



Children and Youth in Transition

A Toolkit for Effective Transitions
Navigating Some of the Bumps in the Road

Communication • Preparation • Collaboration

Transition Toolkit 2013 • Campbell River Joint Transition Committee • June 2013

Predictable Transitions along the Continuum of Care

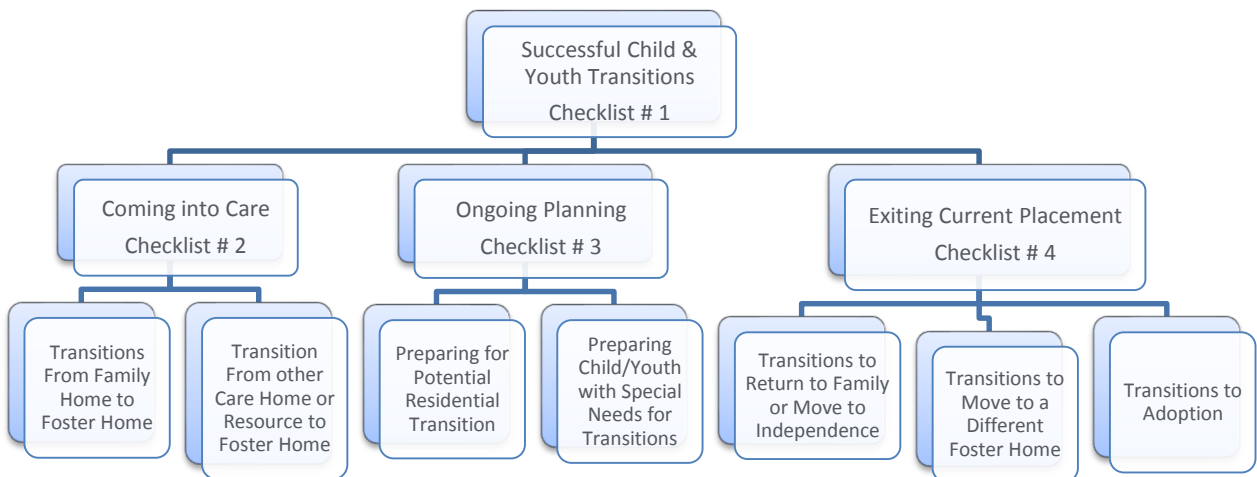


Table of Contents

Note to the Reader	5
Background	5
Flowchart – The Continuum of Transitions	2
Transition Planning Best Practices	6
Section 1: Checklists:	
Basic Checklist for all Transitions	7
Child Coming Into Care Checklist	7
Ongoing Planning Checklist	8
Exiting Current Placement Checklist	8
Youth Transitions Checklist	9
Emergency Placement/ Exit Checklist	9
Section 2: Terms:	
Definitions	10
Acronyms	11
Section 3: Information Sharing and Forms:	
Don't Forget to Ask	12
Foster Parent Intake Form	13
Child's Routines	15
Local Procedures for Notifying School Personnel	28
School District 72 Notification Form	29
Child's Clothing & Possession Inventory	30
Daily Log Example	31
Monthly Summary Example	32
Visit Calendar	34
Section 4: Tips, Links and Resources:	
Tips for Successful Transitions	35
Basic Guidelines	35
Practical Ideas	35
Managing Grief & Loss	35
Losses a Child in Care May Experience	36
Life Books	36
Campbell River Youth with Special Needs Checklist	38
Links of Interest for CYSN Youth	39
Additional Links and Resources	39
Minimizing the Trauma of Moves	40
Child in Care Exit Interview	41
Section 5: Standards for Foster Homes:	
Standard A.2 Involving Children and Their Families in Decision-making	42
Standard C.2 Maintaining Relationships	42
Standard C.3 Transitional Planning	43
Standard D.2 Culture and Religion	44
Standard D.3 Preserving the Aboriginal Child's Unique Cultural Identity	44
Standard F.1 Alternative Care Arrangements	45
Standard F.2 Standards for Child's Individual Service Record	46
Complaint Resolution Process	47

Special Thanks & Appreciation

Pat McEwen, Foster Parent
Sharie Bayda, Foster Parent
Bonnie Lawson, Foster Parent
Sandra Masters, Foster Parent
Heather Murphy, Foster Parent
Ellen Fyfe, Foster Parent
Wendy Barker, Foster Parent
Jean Robinson, MCFD
Brenda Hanrahan, MCFD
Susan Bradshaw, MCFD
Debi Van Voorst, MCFD
Diane Bojsza, MCFD
Kristie-Lynn Campbell, MCFD
Christine Manly, MCFD
Gloria Jackson, Campbell River Family Services
Laurie Overton, Campbell River Family Services
Sarah Badgero, John Howard Society of North Island
Mary Catherine Williams, FPSS Society
Judy Hollywood Bonnett FPSS Society
Krista Turcotte, FPSS Society (*Document Formatting*)

Note to the Reader

The booklet you are holding, *Children and Youth in Transition; A Toolkit for Effective Transitions*, is intended to assist with and improve social worker and foster parent practices when supporting children-in-care during times of residential transition. The Transition Subcommittee hopes that the information presented here will be used as a guide for planning and implementing transitions and will be shared with others.

