

CHILD AND FAMILY DEVELOPMENT SERVICE STANDARDS

Caregiver Support Service Standards



Ministry of Children and Family Development
Effective Date: December 4th, 2006

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INTRODUCTION

The purpose of the Caregiver Support Service Standards is to promote and enhance the safety and well-being of children in care by providing caregivers with high-quality services throughout the caregiving process. The caregiving process is intended to be temporary, with the goal of reuniting children with their families wherever possible. If this is not possible, alternative permanent living arrangements are made (e.g., adoption or transfer of custody under section 54.1 of the *Child, Family and Community Service Act*). Stability and continuity of relationships for children with special needs, who are in care, are often achieved through a child living with skilled caregivers on a long-term basis and maintaining frequent and ongoing contact with his or her family.

The standards provide the mandatory framework for service provision involving caregivers and apply to anyone providing services under the *Child, Family and Community Service Act* (CFCSA), including those delegated to provide services under the CFCSA and contracted service providers. Specifically, the Caregiver Support Service Standards apply to persons working with caregivers who provide temporary, long-term respite and/or relief care for children in care. The standards do not apply to persons caring for children under a section 8 agreement (Agreements With a Child's Kin and Others) or court orders granting custody to a person other than a parent under the director's supervision.

Why the standards were developed

Caregivers in family care home and group settings provide an invaluable service for children in care. Promoting and sustaining a collaborative partnership between caregivers and other members of a child's team is essential to providing safe, nurturing and stable living environments. Developing and supporting caregiver services requires a broad range of knowledge and skills. Recruiting, assessing, approving, contracting, training, monitoring and supporting caregivers are distinct tasks that are carried out within the complex role of providing caregiver support services. Staff working in this role are required to have knowledge in the areas of clinical assessment, collaborative planning, contract management, child development, diplomacy, conflict resolution and integrated case management.

The Caregiver Support Service Standards were developed to provide a framework for:

- consistent, timely and high-quality service delivery involving caregivers to enhance the safety and well-being of children in care
- the development of collaborative plans to return children to their families wherever possible, and
- the promotion of stability and continuity of lifelong relationships for children, including adoption.

How the standards were developed

The standards were developed based on the guiding principles of the *Child, Family and Community Service Act* and on the ministry's goals, national and international research, and input from ministry staff, members of Aboriginal child welfare groups, including delegated Aboriginal agencies, and service providers.

CAREGIVER SUPPORT SERVICE STANDARDS STANDARD AND POLICY (required practice)

The development process included broad consultation with:

- regional resource workers and team leaders
- contracted regional foster parent support services
- resource staff and foster parents from several delegated Aboriginal agencies
- the BC Federation of Foster Parent Associations
- the Federation of Aboriginal Foster Parents, and
- the Federation of BC Youth in Care Networks.

Key themes of the standards

In order to achieve excellence in the provision of support for caregivers and the provision of services by caregivers, the standards focus on key areas relating to caregiving, including:

- planned recruitment and retention of caregivers
- supportive practice to sustain caregivers
- inclusion of caregivers and resource staff in the child's team using integrated case management practice
- collaborative assessment and planning for children
- promoting and maintaining stability and continuity of lifelong relationships for children
- keeping Aboriginal children connected with their families and communities, and strengthening collaborative working relationships with Aboriginal communities.

Format of the standards

Each standard includes the following areas:

- Legislation – identifies relevant legislation
- Standard – describes the standard of practice required to meet outcomes associated with specific services
- Policy – describes practice for achieving the standard
- Procedures – describes administrative steps required to support the standards and regional policy (e.g., computer procedures and forms)
- Additional Information/Resources – provides additional relevant information and lists key related material (e.g., other standards, policies and protocols; reference guides; and relevant websites).

Language of the standards

The standards use specific phrases to describe certain common concepts. For example, child welfare literature commonly refers to *permanence* or *permanency planning*. The standards refer to “stability and continuity of lifelong relationships,” a concept similar in meaning to permanence, but broader and more descriptive. (Both terms include adoption.) The standards use “stability and continuity of lifelong relationships” because *permanence* can have unintended meanings, such as separation from family and extended family. These and other technical terms are defined in the glossary.

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Effective date of the standards and how the standards will be revised

The standards are effective on December 4, 2006. Future revisions will be based on feedback from and consultation with ministry staff, service providers and stakeholders, including those receiving services. Revisions will also be made in response to changes in legislation, new research and ministry and regional priorities.

Additional information sources

This document includes appendices containing information that users of the standards may need to refer to frequently:

- Appendix A: Rights of Children in Care (*CFCSA*, s.70)
- Appendix B: Record Checks
- Appendix C: Agreements and Payment Rates (includes the Foster Family Care Home Payment Tables, Notice Requirements, and Sample Letter: Caregiver's Obligations as an Employer)
- Appendix D: Insurance for Caregivers.

A number of sources of additional information are available on specific topics, and are referred to in the standards. These include:

- Child and Family Development Service Standards
- Children in Care Service Standards
- Standards for Foster Homes
- Standards for Children's Staffed Residential Services
- Structured Analysis Family Evaluation: <http://www.safehomestudy.org/>
- In Your Grasp family resource database: <http://www.inyourgrasp.bc.ca/>.

Putting the standards into practice

The standards have been written to allow flexibility in practice and service delivery to meet the best interests of children in care while promoting consistent, high-quality services in every region. The standards relate to caregivers of all children in care, including children with special needs. The standards apply to all persons who are involved in providing services under the *CFCSA* for children in care and as such who are part of a child's team.

In order to preserve and promote a child's Aboriginal heritage and connection to his or her Aboriginal community, the practice of placing an Aboriginal child with an Aboriginal caregiver if possible is emphasized, as well as developing and maintaining the child's cultural plan.

At times, there may be conflicts between certain requirements in these standards and what is best for children and families. Where exceptions to the standards are required, however, it is important that they be based on the principles of the *CFCSA*, as well as the needs and circumstances of those served. Every exception to the standards is approved by the regional director of *CFCSA* and is documented in accordance with the requirements set out in Caregiver Support Service Standard 8: Documentation.

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STANDARD AND POLICY (required practice)**

A collaborative approach to assessment and planning, emphasized throughout the standards, is a solution-oriented process that is inclusive and respectful of a child and all those who play a significant role in the child's life. The strength of the process lies in the collective knowledge and input of the child's team members. The child's team discusses and determines each team member's roles and responsibilities, including sharing information about the child, seeing and interviewing the child, and following up with tasks and activities identified in the child's plan. Each team member plays a role in implementing the plan, reviewing progress and updating goals and priorities.

Regular peer evaluation of the child's team will ensure that all team members are fulfilling their respective roles, duties and responsibilities with regard to the child's care. The child, family and caregiver are integral members of the team. An Aboriginal child's team also includes the relevant Aboriginal community, the identified delegated agency and significant people identified by the child and his or her family or Aboriginal community.

GLOSSARY

Aboriginal child: defined in the *Child, Family and Community Service Act (CFCSA)* as a child:

- who is registered under the *Indian Act* (Canada)
- who has a biological parent who is registered under the *Indian Act* (Canada)
- who is a Nisga'a child
- who is under 12 years of age and has a biological parent who:
 - is of Aboriginal ancestry, and
 - considers himself or herself to be Aboriginal, or
- who is 12 years of age or over, of Aboriginal ancestry, and considers himself or herself to be Aboriginal.

Aboriginal community: for the purposes of the standards, “Aboriginal community” is defined more broadly than the definition under the *CFCSA*. A child’s Aboriginal community is one to which the child has a connection through culture, heritage or descent. It includes the community or communities with which the child identifies.

bed-specific agreement: contracts for a specific number of placements. For a Level 2 home, the maximum is three placements; for a Level 3 home, the maximum is two placements. If a home is going to be used on a regular basis, a bed-specific agreement is the preferred option.

caregiver: a person with whom a child is placed by a director and who, by agreement with the director, has assumed responsibility for the child’s day-to-day care.

Note: The standards always refer to a caregiver in the singular (“a caregiver”). “A caregiver” is assumed to include more than one prospective or actual caregiver for a child.

caregiver development: ongoing informal and/or formal training and education that develops or enhances a caregiver’s skills, abilities and overall capacity to provide care that meets a child’s needs.

child: a person under 19 years of age; includes a youth.

child in care: all children in care of a director designated under the *Child, Family and Community Service Act*. The children are in care under the *Child Family and Community Service Act*, the *Adoption Act*, or the *Family Relations Act*.

child’s team: people who are involved in planning and caring for a child, including the child according to his or her developmental abilities, the child’s family and extended family members, caregiver, caregiver’s worker, child’s and family’s worker, involved community members, service providers and other significant people in the child’s life. For an Aboriginal child, members of the child’s Aboriginal community and, where it exists, members of the child’s delegated Aboriginal agency are also involved.

child-specific agreement: purchases one placement for a specific child. When the child leaves the home, the agreement is terminated, unless the plan is to use the bed for another child within 30 days of the discharge of the original child.

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client services agreement: a generic agreement used for a number of different kinds of services. The agreement is usually intended for larger residential settings, such as group homes or staffed residential resources, and for children who require intense therapeutic services and who cannot be accommodated within a regular or specialized family care home setting. In special circumstances it may be appropriate to use the Client Services Agreement Residential Child Care Resource Component Services Schedule to contract for caregiving services within a family care home setting. (**Note:** The client services agreement has been replaced by the **third party service agreement**, which will be distributed to staff through the Contract Writing Tool beginning in the fall 2006.)

collaborative assessment and planning: a solution-oriented, strength-based process that is inclusive and respectful of the child and others who play a significant role in the child's life. The strength of the process is dependent on the collective knowledge and input of team members, each of whom has an important role in contributing to assessments and planning, implementing the plan, reviewing progress, and updating goals and priorities.

critical injury: an injury that may result in the child's death or may cause serious or permanent impairment of the child's health, as determined by a medical practitioner.

designated director: a person designated by the Minister under section 91 of the *CFCSA*.

director: a social worker delegated by the designated director to carry out the duties and responsibilities mandated by the *CFCSA*.

extended family: includes family members related by blood or marriage and includes second and third generations. Extended family also includes persons who have a significant and/or meaningful relationship to a child or adult but are not related by blood or marriage, such as "godparents" or persons to whom the child refers to as "aunt" or "uncle."

Family or extended family in Aboriginal cultures includes relations and community people involved in "raising" a child and the people with whom the child was raised. It is a connection to the Elders and ancestors.

family care home: a family or person approved by and funded by a director to care for children who are in care of the director. Persons who provide family care home services are referred to as caregivers. Family care home services are provided from private homes where caregivers reside. There are three types of family care homes:

regular family care home: director-approved family who provides care for children of varying ages and needs. Unlike restricted family care homes, the child placed in the home is not normally known by the caregiver.

restricted family care home: director-approved family who provides care for a child known or related to them. Approval is restricted to the specific child placed in the home and terminates when that child leaves or is discharged from care. A restricted home may be re-approved if the child previously in care at that home returns to it, or to provide respite or relief services for that child.

specialized family care home: director-approved family who provides care and support for a child in care who may present with complex health needs and/or challenging behaviours

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that interfere with his or her quality of social interactions and daily functioning. Each of the three levels of specialized family care homes has specific approval, experience and training requirements. Level 2 and 3 homes may also provide specialized assessment and intervention services.

family care home agreement: a contract between the ministry and the caregiver that sets out the purpose of the agreement, the obligations of the caregiver, the obligations of the director, and the term of the agreement. These agreements were developed in consultation with the BC Federation of Foster Parent Associations, are designed specifically for caregivers, and meet the requirements of the *CFCSA*.

formal supports: resources within or outside the community that obtain their funding either through public (e.g., provincial or federal government) or private sources for specific, agreed-upon purposes. Formal supports provide individuals within and across all communities with professional public and private services in many domains, ranging from health to education and emergency public services.

inclusive caring/fostering: an approach to caregiving that involves a child's family wherever possible, including making day-to-day decisions about the child's care, planning for significant events in the child's life, participating in activities involving the child, regularly visiting the child, and attending caregiver education and learning sessions on positive parenting, skill development, child development, and other special topics.

informal supports: natural resources or "helpers" within the community that are not typically funded by government and that are part of or result from available resources and capacities within the community.

learning plan: throughout the participatory assessment process, prospective caregivers are asked to identify their particular strengths, capacities and learning needs. Once caregivers are approved, a more specific learning plan is developed with caregivers to identify both their core training needs and any specific training required to care for a particular child. The learning plan includes all types of training and education activities the caregiver will be asked to participate in and will include a record of completion. The learning plan puts caregiver continuing learning and education into action. The learning plan is supported and updated by the director as part of supportive practice and is formally reviewed and updated during the annual review process.

mandatory training (currently called **The BC Foster Parent Education Program**): training that is required of caregivers by a director of the *CFCSA*.

participatory assessment: an assessment approach that explores caregiving skills, suitability and readiness with the prospective caregiver. The process involves identifying strengths and needs pertaining to the family's past and current functioning. A participatory assessment is carried out *with* (not *for* or *on*) prospective caregivers.

parent: defined in the *CFCSA* as:

- the mother of a child
- the father of a child
- a person to whom custody of a child has been granted by a court of competent jurisdiction or by an agreement, or

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- a person with whom a child resides and who stands in place of the child's mother or father.

Note: The standards always refer to a child's parents in the singular ("a parent"). "A parent" is assumed to include all parents of a child.

plan of care or child's plan: an action-based planning tool for children in care, used to identify specific developmental objectives based on continuous assessments of the child's evolving needs and the outcomes of previous decisions and actions. Care plans are completed by the child's worker with the involvement of the child, the family, the extended family, the caregiver, service providers, significant people in the child's life, and for an Aboriginal child, the child's Aboriginal community.

positive parenting: an approach to parenting that helps to ensure a child in care receives a consistent quality of care that assists him or her in developing positive behaviour and social skills.

pre-service caregiver orientation or information sessions: during the screening process, prospective caregivers are invited to attend a series of orientation or information sessions that:

- provide information about the recruitment, participatory assessment and approval process
- outline the ministry's expectations of caregivers, including the team approach to caring for children and their families
- promote awareness and understanding of the diverse needs of children in care, and
- introduce positive and effective styles of parenting.

This allows prospective caregivers to gain a realistic understanding of the rewards and challenges of caregiving, in order to assess their own readiness and capacity.

recruitment: includes three types of efforts to attract potential caregivers:

general recruitment: focuses on public awareness of caregiving, conveying to the public a general message about helping children.

child-specific recruitment: focuses on recruitment of relatives or close friends who can provide a home for a child, or advertises the need for a family for a specific child.

targeted recruitment: focuses on recruitment of families who can meet the needs of specific groups of children and youth.

relief: in-home and out-of-home alternative caregiving arrangements for a child in care provided for a caregiver.

respite: out-of-home care provided by the director for a child's parents, with whom there is a support services agreement.

serious incident: circumstances involving a child who:

- is in life-threatening circumstances, including illness or a serious accident
- is lost, missing or continually running away to a situation that places him or her at high risk of death or injury

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- is missing for more than 10 days
- is a victim of alleged abuse or neglect by an approved caregiver, caregiver's staff or caregiver's child
- is the victim of alleged abuse or neglect by a care provider or care provider's family in an out-of-care placement
- has been exposed to a high-risk situation or disaster that may cause emotional trauma
- is alleged to have committed a crime involving violence or major property damage, or
- has been abducted.

smoke-free environment: smoking does not take place at any time in enclosed spaces where children in care would be exposed to second-hand smoke or the residual toxins from second-hand smoke. This includes the caregiver's home and vehicle. This does not restrict spiritual activities relating to the use tobacco.

stability and continuity of lifelong relationships: a term that describes a basic need in all children for continued or new relationships with family and significant people, including extended family and community connections. Children who have this need met have an increased potential for developing meaningful relationships with others into adulthood. This includes relationships with parents, siblings, extended family, friends, caregivers and others with a connection to the child through family, culture, faith, identity or community.

Stability and continuity of lifelong relationships is a primary consideration in planning and providing services for children. All services should promote stability and continuity of lifelong relationships by:

- promoting and facilitating regular ongoing contact with those significant to the child
- maintaining or, where required, developing enduring and stable living arrangements for the child as quickly as possible
- minimizing disruption of caregivers, and
- fitting services to meet the child's age, developmental level and sense of time.

youth: a person who is 16 years of age or over but under 19 years of age.

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CSS STANDARD 1: RECRUITMENT AND RETENTION	
LEGISLATION	<p>CFCSA s.93 (Other powers and duties of directors) 93 (1) A director may do one or more of the following: (d) establish residential services for children and youths;</p>
STANDARD	<p>A regional designated director works in partnership with staff, caregivers, the relevant Aboriginal community, and community partners to establish, annually review, and, where necessary, revise a regional resource plan to reflect forecasted community placement requirements.</p> <p>A director develops ongoing recruitment and retention strategies in collaboration with other program areas, ministries, service providers, foster care organizations and the community that are responsive to this plan.</p> <p>When recruiting Aboriginal caregivers, the director consults with identified delegated Aboriginal agencies and works in partnership with Aboriginal communities and services to encourage and strengthen the recruitment and retention of Aboriginal caregivers. (For more information on recruitment of Aboriginal caregivers, see Caregiver Support Service Standard 4: Recruitment, Assessment and Approval of Aboriginal Caregivers.)</p>
POLICY	<p>Recruitment</p> <p>The director develops recruitment strategies designed to attract a wide range of caregivers, in order to:</p> <ul style="list-style-type: none"> • place children where there will be the least amount of disruption in their lives • ensure that, whenever possible, children are placed with extended family or with persons who have a significant relationship with the child, and/or in their own community, and • reflect the diversity of children requiring care. <p>In addition, the director develops recruitment strategies for caregivers who have the flexibility and commitment to help a child reunite with his or her family, and where this is not possible, to provide a long-term living arrangement through adoption (concurrent planning).</p> <p>In accordance with the regional resource plan, the director focuses on a combination of:</p> <ul style="list-style-type: none"> • general recruitment • child-specific recruitment, and • targeted recruitment. <p>The director determines the types and number of recruitment activities as required.</p> <p>The director develops and carries out recruitment strategies in a manner that is</p>

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CSS STANDARD 1: RECRUITMENT AND RETENTION	
	<p>sensitive to children requiring care and their families, culture and privacy.</p> <p>The director provides prospective caregivers with information and application packages, and follows through with the screening and assessment process in a timely manner.</p> <p>Retention</p> <p>The director develops retention strategies in accordance with the regional resource plan to retain and promote the learning and education of existing caregivers, in order to:</p> <ul style="list-style-type: none"> • continue to meet the complex needs of children in care • provide stability of placement • ensure continuity of care and relationships, and • address key components of retention, which include training, support, and recognition of and respect for caregivers. <p>Retention activities may include:</p> <ul style="list-style-type: none"> • ongoing caregiver training and education (see Caregiver Support Service Standard 7: Caregiver Continuing Learning and Education) • involvement of caregivers in collaborative assessments and planning for children (see Caregiver Support Service Standard 14: Collaborative Assessment and Planning) • provision of specific suggestions (e.g., about caring for the child or accessing training) and follow-up support • year-round special events acknowledging the importance of caregivers • recognition of caregivers through special events and activities throughout the year such as “foster family month,” birthday cards and telephone calls • annual caregiver reviews to acknowledge strengths and identify needed supports • using feedback from caregivers to improve support and services. <p>The director regularly evaluates recruitment and retention strategies in collaboration with those who were involved in developing them to determine effectiveness and make recommendations for future recruitment.</p>
PROCEDURES	
ADDITIONAL INFORMATION / RESOURCES	<p>Caregiver Support Service Standard 4: Recruitment, Assessment and Approval of Aboriginal Caregivers</p> <p>Public Affairs Branch Newspaper Advertising Process: http://icw.mcf.gov.bc.ca/execops/docs/comm_newspaper_advertising.pdf</p>

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CSS STANDARD 1: RECRUITMENT AND RETENTION	
	For information on Public Affairs Bureau media policy and procedures, see: http://icw.mcf.gov.bc.ca/execops/docs/pab_media_policy.pdf

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CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
LEGISLATION	CFCSA s.93 (Other powers and duties of directors)
STANDARD	<p>In collaboration with a prospective caregiver, a director completes a screening, assessment and approval process that is comprehensive, understandable, respectful and transparent.</p> <p>The director uses an assessment process that takes a holistic view of the caregiver and is inclusive of all people who may play a role in caregiving, such as extended family. The director uses a strengths-based participatory assessment approach that is sensitive to the prospective caregiver.</p> <p>The director bases approval on the outcomes of and recommendations made during the screening and assessment process, and on successful completion of pre-service caregiver information or orientation sessions.</p>
POLICY	<p>Screening</p> <p>When a prospective caregiver expresses interest in becoming a caregiver, the director provides him or her with information about the complete screening, assessment and approval process.</p> <p>The director advises the prospective caregiver of ministry standards and expectations with regard to maintaining the safety and well-being of children in care.</p> <p>The director conducts a prior contact check and collects basic information using a set of consistent screening questions to determine whether the prospective caregiver meets the following minimum requirements:</p> <ul style="list-style-type: none"> • is 19 years of age or older • expresses an interest in caring for children as part of his or her motivation for becoming a caregiver • is willing to provide temporary care while working with families to support the goal of returning children to the family, and/or to promote continuity and stability of lifelong relationships, including adoption, for children • accepts and supports the practice of providing an environment free of abuse and physical punishment • accepts and supports the practice of providing a smoke free environment • is willing to comply with relevant ministry standards (e.g., Standards for Foster Homes) • agrees to work with an Aboriginal child's community to maintain the child's connections and traditions, as described in the child's cultural plan • agrees to attend and participate in the region's information/orientation sessions and ongoing foster parent education

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL

- has a home that has adequate space and privacy for a child in care (for more information on space and privacy requirements, see Standards for Foster Homes, Standard E: Environment of Care)
- does not have a self-disclosed criminal record or record with the ministry that indicates that he or she poses a risk to a child, and
- agrees to a criminal record check by a local police detachment and *Criminal Record Review Act* agency.

