It is strongly recommended that caregivers receive instruction on how to properly use car seats. The Alberta Occupant Restraint Program offers online modules that can be easily completed within an hour or two and provides a certificate that can be printed or emailed to your Kinship Care Worker.

Go to Alberta Occupant Restraint Program' (http://www.albertaseatbelts.ca/TrainingModules/index.php) Click on Create New Account. Fill

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

Car Seat Safety (Check website for current information)

The following information is taken from the Alberta Occupant Restraint Program. Check the website http://albertaseatbelts.ca for the most current information.)

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

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

Rear-facing Car Seats

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

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

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

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

Above info from Alberta Occupant Restraint Program
http://albertaseatbelts.ca/

Forward-facing Car Seats

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

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

Booster Seats

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

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

See the Alberta Occupant Restraint Program (http://albertaseatbelts.ca) for more information on any of these topics.

General Vehicle Safety

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

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

Trampoline Safety

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

Typical causes of injury are:

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

Ensure that the following safety recommendations are followed:

- Adult supervision at all times
- Only one person on a trampoline at a time
- Do not attempt or allow somersaults
- Ensure the trampoline has shock absorbing pads that completely cover the springs, hooks and frame,
- Do not use a ladder to climb on to the trampoline as it allows unsupervised access by small children
- No child under six should use a full-size trampoline

- Place the trampoline away from structures or other play areas
- Do not walk under the trampoline while in use
- Always jump in the centre of the trampoline
- Never play on a wet trampoline
- Ensure there is no damage to the trampoline prior to each use

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

Universal Precautions

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

Hand washing

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

Use of protective clothing and equipment

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

Cleaning up spills of blood and other body fluids

- Clean contaminated surfaces with detergent and water. Then disinfect surfaces with a solution of 1 part household bleach to 10 parts water. CAUTION: Some surfaces may be damaged by exposure to bleach solution.
- Rinse mops and cleaning rags with a solution of 1 part bleach to 10 parts water.

Laundering of clothing and linen

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

Disposal of Contaminated Waste:

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

Bathtub and Water Safety

Tub Safety

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

Water Temperature

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

Confidentiality

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

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

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

A kinship family has the right to discuss the child with another kinship family for the purposes of support and mentoring as they are both bound by the same confidentiality agreement. However, the family providing you with support and mentoring cannot share this information with anyone else. (This includes other professionals or kinship families.)

Social Media

Kinship caregivers **may not** post identifying information about their kinship children on sites like Facebook, Twitter, Instagram, etc. These sites are not secure, so as a kinship caregiver, you must protect the child's identity as much as possible. This is an issue you must discuss with the

child's caseworker and your Kinship Care Worker as there is currently no specific policy on the use of social media by kinship caregivers.

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

There are some suggestions and ideas on this in the Links Section at the end of this Handbook.

Documentation and Record Keeping

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

You don't have to keep records as a kinship family, but you may choose to do so. Even just keeping a record of important dates on a calendar can prove to be important.

Why keep records?

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

What to document

- All health appointments - annual medical, optical & dental exam dates must be provided to the caseworker, any accidents or injuries, medicines and immunizations.
- School progress and achievements.
- Contacts with the child's family, including phone call and visits – even if they were missed.
- Any unusual behaviour by the child.
- Achievements, successes and celebrations.
- Cultural activities the child has participated in
- Any other information you think may be relevant.

Methods of Documentation

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

Memory Books and Keepsake Boxes

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

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

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

Incident Reports

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

Types of incidents that must be reported:

- Threat of Self-Harm or Threat of Suicide (Child threatens to harm themselves)
- Serious change in a child's health (This includes any sudden change in the child's physical health such as fainting, onset of fever, etc.)
- Injury to a child (The child requires medical attention for injuries such as animal bites, broken bones, sprains, etc.)
- Charges or offences (Child has been charged with a crime, has been a witness to a crime, etc.)
- Fire (There has been a fire in the home or the child has set a fire, etc.)
- Allegations of abuse or neglect (Child recalls abuse or neglect from a previous caregiver, etc.)
- Isolation (Child has been isolated as a discipline technique – PROHIBITED in kinship homes)
- Use of physical restraint (Child has been restrained – PROHIBITED in kinship homes)
- Severe acting out (Child's behaviour has escalated to the severe stage)
- Confinement (Child has been confined as a discipline technique – PROHIBITED in kinship homes.)