We recognize that there are many types of transitions; some allow for ample planning and preparation, others occur in spontaneous or emergency situations or after unforeseeable circumstances and result in transitions that do not allow for more than minimal transition planning.

***Children and Youth in Transition; A Toolkit for Effective Transitions* contains a variety of suggestions and strategies that can be used in different situations. You are encouraged to select the “tools” that best suit the particular transition you are planning.**

Worksheets and checklists can be copied and adapted during transition planning.

The articles and information in this toolkit were collected by the Campbell River Transition Subcommittee from many different sources, over several years. Unfortunately, we were unable to determine references or sources for some of the booklet content. Authorship has been cited where possible. The committee would like to thank the many foster parents and social workers who contributed in the process of building this document. We would especially like to thank Shelby Hildebrandt, Campbell River Family Services summer 2012 student, for her role in organizing the material.

Background: Campbell River Joint Transition Subcommittee

The Campbell River Partnership Committee recognizes that a positive working relationship between social workers and foster parents enhances the quality of service they provide to children and families. They acknowledge that strengthening the working relationship is an important and ongoing process. Reports and surveys completed by the Partnership Committee over a number of years indicate that times of transitions are difficult for all involved and an area of potential conflict in relationships. The following recommendation was included in the *Team Building Report to the Campbell River MCFD/Foster Parent Partnership Committee, September 2010*:

“The committee recommends that an Action Subcommittee be formed to focus specifically on transitions. This would include strategies for practice when a transition occurs (i.e. what planning needs to occur when a child is moving etc.).”

At the January 27, 2011 Partnership Committee meeting, individuals interested in improving practice around transitions were invited to participate on a Transition Action Subcommittee. Jean Robinson, Resource Social Worker, offered to organize and chair the first committee meeting on April 14, 2011.

Transition Subcommittee members determined that their focus would be on processes that support healthy transitions when children move between homes. The committee recognizes that there is no single or “right” way for transitions to occur. Every Transition Plan will be as unique as each child. However, the committee believes that the strategies provided support the emotional needs of all involved and are useful tools for transition planning.

The Subcommittee divided into working groups to focus on the various aspects of the following types of transitions:

- 1) Infant transitions and adoptions,
- 2) Transitions to another home (care home/family/another foster home),
- 3) Youth transitions before or at age 19 years.

The Subcommittee then reconvened to combine their findings, resulting in the creation of this guide: *Children and Youth in Transition; A Toolkit for Effective Transitions*.

The C.R. Joint Transition Subcommittee recommends that, when time allows, this document be used as a model for all child and youth transition planning – not only for youth with special needs. Please adapt it to suit the unique needs of the Transition Plan.



Ministry of
Children and Family
Development

Transition Planning
Best Practices

There are six best practices associated with transition planning for youth with special needs. These include:

1. Person-centered Planning
2. Youth Involvement
3. Family Involvement
4. Community Involvement
5. Identification and Use of a Transition Coordinator
6. Inter-agency Collaboration

Six Steps to Person-centered Transition Planning

Youth and their Family members are central to the transition planning process. Here are six steps to developing a successful transition plan to adulthood.

Step 1: Build a Planning Team

Choose people who know you best and can assist you with identifying your goals, needs and future services. Consider your parents, teacher, social worker, current service providers, service agencies for adults, and people from your person support network such as peers, friends, classmates and extended family members.

Step 2: Gather Information

Inform your team members about your goals, strengths and needs to ensure the transition plan is centered on you.

Step 3: Develop Your Transition Plan

List the tasks that must be completed to reach your goals as well as the services and supports you use now and those you will need as an adult.

Step 4: Put your Transition Plan into Action

Assign each team member a task to complete.

Step 5: Update Your Transition Plan

Monitor how everyone is doing with his or her tasks and adjust the plan if need be.

Step 6: Hold an Exit Meeting

Arrange a final planning session before you leave high school to finalize your plan and to check to see what tasks are left to complete.