If a prospective caregiver meets the screening requirements and has agreed to proceed to the next stage, the director provides the prospective caregiver with an application form. When the completed application form has been received, the director begins the comprehensive participatory assessment and approval process.

If the screening requirements are not met, the director discontinues the process, providing the person with reasons verbally and in writing.

Note: A person who is a recent resident of British Columbia is eligible to apply to become a caregiver. The person needs to fulfill the assessment requirements listed below including obtaining references and verified criminal record checks from the applicant's place of origin.

Assessment

The purpose of a participatory assessment process is to explore and assess with a prospective caregiver his or her ability to care for children, including his or her strengths, capacities, resiliency, readiness, skills and experience with children.

A number of concurrent activities take place as part of the participatory assessment process, including:

- an assessment conducted via a series of questionnaires and interviews, including visits to the prospective caregiver's home to complete a home study
- criminal record checks for everyone in the home 18 years of age and over
- prior contact checks for everyone in the home 18 years of age and over
- medical assessment of prospective caregiver(s)
- three (3) reference checks via letter, questionnaire or interviews: at least one is from a relative or member of the extended family; one is from a neutral party (someone who does not have a significant personal relationship with applicant).

(Note: Information sessions or pre-service orientation sessions are a mandatory part of the assessment process.)

Assessing a prospective caregiver's ability to care for a child

The director interviews the prospective caregiver, his or her children, and any

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CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	<p>other person residing in the caregiver’s home, using the Structured Analysis Family Evaluation (SAFE) assessment framework.</p> <p>If the director has not received the SAFE training, he or she uses the following topic areas to guide and complete an assessment:</p> <ul style="list-style-type: none"> • personal history (including childhood) and life changes • family relationships and history (e.g., extended family, current and/or ex-spouse, children) • family dynamics (e.g., parenting styles, communication patterns, discipline, difficulties with applicant’s children) • resilience and ability to manage transitions • emotional and psychological health • education and employment history • history of any type of violence, abuse and criminal activity • health, mental health and addictions • finances and housing history • physical and social environment • social supports and community involvement • motivation for caregiving and availability • knowledge of and attitudes to cultural and social diversity, and • previous caregiving experience. <p>If health-related concerns arise with a prospective caregiver or a member of the caregiver’s family, the director discusses this with his or her supervisor to determine the most appropriate response. The safety and well-being of a child in care are the prime considerations. (For more information, see Additional Information/Resources.)</p> <p>Based on the information acquired through the SAFE or other assessment, the director assesses the prospective caregiver’s ability to care for a child. Criteria include the prospective caregiver’s ability to:</p> <ul style="list-style-type: none"> • provide an environment free from harm and physical discipline • respond to a child’s health and behavioural needs by providing a safe, nurturing, respectful and healthy environment for the child • promote a child’s physical, intellectual, cultural and spiritual development • respect and promote the rights of a child in care as outlined in s.70 of the <i>CFCSA</i> (see Appendix A: Rights of Children in Care [<i>CFCSA</i>, s.70]) • respect and promote a child’s and family’s wishes, strengths, goals, identity, views, and cultural and ethnic heritage • work collaboratively with the family, extended family, involved community members and other members of a child’s team

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL

- be open and respectful towards other beliefs and cultures
- work with an Aboriginal child's community by supporting the child in maintaining cultural connections and traditions, as described in the child's cultural plan
- work with a child's cultural community by supporting the child in maintaining cultural connections and traditions, as described in the child's plan of care
- understand the challenges associated with caregiving
- assess his or her own strengths and limitations
- initiate and access formal and informal learning and development opportunities, and
- make use of support networks.

Collecting criminal record information

In order to protect children from people whose criminal record indicates that they present a risk to children, the director completes a criminal record check, which includes requests for:

- voluntary disclosure of any criminal offence and/or pardon by prospective caregivers or those having significant or unsupervised access to children
- a criminal record check by the local police detachment, and
- consent to a *Criminal Record Review Act* check.

The director requests a criminal record check from the local police detachment:

- before offering a caregiver a contract or agreement for service with a director to work with children, and
- in relation to any other person 18 years of age and over who is not entering into a contract or agreement for service to work with children, but who is or will be living in the caregiver's home or will be having significant or unsupervised access to children.

The director requests a *Criminal Record Review Act* check following approval of a prospective caregiver but before an agreement or contract is signed.

Persons 18 years of age and over who will be or are residing in the prospective caregiver's home are not required to have a *Criminal Record Review Act* check completed.

Criminal Record Review Act checks cannot be completed for children under 18 years of age. The director therefore asks the prospective caregiver whether his or her child (or any other child under 18 who is living in the home):

- has been involved with police

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- has been involved in any criminal activities, and
- has exhibited or currently exhibits behaviour that could pose a risk to children placed in the home.

(For more information on conducting and evaluating criminal record checks for prospective caregivers, see Appendix B: Record Checks).

The status of a caregiver's criminal record and any change in the criminal record of other adults who have significant or unsupervised contact with the child are discussed as part of the annual review.

This process of collecting criminal record information is repeated every five years.

If at any time the director becomes aware that a person who was previously approved has an outstanding charge for, or has been convicted of, a crime that might affect the person's ability or suitability to care for children, the director conducts a new criminal record check.

The director advises prospective and approved caregivers of their ongoing responsibility to disclose any criminal charges or convictions as outlined in Foster Homes Standard B.2.3: Reportable Incidents.

Written home study report

The director prepares a written home study report documenting all of the information acquired, including results of reference checks, criminal record checks, medical assessment and interviews. The director reviews the home study with the applicant and obtains his or her signature on the document.

If all components of the home study are satisfactory, the director may recommend to the relevant team leader or supervisor:

- approval of the applicant, and
- the children for whom the prospective caregiver is best suited to care.

Approval

The team leader or supervisor reviews the completed home study, discusses the recommendation with the director, and makes the final approval decision.

(Note: At this point, a *Criminal Record Review Act* check is requested.)

When a prospective caregiver is approved, the caregiving home is available for placement and the resource file remains open.

The director:

- discusses the agreement with the caregiver (see Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements)

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STANDARD AND POLICY (required practice)**

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	<ul style="list-style-type: none"> • develops a learning plan with the caregiver to identify skills, strengths and learning needs and determine a timeframe within which to commence the mandatory training • provides the caregiver with information about sources of support, including the BC Federation of Foster Parent Associations (BCFFPA), the Federation of Aboriginal Foster Parents (FAFP), and the Foster Parents After-Hours Support Line • refers the caregiver to the regional agency providing the mandatory training and support services, and • discusses and identifies potential relief providers. <p>Non-approval</p> <p>If a prospective caregiver is not approved, as soon as possible the director advises him or her both verbally and in writing of the reasons for the decision.</p> <p>The director advises the non-approved prospective caregiver of the region’s process for addressing any disagreements that might arise as a result of the decision.</p> <p>The director documents the decision and reasons for approval or non-approval in the relevant resource file.</p>
PROCEDURES	<p>The director opens a resource file for each prospective caregiver. Information is entered on MIS SWS.</p> <p>The following relevant forms are located on the ministry intranet site:</p> <ul style="list-style-type: none"> • CF0605 – Physician’s Report on Applicant • CF1611 – Application to Provide Restricted/Regular Family Care.
ADDITIONAL INFORMATION / RESOURCES	<ul style="list-style-type: none"> • <i>CFCSA</i>, s.70: Rights of Children in Care (see Appendix A) • Caregiver Support Service Standard 2: Screening, Assessment and Approval • Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements • Caregiver Support Service Standard 6: Monitoring and Reviewing Agreements • Foster Homes Standard B.2.3: Reportable Incidents • Cultural plan – Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care • Structured Analysis Family Evaluation: http://www.safehomestudy.org/ • BC Centre for Disease Control: http://www.bccdc.org/ • Health Canada Infection Control Guidelines: http://www.phac-aspc.gc.ca/dpg-eng.php#infection

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
LEGISLATION	CFCSA s.93 (Other powers and duties of directors)
STANDARD	<p>In collaboration with a prospective caregiver, a director completes an assessment and approval process that is comprehensive, understandable, respectful and transparent.</p> <p>The director uses an assessment process that takes a holistic view of the caregiver and is inclusive of all people who may play a role in caregiving, such as extended family. The director uses a strengths-based participatory assessment approach that is sensitive to the prospective caregiver.</p> <p>The director bases approval on the outcomes of and recommendations made during the screening and assessment process, and on successful completion of pre-service caregiver information or orientation sessions.</p>
POLICY	<p>In addition to the screening process for all prospective caregivers that is outlined in the Caregiver Support Service Standard 2: Screening, Assessing and Approval, a director follows the assessment and approval process outlined below for restricted and specialized caregiving homes.</p> <p>Restricted homes</p> <p>A restricted family care home may be considered if the living arrangement best meets the child’s needs and the prospective caregiver:</p> <ul style="list-style-type: none"> • demonstrates an ability to provide a safe environment for the child • is 19 years of age or older • demonstrates the maturity and stability to provide care for the specific child • accepts and supports the practice of providing an environment free of abuse and physical punishment, • accepts and supports the practice of providing a smoke free environment, and • has a significant relationship with the child or the child’s family or cultural community. <p>Before placing a child in the home, the director conducts a preliminary assessment to evaluate the caregiver’s capacity to provide for the safety and well-being of the child, by:</p> <ul style="list-style-type: none"> • visiting the caregiver’s home and interviewing the prospective caregiver and others living in the home • completing checks of references for the home, either by phone or personal visit • completing prior contact checks • requesting voluntary disclosure of any criminal offences that may relate to the person’s ability and suitability to care for a child, and

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
	<ul style="list-style-type: none">calling local police to determine whether they would have concerns about a child's safety when residing with the prospective caregiver. <p>If the above information is satisfactory, the director may recommend interim 60-day approval of the prospective caregiver to the team leader or supervisor.</p> <p>As soon as possible and no longer than 60 days following placement, the director:</p> <ul style="list-style-type: none">completes a home study using the topic areas outlined in the assessment section of Caregiver Support Service Standard 2: Screening, Assessment and Approvalcompletes the record check through the local police office and the <i>Criminal Record Review Act</i> agency, andreviews the medical assessment and reference checks. <p>If health-related concerns arise with a prospective caregiver or a member of the caregiver's family, the director discusses this with his or her supervisor to determine the most appropriate response. The safety and well-being of a child in care are the prime considerations. (For more information, see Additional Information/Resources.)</p> <p>The director prepares a written home study report documenting all of the information acquired, including results of reference checks, criminal record checks, medical assessment and interviews. The director reviews the home study report with the prospective caregiver and obtains his or her signature. If all the components of the restricted home study are satisfactory, the director may recommend approval of the applicant to the relevant team leader or supervisor.</p> <p>The director's team leader or supervisor reviews the completed home study for final approval.</p> <p>(Note: at this point, a <i>Criminal Record Review Act</i> check is requested.)</p> <p>When a prospective restricted caregiver is approved, the caregiving home is available for placement and the resource file remains open.</p> <p>The director:</p> <ul style="list-style-type: none">discusses the agreement with the caregiver (see Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements)develops a learning plan with the caregiver to identify skills, strengths and learning needs and determine a timeframe within which to commence the mandatory trainingprovides the caregiver with information about sources of support, including the BC Federation of Foster Parent Associations, the Federation of Aboriginal Foster Parents, and the Foster Parents After-Hours Support Line

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	<ul style="list-style-type: none">• refers the caregiver to the regional agency providing the mandatory training and support services, and• discusses and identifies potential relief providers. <p><i>Non-approval</i> If a prospective restricted caregiver is not approved, as soon as possible the director advises him or her both verbally and in writing of the reasons for the decision.</p> <p>If a child is placed in the home, the child is removed in accordance with information outlined in the Caregiver Support Service Standard 13: Planning and Supporting Changes in Placement, and the Children in Care Service Standard 12: Supporting and Assisting a Child with a Change in Placement.</p> <p>The director advises the non-approved prospective caregiver of the region's process for addressing any disagreements that might arise as a result of the decision.</p> <p>The director documents the decision and reasons for approval or non-approval in the relevant resource file.</p> <p>Specialized family care homes A specialized family care home is first approved as a regular family care home. The director may consider making an exception when an applicant has unique qualifications that would meet specific needs of children requiring care.</p> <p>Each of the three levels of specialized family care homes have specific skills, experience and training requirements that require approved caregivers to participate in a levels assessment and approval process.</p> <p><i>Preliminary assessment</i> The director begins the preliminary assessment by reviewing the completed specialized family care home application form received from the caregiver.</p> <p>The director then:</p> <ul style="list-style-type: none">• reviews the complete resource file and existing home study• contacts all social workers, who have had a child placed with the caregiver, and asks for feedback on particular areas of skill and ability noted on the specialized family care home assessment and checklist• consults with other members of the resource team who have knowledge of the caregiver, and• consults with his or her team leader or supervisor. <p>Once these steps have been completed, the director meets with the caregiver to complete the assessment according to the specialized family care home</p>

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
	<p>assessment and checklist. In addition, the director advises the caregiver of the following ministry expectations:</p> <ul style="list-style-type: none"> • a Level 2 caregiver may work outside the home but must have an emergency plan in place should a child return to the home unexpectedly • a Level 3 caregiver may work outside the home as long as he or she is available on a full-time basis, up to 24 hours a day, when required. <p><i>Assessment</i> The assessment covers four areas—education and training, child-related experience, knowledge, and demonstrated skills and abilities—which are discussed and evaluated to determine the assessment ratings. (For more information, see the specialized family care home assessment and checklist.)</p> <p>If health-related concerns arise with a prospective caregiver or a member of the caregiver’s family, the director discusses this with his or her supervisor to determine the most appropriate response. The safety and well-being of a child in care are the prime considerations. (For more information, see Additional Information/Resources.)</p> <p>Criteria for designation of specialized family care home include:</p> <ul style="list-style-type: none"> • level of the caregiver according to the assessment points on the specialized family care home assessment and checklist • capacity and willingness of the caregiver to meet service expectations at the recommended level of care • area/regional needs and available homes, and • regional resource plan and budget. <p>The director reviews the home study with the applicant and obtains his or her signature. If all components of the home study are satisfactory, the director may recommend to the relevant team leader or supervisor:</p> <ul style="list-style-type: none"> • approval of the applicant, and • the children whom the prospective caregiver is best suited to care for. <p><i>Approval and levels designation</i> After reviewing the completed specialized family care home assessment and checklist, the director discusses the recommendation for approval and designation with his or her team leader. The agreed-upon recommendations are referred to the appropriate regional manager or designate for the final approval and levels designation decision.</p> <p><i>Non-approval</i> If a caregiver is not approved, as soon as possible the director advises him or her both verbally and in writing of the reasons for the decision.</p> <p>The director advises the non-approved caregiver of the region’s process for addressing any disagreements that might arise as a result of the decision.</p>

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
	The director documents the decision and reasons for approval or non-approval in the relevant resource file.
PROCEDURES	<p>The director opens a resource file for each prospective caregiver. Information is entered on MIS SWS.</p> <p>The following relevant forms are located on the MCFD intranet site:</p> <ul style="list-style-type: none"> • CF0605 – Physician’s Report on Applicant • CF1611 – Application to Provide Restricted/Regular Family Care • CF2454 – Application for Assessment: Specialized Family Care • CF2442 – Specialized Family Care Home Assessment and Checklist
ADDITIONAL INFORMATION / RESOURCES	<ul style="list-style-type: none"> • <i>CFCSA</i>, s.70: Rights of Children in Care (see Appendix A) • Caregiver Support Service Standard 2: Screening, Assessment and Approval • Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements • Caregiver Support Service Standard 6: Monitoring and Reviewing Agreements • Foster Homes Standard B.2.3: Reportable Incidents • Cultural plan – Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care • Structured Analysis Family Evaluation: http://www.safehomestudy.org/ • BC Centre for Disease Control: http://www.bccdc.org/ • Health Canada Infection Control Guidelines: http://www.phac-aspc.gc.ca/dpg-eng.php#infection

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 4: RECRUITMENT, ASSESSMENT AND APPROVAL OF ABORIGINAL CAREGIVERS	
LEGISLATION	<i>CFCSA s. 93 (Other powers and duties of directors)</i>
STANDARD	<p>In partnership with Aboriginal communities, a director develops recruitment strategies for Aboriginal caregivers in response to the needs identified in the regional resource plan.</p> <p>When recruiting and assessing Aboriginal caregivers, in addition to the requirements identified in Caregiver Support Service Standard 2: Screening, Assessment and Approval, the director respects and considers the different cultural identities and community values within Aboriginal communities.</p> <p>The director consults with a prospective caregiver's Aboriginal community and where one exists, the Aboriginal delegated agency to determine the values and community standards that should be included as part of an assessment process. The director uses this information with a strengths-based approach to assess the caregiver's capacity to care for children.</p>
POLICY	<p>Consistent with the priorities for selecting a caregiving home outlined in Caregiver Support Service Standard 10: Selecting a Caregiving Home, the director involves Aboriginal communities and, where one exists, the Aboriginal delegated agency in the development of the regional resource plan.</p> <p>When undertaking recruitment strategies focusing on Aboriginal caregivers, the director works in partnership with each Aboriginal community and, where one exists, the Aboriginal delegated agency to develop recruitment strategies based on the community's unique culture and values.</p> <p>When seeking an Aboriginal caregiver for an Aboriginal child, the director works in partnership with people from the child's community and where possible the Aboriginal delegated agency to determine the best way of finding an appropriate caregiver from within the community, if that is in the best interest of the child. The director invites and involves community members to support a potential caregiver throughout the process if necessary by assisting with required forms and activities.</p> <p>The director uses the screening, participatory assessment and approval process outlined in Caregiver Support Service Standard 2: Screening, Assessment and Approval, giving consideration to the unique cultural identity and values of communities being served.</p> <p>In consultation with the primary caregiver, the director determines who else could play a role in caregiving and who should be included in the participatory assessment and approval process.</p> <p>The director considers previous difficulties and challenges in the life of a prospective Aboriginal caregiver not as barriers but as opportunities for the</p>

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STANDARD AND POLICY (required practice)**

CSS STANDARD 4: RECRUITMENT, ASSESSMENT AND APPROVAL OF ABORIGINAL CAREGIVERS	
	<p>person to have developed coping strategies and to demonstrate his or her overall resiliency.</p> <p>During the participatory assessment process, the director addresses any issues that may be of concern if a child is placed in the home and engages in a solution-focused approach with the prospective caregiver to resolve the concern and learn about how the caregiver solves problems.</p> <p>The assessment may show the potential of a prospective caregiver once he or she has made further efforts to resolve feelings and change negative behaviours resulting from traumatic or significant emotional events. In this circumstance, the approval decision may be delayed to accommodate the time that the prospective caregiver needs to complete the required work.</p> <p>When unsure about approval, the director seeks support and guidance about the areas of concern from advisors within the Aboriginal community before making a decision.</p>
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	<ul style="list-style-type: none"> • Caregiver Support Service Standard 2: Screening, Assessment and Approval • Caregiver Support Service Standard 10: Selecting a Caregiving Home

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS	
LEGISLATION	<p>CFCSA s.93 (Other powers and duties of directors) 93 (1) A director may do one or more of the following: (g) make agreements, including but not limited to agreements (i) with any person for the provision of residential or other services</p>
STANDARD	<p>Upon approval of:</p> <ul style="list-style-type: none"> • an initial caregiver assessment and home study • a specialized family care levels assessment, or • an annual review of a caregiver, <p>a director reviews the family care home agreement with the caregiver, including the terms of the agreement and the services expected. Remuneration is based on the services defined in the agreement.</p> <p>When necessary, the director modifies an existing family care home agreement, with the informed consent of the involved caregiver. If the modification will result in a decrease in payment to the caregiver, the director gives the caregiver notice 60 days before the effective date of the modification.</p> <p>The director decides whether to renew an agreement with a caregiver based on an assessment of recent annual reviews and in accordance with the regional resource plan.</p>
POLICY	<p>In keeping with the regional resource plan, the level of care outlined in family care home agreement is based on the caregiver’s qualifications, experience, training and skills.</p> <p>The director discusses a family care home agreement with a caregiver following approval of the caregiver and before placing a child. When applicable, the director negotiates exceptional funding in order to meet the child’s needs. The director’s supervisor signs the family care home agreement. The director provides the caregiver with a copy of the agreement.</p> <p>Note: If there is a primary caregiver in a home who has a partner, advise both adults that it is important for each one to sign the family care home (or other) agreement in order to ensure that the following benefits outlined in the agreement apply to each person:</p> <ul style="list-style-type: none"> • general liability insurance • extended property damage insurance, and • Caregiver Legal Representation Indemnity. <p>Advise each caregiver that if he or she decides not to sign the agreement, these benefits do not apply.</p> <p>(For more information, see Appendix D.)</p>

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS

Note: If there are two caregivers in a home, both are required to attend foster parent education and other learning opportunities and undertake independent study as specified in Schedule A, 4(f) of the family care home agreement.