- Accident (Child has been involved in an accident – even very minor car accidents must be reported)
- Infectious disease (Child has an infectious disease i.e. Chickenpox, Measles, HIV, Hepatitis, etc.)
- Error in administration of medication (Any error in providing prescribed medication regardless of adverse reaction)
- Death (The death of anyone in the home or death of someone related to the child, etc.)
- Violence (Any violence occurring in the home or violence related to the child, etc.)
- Destruction (The destruction of property or the child has engaged in vandalism etc.)
- Drug or alcohol use (By the child)
- Unplanned discharge (The child leaves as a result of unexpected court order, etc.)
- Adverse reaction to medication (Child has an adverse or negative reaction to any medication, prescribed or over-the-counter)
- AWOL (Absent without Leave - Child leaves your home without permission and does not return within a reasonable amount of time. "Reasonable amount of time" depends on the age of the child and may depend on discussion with the caseworker)
- Other (For example, there is a search of the child's room for weapons or drugs; any other incidents that do not fit into the above-listed categories.)

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

Cultural Documentation

A cultural plan is critical for children in kinship care. All children in care are promised a right to their heritage with Aboriginal children being provided special recognition. Approximately 70% of children in care are Aboriginal and about a quarter of those are under Permanent Guardianship Orders (PGOs).

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

In order to ensure that cultural or religious connections are occurring on a regular basis, kinship caregivers are expected to provide children with access to events and activities that will support the development of the child's identity. Kinship Care Workers and caseworkers can help kinship caregivers make connections with the appropriate resources to assist with this.

Kinship caregivers have the responsibility of documenting all cultural events and activities that the child participates in and then providing this information to the child's caseworker.

Assessing Allegations of Abuse in a Kinship Home

When kinship caregivers are subjects of an allegation assessment it is extremely important that they feel supported and heard throughout the process. For this reason the Alberta Foster

Parent Association (AFPA) members have formed a team of foster parents to help other foster parents or kinship caregivers through this process. The team is named F.A.S.T. - Foster Allegation Support Team.

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

Foster Allegation Support Team (F.A.S.T.)

(Information regarding F.A.S.T. taken from the AFPA website accessed March 8, 2015 http://www.afpaonline.com/programs/f-a-s-t/
Please visit the website for the most up-to-date information.)

What is F.A.S.T.?

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

How does F.A.S.T. work?

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

Are all assessments of allegations of abuse or neglect the same?

There are different procedures and outcomes for different kinds of allegation assessments and different people may be involved. Internal assessments are handled by CYS or DFNA staff. External allegation assessments are investigated by the police or RCMP. F.A.S.T. members have experience with both kinds of investigations and can provide support and advice to kinship caregivers and their families in either situation. F.A.S.T. members treat everyone who has an allegation made against them in a caring manner.

What about confidentiality?

F.A.S.T. members sign an oath of confidentially and will keep anything you tell them about your situation private. **Team members will not ask you to disclose guilt or innocence as they can be subpoenaed to testify in court.**

F.A.S.T. members can help. They are:

- Available to listen to concerns and provide you with information.

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

Who can use F.A.S.T.?

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

Who do you call?

Team members are active throughout the province and can reach any kinship caregiver in need. You will find a listing of F.A.S.T. members in the latest issue of *The Bridge*. For additional information please call the AFPA office at (780) 429-9923 or 1-800-667-2372 or visit their website www.afpaonline.com.

How can F.A.S.T. help when an allegation has been made?

F.A.S.T. members can:

- Help you understand what will happen.
- Help ensure the investigation is fair and is conducted with as little disruption to your family as possible.
- Help you present your situation in an investigation.
- Provide support without judgment.
- Help keep the lines of communication open between you, the workers, the assessors and other involved parties.
- Tell you about your available options, help, your rights to such things as having a lawyer present to assist you, and your right to appeal.
- Support you and your family emotionally.

Remember – you have the right to have a F.A.S.T. team member present during any interviews with CYS assessors regarding the allegation!

Training

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

Kinship Orientation Training

*Kinship Orientation T*raining is mandatory for kinship families. This may be taken either prior to becoming a kinship caregiver if the placement is planned, or in the case of an emergency placement, taken afterward. The training is usually taken in person but in remote areas or where the training is unavailable it may be offered one-on-one through the use of the *Kinship Care Guidebook*.

Safe Babies

Safe Babies – Caring for Babies with Prenatal Substance Exposure is a two-day course provided by each CYS region that is required for any caregivers for children under the age of three. (See previous section on Safe Sleep)

Core Level Training

It is not a requirement for any kinship caregiver to take any training other than the Kinship Orientation Training and Safe Babies Training (if the family takes children 36 months and younger). However, any family is welcome to attend the training that is available to foster parents and may find some of these courses beneficial.

Training Expenses

In general, training provided by a region will have babysitting and mileage costs reimbursed at a standard rate (ask your Kinship Care Worker for exact rates). If the course is not offered by CYS or consists of a conference, please discuss the cost with your Kinship Care Worker PRIOR to registration if reimbursement is to be requested.