The [Cross-Ministry Transition Planning Protocol for Youth with Special Needs](http://www.mcf.gov.bc.ca/spec_needs/pdf/transition_planning_protocol.pdf) (www.mcf.gov.bc.ca/spec_needs/pdf/transition_planning_protocol.pdf) describes how youth and families are supported in the transition planning process. For more information on these steps see [Your Future Now: A Transition Planning and Resource Guide for Youth with Special Needs and Their Families.](http://www.mcf.gov.bc.ca/spec_needs/pdf/your_future_now.pdf) (http://www.mcf.gov.bc.ca/spec_needs/pdf/your_future_now.pdf)

Section 1: Checklists

For Successful Child and Youth Transitions

1: Basic Checklist for all Transitions				
Task	Who is Responsible?			Completion Date
	Foster Parent	Social Worker	Other	
<input type="checkbox"/> Does the caregiver have adequate information to care for the child's immediate needs? (<i>See Intake Form - p. 21</i>)				
<input type="checkbox"/> What is the legal status of the child?				
<input type="checkbox"/> Who is the child's guardian? (*Any decisions affecting the child require Social Worker consultation <i>regardless</i> of legal status.)				
<input type="checkbox"/> Have the child, foster family and natural family been informed of court proceedings and outcomes?				
<input type="checkbox"/> Have the child, natural family and foster family been told that the child is being moved and where?				
<input type="checkbox"/> Have plans been made to maintain the child's significant relationships? (e.g. <i>Agreement for post-transition visits and contact</i>)				
<input type="checkbox"/> Has a clothing and toy/gift inventory been completed? <i>Especially gifts from Biological Family. (See Clothing Inventory - p. 31)</i>				
<input type="checkbox"/> Have grief and loss supports been identified? For the child moving? Biological siblings? Foster siblings? Foster parents? Biological Family? (<i>See Losses - p. 38</i>)				
<input type="checkbox"/> Does the child have necessary Identification? (e.g. <i>Health card, Blue Cross number, BCID, SIN card, Status card</i>)				
<input type="checkbox"/> Does caregiver understand contractual obligations in caring for child? (e.g. <i>Time frames, length of placement bed specific/child specific, extra contract service items CSI</i>)				

Notes:

2: Child Coming Into Care				
Task	Who is Responsible?			Completion Date
	Foster Parent	Social Worker	Other	
Information sharing:				
<input type="checkbox"/> Does the caregiver require additional information about the child?				
<input type="checkbox"/> Has the information in Intake Form been completed? (<i>See p.18 and Don't Forget to Ask p. 19-20</i>)				
<input type="checkbox"/> Has a meeting been set to establish placement planning? (e.g. <i>Visits, permanency</i>)				
<input type="checkbox"/> Has a Family Group Conference (FGC) or a Family Case Planning Conference (FCPC) been explored?				
<input type="checkbox"/> Has day care/school been updated & notified of transition? (<i>See Notifying School Personnel p.29 and 30</i>)				
<input type="checkbox"/> Have other professionals been notified of move? (e.g. <i>Doctor, dentist, coaches, teachers</i>)				

Are there subsidies and programs that need to be transferred? <input type="checkbox"/> Autism Funding, <input type="checkbox"/> Supported Childcare <input type="checkbox"/> Youth Outreach <input type="checkbox"/> Other				
3: Ongoing Planning				
Who is Responsible?				
Task	Foster Parent	Social Worker	Other	Completion Date
Best Practice: Has there been consultation with various professionals to reduce transition trauma for child/youth? <input type="checkbox"/> CYMH <input type="checkbox"/> CYSN <input type="checkbox"/> FASD Keyworker <input type="checkbox"/> Behavioral consultants <input type="checkbox"/> Other: _____				
<input type="checkbox"/> Are regular case planning meetings (ICMs) being held?				
<input type="checkbox"/> Is Comprehensive Plan of Care (CPOC) up to date?				
<input type="checkbox"/> Is Life Book up to date? <i>(See Life Book - p. 39)</i>				
<input type="checkbox"/> Have the reasons for separation from family been reviewed with child and youth?				
<input type="checkbox"/> Have steps been made to preserve the child's heritage/culture? <i>(See Standard for Foster Homes D.3, p. 48)</i>				
<input type="checkbox"/> Has referral been made to Collaborative Planning Program for Youth Transition Conference to identify support networks?				