The director advises the caregiver of situations that can result in contract modifications (e.g., when a child is moved from the caregiver's home and the resulting number of children being cared for is reduced).

Initiating agreements

There are two types of agreements used in the provision of residential resources for children in care:

- the family care home agreement
- the client services agreement (**Note:** This agreement has been replaced by the **third party service agreement**, which will be distributed to staff through the Contract Writing Tool beginning in the fall 2006.)

Family care home agreement

The family care home agreement is used for restricted, regular and Level 1 specialized family care homes, and is child specific.

For Level 2 and Level 3 specialized family care homes, the director can use either a child-specific agreement or a bed-specific agreement. However, the bed-specific agreement is the preferred option, and is used wherever possible.

In circumstances determined by the needs of the child and the services outlined in the child's plan of care, exceptional one-time-only or ongoing payments may be made to supplement the regular payments under the family care home agreement. Given the flexibility provided by the use of exceptional payments within family care home agreements, the majority of caregivers will be adequately compensated using this type of agreement.

Only in exceptional circumstances that require financial compensation or services beyond that available within a Level 3 family care home agreement can the use of a client services agreement (third party service agreement) be considered.

The following exceptional circumstances are taken into consideration by a director, in consultation with his or her supervisor, when deciding whether a client services agreement (third party service agreement) is the most appropriate agreement to use with a specialized caregiving home:

- the caregiver requires compensation that is significantly greater than a Level 3 family care home rate, and the amount is other than a known exceptional ongoing monthly payment
- the family care home is the only home willing to care for the child and the only viable placement option for the child, who must be the only child in the home

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS

- the caregiver would not normally be considered for caregiving, but is being considered because of his or her relationship to the child or his or her ability to provide a culturally relevant environment for the child.

If the **only** outstanding issue is the payment amount, the director determines whether exceptional ongoing payments can be authorized for the additional expenditures, and ensures that there are funds for these options in the regional budget. For more information, see “Exceptional ongoing monthly payments on family care home agreements,” below.

Client services agreement

If the director decides that a family care home agreement is not an option, a client services agreement (third party service agreement) is used, along with the Residential Child Care Resource Component Service Schedule.

The director advises the caregiver of the following limitations of the client services agreement (third party service agreement):

- A caregiver contracted through this agreement is not covered by the Caregiver Legal Representation Indemnity.
- A caregiver contracted through this agreement does not receive the regular foster rate, as rates under a client services agreement are negotiated individually and include all of the services required for the child. In addition, any increases in the family foster care rate do not apply to client services agreements.
- A caregiver contracted through this agreement is required to comply with the Standards for Staffed Residential Resources and with other regulations, including those of the Workers Compensation Board, Employment Insurance, and Revenue Canada.

Note: The director should not attempt to advise the caregiver about potential fiscal or legal implications. Instead, the director encourages the caregiver to seek accounting, tax, or legal advice from a qualified professional.

- A caregiver contracted through this agreement is required to meet all of the obligations specified in the agreement and the accompanying component services schedule.

The director advises the caregiver in writing of his or her obligations as a contractor. (A sample letter is included in Appendix C: Agreements and Payment Rates.)

Exceptional ongoing monthly payments on family care home agreements

A caregiver may require additional funding beyond the family care home payment to meet the needs of the child or youth based on the plan of care. Examples of additional costs include shelter, transportation, relief beyond the standard amount, day care, or child and youth workers working directly with the child in the caregiver’s care.

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS

In order to determine whether ongoing monthly payments are required by a caregiver, the director reviews the family care home payment to ensure that it has either been expended or committed. In addition, the director considers whether alternative funding exists, through either parental contribution or alternative benefit coverage.

The director determines the amount of the ongoing monthly payment, based on the needs of a specific child and negotiations with the caregiver. The regional manager approves the proposed amount, based on the availability of funds in the regional budget. For more information on payment amounts, see the Foster Family Care Homes Payment Tables in Appendix C: Agreements and Payment Rates.

Modifying agreements

Modifications to agreements are made with the caregiver's knowledge and consent. When considering modifying the terms and conditions of the agreement, the director initiates a thorough planning and review process involving the caregiver, which includes:

- discussing the proposed changes with the caregiver
- notifying the caregiver in writing about the proposed modification(s) and reasons for it/them, and
- if the modification will result in a decrease in payment to the caregiver, providing the caregiver with notice of the modification 60 days before its effective date.

The director uses a modification agreement to reflect the changes in the agreement, including remuneration and bed capacity.

If the caregiver does not consent to the proposed modification(s) and there is no workable compromise, the director considers ending the contract in accordance with procedures outlined in the following section.

Ending agreements

When considering ending an agreement, the director discusses the reasons with the caregiver, relevant staff and supervisor. A family care home agreement or client services agreement can be ended if:

- a caregiver asks to end the agreement
- the agreement is ended on notice – before the end of the agreement and after providing 60 days notice (s.11.01[b] of the family care home agreement)
- the agreement is ended for cause, based on breach by either party of a material term and written notice that the agreement will terminate immediately or at some future date (s.11.01[a] of the family care home agreement)
- the term of the agreement is up and it will not be renewed.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS	
	<p>With a client services agreement, it is necessary to communicate the intention to terminate the services in writing, consistent with the notice provisions in the termination section of the agreement.</p> <p>Within a week of deciding to end an agreement, the director provides the caregiver with written reasons for the decision, and the appropriate notice. (For information on required notice for ending an agreement, see Notice Requirements in Appendix C: Agreements and Payment Rates.) In addition, the director provides the caregiver with information about who to contact if he or she disagrees with the decision (see Caregiver Support Service Standard 20: Transferring or Closing a Caregiving Home).</p>
PROCEDURES	<p>Family care home agreements</p> <p>The director uses the RAP system to produce agreements and initiate exceptional ongoing monthly payments to cover costs for shelter, transportation, relief, child and youth care workers, day care and other required services.</p>
ADDITIONAL INFORMATION / RESOURCES	<p>For information on insurance for caregivers, see Appendix D</p> <p>For information on family care home agreements, see Resource and Payment (RAP) Contracts in the Systems User Guide: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/07Contracts.pdf</p>

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 6: MONITORING AND REVIEWING AGREEMENTS	
LEGISLATION	
STANDARD	As part of contract management, a director reviews and monitors agreements for utilization, financial accountability and fulfillment of component services and contractual obligations.
POLICY	<p>Monitoring agreements</p> <p>The director monitors an agreement to review:</p> <ul style="list-style-type: none"> • a caregiver’s budget and expenses, including exceptional ongoing payments and requests for one-time-only expenses, and • the caregiver’s compliance with the obligations outlined in the agreement. <p>The director identifies and discusses with the caregiver any concerns that arise and develops ways to address them.</p> <p>(If, as a result of the reviewing and monitoring processes, modification of an agreement is required, see “Modifying agreements” in Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements.)</p> <p>Reviewing agreements</p> <p>The director reviews and discusses the terms and conditions of an agreement with a caregiver:</p> <ul style="list-style-type: none"> • during caregiver annual reviews • in advance of 60 days prior to the end of the agreement, and • at any time that concerns arise about the agreement. <p>Agreements are reviewed at these times in order to determine:</p> <ul style="list-style-type: none"> • the relevance of the conditions of the agreement • the caregiver’s intention and ability to fulfill the conditions of the agreement, and • whether adjustments are needed. <p>The director discusses the caregiver’s progress and plan for completing the mandatory training required by the director. If there are ongoing concerns about completing the training, the director carefully considers whether to renew the agreement.</p>
PROCEDURES	

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 6: MONITORING AND REVIEWING AGREEMENTS	
ADDITIONAL INFORMATION / RESOURCES	For information on family care home agreements, see Resource and Payment (RAP) Contracts in the Systems User Guide: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/07Contracts.pdf

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 7: CAREGIVER CONTINUING LEARNING AND EDUCATION	
LEGISLATION	
STANDARD	<p>A director discusses and develops a learning plan with a caregiver that outlines how learning needs and mandatory training will be addressed.</p> <p>The director supports a caregiver at the time of approval and during reviews to meet his or her learning needs and mandatory education requirements.</p>
POLICY	<p>Learning plan</p> <p>Based on a caregiver’s identified learning needs, the director develops and follows up on a plan with the caregiver to ensure that he or she receives information and/or education on topics including:</p> <ul style="list-style-type: none"> • expectations and responsibilities of caregivers and the director • the role of the caregiver in providing temporary care for a child and support for the family until the child returns home or to another stable, lifelong family living arrangement, and • sensitive and responsive practices to use with a child’s family to maintain the family’s involvement with the child, consistent with the child’s plan and cultural plan • knowledge of a child’s unique culture in order to preserve the child’s identity and connection to his or her community • child development and parenting skill development • restraining procedures outlined in a child’s plan of care that have been approved by members of the child’s team, including a health care provider who is knowledgeable about the child and restraining techniques. For more information about the use of physical restraint, refer to Standard B.3 and Appendix 2 in Standards for Foster Homes. • how best to address the individual needs and interests of a child and the unique situation of his or her family in accordance with the child’s plan and cultural plan. <p>Mandatory education</p> <p>The director advises the caregiver that it is mandatory for all ministry or delegated Aboriginal agency caregivers who sign a family care home agreement or contract to complete the approved ministry caregiver education program within two years from the date of his or her approval. The director refers the caregiver to the regional foster parent support service that provides the mandatory education.</p> <p>The director regularly discusses with the caregiver his or her progress with the education program, and identifies and addresses barriers affecting successful completion.</p>

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 7: CAREGIVER CONTINUING LEARNING AND EDUCATION	
	<p>Continuing learning and education</p> <p>On an ongoing basis, the director:</p> <ul style="list-style-type: none"> • identifies and discusses with the caregiver his or her short- and long-term learning and development needs, based on the unique characteristics of the child and the child’s plan • assists and supports the caregiver in developing the skills required for meeting the child’s needs, by providing or identifying sources of relevant information, including books, articles, and learning opportunities offered by other ministries (e.g., information on addictions issues) • advises the caregiver about learning opportunities to enhance caregiving knowledge and skills. <p>The director encourages the caregiver to participate in ongoing learning opportunities, particularly in areas such as:</p> <ul style="list-style-type: none"> • positive parenting – approaches based on praise, encouragement and structuring the setting for success, which allow a child to develop positive behaviour and social skills and learn responsibility and self-control • inclusive caregiving – using a variety of ways to include a parent in the care of his or her child, in order to promote continuity of care and consistency of parenting practices, increase the family’s capacity to care for the child, and strengthen the relationship between the child’s family and the caregiver • learning about the child’s culture and community.
PROCEDURES	<p>The director documents the date and title of completed BC Foster Parent Education Program modules on MIS S</p> <p>WS.</p>
ADDITIONAL INFORMATION	<p>Foster Family Handbook: http://www.mcf.gov.bc.ca/foster/pdf/handbook.pdf</p> <p>Standards for Foster Homes, Standard B.3 and Appendix 2: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf</p>

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 8: DOCUMENTATION	
LEGISLATION	<i>CFCSA Part 5</i>
STANDARD	<p>A director documents all significant information about a caregiver and actions taken during service provision.</p> <p>The director advises the caregiver of the required documentation that is kept on file.</p> <p>Documentation regarding a caregiver is accurate and complete and includes information relating to:</p> <ul style="list-style-type: none"> • screening, assessment and approval processes • agreements and financial records • placement of and planning for children in care • caregiver education and skill development, and • monitoring, reviews, reportable circumstances, protocols and dispute resolution processes. <p>The director arranges for the caregiver to sign and receive a copy of all relevant records.</p>
POLICY	<p>The director maintains confidential, accurate and up-to-date documents and keeps them in a secure location.</p> <p>When a caregiver has participated in an application, approval or dispute resolution process, the director obtains his or her signature on the relevant documentation and provides him or her with a copy. Signatures are obtained in order to show that the caregiver has seen the document. (Signatures are required on all documents identified with a * in the list below.)</p> <p>Documentation to be kept on a caregiver’s file includes but is not limited to:</p> <ul style="list-style-type: none"> • application and consent forms* • home study* • reference, medical, criminal and prior contact checks • approval documentation* • verification of completion of pre-service orientation* • family care home agreement or client services agreement* • invoices and records of payment for additional expenses • caregiver learning and education plan (including mandatory training record) and record of completed education* • levels assessment* • child’s referral form and care arrangements* (including caregiver’s tasks and responsibilities resulting from collaborative planning, and information

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 8: DOCUMENTATION	
	<p>about home visits)</p> <ul style="list-style-type: none"> • ongoing monitoring and annual reviews* • protocols* (summary sent by registered letter) • steps taken to resolve and results of a dispute resolution* • reportable circumstances and incident reports* (see Caregiver Support Service Standard 18: Reportable Circumstances) • placement and monitoring documentation • summary of information regarding children placed in home, including child’s name, age, placement dates, length of stay, reason for moving • placement decision and supporting reasons • communication between caregiver and worker including communication during home visits • correspondence • any other documentation as required. <p>The director advises the caregiver to:</p> <ul style="list-style-type: none"> • keep a confidential record of contact between the caregiver and the family, extended family and community of the child in care, according to the child’s plan, which can be given to the director upon request, and • submit the record for storage on the appropriate child service, family service and/or resource files as soon as possible after a child leaves the caregiving home. <p>(For more information on caregiver records of children in care, see “Closing a home” in Caregiver Support Service Standard 20: Transferring or Closing a Caregiving Home.)</p>
PROCEDURES	
ADDITIONAL INFORMATION / RESOURCES	<ul style="list-style-type: none"> • Child and Family Service Standard 24: Case Documentation • Children in Care Service Standard 11: Assessing and Planning for a Child in Care

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 9: SHARING PLACEMENT INFORMATION WITH A CAREGIVER	
LEGISLATION	<p>CFCSA s. 79 (Disclosure without consent)</p> <p>79 A director may, without the consent of any person, disclose information obtained under this Act if the disclosure is</p> <ul style="list-style-type: none"> (j) made in Canada to caregivers and the information relates to children in their care, or (k) made in Canada and necessary for the administration of this Act.
STANDARD	<p>A director provides a caregiver with information about a child in care wherever possible before the child is placed, at the time of placement, and as it becomes available throughout the child's stay.</p> <p>The director provides the caregiver with a written copy of the caregiver's responsibilities as outlined in the child's plan of care.</p>
POLICY	<p>When considering a placement for a child in care, the director provides a proposed caregiver with written referral information from the child's guardianship or child protection worker and discusses the potential placement. (See Children in Care Service Standard 13: Providing a Caregiver with Information).</p> <p>During the placement process, the director ensures that the caregiver receives relevant information, including::</p> <ul style="list-style-type: none"> • the child's full name, date of birth and legal status • information about the child's overall goal and plan of care, and the worker's expectations of the caregiver in supporting that plan • contact information for the person delegated to provide the child and caregiver with service • known medical and/or mental health history and needs (e.g., allergies) • any safety risks to the child, including the need to protect the child from contact with another person • any health or safety risks posed by the child toward the caregiver or any other person in the home, the caregiver's home and personal belongings • the child's daily care, including mealtime and bedtime routines, sleeping habits and food preferences • scheduled appointments with other service providers or professionals • the names of persons with access to the child and how access will be arranged • how contact with parents, family, extended family, friends and community members will be facilitated • the child's cultural and ethnic heritage, spiritual beliefs and identity • the child's school • the child's participation in sports, recreational clubs or activities

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 9: SHARING PLACEMENT INFORMATION WITH A CAREGIVER	
	<ul style="list-style-type: none"> • any allegations of abuse or neglect involving the child in previous placement settings, whether the allegations were investigated, and the outcome • notification procedures if the child is lost, goes missing or runs away, or if the child suffers a personal injury or is at serious risk of harm, and • any other information that will assist the caregiver in responding to the individual needs of the child. <p>Throughout the placement, the director ensures that the caregiver continues to be provided with all relevant information about the care and safety of the child, including procedures for meeting special dietary needs, administering medications, and the use of restraints that are approved by members of the child’s team including a health care provider who is knowledgeable about the child and the subject area. For more information about the use of physical restraint please refer to Standard B.3 and Appendix 2 in the Standards for Foster Homes.</p> <p>The director ensures that the caregiver is advised of the child’s plan of care and receives written information about the caregiver’s responsibilities arising from the child’s plan of care.</p> <p>Before and during a child’s change in placement, the director ensures that the current caregivers knows the reasons for the child’s move and when the move is scheduled to occur, and receives relevant information about the new placements.</p>
ADDITIONAL INFORMATION/ RESOURCES	<p>Children in Care Service Standard 13: Providing a Caregiver with Information</p> <p>Standards for Foster Homes, Standard B.3 and Appendix 2: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf</p>

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 10: SELECTING A CAREGIVING HOME	
LEGISLATION	<p>CFCSA s.70 (Rights of children in care) (See Appendix A)</p> <p>CFCSA s.71 (Out-of-home living arrangements)</p> <p>71 (1) When deciding where to place a child, a director must consider the child's best interests.</p> <p>(2) The director must give priority to placing the child with a relative or, if that is not consistent with the child's best interests, placing the child as follows:</p> <p>(a) in a location where the child can maintain contact with relatives and friends;</p> <p>(b) in the same family unit as the child's brothers and sisters;</p> <p>(c) in a location that will allow the child to continue in the same school.</p> <p>(3) If the child is an aboriginal child, the director must give priority to placing the child as follows:</p> <p>(a) with the child's extended family or within the child's aboriginal cultural community;</p> <p>(b) with another aboriginal family, if the child cannot be safely placed under paragraph (a);</p> <p>(c) in accordance with subsection (2), if the child cannot be safely placed under paragraph (a) or (b) of this subsection.</p>
STANDARD	<p>A director selects a caregiver for a child in care on the basis of the child's assessed needs and strengths. The first priority is extended family.</p> <p>In addition, for an Aboriginal child in care, the director always gives priority to selecting a caregiver within the child's Aboriginal community. If the extended family or community cannot safely assume the child's care, the director gives priority to Aboriginal caregivers outside the child's Aboriginal community. The director involves the community in planning for selection of a caregiver and placement.</p> <p>When an Aboriginal child in care is placed with a non-Aboriginal caregiver, the director assists the caregiver in maintaining and providing opportunities for, according to the child's plan:</p> <ul style="list-style-type: none"> • positive contact between the child and his or her Aboriginal community, and • involvement of the child in activities in his or her Aboriginal community.
POLICY	<p>The director considers the child's best interests when selecting a caregiver for a child in care.</p> <p>To the fullest extent possible, the director makes decisions about where to place a child through a consultative process that includes the child, family, extended family and other adults who have a significant relationship with the child. The director uses this approach to placement decision-making when a child first comes into care and if a change of placement is required.</p>

CSS STANDARD 10: SELECTING A CAREGIVING HOME

Selection priorities

The director gives priority to placing the child with extended family, consistent with the child's best interests. The director considers how the child's needs, personality and developmental level match the abilities, capacities and resources of the extended family.

If placement with a child's extended family is not consistent with the child's best interests, the director gives priority to placing the child:

- in a living arrangement that will promote the maximum contact between the child and parents and other family members, whenever possible selecting a caregiver who:
 - lives in close geographic proximity to the child's siblings, extended family and friends, and
 - is willing to promote the child's regular contact with siblings, extended family and friends, consistent with the child's needs;
- in the same family as the child's brothers and sisters, in order to reduce the trauma of separation and promote the stability and continuity of lifelong relationships (if siblings have separate living arrangements, the child's team facilitates frequent and regular contact between them)
- in a community that will allow the child to continue to attend the same school, day care and/or recreational activities.