Expense claim forms are provided at each CYS training session and are to be completed and returned to the regional Training Coordinator within two weeks of the completion of each course. Agency claim forms must be returned to the Agency. Claims must be filled out completely with all calculations completed and receipts for babysitting attached.

LINKS:

Aboriginal Resources

Alberta Native Friendship Centres
http://anfca.com/

Indigenous Alberta
http://indigenous.alberta.ca/

Calgary Aboriginal Services Guide
http://www.calgary.ca/CSPS/CNS/Pages/First-Nations-Metis-and-Inuit-Peoples/Calgary-Aboriginal-Services-Guide.aspx

Edmonton Aboriginal Urban Affairs Committee
http://www.aboriginal-edmonton.com/

Health Co-management for First Nations & Inuit People
http://hcom.ca/

Métis Nation of Alberta
http://albertametis.com/
Native Counselling Services of Alberta (Includes Parent Link centre in Stony Plain)
http://www.ncsa.ca

Child Development

Encyclopedia on Early Childhood Development
http://www.child-encyclopedia.com/en-ca/home.html

Parenting Counts
http://www.parentingcounts.org/

Caring for Kids – Canadian Pediatric Society
http://www.caringforkids.cps.ca/

CASA Caregiver Village – Resources and Information List for Children based on age
http://caregivervillage.ca/index.php/webapp

Children's Rights

Children's Rights in Care - 11 years old and under
http://advocate.gov.ab.ca/home/documents/Childrens_Rights_in_Care_Booklet.pdf
http://www.humanservices.alberta.ca/documents/Children-have-Rights.pdf
Children and Youth in Care have Rights - 12 years and older
http://advocate.gov.ab.ca/home/documents/Youth_Rights_in_Care_Booklet.pdf
http://www.humanservices.alberta.ca/documents/Children-and-Young-People-have-Rights.pdf
Transitioning From Care: A Guide for Caregivers
http://www.afpaonline.com/wp-content/uploads/2014/09/Transitioning-From-Care-A-Guide-For-Caregivers-1.pdf

---

Foster/Kinship Care Associations

Alberta Foster Parent Association
http://www.afpaonline.com/

The Law, Service Delivery Areas & Delegated First Nation Agencies

The Child, Youth and Family Enhancement Act
http://www.qp.alberta.ca/1266.cfm?page=c12.cfm&leg_type=Acts&isbncln=9780779777334

Delegated First Nations Agencies
http://humanservices.alberta.ca/family-community/15540.html

Office of the Child and Youth Advocate
http://advocate.gov.ab.ca/home/index.cfm

Health & Safety

Alberta Occupant Restraint Program Training Modules
http://www.albertaseatbelts.ca/TrainingModules/index.php

Canadian Dental Association
http://www.cda-adc.ca/en/oral_health/cfyt/dental_care_children/first_visit.asp

Car Seat Safety - the Stages
http://www.tc.gc.ca/eng/motorvehiclesafety/safedrivers-childsafety-car-time-stages-1083.htm

Doctors of Optometry - Canada
http://doctorsofoptometry.ca/the-eye-exam/

Is Your Child Safe? Sleep Time (Cribs, beds, etc.)
http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php

Crib and Bassinet Safety
http://laws-lois.justice.gc.ca/eng/regulations/SOR-2010-261/page-3.html#h-7
http://laws-lois.justice.gc.ca/fra/reglements/DORS-2010-261/page-3.html

General Safety for Children
http://www.albertahealthservices.ca/injprev/Page4838.aspx
Recall Alert on Products - Canada
http://www.healthycanadians.gc.ca/recall-alert-rappel-avis/index-eng.php

Safe Sleep for Babies
http://www.albertahealthservices.ca/ps-1029951-safe-sleep-brochure.pdf

Water Safety - Alberta Health Services

http://www.albertahealthservices.ca/eph/Page8294.aspx

Window Safety - Alberta Health Services
http://www.albertahealthservices.ca/assets/wf/eph/wf-eh-emergency-egress.pdf

Parachute – Injury Prevention for Children
http://www.parachutecanada.org/

Partnership for Drug-Free Kids
http://www.drugfree.org/

Internet Safety

Facebook Safety Center
https://www.facebook.com/safety

Get Cyber Safe
http://www.getcybersafe.gc.ca/index-eng.aspx
http://www.pensezcybersecurite.gc.ca/index-fr.aspx

Internet Safety - Human Services
http://humanservices.alberta.ca/abuse-bullying/14838.html

Kids in the Know - Online Safety
https://www.kidsintheknow.ca/app/en/
https://www.kidsintheknow.ca/app/fr/index

Parent's Guide to Facebook Safety
http://www.connectsafely.org/pdfs/fbparents.pdf