4: Exiting Current Placement				
<i>*If child is being moved to new caregiver or is being adopted then refer to both checklist # 2, "Coming into Care" and checklist #4 as well.</i>				
Who is Responsible?				
Task	Foster Parent	Social Worker	Other	Completion Date
<input type="checkbox"/> Does new caregiver have the child's information? <i>(See Child's Routines - p. 23-28)</i>				
<input type="checkbox"/> Is Comprehensive Plan of Care (CPOC) current and up to date?				
<input type="checkbox"/> Has suitcase or tote been purchased to move child's belongings?				
<input type="checkbox"/> Is there a plan for maintaining significant relationships? <i>(e.g. Agreement for post-transition contact)</i>				
Have grief and loss supports been identified? <input type="checkbox"/> Closure event planning <input type="checkbox"/> For child <input type="checkbox"/> Foster family <i>(See Losses p. 38)</i>				
Adoption: <input type="checkbox"/> Have the required applications and approvals for adoption been completed? <input type="checkbox"/> Sibling Exceptions <input type="checkbox"/> Has there been Cultural Planning? <i>(Aboriginal Exceptions)</i>				
End of Contract Discussion: Has social worker/resource social worker had an end of contract discussion? <input type="checkbox"/> With foster parent <input type="checkbox"/> With natural family				
Exit interview, if applicable: <input type="checkbox"/> With child <i>(See Exit Interview - p. 44)</i> <input type="checkbox"/> With foster parent				

Notes:

5: Youth Transitions Checklist <i>(Also refer to checklist 1)</i>				
Task	Who is Responsible?			Completion Date
	Foster Parent	Social Worker	Other	
<input type="checkbox"/> Has the youth participated in planning decisions?				
<input type="checkbox"/> Have Identification documents been completed? <i>(See p. 41, adapt for youth w/o special needs)</i>				
<input type="checkbox"/> Has a bank account been opened with/for youth?				
Medical:				
<input type="checkbox"/> Does youth have contact information for family doctor?				
<input type="checkbox"/> MSP number?				
<input type="checkbox"/> Transition planning with career/work /education goals?				
<input type="checkbox"/> Financial supports?				
<input type="checkbox"/> Life skills?				
<input type="checkbox"/> Social/community supports?				
<input type="checkbox"/> Residential planning post-placement?				

6: Emergency Placements/ Exit Checklist				
<i>Placements: Foster parent needs to confirm they have the following basic information.</i>				
Task	Who is Responsible?			Completion Date
	Foster Parent	Social Worker	Other	
<input type="checkbox"/> Child/youth full name				
<input type="checkbox"/> Date of Birth				
<input type="checkbox"/> Current Medical/Mental Health Issues shared with caregiver				
<input type="checkbox"/> Personal Health Number				
<input type="checkbox"/> Comfort items – does the child have comfort/personal items with her or can something be picked up the following day? <i>(e.g. Teddy, blanket, iPod)</i>				
<input type="checkbox"/> Parental/family contact <i>(e.g. Phone or visits)</i>				
<input type="checkbox"/> Ministry of Children and Family Development Contact Name				
<input type="checkbox"/> MCFD Contact: If foster parent has not heard from MCFD within 48 hours following placement s/he should contact to discuss on-going planning.				
<input type="checkbox"/> Day plan for following day – stay at foster home, day care, school, meeting at MCFD etc.				
<i>Exit: Foster parent needs to ask for this information when children are suddenly moved. (e.g. Court Ordered, Voluntary Care Agreements Termination, Guardianship Decision, or/and Teen Spontaneously Leaving Care)</i>				
Task	Who is Responsible?			Completion Date
	Foster Parent	Social Worker	Other	
<input type="checkbox"/> Who will explain to the child the change to the Plan?				
<input type="checkbox"/> When?				
<input type="checkbox"/> Is there a suitcase, or respectful packing of personal items?				
<input type="checkbox"/> Who will oversee the packing of personal possessions?				
<input type="checkbox"/> Contact number – where do I send the child's possessions that are left behind?				
<input type="checkbox"/> Closure options time permitting – consider having strategies in				

place to support child, foster parent, other children in the home, or birth families when unexpected exits occur. <i>(Can be as simple as a hug goodbye or as complex as a family dinner send off with gifts!)</i>				
<input type="checkbox"/> Who notifies (school/day program etc.) that the child is no longer at foster home?				

Section 2: Terms

Definitions

Transition: Transfer points for a child in care that involve the child, social worker, foster parent, natural family and adoptive family. With specific focus to a child entering care, a child's change in placement, returning to family members, aging out of care or moving to an adoption placement.

Best Interest of Child: The *Child, Family and Community Service Act* states that actions and decisions must take into consideration the best interests of the child. Because the concept of a child's best interests can mean different things to different people, the *Act* specifies that all relevant factors must be considered in determining the child's best interests, including the following:

- The child's safety;
- The child's physical and emotional needs and level of development;
- The importance of continuity in the child's care;
- The quality of the relationship the child has with a parent or other person and the effect of maintaining that relationship;
- The child's cultural, racial, linguistic and religious heritage;
- The child's views; and
- The effect on the child if there is delay in making a decision.

If the child is Aboriginal, the importance of preserving the child's cultural identity must be considered in determining the child's best interests.

Child: Means a person less than 19 years of age and includes a youth.