When a child's best interests are served by living with a caregiver who does *not* live close to the child's family and/or friends, the child's team:

- makes efforts to involve the family and extended family in decisions about the child
- assists the child in maintaining contact with the family, extended family and friends, subject to court-ordered access restrictions, and
- offers support services to the family and extended family to help maintain or enhance their ongoing involvement with the child.

The director gives priority to placing each Aboriginal child:

- with his or her extended family
- within his or her Aboriginal community
- with another Aboriginal family, or
- if these placement options are unavailable, in accordance with the other placement priorities described in this standard.

The director works in partnership with the involved Aboriginal community or identified delegated agency to choose a caregiver for the child. The director considers all adult members of the child's extended family or other persons within the Aboriginal community as possible caregivers for the child.

CSS STANDARD 10: SELECTING A CAREGIVING HOME

The director actively follows up with suggested or recommended members of the child's family or community to determine whether they are willing and able to care for the child.

Caregiver qualities

Wherever possible, the director selects a caregiver who:

- has been identified by the child as a person with whom he or she would choose to live
- has the strengths, capacities, skills and experience necessary to provide safety for the child and promote the child's well-being
- will work collaboratively with the child's family, social workers and other members of the child's team towards the goal of returning the child to the family or providing a living arrangement that promotes stability and continuity of lifelong relationships in accordance with the child's plan
- respects and promotes the rights of children in care under the *CFCSA*, and
- is aware of his or her own strengths and limitations and will access and utilize the supports and training available to fulfill the child's needs.

In addition to considering the above characteristics, the director makes efforts to preserve a child's culture and identity by choosing a caregiver who is willing to:

- work with the child's family and extended family to promote the child's culture and identity
- promote and support ongoing contact with members of the child's cultural community
- participate in the development and implementation of a child's cultural plan
- learn about and respect the views, cultural and ethnic heritage, socio-economic circumstances, spiritual beliefs and identity of the child, family and extended family, and
- help the child develop a strong self-image that incorporates his or her culture and identity.

When considering placing a child in a caregiving home, the director determines the compatibility of the child with those already living in the home, based on:

- the number of children living in the home (including children in care, the caregiver's own children, and any others)
- their age, gender, developmental level, needs and wishes, and
- discussions with social workers who have children placed in the home.

(For more information on the maximum number of children in a caregiving home, see Caregiver Support Standard 11: Allowable Number of Children in a Caregiving Home.)

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 10: SELECTING A CAREGIVING HOME	
	The director uses staffed children’s residential services only when an assessment of the child’s needs and best interests determines that placement of a child in a family care home is neither appropriate nor possible. The director considers all other placement options first, and uses staffed residential resources only when the child’s needs cannot be met within a family care home, or as a last resort.
PROCEDURES	The director participates in the region’s placement decision-making process for reviewing the referral to and placement of children in staffed residential resources.
ADDITIONAL INFORMATION/ RESOURCES	<ul style="list-style-type: none"> • Caregiver Support Standard 11: Allowable Number of Children in a Caregiving Home • Standards for Staffed Children’s Residential Services

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 11: ALLOWABLE NUMBER OF CHILDREN IN A CAREGIVING HOME	
LEGISLATION	
STANDARD	The number of children placed by a director in a caregiving home is based on the needs of the children and the capacity of the caregiver to provide the necessary services.
POLICY	<p>Maximum number of children</p> <p>The director ensures that the number of children placed in any one home, especially children with special needs, does not exceed the family’s capacity to provide quality care. To meet this objective and to preserve the distinct characteristics of family living, there can be no more than six children, including the caregiver’s own children, living in any type of caregiving home. In addition, no more than two of the six children are to be under the age of two.</p> <p>When determining how many children a caregiving home may accept for care, the director considers reducing the number when any of the children living in the home have significant developmental, emotional, behavioural or medical needs that require specialized care. Since some children require more individualized attention, fewer children are cared for in family care homes providing care for infants, children or youth with therapeutic or special needs.</p> <p><i>Family care homes</i></p> <p>The maximum number of all children residing in any family care home is six. This includes situations such as sleepovers.</p> <ul style="list-style-type: none"> • The maximum number of children that can be placed in a restricted, regular or Level 1 home is six. • The maximum number of children that can be placed in a Level 2 home is three. • The maximum number of children that can be placed in a Level 3 home is two. <p>The maximum number of preschool-aged children in a home is four, except when there are three children under 2-1/2 years. In either situation, no more than two children can be under the age of two.</p> <p>If a family care home has a mixed designation, the maximum number of children will be consistent with the home’s highest designation.</p> <p>Exceptions</p> <p>When considering an exception to the number of children in a caregiving home, a director ensures that the health, care, safety, protection and supervision of the child are maintained, and that the caregiver is be able to meet the requirements of the family care home agreement and have sufficient time to adequately care for each child according to his or her plan of care.</p>

CSS STANDARD 11: ALLOWABLE NUMBER OF CHILDREN IN A CAREGIVING HOME

When deciding about placing additional children in a family care home, the director assesses:

- the caregiver's capacity to adequately care for all children placed in the home
- congruency with the child's written comprehensive plan of care and the child's best interests, and
- a determination that the placement is in the child's best interest.

Circumstances for placements exceeding the allowable number

The director may consider an exception in the following situations:

- the placement of sibling groups (other than sibling groups, any exception is considered a short-term arrangement and children are placed in a more suitable resource as quickly as possible)
- placement of children in a home in which they have lived previously
- youth in care who have children
- short-term emergency placements, and
- provision of short-term respite or relief.

Criteria to consider for placements exceeding the allowable number

The director uses the following criteria when considering additional placements.

a) The number, ages and characteristics of the children:

- the number, chronological and functional age, characteristics and needs of all children currently under the care of the caregiver (including children receiving day care services in the caregiving home)

b) Caregiver's capacity:

- the caregiver's capacity to provide care, including an evaluation of the caregiver's health, strength, mobility and other responsibilities that the caregiver may have (e.g., care of dependent family members, work outside the home, babysitting other children)
- potential changes in interactions of the caregiver and children (including the caregiver's own children) that might be created as a result of this combination of children, and the impact of such changes (assessment of impact should consider behavioural, developmental, medical, psychological, social and personal safety issues)
- additional supports the caregiver may require to meet the needs of the increased number of children, which could include respite, in-home help for housekeeping or child care, and day care
- the amount of space available, including appropriateness of sleeping arrangements and ability to evacuate all children in the event of an emergency.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 11: ALLOWABLE NUMBER OF CHILDREN IN A CAREGIVING HOME	
	<p>Information about the caregiver’s capacity obtained through discussions with each social worker who has a child placed in the caregiving home.</p> <p>The director documents that he or she has conducted an assessment of the caregiver’s capacity to care for additional children.</p> <p>Authority to approve exceptions A regional director of <i>CFCSA</i> approves an exception, and reviews the decision every six months, or more frequently as required.</p> <p>Reviews Caregiving homes with children placed above the maximum capacity set by policy may require additional supports. In accordance with a regionally developed monitoring and tracking plan, the director reviews and assesses:</p> <ul style="list-style-type: none"> • the health and safety of children placed in the home • the progress of children in care toward meeting developmental outcomes, and • the impact of the additional children on the caregiver and all others living in the home. <p>Reviews are conducted every 90 days in the first year. After the first year, if the placement is stable, reviews occur every six months; if the placement is not considered stable, reviews continue to be conducted every 90 days.</p> <p>In addition, a regional director of <i>CFCSA</i>, resource supervisors and workers regularly review the activity level and history of homes that exceed the policy limits in order to inform the regional resource plan. These reviews consider such factors as:</p> <ul style="list-style-type: none"> • the frequency with which the region exceeds the policy limits for placement of children in caregiving homes • the number of homes that are being approved to exceed the policy limit, and • circumstances under which approvals are granted.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 12: PLACEMENT	
LEGISLATION	<p>CFCSA s.70 (Rights of children in care) (see Appendix A)</p> <p>CFCSA s.71 (Out-of-home living arrangements)</p> <p>71 (1) When deciding where to place a child, a director must consider the child's best interests.</p> <p>(2) The director must give priority to placing the child with a relative or, if that is not consistent with the child's best interests, placing the child as follows:</p> <ul style="list-style-type: none"> (a) in a location where the child can maintain contact with relatives and friends; (b) in the same family unit as the child's brothers and sisters; (c) in a location that will allow the child to continue in the same school. <p>(3) If the child is an aboriginal child, the director must give priority to placing the child as follows:</p> <ul style="list-style-type: none"> (a) with the child's extended family or within the child's aboriginal cultural community; (b) with another aboriginal family, if the child cannot be safely placed under paragraph (a); (c) in accordance with subsection (2), if the child cannot be safely placed under paragraph (a) or (b) of this subsection. <p>CFCSA s.94 (Agreements with caregivers)</p> <p>94 A director may, by agreement, authorize a caregiver to carry out any of the director's rights and responsibilities with respect to the care, custody or guardianship of a child.</p>
STANDARD	A director supports a caregiver during the placement process in caring for the child and working with the child's family in accordance with the child's plan.
POLICY	<p>Wherever possible, decision-making about where a child will live is shared among the child's team members, including the child and family.</p> <p>The director provides a proposed caregiver with written referral information from the child's guardianship or child protection worker and discusses the potential placement.</p> <p>Wherever possible, the child's team arranges a pre-placement visit for the child and family with the caregiver to assess the viability of the placement from the perspectives of all involved.</p> <p>The director provides the child's worker with relevant information about the caregiver to share with the child and family (e.g., family composition, routines and hobbies).</p>

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 12: PLACEMENT	
	<p>Before placing the child, or as soon as possible, and in collaboration with the child’s worker, the director verbally and in writing provides the caregiver with relevant information needed to care and plan for the child. The director continues to update the caregiver with information about the child throughout the child’s stay. (For information on the type of information to be shared, see Caregiver Support Service Standard 9: Sharing Placement Information with a Caregiver.)</p> <p>At the beginning of a placement, the director plans with the caregiver how best to support the caregiver in providing a safe and stable living arrangement for the child. The director discusses ways of supporting the caregiver in caring for the child in accordance with the child’s plan of care. The director provides ongoing support, especially during transitions.</p> <p>All children’s cultures are of equal significance and respected while in care. For an Aboriginal child, the director ensures that a caregiver receives, understands and supports the cultural plan. The director discusses ways to maintain the child’s connection with his or her Aboriginal community, in accordance with the child’s plan (e.g., by making arrangements for a relief caregiver who is a member of the child’s Aboriginal community).</p> <p>Staffed children’s residential services</p> <p>When a decision is made to place a child in a staffed children’s residential resource, the director follows the same process as for placement in a caregiving home, as outlined above.</p> <p>The director monitors the appropriateness and length of a placement to ensure that the child does not remain in a staffed residential resource any longer than is necessary. Placement of children in specialized residential resources is limited to a maximum period of 12 months. Exceptions are limited to meeting extraordinary health, educational and/or behavioural needs.</p>
PROCEDURES	The director participates in the region’s placement decision-making process for reviewing the referral to and placement of children in staffed residential resources.
ADDITIONAL INFORMATION/ RESOURCES	<ul style="list-style-type: none"> • Child and Family Service Standard 20: Placements When a Child Comes into Care • Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care • Children in Care Service Standard 2: Providing Services That Respect a Child’s Culture and Identity • Children in Care Service Standard 5: Ensuring a Child’s Safety While in Care • Children in Care Service Standard 6: Ensuring the Rights of a Child in Care

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 13: PLANNING AND SUPPORTING CHANGES IN PLACEMENT	
LEGISLATION	
STANDARD	<p>A director works with a caregiver and all members of a child’s team to plan for the child and promote stability in the child’s living arrangement.</p> <p>The director collaboratively plans for changing a child’s placement according to the child’s best interests. The director assists and supports a caregiver before, during and after a child changes placement in order to reduce the amount of disruption for the child and caregiver during the transition.</p>
POLICY	<p>Moving to another placement</p> <p>The priority is always to maintain a child in a living arrangement that meets his or her best interests.</p> <p>Before deciding on a change in placement, the child’s team exhausts all other options and reviews the child’s plan, giving careful consideration to whether a family member is able to care for the child. The director considers whether providing additional support will allow the child to safely stay in the current living arrangement. If a change in placement is necessary and in the best interests of the child, the director makes the decision in collaboration with the child’s team.</p> <p>In order to ensure that the child, family and both the current and proposed caregivers are well prepared for the change, the director participates in developing a plan that addresses the activities and supports needed to promote a positive transition experience for all concerned.</p> <p>Significant components of a transition plan include:</p> <ul style="list-style-type: none"> • facilitation of communication between current and proposed caregivers regarding the care of the child • number and frequency of pre-placement visits based on the child’s developmental stage, and the amount of contact that might already exist between the child and proposed caregiver • return or transfer of the current caregiver’s records about the child. <p>Return to family or community</p> <p>When a child is returning to family or other permanent out-of-care living arrangement, the director assists the caregiver in preparing the child for the transition. The director supports the caregiver in adjusting to the change in the relationship with the child. A significant component of the plan is ensuring that adequate time is given to supporting reunification according to the unique circumstances of the child.</p> <p>Transition support for all changes in living arrangements includes:</p> <ul style="list-style-type: none"> • providing timely information and discussing with the caregiver the reasons

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 13: PLANNING AND SUPPORTING CHANGES IN PLACEMENT	
	<p>why the move is in the child’s best interest</p> <ul style="list-style-type: none"> • assisting the caregiver in developing positive and supportive ways of explaining and discussing the change in placement with the child • involving the caregiver in planning for the child’s move and determining what support the caregiver and caregiver’s family and community may need to help the child make the transition • supporting the caregiver in helping prepare the child for a move by fully participating in transition activities, including visits to the proposed caregiver or family • encouraging and helping the caregiver to develop ways of promoting ongoing contact with the child after the change in placement, according to the child’s best interests • acknowledging the range of responses that occur during a change, including joy, relief, grief and loss, and encouraging activities that honour the experiences of all involved. <p>For Aboriginal children, as part of collaborative planning, the director seeks guidance from the child’s Aboriginal community, identified delegated agency, caregiver, and family about the best approach to support the child’s move.</p> <p>If agreement on an issue cannot be reached, the director offers and promotes alternative dispute resolution processes, taking into consideration the views and culture of persons involved in the dispute.</p>
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	<ul style="list-style-type: none"> • Children in Care Service Standard 10: Meeting a Child’s Need for Stability and Continuity of Lifelong Relationships • Children in Care Service Standard 12: Supporting and Assisting a Child with a Change in Placement • Child and Family Service Standard 4: Cooperative Planning and Dispute Resolution Processes

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 14: COLLABORATIVE ASSESSMENT AND PLANNING	
LEGISLATION	<p>CFCSA s.70 (Rights of children in care) (see Appendix A)</p> <p>CFCSA s.94 (Agreements with caregivers) 94 A director may, by agreement, authorize a caregiver to carry out any of the director’s rights and responsibilities with respect to the care, custody or guardianship of a child.</p>
STANDARD	<p>A director participates, and encourages a caregiver to participate, in the collaborative assessment and planning process as a valued member of a child’s team.</p> <p>The director strategizes with the caregiver on how he or she can best:</p> <ul style="list-style-type: none"> • fulfil his or her responsibilities in meeting the goals and objectives of the child’s plan, and • address the child’s safety and well-being in all aspects of his or her life. <p>For an Aboriginal child, the director works in partnership with significant and involved people from the Aboriginal community throughout the assessment and planning process, including the development and implementation of the child’s cultural plan.</p> <p>The child’s team members periodically evaluate their working relationships, roles and responsibilities in developing, supporting and implementing the child’s plan.</p>
POLICY	<p>The director facilitates a caregiver’s participation in all assessment, planning and review processes. Participation includes attending meetings, and when the caregiver cannot attend in person, communicating the caregiver’s information, views and experience, and sharing relevant or significant information from the caregiver’s individual service records on the child. Wherever possible, the director ensures that a caregiver has access to the supports needed to enable his or her participation in assessment and integrated service planning meetings.</p> <p>A caregiver and his or her worker assist in planning regarding:</p> <ul style="list-style-type: none"> • identifying and responding to the care and safety needs of a child • identifying and responding to any health or safety risks posed by the child or the family toward the caregiver or any other person in the home • authorizing the caregiver to provide consent for routine school outings and medical treatment for the child, such as immunizations, general check-ups and non-emergency family physician/medical clinic office visits • visiting arrangements, and • change of living arrangements for the child or caregiver.

CSS STANDARD 14: COLLABORATIVE ASSESSMENT AND PLANNING

Team member roles and responsibilities

All members of a child's team identify and determine clear roles and responsibilities when assessing and planning for the child and implementing the child's plan of care and cultural plan. For an Aboriginal child, involved members of the child's Aboriginal community may take on particular roles and responsibilities in relation to the child's cultural plan.

Consistent with integrated case management guidelines, the members of the child's team will designate one person for the role of case manager. The designated case manager coordinates ongoing communication and progress reviews, and monitors team members' roles and responsibilities in fulfilling the child's plan of care and cultural plan.

The child's team continues to invite and encourage participation of people of significance to the child in planning for the child, even if they have previously not participated.

Team reviews

As part of a region's quality assurance practices, the child's team conducts periodic peer evaluations to:

- review the efficacy and consistency of practice
- resolve issues that may be a barrier to the success of the child's plan of care and cultural plan, and
- make any adjustments to the plan, roles or responsibilities.

Peer evaluation may include:

- examining the roles of each team member and the team as a whole to determine whether all the appropriate resources and supports are in place, and, if not, developing a plan to address this
- reviewing how the team is working together to meet the needs of the child and family
- reviewing how the team has resolved issues or differences and the use of any alternative dispute resolution measures.