Collaborative Practice: The coordinated action among people working/supporting children and youth based on a platform of common values, principles and overarching strategies that guide their work. Participation and action from all professionals will be required to help reach the goal of better supporting and limiting trauma for children and youth during times of transition.

CRICKET: Community created mind-set that empowers foster parents and social workers to work together in a strengths-based partnership that is **C**ommunicative, **R**espectful, **I**nclusive, **C**ooperative, **K**ind, **E**ffective and **T**imely.

CRICKET Pledge: *"The Ministry of Children and Family Development and the Foster Parents of Campbell River are committed to processing concerns, disagreements, and differences in accordance with the principles of Administrative Fairness and the established Team Vision (CRICKET). We strongly believe that addressing issues early on and informally, in a spirit of openness and respect, is the first step to resolving conflict and maintaining effective relationships."*

Notes:

Common Acronyms

Related to Foster Care Practice

Acronym	Description
MCFD	Ministry of Children and Family Development
CPOC	Comprehensive Plan of Care
CCO	Continuing Care Order (MCFD is the full legal guardian and custodial parent)
TCO	Temporary Custody Order (MCFD is the temporary guardian)
VCA	Voluntary Care Agreement (MCFD shares custody but not guardianship with the parent. Agreement based on needs of the parent)
SNA	Special Needs Agreement (MCFD shares custody but not guardianship with the parent. Agreement based on needs of child)
ICM	Integrated Case Management meeting (May often be called a Case Conference, Case Planning or Case Management meeting, although an ICM is meant to have a different format than the other meetings) Also, "ICM" is the acronym used for the computer system used by MCFD.
ISP	Immediate Safety Plan (Social worker assesses and begins to investigate concerns with a view to deciding if a child is in need of protection and then coming up with the ISP if necessary. This may include removal but not necessarily.)
FS	Campbell River Family Services society <u>or</u> MCFD Family Services file (The file for the parent of the child in care)
CS	Child Services file (The file for the child in care)
CIC	Child in Care
LFLS	Laichwiltach Family Life society
CYMH	Child and Youth Mental Health
CLBC	Community Services of BC (Formerly called CLS or Community Living Services. CLBC is now a private agency, although their workers are still working out of our MCFD office.)
FP	Foster Parent (May alternately be referred to as Caregiver)
CCW	Child Care Worker (Or Youth Care Worker)
FGC	Family Group Conference
CYSN	Child and Youth With Special Needs
FCPC	Family Care Planning Conference

Section 3: Forms & Information Sharing

Don't Forget to Ask!

This section has been adapted from the South Island Foster Parent Association handout sheet and the Foster Family Handbook 5th edition, page 79.

The list below is designed to assist you in your discussion with the ministry.

1. Name and age of child.
2. Why is the child being placed?
3. What is the child's understanding of the reason for placement?
4. Has the child been in care before? If so, who were they placed with?
5. Is the child in care by agreement or is it a removal order?
6. Is it likely to be a short or long term placement?
7. Who are the parents and will they have access to the child? Are there siblings? Are the siblings in care?
8. Is contact with parent (phone and visits) to be monitored or supervised?
9. Any other significant people in the child's life?
10. Is there anyone the child is not allowed to see or be in contact with?
11. Does the child have any challenging behavioural problems? Has the child been sexually/physically abused?
12. Discuss with the social worker the child's sleeping arrangements to ensure needs for supervision, safety etc. are met.
13. What will help the child feel at home? Favourite food, comforting toy?
14. Are there any health issues? Allergies? Medication?
15. What is the child's legal status?
16. What is the child's cultural heritage?
17. Is religion important to the child?
18. Does the child attend school? Where? Are there any school problems?
19. Who do I call after hours?
20. What do you (social worker) expect of me (foster parent)?
21. If placement is accepted who will be bringing the child and when?
22. Will the person who is bringing the child have the following information?
23. What is the child's Medical Number?
24. Has the pink medical form for doctor (to be completed within 72 hours) been provided?
25. What is the name of child's doctor and dentist?
26. Has the Health care passport been provided?
27. What is the Safety Plan?
28. Are Referrals or other professionals involved?
29. Is there Information on school or daycare?
30. Does Aboriginal status or band membership apply?
31. Is there a copy of confidential information for Foster Parents Regarding Child -- Placement or copies of relevant reports?
32. Is the child's clothing adequate or will there be a clothing grant?
33. Are there directions of expectations for foster parents regarding visits, documentation and appointments?
34. Following the placement, when will the social worker call or visit?

Foster Parent's Intake Form

Social Worker:		Phone:
Child's Name:	Date of Birth: (MM/DD/YY)	
Sibling:	Date of Birth: (MM/DD/YY)	Phone:
Sibling:	Date of Birth: (MM/DD/YY)	Phone:
Sibling:	Date of Birth: (MM/DD/YY)	Phone:
Mother:		Phone:
Address:		
Father:		Phone:
Address:		
Reason for Placement? <input type="checkbox"/> By agreement <input type="checkbox"/> By apprehension Length of Care (If known): _____		
Parent Consent form required for overnight care?		
Parental Visits		
Length of visits:	When are visits?	Is there a history of no-shows?
Problems?		
Will there be a pre-placement visit?		If so, when?
Child's Health		
Medical Number:	Date of last check-up?	
Family Doctor:	Phone:	
Address:		
Allergies:		
Medications:		
Any history of the following? <input type="checkbox"/> Asthma <input type="checkbox"/> Bed wetting <input type="checkbox"/> FASD suspected Other: _____	<input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV Positive <input type="checkbox"/> Respiratory problems Risks: _____	
Oral Hygiene		
Dentist:		Phone:
Address:		
General health of teeth:		Date of last check-up?

Optical			
Optometrist:			Phone:
Address:			
Needs glasses?			Date of last check-up?
Mental Health			
Is child in counselling/therapy?		Where?	Phone:
Address:			
History of counselling/therapy?		Where?	Phone:
Address:			
Religion			
Practicing:			Church:
Child Has Experienced:			
<input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Exposure to Family Violence	<input type="checkbox"/> Neglect <input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Other	Currently receiving counselling for this? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of counsellor: _____
Behaviours of Child			
<input type="checkbox"/> Abuse to animals <input type="checkbox"/> Biting/hitting <input type="checkbox"/> Depression <input type="checkbox"/> Destructive <input type="checkbox"/> Drug Use	<input type="checkbox"/> False Allegations <input type="checkbox"/> History of AWOLs <input type="checkbox"/> Lying <input type="checkbox"/> Phobias <input type="checkbox"/> Punching/kicking	<input type="checkbox"/> Risk to Others <input type="checkbox"/> Screaming <input type="checkbox"/> Self Mutilation <input type="checkbox"/> Sexually Active <input type="checkbox"/> Sexually Intrusive	<input type="checkbox"/> Suicidal/Suspected <input type="checkbox"/> Smoking <input type="checkbox"/> Stealing <input type="checkbox"/> Throwing <input type="checkbox"/> Unusual habits:
Involvement with Legal System			
Lawyer:			Phone:
Probation Officer:			Phone:
Clothing			
Is clothing adequate?			Clothing Allowance:
Previous Documentation			
Assessments:			Health Passport:
Mental Health:			Ministry Referral Form:
Other Foster Parents:			
Daycare/School			
School:			Phone:
Address:			
Teacher:			Learning Assistant:
Attendance Record:			Report Cards Available?
Known Problems:			

Resources\Forms\Intake Form (Feb 2005).doc

Child's Routines

The document, *Child's Routines*, was adapted from information provided by the Adoption Team. Please contact your Resource Social Worker or Behavioural Consultant for electronic copies. The subcommittee recognizes that this document refers to younger children. You are encouraged to adapt it so that relevant information will be gathered to aid your understanding of the routines, preferences and interests of the older children and youth in your care.

Please answer the following questions about your foster child, giving as much detail as possible. This information will be shared with the new caregivers to assist in helping the child to adjust. Use reverse or more paper if needed.

Name of Child: _____ Age of Child: _____

Completed by: _____ Social Worker signature: _____

Date of Completion: _____

Your Household

Who lives in your home? (e.g. The number of people, relationship to you/child, first name, ages of other children)

Describe your home. Is it a house/apartment/townhouse/farm/other?

Are there any pets in your home? What kind and what are their names?

How long has the child been in your home?

What were the first few days/weeks like for the child? (i.e. How the child adjusted, behaviours, etc.)

What are your household rules and the consequences for not following them?

Does the child receive an allowance? If so, how much? How does the child earn the allowance? What does the child spend it on?
Does the child have a bank account?

Does your family celebrate Christmas, Easter, Halloween, or other holidays? How are they celebrated? What are your traditions?

Sleeping

Does the child share a bedroom? With whom?

What does the child wear to bed?

What time does the child go to bed? Does it change on weekends?

Does the child fall asleep immediately or need to play in bed/read a while?

Does the child take a toy/blanket to bed? If so, what?

Does the child need a night-light or hall light on?

Describe the bedtime routine. (e.g. Bath, story, snack, prayers, etc.)

Does the child sleep through the night? If not, what wakes him? *(e.g. Dreams, falling out of bed, uncovered)*

What do you do if the child wakes at night?

Is the child a heavy or light sleeper?

Has the child had a sleepover? With who and how did it go?

What time does the child wake up in the morning?