Progress reviews

The child's team regularly reviews progress on the goals outlined in the child's plan, looking specifically at how:

- the child's well-being, including developmental and safety needs, is being maintained
- the child's strengths, capacity and abilities are being promoted and supported
- the cultural, socio-economic, social and community context and spiritual beliefs of the child, family and caregiver are being respected and honoured.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 14: COLLABORATIVE ASSESSMENT AND PLANNING	
	Progress reviews can create opportunities to develop and monitor plans to reunite a child with family or extended family, or to move a child to an out-of-care living arrangement that promotes stability and continuity of lifelong relationships.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	<ul style="list-style-type: none"> • Child and Family Service Standard 2: Children and Families from Aboriginal Communities • Child and Family Service Standard 4: Cooperative Planning and Dispute Resolution Processes • Child and Family Service Standard 5: Providing Services That Respect a Child’s Culture and Identity • Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care • Children in Care Service Standard 2: Providing Services That Respect a Child’s Culture and Identity • Children in Care Service Standard 8: Involving a Child and Considering the Child’s Views in Case Planning and Decision Making • Children in Care Service Standard 11: Assessments and Planning for a Child in Care • Children in Care Service Standard 15: Planning for a Child Leaving Care • Integrated Case Management User’s Guide: http://icw.mcf.gov.bc.ca/manuals/man_provserv_icm.shtm • Standards for Foster Homes: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf • Standards for Children’s Staffed Residential Services: http://www.mcf.gov.bc.ca/child_protection/pdf/standards_residential_services.pdf • Family Care Home Agreement: Schedule A, part 1, section 4 • Collaborating and Advocating for Children and Youth in Care: http://www.mcf.gov.bc.ca/foster/pdf/CollabAdvoc3.pdf

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 15: SUPPORTIVE PRACTICE	
LEGISLATION	
STANDARD	<p>A director employs supportive practice in all dealings with a caregiver and provides support services consistent with the expectations of the caregiver outlined in:</p> <ul style="list-style-type: none"> • a child’s plan • foster home or staffed children’s residential service standards, and • contractual agreements.
POLICY	<p>Support is consistently identified as a crucial and significant factor in the retention of caregivers.</p> <p>The director communicates with a caregiver in a manner that is supportive and responsive to the complexities of the placement and the needs of the child. Frequent contact at the beginning of a placement and ongoing contact as required assists in promoting the stability of a child in care living in the home.</p> <p>Supportive practice includes:</p> <ul style="list-style-type: none"> • listening, and providing advice when appropriate or requested • responding to a caregiver’s requests in a timely manner • facilitating access to professional support services for a caregiver relevant to the child’s needs (e.g., mental health, drug and alcohol, and behaviour management services) • promoting and facilitating access to formal and informal support networks (e.g., mutual aid, peer support, natural helpers, foster parent organizations, and/or community resources) • facilitating access to appropriate tangible supports (e.g., relief, or child and youth care worker) and reimbursement for additional expenses • encouraging the caregiver to participate with other members of the child’s team in planning for the child • encouraging and facilitating the use of formal dispute resolution processes (e.g., mediation) to deal with conflicts that might arise between the caregiver and others • promoting and facilitating access to foster parent education and learning opportunities • facilitating key transitions (e.g., the beginning or ending of placements and services) • meeting with caregivers during times of crisis • periodically reviewing and assessing with the caregiver the level of support provided and required.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 15: SUPPORTIVE PRACTICE	
	<p>Supportive practice assists a caregiver in:</p> <ul style="list-style-type: none"> • supporting the goal of returning a child to the family and promoting stability and continuity of lifelong relationships, according to the child’s plan, and • promoting healthy transitions during placement disruptions and separations. <p>The director informs a caregiver that additional support is available from the British Columbia Federation of Foster Parents Associations, the Federation of Aboriginal Foster Parents, the Foster Parent After-Hours Support Line, and regional foster parent support services.</p> <p>For an Aboriginal caregiver, the director involves people from the relevant Aboriginal community to provide additional information and support.</p>
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	<p>Standards for Foster Homes, Standard B.3 and Appendix 2: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf</p> <p>Standards for Children’s Staffed Residential Services: http://www.mcf.gov.bc.ca/child_protection/pdf/standards_residential_services.pdf</p> <p>Family Care Home Agreement: Schedule E</p> <p>BCFFPA: http://www.bcfosterparents.ca</p> <p>FAFP: http://www.fafp.ca</p> <p>In Your Grasp website: http://www.inyourgrasp.bc.ca</p>

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 16: RELIEF, RESPITE AND CHILD CARE	
LEGISLATION	
STANDARD	<p>A director discusses the need for and provision of relief, respite or child care services with a caregiver. The director assists the caregiver in arranging for these services if required.</p> <p>Before a child in care is placed in a relief caregiver's home, the caregiver providing relief is assessed and approved.</p>
POLICY	<p>Relief is important for both the child in care and the caregiver in most family care homes.</p> <p>All levels of caregivers may provide other foster caregivers with relief (both in-home and out-of-home) to in order to provide support when necessary.</p> <p>In addition, all levels of caregivers may provide respite services (out-of-home care provided by a director for a child's parent with whom there is a support agreement) for families whose children are not in care.</p> <p>Relief</p> <p>The director assists the caregiver in planning and arranging for periodic relief if necessary, on a schedule that best meets the needs of the child in care and the caregiver. Wherever possible, use a ministry approved caregiver.</p> <p>If a caregiver selects a person who is willing to provide relief but who is not approved by the ministry, that person must be assessed and approved using the assessment criteria for restricted caregivers outlined in Caregiver Support Service Standard 2: Screening, Assessment and Approval.</p> <p>The child's worker decides whether or not the child is placed with the relief care providers in order to ensure the suitability of the person and placement for a child in care. The child's worker in consultation with his or her supervisor decide whether a child can be placed in the relief care provider's home for longer than 14 days.</p> <p>In order to enhance stability for the child, the preferred plan is for the child to be cared for by the same relief care providers.</p> <p><i>Allowable number of children in a caregiving home</i></p> <p>The maximum allowable number of children in a caregiving home includes children who are placed in the home for relief or respite purposes. Exceptions require approval from the regional director of CFCSA. For more information about the number of children that can be placed in a caregiving home, see Caregiver Support Service Standard 11: Allowable Number of Children in a Caregiving Home.</p>

CSS STANDARD 16: RELIEF, RESPITE AND CHILD CARE

Relief for restricted, regular and Level 1 family care homes

Payments under a Family Care Home Agreement with restricted, regular and Level 1 family care homes do not include money for relief. The relief provider obtains reimbursement at the established relief/respice rates either by invoicing the ministry or through a contract with the ministry.

Relief for specialized level 2 and 3 family care homes

Service payments for a specialized family care home include funds to cover the equivalent cost of three days of relief per month per child or per bed at the established relief/respice rates. Except in extraordinary situations (see “Supplementary relief”), the cost of any additional relief must be paid by the caregiver using the balance of the service payment.

Supplementary relief

Supplementary relief for specialized family care homes may be necessary as a result of:

- situational factors in the family care home, such as:
 - personal illness or tragedy
 - illness, death or marriage of an immediate member of the caregiver’s family
 - absence due to attendance at ministry-initiated or -recommended training
- demanding and extraordinary needs of the child in care which, without relief or support for the caregiver, could jeopardize the placement
- a restricted or regular home being the only available home but unable to meet some of the service requirements outlined in the comprehensive plan of care.

The director assesses and documents all requests for supplementary relief in exceptional situations where:

- more than the equivalent cost of three days per month of relief is clearly required to maintain a placement, and
- the cost would require the caregiver to spend an unreasonable or disproportionate amount of the service payment.

Payment for supplementary relief

Payments for supplementary relief cannot be initiated by the RAP system. The caregiver purchasing the supplementary relief submits a written invoice to the resource office. The invoice should include:

- the child’s name, sex and date of birth
- the number of days of relief service for which payment is required, including the dates of service
- the rate of pay (e.g., dollars per day)
- the name and telephone number of the person providing the supplementary relief

CSS STANDARD 16: RELIEF, RESPITE AND CHILD CARE

- the name, address and telephone number of the caregiver receiving the service, and
- the signature of the caregiver receiving the service.

The director forwards the invoice to the appropriate regional Financial Services Branch for payment.

The number of days of service for which reimbursement is requested is the equivalent of the cost of three days of relief service subtracted from the cost of the actual number of relief days received.

The authorization process for supplementary relief payments is the same as for one-time-only payments. A Family Care Home Authorized Approval form (CF1614) outlining the details of the service is required.

Payment to family care homes providing relief

Restricted and regular family care homes

Restricted or regular family care homes providing relief or respite are paid the restricted/regular family care home rate appropriate to the age of the child in care, plus \$10.00 daily. (For more information, see the Foster Family Care Home Payment Tables in Appendix C: Agreements and Payment Rates.)

The Respite/Relief Care/Take Charge form (CF1234) is used to initiate payment. It is completed by the caregiver, approved by the child's worker and/or appropriate spending authority, and forwarded to the regional Financial Services Branch.

(**Note:** Payment is based on the per diem rate and is not paid on a 24-hour clock basis.)

Specialized family care homes

Some Level 1, 2, and 3 homes are established to provide relief for other caregivers or respite for parents or other adults caring for children who are receiving services under a support services agreement but who are not in the director's care. The relief caregiver receives payment according to his or her designated home level. The rate for a relief/respite home is entered in Schedule B of the specialized family care home agreement.

If a Level 2 or 3 home is providing both relief/respite and ongoing care, separate specialized family care home agreement schedules with accompanying documentation are submitted to the regional Financial Services Branch.

Level 2 and 3 homes may provide respite/relief service even if a respite/relief placement results in a total number of children in excess of the limits established for ongoing placements, providing the caregiver has been approved to manage this extra capacity by the regional director of *CFCSA*.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 16: RELIEF, RESPITE AND CHILD CARE	
	<p>On-going child care</p> <p>If day care services are required to supplement the care provided by a caregiver, day care subsidies are available. If day care is part of the child’s plan of care and there is a cost in excess of the subsidy for which the caregiver requests additional funds, the director assesses the request. For more information regarding applying for child care, please refer to the Child Care Subsidy Procedures Manual: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/child_care_subsidy.pdf</p> <p>Whenever possible, the children are placed in licensed facilities. If none is available, and unlicensed family day care is to be used, the director and caregiver are responsible for screening and monitoring the placement.</p>
PROCEDURES	<p>Level 1, 2 and 3 relief/respice caregivers must submit a Respite/Relief Care/Take Charge form (CF1234) to initiate payment for their services.</p>
ADDITIONAL INFORMATION/ RESOURCES	<p>Resources</p> <p>Standards for Foster Homes, Standard F.1: Alternative Care Arrangements at: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf</p> <p>Child Care Subsidy Procedures Manual: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/child_care_subsidy.pdf</p> <p>For information on Relief/Respice Care rates, see Appendix C: Agreements on Payment Rates.</p> <p>For information on liability and extended property insurance when providing relief or respice service, see Appendix D: Insurance for Caregivers.</p>

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 17: ONGOING MONITORING AND ANNUAL REVIEWS	
LEGISLATION	
STANDARD	<p>A director begins to monitor a child’s safety and well-being as soon as a child in care moves into a caregiver’s home.</p> <p>The director maintains ongoing contact with the caregiver as circumstances require.</p> <p>In addition to regular contact and monitoring, the director conducts an annual review with each caregiver as part of a region’s quality assurance practices.</p>
POLICY	<p>Ongoing monitoring</p> <p>The director is responsible for monitoring on an ongoing basis:</p> <ul style="list-style-type: none"> • the safety and well-being of each child in care • the effectiveness of each caregiver in achieving the goals and objectives for each child in care • the progress of each child in care measured against his or her plan, and • the adherence of each caregiving home to the approved, relevant standards. <p>The director informs a caregiver about a director’s responsibility and purpose in carrying out ongoing monitoring and conducting annual reviews. The director develops a monitoring plan with the caregiver that includes regular contact by phone and e-mail and in person. In-person contact occurs at a minimum of once every 90 days.</p> <p>The director sees the physical environment of the home, including sleeping arrangements. Wherever possible during visits to a caregiving home, the director sees and interviews all children placed in the home. Otherwise, the director obtains information about the child’s experience in the placement through discussion with the child’s worker. The director documents in the caregiver’s resource file any changes in the physical environment and the child’s experience in the caregiving home as part of monitoring the home.</p> <p>Ongoing monitoring includes separate interviews with each child in care and caregiver to discuss their individual experiences with and/or any concerns about:</p> <ul style="list-style-type: none"> • the provision of a safe, nurturing environment that promotes the well-being of each child • the caregiver fulfilling his or her responsibilities in implementing the goals and objectives for each child and family as identified in the child’s plan • honouring of the child’s views, culture, identity, spiritual beliefs and wishes, and for Aboriginal children, following the cultural plan • maintaining family connections as outlined in the child’s plan, and

CSS STANDARD 17: ONGOING MONITORING AND ANNUAL REVIEWS

- the quality of care in the home.

In addition, the director reviews the caregiver's:

- records of the day-to-day care of the child, and
- adherence to the Standards for Foster Homes.

Annual reviews

The director conducts an annual review of all family care homes, including restricted family care homes.

The director informs a caregiver of the objectives and participation expectations of the annual review. Continuing approval of a caregiver is contingent on a successful annual review.

The director provides a caregiver with a schedule for his or her annual review, which occurs within 30 working days of the anniversary date of the initial approval. The director informs the caregiver about which records and activities will be reviewed and who will be interviewed as part of the review process.

The director reviews file documentation, caregiver notes and records about the child, and contacts each social worker who has a child placed in the caregiving home to discuss strengths of and concerns about the caregiver's care for the child.

The director conducts home visits to interview all caregivers in the home. Other adults and children living in the caregiving home may also be included in this process, when relevant.

In collaboration with a child's worker, the director determines who will:

- see and interview a child who is able to communicate in a comfortable space alone and apart from the caregiver, or
- see a child who cannot communicate in a comfortable space apart from the caregiver.

The director discusses the following topics with a caregiver during annual reviews:

- all placements and changes in placement
- changes and progress of the child in his or her development
- implementation of the child's plan
- the director-caregiver partnership, including providing and receiving positive feedback, and dispute resolution
- the caregiver's experience with the available supports and relationships with child's team members
- the caregiver's skills and capacities, noting any areas that require additional education, and planning to access that education

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 17: ONGOING MONITORING AND ANNUAL REVIEWS	
	<ul style="list-style-type: none"> • additional people living in the home • concerns, if any, about the care of children resulting from discussions with social workers, and a plan to address the concerns • timely completion of the mandatory BC Foster Parent Education Program • health and safety issues and confidential storage of a child’s records • significant changes for the caregiver and his or her home environment, and • the caregiver’s responsibilities as outlined in the family care home agreement or service contracts and the Standards for Foster Homes. <p>The information arising from these discussions is used to review and, if necessary, revise the profile of a child who can be placed in the caregiving home.</p> <p>If concerns about a caregiver arise from the annual review, the director develops a plan with the caregiver to address them.</p> <p>Reviews when caregiving home is not providing service or is not being used</p> <p>If a caregiving home has not been providing service for two months or more, the director conducts a review with the caregiver and discusses other possible uses for the home.</p> <p>If concerns arise relating to a caregiver, the director develops a plan with the caregiver to address them.</p> <p>The director discusses with the caregiver and provides the caregiver with appropriate notice of potential contract changes. (See Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements.)</p> <p>If the home will not be used in the future, the director ends the agreement. (See Caregiver Support Service Standard 20: Transferring or Closing a Caregiving Home.)</p> <p>Bed occupancy is monitored as part of the region’s overall tracking and evaluation in relation to the regional resource plan.</p>
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	<ul style="list-style-type: none"> • Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements • Caregiver Support Service Standard 20: Transferring or Closing a Caregiving Home • Child and Family Service Standard 24: Case Documentation

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 17: ONGOING MONITORING AND ANNUAL REVIEWS	
	<ul style="list-style-type: none">• Standards for Foster Homes: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf• Foster Family Handbook: http://www.mcf.gov.bc.ca/foster/pdf/handbook.pdf

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 18: REPORTABLE CIRCUMSTANCES	
LEGISLATION	
STANDARD	<p>A director ensures that a caregiver is aware of his or her obligation to report to the appropriate delegated worker all information of significance to the safety and well-being of a child in his or her care.</p> <p>The director follows up on reports that relate to a caregiver and confirms that a designated director is aware of reportable circumstances that relate to a child in care.</p> <p>A director advises a caregiver that the ministry sends the initial report about a child involved in a reportable circumstance to the Public Guardian and Trustee (GT), when the PGT is guardian of the child's estate, and that the PGT may request a copy of the final report.</p>
POLICY	<p>The director informs a caregiver in writing of the requirement to report to his or her worker all information of significance regarding the safety and well-being of a child, including:</p> <ul style="list-style-type: none"> • death, critical injuries and serious incidents (to be reported immediately) • issues relating to the caregiver's ability to care for the child and/or changes in the caregiver's home that affect or might affect the child's care (to be reported as soon as possible) • reportable incidents outlined in the Standards for Foster Homes (Standard B.2: Reportable Incidents). <p>If the caregiver's worker is not available, the report is made to an alternate delegated worker or to a supervisor in the same district office. If an immediate report is necessary after regular office hours, the report is made to the relevant After Hours service.</p> <p>Death, critical injuries and serious incidents</p> <p>The director immediately informs a child's worker and ensures that a designated director is also immediately informed when:</p> <ul style="list-style-type: none"> • there is a death, critical injury or serious incident involving any of the following: <ul style="list-style-type: none"> • a child in care • a child placed in the interim or temporary custody of another person under the director's supervision, or • a child receiving respite services • there is a death or critical injury of a child who has received services or whose parent has received services under the <i>CFCSA</i> within the past 12 months.

CSS STANDARD 18: REPORTABLE CIRCUMSTANCES	
	<p>Services include a child protection investigation or an assessment and referral for services.</p> <p>In non-urgent situations, the director follows up as appropriate to the circumstances.</p> <p>Note: Although these standards apply to workers who provide caregivers with services, a child’s worker and a director are also informed immediately of a death, critical injury or serious incident relating to:</p> <ul style="list-style-type: none"> • a child who is the subject of an agreement with a child’s kin or other person, or • a child placed in the interim or temporary custody of another person under a director’s supervision <p>Issues relating to a caregiver and/or caregiving environment</p> <p>The director follows up on caregiver reports of changes in caregiving circumstances. Reporting expectations for caregivers are outlined in the Standards for Foster Homes (Standard B.2: Caregiver Practices).</p> <p>Responding to a report from a caregiver</p> <p>The director determines the type of response required in consultation with relevant workers, supervisors and managers, based on the nature of the circumstances. Responses can include:</p> <ul style="list-style-type: none"> • reviewing and assessing the nature of the circumstances and any previous reports • determining the impact, if any, on the caregiver’s ability to care for the child • providing support (e.g., discussing and debriefing traumatic events with a caregiver) • participating in collaborative planning regarding appropriateness of the placement for the child • making recommendations for change, based on issues raised by the circumstances, to ensure the safety or well-being of the child.
PROCEDURES	<p>Initial written report of death, critical injury or serious incident</p> <p>The initial written report of the death, critical injury or serious incident is completed using the “initial reportable circumstance” template in Word.</p> <p>Additional written report of death, critical injury or serious incident</p> <p>There is no required prescribed template for required additional written reports.</p>

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 18: REPORTABLE CIRCUMSTANCES	
ADDITIONAL INFORMATION/ RESOURCES	<ul style="list-style-type: none">• Foster Homes Standard B.2.3: Reportable Incidents• Child and Family Service Standard 25: Reportable Circumstances• Family Care Home Agreement• Standards for Staffed Children’s Residential Services: http://www.mcf.gov.bc.ca/child_protection/pdf/standards_residential_services.pdf

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 19: CAREGIVER PROTOCOLS	
LEGISLATION	
STANDARD	<p>A designated director develops and maintains regional protocols that are related to:</p> <ul style="list-style-type: none"> • investigating reports of abuse or neglect of a child in care, and • resolving issues between a caregiver and ministry staff. <p>A director informs a caregiver about:</p> <ul style="list-style-type: none"> • expectations of caregivers during an investigation and/or review under a protocol, and • the obligations of the director’s delegate to respond in accordance with the protocols. <p>When an investigation or review is initiated under a protocol, the director assists a caregiver in accessing available supports and services.</p> <p>The director honours and follows all protocols relating to a caregiver.</p>
POLICY	<p>The director works collaboratively with persons who are parties to the protocols and who are involved in a protocol process.</p> <p>The director ensures that a caregiver is provided with a list of people and/or organizations to contact for support during a protocol investigation or review.</p> <p>In accordance with the protocol, the director ensures that involved parties are advised of the outcome of the protocol process and supporting reasons, and receive copies of relevant documentation.</p> <p>The director is available to provide a caregiver with support when requested or appropriate.</p>
PROCEDURES	<p>The director retains a copy of all relevant documentation on the process, results and recommendations of the protocol on the resource file.</p>
ADDITIONAL INFORMATION/ RESOURCES	<ul style="list-style-type: none"> • Protocols for Foster Homes: http://www.mcf.gov.bc.ca/foster/pdf/FHProtocols.pdf • Regional protocols for conducting investigations

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 20: TRANSFERRING OR CLOSING A CAREGIVING HOME	
LEGISLATION	
STANDARD	<p>A designated director develops a thorough planning and review process for transferring or closing caregiving homes.</p> <p>If a caregiver moves to another region or a decision to close a home is made by a director or a caregiver, each party gives appropriate notice of intent, as specified in the agreement or contract. In situations where a director decides to close a home with cause, notice of intent as specified in the agreement or contract is not required.</p> <p>When a decision to transfer or to close a home is made, the director:</p> <ul style="list-style-type: none"> • plans for the transition of a child in the home, considering the child’s needs and wishes • plans transferring or closing activities with the caregiver that are respectful and congruent with reasons for transferring or closing a home, and • documents the process and the decisions made as required in Caregiver Support Service Standard 8: Documentation.
POLICY	<p>Transferring a home</p> <p>If a caregiver is relocating from one region to another, the director communicates with a worker in the receiving region as soon as possible about:</p> <ul style="list-style-type: none"> • the timing and reasons for the transfer • resources available to support the transfer • a written plan for the transfer • any concerns about the caregiver, and • the caregiver’s contract and history. <p>The director completes the necessary documentation, as outlined in Caregiver Support Service Standard 8: Documentation.</p> <p>The director sends the relevant caregiver information to the contact person in the receiving area before the move wherever possible, and in all instances within 30 days of the transfer.</p> <p>The director advises the caregiver of contact information in the receiving region.</p> <p>If the caregiver is relocating to another region with a child in care, the director contacts the child’s worker and the receiving worker to review the reasons for the move and the child’s plan of care, and to develop a plan that addresses the stability and continuity of the placement.</p>

CSS STANDARD 20: TRANSFERRING OR CLOSING A CAREGIVING HOME

(For more information, see Inter-Regional Protocol: Transfer of Authority Between Directors, Schedule C.)

Closing a home

When considering closing a caregiving home where there has been no breach of contract i.e. without cause, the director engages in a review process with team members and the caregiver to determine whether or not to close the home.

When applicable, the director discusses options other than closure with a caregiver and team members, referring to the requirements outlined in the regional resource plan. The director considers asking a caregiver to change the type of service he or she provides, to respite, specialized care, or caring for children of different ages.

When considering closing a caregiving home where there has been a breach of contract i.e. with cause, the director discusses the reasons with team members and the caregiver.