What does the child do upon waking? *(e.g. Play alone, cry, seek attention)*

Additional comments about the child's sleeping habits *(Use reverse if needed):*

Eating

What foods does the child prefer? *(Use brand names if applicable)*

What food does the child dislike? *(Use brand names if applicable)*

Does the child have “comfort foods” when feeling sick or sad?

Is s/he a neat or sloppy eater?

Can s/he use a spoon and fork well?

When are mealtimes? What does the child typically eat for each meal? (e.g. Cereal, sandwich, etc) What are your routines associated with meals? (i.e. Does the child assist in preparation, setting table, do you serve the child or are the dishes put out)

	Time	What is Eaten	Routine
Breakfast			
Lunch			
Dinner			
Snacks			

Give an example of the *quantity* of food the child normally eats.

Does the child lose his appetite when sick or anxious? Explain.

Will the child freely ask for food? If yes, what?

Is the child required to ask permission for a snack?

Does the child have any food allergies? If so, what are they and what is the reaction when eaten?

Is the child taking vitamins? If so, what type (brand) and who prescribed them?

Does the child hoard food or have a known history of hoarding?

Additional comments about the child's eating habits *(Use reverse if needed)*:

Health

Child's height: _____ Weight: _____ lbs/kg *(circle)*

Please list and discuss any health problems the child has.

Does the child take any medication? If so, name, dosage and who prescribed them?

Does the child have any allergies? *(other than the foods previously listed, such as animal fur, dust, pollen, etc.)* How are these managed?

Indicate dates of last visit to the following and reason for visit:

	Reason	Treatment	Follow up Required?
Doctor			
Dentist			
Optometrist			
Other			

How does the child react to these visits?

Has the child had a vision or hearing test? What were the results?

Does the child suck his thumb/finger? If so, under what conditions? (e.g. Sleepy, cranky, upset)

Do you have a copy of the child's immunization record? When are next immunizations due?

Additional comments about the child's health (use reverse if needed):

Toileting

Is the child toilet-trained? If not, what is the brand and size of diapers used?

Can the child toilet himself/herself without reminders?

Does the child wet or soil during the day? If so, how often and under what circumstances? (e.g. Forgets, tired, upset, etc.) How do you handle the child following incidents?

Is the child dry at night? Can he get up and go to the bathroom by himself? If he is not dry, is he diapered?

Is the child picked up and taken to the bathroom after several hours of sleep?

Additional comments about toileting (Use reverse if needed):

Play

Does the child prefer to play with older children, younger children, alone?

Does the child participate in any organized activities? If so, what? (e.g. Playgroup, cubs, soccer, swimming lessons, etc.)

What experience does the child have playing with other children? (e.g. Other children in the foster home, daycare, school etc.)

How does the child meet his/her playmates? (i.e. Do you set up visits, can child walk to friends home alone, etc.)

Does the child avoid anyone? If so, who?

What are the child's favourite toys/books/games, etc.?

What are the child's interests? (e.g. *Dinosaurs, insects, magic tricks, etc.*)

What does the child especially enjoy doing? (e.g. *Read, watch TV, ride bike, etc.*)

What are the child's favorite TV shows/videos? What shows is she/he NOT allowed to watch? What about video games?

When are the child's playful times? Quiet times?

Can the child play by her/himself? For how long? What does he do?

Additional comments about the child's social skills (*Use reverse if needed*):

Daycare/School

What grade is the child in?

What school does the child attend?

Name of teacher(s):

What is your morning routine? *(i.e. Do you get dressed before eating, do you make lunches in the morning)*

How does the child get to school? *(e.g. Walk alone or with others, by car/bus/carpool)*

How many schools has the child attended? *(That you are aware of)*

What is child's attitude towards school? *(e.g. Looks forward to going/makes excuses to not go)*

What does s/he like most about school?

What does s/he like least about school?

What does the teacher say about the child's behaviour and performance?

Does the child attend daycare? If so, when (e.g. All day, before school, after school, summer time)

Name of daycare:

Does the child socialize with peers at school or daycare?

Does the child socialize with peers after school? If so, where and for how long? (i.e. Does child play on school ground or go to a friend's home)

Name child's closest friends and degree of contact:

Additional Comments about school/daycare (Use reverse if needed):

Behaviour

What Makes the Child...	How Does S/He Show it?
Angry	
Upset	
Happy	
Sad	
Discouraged	
Excitable	
Other	

What are the child's fears? What does s/he do/say when afraid?

Who comforts the child? How?

How would you expect the child to react to strangers?

Has s/he been taught stranger safety/street proofing?

How does the child behave in a group of friends? (*e.g. Bossy, leader, quiet, clown, etc.*)

Is the child aggressive? What does s/he do/to whom? Reasons why the child is aggressive?