If a decision is made to close a home, the director:

- informs the caregiver in person of the decision and the reasons for the closure in person, with confirmation in writing
- provides the caregiver with written notice of termination of the agreement within the required period, as outlined in the agreement or contract, and
- obtains the caregiver's records relating to the care and planning for all children who have lived in the home, including daily records, care plans, and family information, and returns them to the relevant family service or child service files.

The director facilitates a respectful and supportive closure process, regardless of the reason for the closure. When a child is moved from a family care home because of closure of the home, the director provides the child and caregiver with support services to minimize disruption and address any separation or grief concerns.

Wherever possible, the director offers the caregiver an exit interview to review his or her caregiving experience. During an exit interview, the director:

- acknowledges and honours the caregiver's experience, noting his or her strengths and contributions
- if appropriate, discusses the caregiver's reasons for his or her decision to discontinue caregiving, and
- discusses the caregiver's experience of or views on a region's recruitment, retention, development and support practices.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 20: TRANSFERRING OR CLOSING A CAREGIVING HOME	
PROCEDURES	The director decides cooperatively with the receiving worker whether to administratively assign the caregiver’s existing agreement to the receiving worker or to terminate the existing contract. (For more information, see Inter-Regional Protocol: Transfer of Authority Between Directors, Schedule C.)
ADDITIONAL INFORMATION/ RESOURCES	<ul style="list-style-type: none"> • Notice Requirements, in Appendix C: Agreements and Payment Rates • Caregiver Support Service Standard 8: Documentation • Caregiver Support Service Standard 17: Ongoing Monitoring and Annual Reviews • Caregiver Support Service Standard 19: Caregiver Protocols • Inter-Regional Protocol: Transfer of Authority Between Directors, Schedule C • Family Care Home Agreement: Section 11

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 21: MONITORING OF AND LIAISON WITH STAFFED CHILDREN'S RESIDENTIAL SERVICES	
LEGISLATION	
STANDARD	<p>A director provides ongoing liaison with staffed children's residential services to monitor for:</p> <ul style="list-style-type: none"> • consistent referral, assessment, planning, treatment and discharge practices • participation in integrated case management processes as members of a child's team for the duration of the child's stay • responsive program development to meet the needs of children receiving care and their families • provision of services under their contracts, and • adherence to the Standards for Staffed Children's Residential Services and the fulfilment of community care licensing and accreditation requirements.
POLICY	<p>Note: Monitoring, reviewing and supporting placements in staffed children's residential services is distinct from the supportive role referred to in Caregiver Support Service Standard 15: Supportive Practice.</p> <p>The director informs relevant care providers within the residential resource about a director's responsibilities and purpose in monitoring the child's care.</p> <p>In consultation with relevant care providers, the director develops a monitoring schedule outlining the nature and frequency of contact. Frequency of contact is based on the ages, vulnerabilities and number of children in the residential resource. Contact occurs in person at a minimum of once every three months.</p> <p>In collaboration with the child's worker, during visits to the residential resource, the director sees and wherever possible interviews each child in care in the residential setting about topics relating to their rights in care. The director interviews each relevant care provider separately to discuss his or her individual experience with and/or concern about:</p> <ul style="list-style-type: none"> • the provision of a safe and nurturing environment that promotes the well-being of each child • carrying out his or her responsibilities in implementing the goals and objectives identified in each child's plan • honouring each child's views, culture, identity, spiritual beliefs and wishes, and for an Aboriginal child, following the cultural plan • maintaining family connections as outlined in each child's plan • reviewing daily records of the care of each child • adherence of the residential resource to the Standards for Staffed Children's Residential Services, and • the quality of care in the residential resource.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

CSS STANDARD 21: MONITORING OF AND LIAISON WITH STAFFED CHILDREN'S RESIDENTIAL SERVICES	
	<p>The director maintains a record of all monitoring visits to the residential resource for inclusion on the agency/service contract file, as part of contract management and the region's quality improvement practices.</p> <p>The director advises a child's worker of any concerns relating to a child's care.</p> <p>The director documents a child's experience in the residential resource and provides the child's worker with information for documentation on the child service file.</p>
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	<ul style="list-style-type: none"> • Integrated Case Management User's Guide: http://icw.mcf.gov.bc.ca/manuals/man_provserv_icm.shtm • Standards for Staffed Children's Residential Services: http://www.mcf.gov.bc.ca/child_protection/pdf/standards_residential_services.pdf

Appendix A: Rights of Children in Care (CFCSA, s.70)

- 70 (1) Children in care have the following rights:
- (a) to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children in the placement;
 - (b) to be informed about their plans of care;
 - (c) to be consulted and to express their views, according to their abilities, about significant decisions affecting them;
 - (d) to reasonable privacy and to possession of their personal belongings;
 - (e) to be free from corporal punishment;
 - (f) to be informed of the standard of behaviour expected by their caregivers and of the consequences of not meeting their caregivers' expectations;
 - (g) to receive medical and dental care when required;
 - (h) to participate in social and recreational activities if available and appropriate and according to their abilities and interests;
 - (i) to receive the religious instruction and to participate in the religious activities of their choice;
 - (j) to receive guidance and encouragement to maintain their cultural heritage;
 - (k) to be provided with an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care;
 - (l) to privacy during discussions with members of their families, subject to subsection (2);
 - (m) to privacy during discussions with a lawyer, the child and youth officer or a person employed or directed by the child and youth officer under the *Office for Children and Youth Act*, the Ombudsman, a member of the Legislative Assembly or a member of Parliament;
 - (n) to be informed about and to be assisted in contacting the child and youth officer under the *Office for Children and Youth Act*, or the Ombudsman;
 - (o) to be informed of their rights under this Act and the procedures available for enforcing their rights.
- (2) A child who is removed under Part 3 is entitled to exercise the right in subsection (1) (l), subject to any court order made after the court has had an opportunity to consider the question of access to the child.
- (3) This section does not apply to a child who is in a place of confinement.

APPENDIX B

Criminal Record Check Policy and Procedures for Caregivers

August 2012

Updated to include:
New procedure for verifying a criminal record.



Ministry of
Children and Family
Development

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

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Introduction

This document outlines the requirements for conducting criminal record checks on individuals who provide residential services under the *Child, Family and Community Service Act (CFCSA)* and the *Adoption Act* in British Columbia. These individual includes:

- prospective and approved foster caregivers;
- prospective and adoptive parents;
- prospective section 54.1 care providers;
- prospective and approved out of care care-providers caring for children under:
 - a section 8 agreement, or
 - a court order made under sections 35(2)(d) or 41(1)(b) of the *CFCSA*
- prospective and approved relief care providers (as defined in *Caregiver Support Service Standards*).

Pre-placement

Criminal record checks are completed when planning a placement for a child as part of the assessment process to ensure as much as possible the child's safety and well-being and to ensure that prospective adoptive parents have the ability to protect, nurture and care for the child. Additionally a criminal record check is required as part of the assessment process for relief care providers.

After Placement

A criminal record check is redone every three years for foster caregivers, out of care care-providers, and relief care providers.

Note: This policy addresses only criminal record checks. Prior contact checks required for caregivers are completed by the individual worker. See Prior Contact Checks Policy - Current and Future Practice for further details.

Definition of Caregiver

For the purposes of this document 'caregivers' will refer to:

- prospective and approved foster caregivers;
- prospective adoptive parents;
- prospective section 54.1 care providers;
- prospective and approved out of care care-providers; and
- prospective and approved relief care providers.

Underlying principles

Conducting criminal record checks on caregivers helps to ensure that all precautions are taken to keep children safe, and supports the guiding principle of the *CFCSA* and that the safety and well-being of children are the paramount considerations.

The *Adoption Act Regulations* state that conducting criminal record checks ensures that prospective adoptive parents have the ability to protect, nurture and care for the child.

Types of Criminal Record Checks Required

- I. Consolidated Criminal Record Check (CRC)** –These checks apply to prospective and approved foster caregivers, prospective adoptive parents, prospective and approved out of care care-providers, prospective section 54.1 care providers and prospective and approved relief care providers. These checks also apply to adults age 18 years or older who live in the home of the above noted caregivers or who spend significant and unsupervised time with a child placed in the home. The procedures for conducting a consolidated criminal record check and a description of the consent form are outlined in Section I of the document.

- II. Criminal Records Review Act (CRRRA)** – These checks apply only to approved foster caregivers. The procedures for conducting a criminal records review act check are outlined in Section II of this document.

Status	Consolidated Criminal Record Check Process (Completed every three years)	Criminal Record Check by CRRRA Agency (Completed every five years)
Prospective and approved foster caregivers	Yes	Yes
Those age 18 years or older associated with the foster caregiver	Yes	No
Prospective adoptive parents	Yes	No
Those age 18 years or older associated with the prospective adoptive parents	Yes	No
Prospective out of care care-provider	Yes	No
Those age 18 years or older associated with the out of care care-provider	Yes	No
Prospective relief care providers	Yes	No
Those age 18 years or older associated with the relief care-provider	Yes	No

The reference to “those 18 years or older associated with ...” in the above table is meant to include adults age 18 years or older who live in the home of the caregiver or who spend significant and unsupervised time with a child placed in the home.

Section I – Consolidated Criminal Record Checks

Who Receives a Consolidated Criminal Record Check?

The Consolidated Criminal Record Checks (CCRC) process applies to:

- prospective and approved foster caregivers;
- prospective adoptive parents;
- prospective section 54.1 care providers;
- prospective and approved out of care providers who may care for children and youth under the following sections of the *CFCSA*:
 - (section 8) Extended Family Program;
 - (section 35(2)(d)) an interim order providing custody to a person other than a parent under the director’s supervision;
 - (section 41(1)(b)) a temporary order placing the child in the custody of a person other than the parent under the director’s supervision; and,
- prospective and approved relief care providers; and
- adults age 18 years or older who live in the home of the caregiver or who spend significant and unsupervised time with a child placed in the home.

When Is a Consolidated Criminal Record Check Required?

Foster caregivers and out of care care-providers:

CCRC are conducted as part of the assessment process for prospective foster caregivers and prospective out of care care-providers and are to be completed prior to a child being placed in the home. A CRC is required every three years for foster caregivers and out of care care-providers, with the exception of 54.1 care providers who are only checked during the assessment and approval process.

Persons age 18 years or older:

A person who is 18 years of age or older living in the home of a caregiver (as defined in the introduction section of this document), or who may otherwise spend significant and unsupervised time with the children placed in the home, is subject to the CCRC process during the caregiver’s assessment process and every three years thereafter.

Note: If a relief care provider is not providing care in his or her own home, then a person 18 years of age or older who is living in the relief care provider’s home does not require a criminal record check.

Relief Care providers:

A CCRC is conducted when assessing a relief care provider before the relief care provider begins caring for a child or youth in care. A CRC is required every three years for a relief care provider.

Adoptive parents:

A CCRC is conducted during the adoption home study process, and within 9 months prior to an adoption placement.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

Status	When	Timeline of Subsequent Checks
Foster Caregivers and persons 18 years and over associated with the foster caregiver	At initial assessment prior to a child being placed in the home	Every three years
Out of care care-providers and persons 18 years and over associated with the out of care - caregiver	At initial assessment prior to a child being placed in the home	Every three years if agreement is in place.
54.1 Care providers and persons 18 years and over associated with the caregiver	At the initial assessment before child is placed in the home	Only initial criminal record check is required
Relief Care providers. Persons 18 years and over associated with the relief caregiver only if care is provided in the relief home	At the initial assessment before caring for children	Every three years
Adoptive parents and persons 18 years and over associated with the adoptive parent	Conducted at the initial assessment	Within 9 months of the placement

Who Conducts a Consolidated Criminal Record Check and What Information is Checked?

A CCRC record check is performed by the Ministry of Justice formerly the Ministry of Public Safety and Solicitor General (PSSG) and includes data bases from both BC and Canada. The data bases used in the check are Canadian Police Information Center (CPIC), Police Information Retrieval System (PIRS), Police Records Information Management Environment (PRIME), Police Reporting Occurrence System (PROS), Police Information Portal (PIP), BC Corrections Information (CorNet) and BC Court involvement (JUSTIN) (see appendix for more details). The CCRC includes a review of the applicant's self disclosure by PSSG. Self-disclosure is a section on the consent form that allows a caregiver to provide information pertaining to their criminal record. See Section of this document entitled: Process for Completing the Form for further details.

When Not to Use the Consolidated Criminal Record Check Process

A CCRC **should not** be used to assess child protection reports. The CCRC process is intended to be used for prospective care givers (defined in the introduction of this document) as well as for approved caregivers once every three years (Prospective adoptive parents must have a consolidated criminal record check completed within nine months of a placement). Continue to use local protocols for obtaining safety and well being information with regards to child protection reports.

Description of the Consent for Disclosure of Criminal Record Information Form (CF0622) and Process for Completing the Form

All information that is required in order for a CCRC to be conducted is covered on the [Consent for Disclosure of Criminal Record Information Form \(CF0622\)](#).

**All sections of the form must be completed in order for a full criminal record check to occur.*

Process for Completing the Form

Ask the applicant if she or he has any questions about the process and/or the information to be collected. The applicant may wish to review the form with legal counsel before deciding whether or not to sign the form. **Review and complete each section of the form with the applicant as described:*

Section 1 – Identification

Verify the identification of the applicant by ensuring that at least two pieces of government issued identification are produced – at least one should have a photograph of the applicant. **The preferred method of identification for a CPIC check is a Drivers License. The driver’s license does not have to be valid.*

The following pieces of ID may be used for ID verification:

Primary ID	Secondary ID
<p>Issued by ICBC:</p> <ul style="list-style-type: none"> • B.C. driver's licence or learner's licence with applicant's photo (can be an expired licence with applicant's photo) • B.C. Identification (BCID) card <p>Issued by provincial or territorial government:</p> <ul style="list-style-type: none"> • Canadian birth certificate <p>Issued by Government of Canada:</p> <ul style="list-style-type: none"> • Passport • Canadian Citizenship Card • Permanent Resident Card • Canadian Record of Landing/Canadian Immigration Identification Record 	<ul style="list-style-type: none"> • School ID card (student card) • Bank card (only if applicant's name is on card) • Credit card (only if applicant's name is on card) • Foreign birth certificate (a baptismal certificate is not acceptable) • Canadian or U.S. driver's licence with applicant's photo (can be an expired licence) • Naturalization certificate • Canadian Forces identification • Police identification • Foreign Affairs Canada or consular identification • Vehicle registration (only if applicant's signature is shown) • Picture employee ID card • Firearms Acquisition Certificate • Social Insurance Card (new style without signature strip not acceptable) • B.C. CareCard • Native Status Card • Parole Certificate ID • Correctional Service Conditional Release Card

Record the pieces of primary and secondary ID that were provided by filling in the boxes entitled Primary and Secondary Government ID. If the applicant has an expired driver’s licence, this number is provided. The licence may be other than one issued in BC.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

If the applicant does not possess the required ID documentation, do not proceed with the process until sufficient ID documentation can be provided. In exceptional circumstances where the required ID cannot be provided, consult with your supervisor, manager or director/executive director (based upon regional or Delegated Aboriginal agency procedures) in order to determine whether the ID that the applicant has produced is sufficient. Approval that the applicant's identity has been sufficiently verified must be documented by including the supervisor's/manager's/director's/ executive director's signature in the Primary and/or Secondary ID boxes on the form.

Section 2 - Informed Consent

This section allows PSSG to disclose the following information to the delegate of a Director under the *CFCSA* or *Adoption Act*:

- Any relevant police occurrences that are found on the following databases:
 - Police Records Information Management Environment (PRIME)
 - Police Information Retrieval System (PIRS)
 - Police Reporting Occurrence System (PROS).
- Whether the applicant's self disclosure on the form is "complete" or "incomplete" according to relevant offences on the CPIC record.

Section 3 - Waiver and Release

This section releases the RCMP from any claims of damages, loss or injury sustained as a result of this authorized disclosure of information.

Section 4 – Informed Consent for Disclosure of BC Correctional and Court Systems

This section authorizes a director delegated under the *CFCSA* or *Adoption Act* to disclose all information supplied on this form to PSSG in order that PSSG may complete a search of information from BC correctional (CorNet) and court system about criminal charges and convictions, including convictions that have been pardoned. This section also authorizes PSSG to disclose any finding to a delegated worker or Administrator of a B.C. licensed adoption agency.

Section 5 – Signature

If the applicant agrees with the preceding sections of the form, obtain his or her signature, and include the date upon which the signature was obtained. Inform the applicant that this form is valid for one year from the signed date and is valid for the role being applied for in Section 6.

Section 6 – Consent for Criminal Record Search and Disclosure of Sexual Offence for Which a Pardon Has Been Granted

According to the requirements of the federal *Criminal Records Act*, an additional consent must be provided by the applicant to allow specifically for the search and disclosure of any sexual offence for which a pardon has been granted. The type of information required on the form for this consent is prescribed by the *Criminal Records Regulations*. Disclosure to a delegated worker about pardoned sexual offences is limited to informing whether the applicant's self disclosure on the form is "complete" or "incomplete" according to relevant offences on the CPIC record.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

Ensure that the information relating to the placement option and the name of your organization is provided. If the applicant agrees, obtain his or her signature in the space provided and the date upon which the signature was obtained. For more information on pardons visit [Service Canada](#).

Section 7 - Self Disclosure

Ask the applicant to respond to the questions included in this section, and to provide relevant information regarding criminal offences, if any exists, in the space provided. Explain the purpose of the record checks to the prospective caregiver. Ask if he or she has a criminal record or has received a “pardon” for a criminal offence. Ask the caregiver whether his or her child (or any other child under the age of 18 years living in the home):

- has been involved with the police;
- has been involved with any criminal activities; and
- has exhibited or currently exhibits behaviour that could pose a risk to children placed in the home.

Further explain to the caregiver the need to self disclose any new convictions or charges that might arise following the completion of the initial record checks and/or voluntary disclosures involving:

- himself or herself;
- those age 18 years or older who live in the caregiver’s home or who may otherwise spend significant or unsupervised time with the child while in the caregiver’s home; and/or
- any child under 18 years living in the home.

This part of the form serves two purposes:

- At the beginning of the record check process, it provides information in order to determine if the applicant should be screened out based on the self disclosure alone; and
- At the stage when PSSG is performing a record check, it allows a determination to be made whether the care giver’s self-disclosure of outstanding charges and convictions is “complete” or “incomplete” according to relevant offences on the CPIC record.

Ensure that each section of the form is completed. If the applicant is in agreement, **obtain his or her signature** in the space provided in Section 5, 6, and 7. and the date upon which the signature was obtained. Keep the signed consent form in the appropriate file.

Process for requesting a Consolidated Criminal Record Check from The Ministry of Justice (formerly PSSG)

DO NOT fax the completed, signed consent form CF0622 to the Ministry of Justice (formerly PSSG). The Ministry of Justice has developed an on-line, web based request form in order to expedite completing consolidated criminal record checks.

Follow the directions for completing the on-line request form for a consolidated criminal record check at: http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/record_checks_online.pdf

Verifying the Results of the Consolidated Criminal Record Check

The results of the CCRC are sent to a director delegated under the *CFCSA* or *Adoption Act* from the Ministry of Justice (formerly PSSG) via fax. The information may come from several sources (see the Appendix).

If the results are relevant to assessing the safety and well-being of a child, review the information with the applicant.

Note 1: Because this disclosure includes relevant information from the RCMP records managements systems a delegated worker must verify with each applicant that any relevant information pertains to the applicant prior to using the information. If a discrepancy exists, a delegated worker will not proceed with their approval process until the RCMP records management system information is verified.

Note 2: When a Canadian Police Information Centre (CPIC) record search identifies a record, the knowledge that there may be a police record matching the applicant is conveyed to the worker. However, there is no opportunity to match the details included in the self disclosure section (section 7) of the consent form with the information identified in CPIC even though it is still necessary to verify whether the applicant's self-disclosure matches the records found in CPIC. **NEW PROCEDURE - August 2012: In these situations the delegated worker faxes the original consent form (CF0622) to the Criminal Record Review Unit (CRRU) at 250-380-6262, including worker name and email, and requests that CRRU staff provide records-matching verification. CRRU staff will then email the worker a PDF response regarding the records-matching results.**

If the applicant disputes any finding of a record, advise the applicant to discuss the issue with the police detachment that is responsible for the information.

The onus is on the applicant to rectify the issue with the police and provide the delegated worker with a contact name/number in the police detachment in order to confirm the resolved information. If the results of the CCRC reveal that the applicant's self disclosure relating to CPIC information was 'incomplete' according to the Ministry of Justice (formerly PSSG):

- advise the applicant of this and of the need for further disclosure, and
- fax the further disclosure information to the **Ministry of Justice** (formerly PSSG) at **250 356-5987**

If the applicant claims that he or she has been incorrectly identified, advise him or her to go to the local police agency and obtain further clarification through the submission of fingerprints to Ottawa.

The applicant is responsible for sending the required form to Ottawa along with the appropriate fee. The fingerprints are compared to records in Ottawa and are returned to the applicant in approximately six to eight months with a certified copy of the Criminal Record. This copy includes information on the date of charge, type of charge and disposition. It is the applicant's responsibility to disclose the information. If the applicant does not initiate the disclosure, ask him or her about the results. If a criminal record does exist, ask the person to provide details about the nature of the record.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

If the applicant does not disclose information about an existing criminal record, consider the lack of response together with other factors in the assessment for approval.

During the verification process an agreement is not initiated or renewed.

Evaluation of Consolidated Criminal Records and Approval Process

When the results of a CCRC show that the person has a record on the system including pardons, discuss the nature of the record with him or her. The subject of the criminal record check must consent in writing for information to be disclosed. Use form CF0609 Consent to the Disclosure of Information for this purpose.

Assistance in Interpreting the Results of a CCRC

In some circumstances, a delegated worker may have difficulty interpreting the complexity of information forwarded to them from the data bases being searched. In such cases, prior to making a decision of suitability of the caregiver, the Ministry of Justice (formerly PSSG) can perform a risk evaluation of the available criminal record information. The risk evaluation is a summary assessment of the available criminal record information and an opinion of the risk that would be present to the type of work being performed. For this service please call **After Hours** at: **604 660-4927 or 1 800 663-9122**.

More details about CorNet information may be obtained from probation officers under the authority of section 96 of the CFCSA. Check here for a listing of all [probation offices](#)

More details about police records may be obtained from the RCMP under the authority of the written consent form already signed by the applicant.

Criteria Determining Whether to Consider a Prospective Caregiver with a Record

The child's safety and well-being are the paramount considerations when deciding whether to approve the caregiver. If a record is found consult with your Community Services Manager or Executive Director of a Delegated Aboriginal Agency regarding whether the person will be considered.

Note: In cases where the executive director does not have delegated authority, consult with the First Nations Director or designate.

Review the following criteria when considering approval of a prospective caregiver with a record:

- the [Criminal Record Review Program](#) list of criminal offences are considered relevant as they may present a risk to a child;
- the number of charges, convictions and diversions;
- the time between past criminal activity and the present;
- the conduct and circumstances of the individual since the offence or alleged offence;
- the developmental age of the child, the child's circumstances, and the nature of the child's existing or intended relationship with the person;
- the child's views, if applicable; and,
- the relevance of the particular criminal activity to the care or contact with the child.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

The delegated worker reviews the information and the criteria for approval with his/her Community Services Manager or Executive Director of a Delegated Aboriginal agency unless the Executive Director does not have delegated authority. In this case a First Nations Director or designate is consulted.

Note: Conditional approval may be provided to complete an assessment or home study of the caregiver in order to obtain more information to assist with this decision. If this occurs advise the caregiver(s). At the completion of the assessment or home study the Community Services Manager or Director of a Delegated Aboriginal agency reviews all the information and makes final decision. Clearly document this process and all decisions made (see Documentation section for further details.)

Approval Process

If there are no concerns about the child's future safety and well-being the prospective care-provider may proceed in the assessment process.

If concerns exist resulting from the consolidated criminal record check, the delegated worker's Community Services Manager or the Executive Director of a Delegated Aboriginal Agency (unless the Executive Director does not have delegated authority) makes the decision regarding whether or not the assessment process continues.

In this case a First Nations Director or designate is consulted and makes the decision regarding whether or not the assessment process continues. Advise the applicant of the decision, supporting reasons and document (see *Documentation* section and section below for further details).

Disclosing Information Resulting from a Consolidated Criminal Record Check

Disclosing Information to a Foster Caregiver Regarding a Prospective Relief Care Provider:

If the prospective relief care provider agrees, arrange a meeting with him/her and the foster caregiver in order for the prospective relief care provider to advise the foster caregiver of the concerns. If this is not possible, advise the foster caregiver that the prospective relief care provider was not approved based upon the CCRC. Details of the offence(s) cannot be disclosed to the foster caregiver without the written consent of the prospective relief care provider using the Consent for Disclosure of Information form (CF0609).

Disclosing information to a Child's Parent Regarding a Prospective Out of Care Care-Provider:

Facilitate a meeting where the person can provide this information directly to the parent. Details of a CCRC can only be released to the parent by the involved individual. If this is not possible, the parent may be told that the out of care care-provider was not approved based on the results of the CCRC. Details of the offence(s) cannot be disclosed to the child's parent by the delegated worker without the written consent of the prospective out of care care-provider using the Consent for Disclosure of Information form (CF0609).

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

If a child is already in an Extended Family Program placement:

- advise the parent that if they allow the child to stay with the out of care care-provider, an assessment and possible investigation of the child's need for protection in that home will occur immediately, and
- the agreement to contribute to the child's care may end depending upon the result of the assessment and response.

If a child is already in an out of care placement under section 35(2)(d) or 41(1)(b) of the *CFCSA*, consider applying to the court to vary the terms and conditions of the order, or applying for another order that would assist in addressing the safety concerns.

Disclosing Information to a Caregiver regarding a Person 18 Years of Age or Over:

With the written consent (CF0609) of the applicant, discuss the safety concerns with the caregiver. Explain to all parties that an agreement or contract cannot be offered or renewed until any concerns for a child's safety and well-being are addressed. For EFP agreements see page 12. In discussion with the caregivers, determine a mutually agreed upon plan to ensure that the person age 18 years or older does not pose a risk to the child - a future placement or a current placement. Document the plan, keep a copy on the relevant caregiver's file and provide a copy to the caregivers and the person age 18 years or older. If a plan cannot be developed, do not offer or renew an agreement with the caregiver.

If the person age 18 years or older will **not** consent to discussing concerns with the caregiver, advise the caregiver:

- that concerns exist relating to the child's safety and well-being as a result of the CCRC without providing identifying information;
- that the caregiver will not be approved or that the adoption home study will not proceed unless and until the concerns relating to the child's safety and well-being are addressed;
- to speak to the person age 18 years or older for further information.

Details of the offence(s) cannot be disclosed by the practitioner without the written consent of the applicant using the consent for disclosure of information form (CF0609).

New Charges or Convictions

If a caregiver or person 18 years of age or older (living in the caregiver's home, or who may otherwise spend significant and unsupervised time with the children placed in the home) is charged with or convicted of an offence subsequent to a criminal record check, the caregiver must promptly report the charge or conviction to the director and provide a criminal record check authorization for a further criminal record check. For prospective adoptive parents advise that this includes anytime after a criminal record check is complete even if there is no child placed with them - see *Practice Standards and Guidelines for Adoption – Standard #46*.

Further explain to the caregiver the need to self disclose any new convictions or charges that might arise following the completion of the initial record checks and/or voluntary disclosures involving:

- himself or herself ;
- those age 18 years or older who live in the foster caregiver's home or who may otherwise spend significant and unsupervised time with the child while in the caregiver's home; and/or
- any child under 18 years living in the home.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

If a practitioner becomes aware that a caregiver or person age 18 years of age or older living in the caregiver's home, or who may otherwise spend significant and unsupervised time with the children placed in the home, has an outstanding charge for, or has been convicted of an offence, the director must require the person to provide a record check authorization for a further criminal record check. In consultation with your Community Services Manager or the Executive Director of a Delegated Aboriginal Agency (unless the Executive Director does not have delegated authority; in this case a First Nations Director or designate) decide whether or not the caregiver can continue to care for children during the complete criminal record check process by considering:

- the nature of the offence;
- the factors listed in the section entitled *Evaluation of Criminal Records and Approval Process* to determining whether to consider a prospective care provider with a record;
- the child's views and sense of safety; and,
- the child's capacity.

If a decision is made that the caregiver cannot continue to care for children, discuss the reasons with the caregiver and terminate the existing agreement in accordance with the terms of the agreement. Document the reasons and supporting reasons in accordance with *Caregiver Support Service Standards: "Documentation"*, and *Practice Standards and Guidelines for Adoption, Practice Standard #58*.

Children in Out of Care Placements:

When a child is already in an out of care placement and new information is obtained from a CCRC, follow the same steps as described in the sections entitled *Evaluation of a Criminal Records and Approval Process* and *Criteria Determining Whether to Consider a Prospective Care Provider with a Record*.

Foster Caregivers and Criminal Record Review Act Checks:

When information is received about a new charge and/or conviction of an offence that might affect the safety, well-being and care of a child placed in the home, conduct a CRRA check (See Section II). The CRRA does not require that a person stop working with children during the adjudication process.

The following provides more information on [Offences Reviewed Under the Criminal Records Act](#).

Documentation

Document the results of the consolidated criminal record check process, decisions relating to whether or not an applicant was approved with the supporting reasons, who was consulted, who made the decision, and when the decision was made. This includes information about an individual under 18 years living in the caregiver's home and his or her possible involvement with police, criminal activity, and whether or not she/he has or currently exhibits behaviour that could pose a risk to children placed in the home. Document the information in accordance with relevant policy requirements, for example, *Caregiver Support Service Standards: "Documentation"*, *Practice Standards and Guidelines for Adoption, Practice Standard #58* and *Aboriginal Operational and Practice Standards and Indicators Standard 30 Home Study*. In situations where policy does not prescribe where to document criminal record information, ensure the information is documented on the relevant caregiver's file.

Keep copies of related consent forms signed by the applicant on the relevant file.

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In situations where a safety plan has been developed as a result of safety concerns posed by a person 18 years of age or over living in the home and spending significant and unsupervised time with a child, document the plan and keep a copy of it on the relevant caregiver's file and give a copy to the person 18 years of age or over.

Document that policy regarding disclosing possible future charges and/or convictions were discussed with the caregiver (see section *New Charges or Convictions* for details), ensure that information relating to new charges or convictions and resulting decisions are documented in accordance with existing policy and where this is not prescribed, document the information on the relevant caregiver's file.

Section II - Criminal Records Review Act

The *Criminal Records Review Act (CRRRA)* applies to:

- new foster caregivers who have been approved but before being offered a contract;
- all foster caregivers every five years (this form can be submitted with the CCRC form, see Section I)

CRRRA is provincial legislation administered by the Ministry of Justice Ministry (formerly the Ministry of Public Safety and Solicitor General - PSSG) to help prevent the physical and sexual abuse of children. The *CRRRA* requires that anyone in British Columbia who is employed, licensed, or funded by the government and who works with children or may have unsupervised access to children through their position obtain a criminal record check. Anyone who is offered a family care home agreement or contract is required to undergo a criminal record check under the *CRRRA*. Under the *CRRRA* a check needs to be completed every five years if there is still an agreement in place.

The criminal record review process established by the *CRRRA* consists of a review of any outstanding charges, current stays of proceedings, convictions, conditional discharges or pardons of 62 relevant offences identified in the *CRRRA*. It also includes a check of CorNet, the provincial corrections database that captures BC adult and youth corrections records, as well as relevant summary conviction matters and pardon information not contained on the national police database (CPIC). A relevant record is an outstanding charge or conviction for one of the 62 relevant offences identified as belonging to an individual.

Provide the person with a Criminal Records Review Program (CRRP) [Consent to a Criminal Record Check](#) form.

Submit the completed and signed copy of the authorization form, along with payment, to the CRRP. Ensure that a contact name is on the form.

After receiving the authorization form, the Registrar of the CRRP checks the person's information against the provincial database and forwards the name and birth date to the RCMP to review the national police database for a relevant offence. If no relevant record is found, within approximately two weeks of the date the agency received the authorization form, the Criminal Records Review Program (CRRP) informs the director that no relevant record exists.

Relevant Record Does Not Exist

If a Relevant record does not exist, document approval in accordance with the *Caregiver Support Standard “Initiating, Modifying and Ending Agreement”* and *Caregiver Support Service Standards “Documentation”*.

A Relevant Record Exists

If the CRRP check reveals that a relevant offence exists, the registrar must refer the matter to the deputy registrar to determine whether the conviction or outstanding charge indicates that the individual presents a risk of physical or sexual abuse to children. The registrar must also notify the individual and the director that a relevant record exists. The individual may also be asked to provide fingerprints.

The matter is then forwarded to an adjudicator to make a recommendation to the deputy registrar.

The Adjudicator

The Adjudicator is a public service employee who examines the criminal record and any other relevant information and forwards a recommendation to the deputy registrar as to whether an individual presents a risk to children.

In making a determination of risk, section 4(3) of the *CRRA* states that a deputy registrar must consider:

- whether the behaviour associated with the relevant offence would, if repeated, pose a threat of physical or sexual abuse to children;
- the circumstances of the offence, including the age of the individual at the time of the offence and the existence of any extenuating circumstances; and,
- any other factors that the deputy registrar considers relevant including, without restriction, the time elapsed since the occurrence of the offence or alleged offence, subsequent actions of the individual, the likelihood of the individual repeating a similar kind of behaviour, and any attempts at rehabilitation.

Note: Pursuant to this subsection, a deputy registrar may ask to review a prospective foster caregiver’s written home study.

Finding of No Risk

When the deputy registrar makes a determination that the conviction or outstanding charge does not indicate that the individual presents a risk of physical or sexual abuse to children, the deputy registrar must promptly notify the following persons:

- the individual who is the subject of the *CRRA* check; and,
- the director.

Finding of Risk

When the deputy registrar makes a determination that the conviction or outstanding charge indicates that the individual presents a risk of physical or sexual abuse to children, the deputy registrar must promptly notify the following persons:

- the individual who is the subject of the *CRRRA* check; and,
- the practitioner.

Upon request, the deputy registrar must provide written reasons for any determination to the individual, who is the subject of the *CRRRA* check, or to the director.

An individual who is the subject of a *CRRRA* check may request a reconsideration of the determination made by the deputy registrar. This request must be received by the registrar in writing within 30 days of notification of the deputy registrar's determination.

For new foster caregivers, when information is received indicating that the person presents a risk to children, a family care home agreement or contract is not offered to the person.

Advise the person of the decisions and supporting reasons in accordance with *Caregiver Support Standard: "Screening, Assessment and Approval"*. Document the decision and supporting reasons in accordance with *Caregiver Support Standard: "Documentation"*.

If the determination of risk is overturned as a result of the *CRRRA* appeal process, determine whether or not to offer the person a family care home agreement based upon the information obtained in the assessment process and the appeal process. Advise the person of the decision and supporting reasons and document the same in accordance with *Caregiver Support Standards: "Documentation"*.

Appendix

Available Criminal Record Check Databases - BC and Canada

Database Description	Database Content
<p>CPIC (Canadian Police Information Centre)</p> <ul style="list-style-type: none"> Maintained by RCMP in Ottawa. 	<ul style="list-style-type: none"> Indicates if a person is presently charged with an offence, is under a court order or may have a warrant issued for arrest. Provides information about previous criminal offences, including what the conviction was for, where it happened and what the person received (results). Provides information about prior sexual assault convictions for which a pardon was received.
<p>PIRS (Police Information Retrieval System)</p> <ul style="list-style-type: none"> Historic data bank accessed by RCMP across Canada. 	<ul style="list-style-type: none"> Contains records of anyone who contacted or had contact with the police for any reason, classified according to the nature of the file as the type of involvement of the person being searched.
<p>PRIME (Police Records Information Management Environment)</p> <ul style="list-style-type: none"> Used by all RCMP and other police departments in BC. 	<ul style="list-style-type: none"> Identical to PIRS, but is current and has data entry capacity in BC. Provinces and Territories outside of British Columbia have not transferred from PIRS to PRIME. Systems called PIP and PROS (<i>detailed below</i>) are accessed when checking persons who may have convictions in other provinces.
<p>PROS (Police Reporting Occurrence System)</p> <ul style="list-style-type: none"> Used in jurisdictions other than BC. 	<ul style="list-style-type: none"> Contains the same details as PIRS, and of court proceedings from the time charges are laid through the disposition of charges PROS is accessed when information is required regarding contact with police that occurred in other provinces (BC used PRIME).
<p>PIP (Police Information Portal)</p> <ul style="list-style-type: none"> New integrated interagency information system for police across Canada. 	<ul style="list-style-type: none"> Encapsulates information contained in all records management systems (PROS, PRIME, etc), including police involvements and occurrences, street checks/field interviews, tickets and records for all persons, businesses and vehicles.

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<p>CORNET - BC Corrections information</p> <ul style="list-style-type: none">• Access to CORNET is limited to the Client Search Screens and the Client History Screens.	<ul style="list-style-type: none">• Contains details of individuals' contacts with Corrections and/or MCFD-Provincial Services.• Data on adult clients is owned by Corrections Branch, and data on young offenders is owned by MCFD- Provincial Services.
<p>JUSTIN – BC Court Involvement</p> <ul style="list-style-type: none">• Direct access, which ranges from view only to data entry, is provided to police, crown counsel, criminal court registry staff, sheriff, probation services, victim/witness services, trial schedulers and corrections staff.	<ul style="list-style-type: none">• Includes the following historical and current file information:<ul style="list-style-type: none">○ police reports to crown council and police scheduling○ crown case assessment and approval○ crown victim and witness notification○ court scheduling, judicial trial scheduling○ recording results○ document production○ complete criminal history on an accused○ information on warrants issued or cancelled○ protection orders○ firearms prohibition orders○ high-risk offender indicators○ bail and probation orders○ disposition of cases.

Appendix C: Agreements and Payment Rates

This appendix provides useful information for directors when initiating, modifying and ending agreements.

The appendix includes:

- Foster Family Care Home Payment Tables (page 94)
- Relief/Respite Care Rates (page 97)
- Notice Requirements (page 102)
- Sample Letter: Caregiver's Obligations as an Employer (page 106).

Foster Family Care Homes Payment Tables

Foster Family Care Rates Effective March 1, 2007

Table 1a: Restricted/Regular Foster Family Care: Effective March 1, 2007

Age	Restricted/Regular Foster Family Care Monthly Rate	Per Diem
0-11	\$757.67	\$25.26
12-19	\$866.11	\$28.87

Table 1b: Specialized Foster Family Care Rate Payments: Effective March 1, 2007

Level	Age	Service Payment	Foster Family Care Rate	Total Monthly Rate	Per Diem/ Per Child
LEVEL 1 – for each child (The maximum number of children per home is 6, including caregiver’s own children.)	0-11	\$396.56	\$757.67	\$1,154.23	\$38.47
	12-19	\$396.56	\$866.11	\$1,262.67	\$42.09
LEVEL 2 – for each child-specific agreement or each bed-specific agreement for 1 bed	0-11	\$1,078.94	\$757.67	\$1,836.61	\$61.22
	12-19	\$1,078.94	\$866.11	\$1,945.05	\$64.84
LEVEL 2 - for 2 children – bed-specific	0-11	\$1,845.76	\$1,515.34	\$3,361.10	\$56.02
	12-19	\$1,845.76	\$1,732.22	\$3,577.98	\$59.63
LEVEL 2 - for 3 children – bed-specific (For Level 2 homes, the maximum number of beds is 3.)	0-11	\$2,508.54	\$2,273.01	\$4,781.55	\$53.13
	12-19	\$2,508.54	\$2,598.33	\$5,106.87	\$56.74
LEVEL 3 – for each child-specific agreement or each bed-specific agreement for 1 bed	0-11	\$1,755.20	\$757.67	\$2,512.87	\$83.76
	12-19	\$1,755.20	\$866.11	\$2,621.31	\$87.38
LEVEL 3 - for 2 children – bed-specific (For Level 3 homes, the maximum number of beds is 2.)	0-11	\$2,990.20	\$1,515.34	\$4,505.54	\$75.09
	12-19	\$2,990.20	\$1,732.22	\$4,722.42	\$78.71

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Foster Family Care Rates Effective April 1, 2008

Table 2a: Restricted/Regular Foster Family Care Rates

Age	Restricted/Regular Foster Family Care Monthly Rate	Per Diem
0-11	\$780.40	\$26.01
12-19	\$887.76	\$29.59

Table 2b: Specialized Foster Family Care Rate Payments

Level	Age	Service Payment	Foster Family Care Rate	Total Monthly Rate	Per Diem/ Per Child
LEVEL 1 – for each child (The maximum number of children per home is 6, including caregiver’s own children.)	0-11	\$427.11	\$780.40	\$1,207.51	\$40.25
	12-19	\$427.11	\$887.76	\$1,314.87	\$43.83
LEVEL 2 – for each child-specific agreement or each bed-specific agreement for 1 bed	0-11	\$1,109.49	\$780.40	\$1,889.89	\$63.00
	12-19	\$1,109.49	\$887.76	\$1,997.25	\$66.58
LEVEL 2 - for 2 children – bed-specific	0-11	\$1,906.86	\$1,560.80	\$3,467.66	\$57.79
	12-19	\$1,906.86	\$1,775.52	\$3,682.38	\$61.37
LEVEL 2 - for 3 children – bed-specific (For Level 2 homes, the maximum number of beds is 3.)	0-11	\$2,600.19	\$2,341.20	\$4,941.39	\$54.90
	12-19	\$2600.19	\$2,663.28	\$5,263.47	\$58.48
LEVEL 3 – for each child-specific agreement or each bed-specific agreement for 1 bed	0-11	\$1,785.75	\$780.40	\$2,566.15	\$85.54
	12-19	\$1,785.75	\$887.60	\$2,673.35	\$89.11
LEVEL 3 - for 2 children – bed-specific (For Level 3 homes, the maximum number of beds is 2.)	0-11	\$3,051.30	\$1,560.80	\$4,612.10	\$76.87
	12-19	\$3,051.30	\$1,775.52	\$4,826.82	\$80.45

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Foster Family Care Rates Effective April 1, 2009

Table 3a Restricted/Regular Foster Family Care Rates

Age	Restricted/Regular Foster Family Care Monthly Rate	Per Diem
0-11	\$803.81	\$26.79
12-19	\$909.95	\$30.33

Table 3b Specialized Foster Family Care Rate Payments

Level	Age	Service Payment	Foster Family Care Rate	Total Monthly Rate	Per Diem/ Per Child
LEVEL 1 – for each child (The maximum number of children per home is 6, including caregiver’s own children.)	0-11	\$458.02	\$803.81	\$1,261.83	\$42.06
	12-19	\$458.02	\$909.95	\$1,367.97	\$45.60
LEVEL 2 – for each child-specific agreement or each bed-specific agreement for 1 bed	0-11	\$1,140.40	\$803.81	\$1,944.21	\$64.81
	12-19	\$1,140.40	\$909.95	\$2,050.35	\$68.35
LEVEL 2 - for 2 children – bed-specific	0-11	\$1,968.68	\$1,607.62	\$3,576.30	\$59.61
	12-19	\$1,968.68	\$1,819.90	\$3,788.58	\$63.14
LEVEL 2 - for 3 children – bed-specific (For Level 2 homes, the maximum number of beds is 3.)	0-11	\$2,692.92	\$2,411.43	\$5,104.35	\$56.72
	12-19	\$2,692.92	\$2,729.85	\$5,422.77	\$60.25
LEVEL 3 – for each child-specific agreement or each bed-specific agreement for 1 bed	0-11	\$1,816.66	\$803.81	\$2,620.47	\$87.35
	12-19	\$1,816.66	\$909.95	\$2,726.61	\$90.89
LEVEL 3 - for 2 children – bed-specific (For Level 3 homes, the maximum number of beds is 2.)	0-11	\$3,113.12	\$1,607.62	\$4,720.74	\$78.68
	12-19	\$3,113.12	\$1,819.90	\$4,933.02	\$82.22

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Relief/Respite Care

Some foster homes provide relief or respite care for the ministry. Relief/respite rates for restricted and regular foster parents are \$10.00 more than the regular daily rates.

Relief/Respite Per Diem Rates Effective March 1, 2007		
	Age 11 & under	Age 12 - 19
Regular & Restricted homes	\$35.26	\$38.87
Level 1 homes	\$52.09	\$52.09
Level 2 homes	\$64.84	\$64.84
Level 3 homes	\$87.38	\$87.38

Level 1 rate includes extra \$10.00/diem.

Relief/Respite Per Diem Rates Effective April 1, 2008		
	Age 11 & under	Age 12 - 19
Regular & Restricted homes	\$36.01	\$39.59
Level 1 homes	\$53.83	\$53.83
Level 2 homes	\$66.58	\$66.58
Level 3 homes	\$89.11	\$89.11

Level 1 rate includes extra \$10.00/diem.

Relief/Respite Per Diem Rates Effective April 1, 2009		
	Age 11 & under	Age 12 - 19
Regular & Restricted homes	\$36.79	\$40.33
Level 1 homes	\$55.60	\$55.60
Level 2 homes	\$68.35	\$68.35
Level 3 homes	\$90.89	\$90.89

Level 1 rate includes extra \$10.00/diem.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

The foster family care rate

Restricted and regular family care homes receive the foster family care rate appropriate to the age of the child. The foster family care rate covers the direct costs of caring for the child. This rate is intended, with limited exceptions, to cover the day-to-day costs incurred in caring for a child over an extended period of time. It is expected that in some months expenditures will be less than the foster family care rate, while in other months costs may be higher. The expectation is that the foster parent will manage payments and expenditures so that over an extended period of time, there will be neither a deficit nor a surplus.

Expected costs of caring for a child include:

- **Food** – the child’s share of food purchases including food prepared in the home, brought in or eaten out; school lunches; and baby formula
- **Household costs** – the child’s share of the household costs (including, but not limited to, bedding, linen, household supplies and utilities) as well as the increased wear-and-tear on furniture and soft furnishings resulting from additional children in the home
- **Transportation and mileage** – the child’s share of family transportation costs, including, but not limited to, day-to-day transportation costs that are specific to or on behalf of the child and as outlined in the child’s plan of care (i.e., transportation to school, medical appointments, recreational activities, and local family visits; and/or the cost of a bus pass)
- **Personal needs** – the child’s personal care costs (haircuts, shampoo, toothpaste, toothbrushes, personal hygiene), as well as car seats, diapers, and other supplies for young children
- **Recreation** – the child’s share of the cost of recreational family outings
- **Clothing** – the direct costs of replacement and repairs of the child’s clothes
- **Equipment (e.g., recreational, cultural)** – the costs of equipment for basic care (e.g., beds, cribs) as well as for sports, recreation and hobbies
- **Child’s personal allowance** – a spending allowance intended solely for the child’s personal use
- **Babysitting, relief** – the cost of care the caregiver’s children and the child in care while the caregiver is away from home on caregiving-related business (e.g., school interviews, agency conferences and local Foster Parent Association meetings) or for caregiver outings
- **Gifts, activities** – the cost of gifts for the child’s birthday and Christmas, and for costs relating to participation in ongoing activities related to the child’s creative, cultural and physical development (e.g., Cub, Scout or Brownie uniforms; registration fees and tuition fees for music, arts and crafts, swimming lessons, participation in sports activities; camp fees) (**Note:** The difference between the per diem camp fee and the foster family care rate may be paid as a one-time-only payment.)
- **Education** – all primary and secondary school-related costs (e.g., costs related to physical education classes, driver education course fees, other course fees, school supplies, locks, locker fees, field trips)
- **Other** – other costs directly related to caring for a child.

Service payment

Specialized Level 1, 2 and 3 family care homes receive the foster family care rate for each child in the home plus a service payment appropriate to the level of the home and the child-specific or bed-specific agreement. The service payment should cover all the direct program costs of the

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caregiver in providing the Level 1, 2, or 3 service, including relief (for up to three days), transportation, capital/leasing costs, equipment and insurance costs. Exceptional payments are possible if it is clear that additional funds are required in order to comply with the comprehensive plan of care and to ensure the stability of the placement.

Note: A child-specific or bed-specific contract does not terminate when a child leaves; the foster family care rate payment is discontinued but the service payment continues. The monthly figures represent full occupancy. The foster family care rate is paid on a pro-rated basis for each day the child is in the home.

Exceptional payments to restricted/regular and specialized foster family care homes

The foster family care rate is expected to cover the cost of meeting the day-to-day needs of a child in care. Occasionally, a child's plan of care includes requirements for additional goods and services. Some service providers require additional funding beyond the family care home payment to meet the needs of the child or youth in their care.

There are two types of exceptional payments available to support foster homes that have completely expended all that is expected from the foster family care rate and service payment:

- one-time-only payments, and
- exceptional ongoing payments.

These payments may be provided to meet exceptional or unusual costs which the foster parent cannot reasonably be expected to manage over an extended period of time and where there are no unused funds to address the costs. The payments are extraordinary in nature.

One-time-only payments are not meant to fund known, ongoing exceptional costs. However, some caregivers require ongoing monthly payments, for example to pay for shelter, transportation, relief, day care or child and youth care workers directly related to a child in their care.

If a caregiver requests an exceptional one-time-only or ongoing payment, the request is assessed and documented in consultation with the caregiver. The family care home payment is reviewed to ensure that it has either been expended or committed. If there is a need for a supplementary payment, the director determines whether it is an exceptional circumstance and whether it can be paid through a one-time-only payment. The director makes a recommendation to his or her supervisor with respect to all exceptional payments for approval by the appropriate manager.

If exceptional payment is needed on an ongoing basis to implement the child's plan of care, the relevant manager can approve an ongoing monthly payment. The payments are intended to be time-limited and linked to the needs of a specific child. The amount is based on an appropriate range of cost and availability of funds in the regional budget.

The following are examples of situations where either one-time-only or exceptional ongoing payments may be considered.

Exceptional transportation costs

The restricted/regular foster family care rate and service payment for leveled homes includes an amount for transportation. This amount is expected to cover the majority of transportation costs

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STANDARD AND POLICY (required practice)**

specific to the child's comprehensive plan of care, including bus passes. Assuming 30¢ per kilometer for gas, maintenance and insurance, the foster family care rate should be sufficient to cover 325 kilometers per month of transportation specific to the child.

Exceptional transportation costs are those not covered by the foster family care rate. One-time-only or exceptional ongoing payments will not be considered until transportation costs exceed the foster family care rate. Examples are:

- long-distance travel for recreational, cultural, medical and visiting purposes, and
- comprehensive plan of care requirements for travel within a child's own community.

Approved exceptional transportation costs are paid at 30¢ per kilometer or actual costs of public transportation. The foster family care rate should be sufficient to cover the child's share of insurance and maintenance for the family vehicle. The 30¢ per kilometer is intended to cover gas and oil costs. The director consults with the caregiver and determines the mode of travel that best meets the requirements of the child's comprehensive plan of care.

Insurance deductible

This includes the deductible costs incurred in the case of:

- willful or malicious damage caused by a child covered by the extended property damage policy
- accidental damage caused by a child in care covered by the caregiver's homeowner tenant insurance policy, and
- liability insurance.

Camp fees

The difference between the per diem camp fee and the family care rate can be paid as a one-time-only payment.

Child and youth care worker services

Child and youth care worker services may be provided for children in family care homes when:

- the child is in care for a short period of time, and the service is part of an ongoing family support service offered to the child's family
- the service is directed at preparing a youth in care for the transition to independent living
- the child has developmental delays that the child and youth care worker is assigned to remedy, or
- the child's plan of care requires a level of service beyond the designated capability of the caregiver.

The payment amount determined by the region should be used, and it should be no higher than the rate paid by existing regional child and youth care worker contracts.

Day care services

If day care services are required to supplement the care provided by a caregiver, day care subsidies are available. If day care is part of the child's plan of care and there is a cost in excess of the subsidy for which the caregiver requests additional funds, the director assesses the request.

Day care services may be required while the caregiver is attending foster parent education and learning events. Wherever possible, the child is placed in licensed day care facilities. If none are

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available and unlicensed family day care is to be used, the director and caregiver are responsible for screening and monitoring the placement.

Exceptional clothing needs

Exceptional clothing needs are those required for a specific activity that is part of a child's comprehensive plan of care, such as graduation ceremonies.

Exceptional medical requirements

Exceptional medical requirements refer to the cost of medical treatment or equipment that is not covered by the Medical Services Plan or Health Services Division. Examples are special diets, knee braces, and clothing required for special medical purposes.

Infant development services

As part of a child's plan of care, in-home infant development services may be used, when available, to assist family care home parents to stimulate the development of children who are developmentally delayed or handicapped, from birth to age three. In some regions, infant development services may include parent support groups.

Shelter

This is to be used when the caregiver in a municipality with higher than average rent costs must find alternative accommodation in order to care for the child, and the cost cannot reasonably be met within his or her budget. Shelter costs can be paid to caregivers in high-rent communities that have been identified on an annual basis through an analysis of CMHC data. Payment should be made only after a review of the caregiver's current payments to determine whether the amount can be accommodated within the existing monthly payment.

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Notice Requirements

Situation	Notice required	Comments
1. A caregiver without placements wishes to take a one- to three-month break from fostering, but the agreement term does not end for several months.	60 days	The existing agreement is terminated, and a new agreement is initiated once the break ends.
2. A caregiver with placements wishes to take a one-month break from fostering, but the agreement term does not end for several months.	None	Substitute care is approved by the ministry, but paid for by the caregiver. The agreement continues.
3. A caregiver with one placement would like the child moved before the end of the agreement term.	Two weeks	Two-week notice is required from the caregiver to move the child, except in urgent situations (see Family Care Home Agreement, Schedule D, 9[r]). The agreement is still in force, so another child can be placed in the home.
4. A caregiver with a multiple-bed agreement would like to change (i.e., increase or decrease) his or her bed capacity.	None for increase; 60 days for decrease	Notice is not required for an increase in bed capacity; 60-day notice is required for a decrease in bed capacity. Changes in capacity are addressed through a modification agreement (i.e., agreement is modified, not ended).
5. The director would like to change (i.e., increase or decrease) the bed capacity of a caregiver with a multiple-bed agreement.	None for increase; 60 days for decrease	Changes in capacity are addressed through a modification agreement (i.e., agreement is modified, not ended).
6. A caregiver with multiple child-specific agreements would like one less child (before the end of the agreement term).	60 days	The contracting relationship will continue with the other agreements. When possible, bed-specific agreements should be used, as capacity can be changed through modification agreements.
7. A caregiver with multiple child-specific agreements would like one less child (before the end of the agreement term), then accepts an additional child within the 60-day notice period.	None	The new placement is added to the existing agreement, and a modification agreement is used to extend the term if required (but not with restricted homes, as the child is named on the agreement).
8. A child will be leaving a caregiving home through a planned move, and another will be placed in the caregiving home.	None	

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

Situation	Notice required	Comments
9. The director has decided to end the contracting relationship with a caregiver at the end of the agreement.	None	Discussions will have occurred with the caregiver about why the contracting relationship will not be continued.
10. The director has decided to end the contracting relationship with a restricted or regular caregiver before the end of the agreement (but there is no breach of contract by the foster parent).	60 days	There are no payment implications because these agreements have only variable payments. Placements can be moved before the end of the 60-day notice.
11. The director has decided to end the contracting relationship with a Level 1, 2 or 3 caregiver before the end of the agreement (but there is no breach of contract by the foster parent).	60 days	Placements can be moved before the end of the 60-day notice, but service payments will be made for the 60-day notice period.
12. The director has decided to end the contracting relationship with a caregiver before the end of the agreement due to a breach of contract.	Written notice of the effective date and of the reasons for closing the home is required	

Sample Letter: Caregiver's Obligations as an Employer

Date:

Dear (*Name of Caregiver*),

The ministry is not authorized to advise you on insurance, workers' compensation, income tax or the responsibilities of other external authorities.

You should be aware of your potential obligations as an employer, and it is important for you to review your situation with the relevant authorities. Consult directly with your insurance agent, the Worker's Compensation Board (WCB), or Revenue Canada. You may also have to comply with Employment Standards, and you should also contact the Employment Standards Branch. Each situation is unique, and it is important for you to have all the information that applies to you.

If you pay for your own relief, your responsibilities include:

- selecting a relief caregiver (usually this will be an approved foster parent);
- making direct payment to the relief care provider;
- managing your relief budget; and
- recruiting, hiring, firing, training, scheduling, supervising and paying your relief care provider as agreed between yourself and the relief care provider.

As well, you must be aware of any responsibilities or requirements regarding:

- an employer/employee relationship;
- compliance with regulations regarding Employment Standards and the Workers' Compensation Board;
- compliance with Revenue Canada requirements;
- as applicable, payment of all taxes, fees and assessments under those laws; and
- maintenance of employment and financial records.

If you provide a Family-Model Care home, are on a Client Services Agreement, and employ more than one full-time equivalent employee, the *Standards for Staffed Children's Residential Services* must be met.

Foster homes are defined in the Standards for Foster Homes as:

- foster homes approved by a director designated under Section 91 of the *Child Family and Community Service Act* where the caregiver resides in the care setting and has no more than one full-time-equivalent employee*; and
- individual foster homes sub-contracted by or in the employ of a specialized residential resource contractor and employing not more than one full-time-equivalent employee*.

* One full-time-equivalent employee is a person or persons whose total combined working hours are 40 hours per week. (Exemption: A person or persons providing relief care services for the foster parents while residing either in the foster parents' usual place of dwelling or in their own usual place of dwelling.)

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

If you are on a Family Care Home Agreement, the *Foster Family Handbook* describes the Family Care Home Program and is a useful guide to foster care. It contains important information on insurance, workers' compensation and income tax. If you have any questions about these issues, consult with the British Columbia Federation of Foster Parent Associations or directly with the relevant agency.

Yours truly,

(Name of Resource Worker)

Appendix D: Insurance for Caregivers

General liability insurance for caregivers

Effective June 1, 2005, ministry caregiving homes with family care home agreements began to receive general liability insurance coverage under the government's master insurance program. This is the same liability insurance program that provides most government contracted service providers with coverage. Before June 1, 2005, caregivers received liability insurance coverage under a group policy administered by the BC Federation of Foster Parent Associations (BCFFPA) and funded by the ministry.

Caregivers who have agreements with delegated Aboriginal agencies or community agencies already have liability insurance coverage under the agency's coverage with the master insurance program. Caregivers who have client services agreements are eligible to have liability insurance coverage included within the agreement. It is the contract manager's responsibility to enrol the caregiver in the Master Insurance Program (MIP). It is important to note that MIP does not replace the need for other insurance coverage, such as homeowner or tenant insurance or automobile insurance.

The new liability insurance coverage for caregivers meets or exceeds the coverage they received under the previous program. The deductible for the new program is \$250. The deductible for the old program was \$1000.

Aon Reed Stenhouse in Victoria is the insurance agent, on behalf of the Commonwealth Insurance Company, the company of record for the program. (Contact: Aon Reed Stenhouse, 250-388-7577)

Caregivers' extended property damage insurance

The BC Federation of Foster Parent Associations (BCFFPA) administers for the ministry an extended property damage insurance program. The program is a "rider" to caregivers' own homeowner insurance. All ministry or delegated Aboriginal agency caregivers with primary insurance coverage and a current family care home agreement or client services agreement automatically receive this coverage.

Property damage insurance coverage for caregivers who work for community agencies is a matter between them and their agency. Some agencies buy the property damage coverage directly from the BCFFPA. (Contact: BCFFPA via the Fosterline, 1-800-663-9999)

Caregiver Legal Representation Indemnity

With appropriate approvals, the ministry will pay reasonable legal costs incurred by a caregiver in defending against allegations of sexual abuse or assault, deliberate physical abuse or assault, or deliberate mental abuse brought by a child placed in a caregiver's home by the director under the *CFCSA*.

Liability and extended property insurance when providing relief or respite services

All restricted, regular and specialized family care homes that have a current signed agreement with the director are automatically eligible for extended property damage through the BCFFPA as a rider to their current household or tenant insurance. In addition, family care homes receive general liability insurance under the Master Insurance Program (MIP). Every family care home receives a liability insurance certificate confirming coverage.

**CAREGIVER SUPPORT SERVICE STANDARDS
STANDARD AND POLICY (required practice)**

Providing the relief arrangement is consistent with the contract/agreement clause on sub-contracting, the relief/respite parent will be covered by the MIP.

Insurance deductible

This includes the deductible costs incurred in the case of:

- willful or malicious damage caused by a child covered by the extended property damage policy
- accidental damage caused by a child in care covered by the caregiver's homeowner tenant insurance policy, and
- liability insurance.

Insurance Rider Information

The Ministry cover costs when:

- Damage is malicious and ongoing with the cost for each incident falling below the deductible
- Damage is accidental with the cost of the incident falling below the deductible
- The foster child causing the damage is unable to form the necessary intent, due to age, mental ability, or psychosis, and
- On the basis that a foster parent should not be "out of pocket" related to the authorized expenses of caring for a child in care, the foster parent's deductible cost is reimbursed by the ministry **after** considering the amount of unexpended funds that may be available from the family care home payments. Service payments are not used to cover any deductibles

Under the Foster Parents Insurance Program policy, claims are settled on a "per occurrence" basis, meaning that each claim is considered separate and distinct from each other and each claim is settled individually. The deductible is the greater of \$500 or whatever deductible is specified in the caregiver's primary policy

With the exception of Accident, Sickness and Life Insurance, all insurance policies stipulate that each incident of damage to property will be settled separately. The basis of any loss settlement is a requirement that a deductible be applied to each incident (occurrence).

All foster parents are covered for liability due to negligence which may occur in their role as a foster parent. As of June 1, 2005, this coverage is through the government liability policy. The deductible per incident is \$250.

The same applies for a respite caregiver who is approved by the ministry and who holds a valid ministry contract to provide respite.

The Rider does not cover any individual providing relief directly for a foster parent, where the foster parent is paying the respite provider. In this case the relief provider would have to sue the foster parents unless the relief provider's primary carrier was willing to cover the damage.