Does the child enjoy helping adults? What does s/he enjoy most?

Does the child initiate physical contact? (*i.e. Will s/he climb on your lap or give a hug*)

How does the child show affection? (*i.e. Does s/he enjoy/avoid*) To whom does the child show affection?

Describe how you discipline the child. What has worked or not worked for you?

Discuss any behaviours that have surprised or worried you? (e.g. What, when, how was it dealt with)

Additional comments about the child's behaviours (Use reverse if needed):

Travel

Does the child like to travel in the car? On the bus/sky train?

Does the child use a car seat or booster seat? Tips/tricks to get him in?

Any problems or concerns around traveling in the car?

What (if any) vacations have you taken the child on? (When, where)

Has the child even been on an airplane? If so, when and where?

Additional comments about travel with the child (Use reverse if needed):

Other and Additional Comments

What should the adoptive family know about this child that hasn't been covered?

What special memories do you have of the child?

Additional Comments:

Local Procedures for Notifying School Personnel

When a Child in Care is Moved

The following is the local Campbell River procedure for notifying the school when a child or youth in care is moved to ensure that the school has accurate, up to date, emergency contact information for the child or youth.

1. The child is moved in or out of a foster home.
2. The child's social worker needs to provide relevant school information to the foster parent.
3. The child's social worker, foster parent and child/youth (where appropriate) need to agree on the following:
 - a) When the child will return to school
 - b) Who will notify the school of the child's new emergency contact information?

This will include:

- The child's new caregiver's name
- The new address and phone number of the child's residence
- The child's social worker's name and phone number

In most instances, the foster parent will provide the above stated information to the school. The first morning that the child regularly attends school following the move, the foster parent will call the school Secretary, Vice-principal or School Counselor to provide new contact information. The foster parent can direct the school to the child's social worker for any further information relevant to the child's situation.

4. The child's Social Worker will be responsible for contacting the school as soon as possible to update the school with the following information:
 - a) Child's legal status
 - b) Any relevant court orders (e.g. No Contact Order, etc.)
 - c) The foster parent contact information as being confidential unless otherwise stated
 - d) Any relevant information which will assist the school in meeting the child's needs
 - e) Send a copy of the "notification re a child in care" letter.

2009JUN08

P:/Campbell River/Admin/School Notification/Procedures When a Child is Moved.doc

Ministry of
Children and
Family
Development

Resources and
Permanency Planning

Mailing Address:
929 Ironwood Road
Campbell River, British
Columbia V9W 3E5

Telephone: 250-286-7542
Facsimile: 250-286-7557
Web: <http://www.gov.bc.ca/bcf>



Date: _____

**SCHOOL DISTRICT #72
NOTIFICATION REGARDING A CHILD IN CARE**

Attention: _____
(Name of School)

Child's Name: _____

Birthdate: _____ **Legal Status:** _____

Medical #: _____ **Medical Concerns:** *See previous letters*

Please note that the above named student is currently in the care of the Ministry of Children and Family Development. The student's Social Worker, _____ has been delegated to act for the Ministry of Children and Family Development as the student's guardian and, as such, must be consulted regarding all matters which affect his/her welfare. (e.g. access (Who can pick up the child from school, etc.), student's school placement, medical, and field trip consents)

This student currently resides with:

(Foster Parent's Name)

(Foster Parent's Address)

(Foster Parent's Phone and/or Cellphone)

The Foster parents should be contacted regarding day to day concerns about this student's school progress, assignments, behaviours, etc.

ACCESS: If not sure, please call the student's Social Worker at (250) 286-7542.

If you or the student's teacher have any concerns regarding this letter, and/or this student, please contact the student's Social Worker, or in their absence, the duty Social Worker at the District Office. Thank you for your continued cooperation and concern regarding this student.

Social Worker

Child in Care Clothing & Possession Inventory

Name:		
CS # / Office / Date:		
Who took Inventory:		
Suggested Clothing	Has: Colour, Size	Needs: Colour, Size
Underwear		
Under Garments		
Socks		
Pajamas		
Robe		
Slippers		
T Shirts		
Short sleeved shirts		
Long sleeved shirts		
Sweat shirts/hoodies		
Sweaters		
Shorts		
Jeans		
Causal Pants		
Dress Pants		
Skirts		
Dresses		
Bathing Suit		
Dress Shoes		
Boots		
Sneakers		
Jacket		
Rain Coat		
Winter Coat		
Snow Pants		
Mittens		
Hat		

Toys, Christmas and/or special gifts or mementos:

Bedding, car seat, other furniture:

Example of a Daily Log

Date: _____

Child/Youth: _____ Family: _____

Placement: *(i.e. How the placement is working)*

Health: *(e.g. Medications, professional contacts, health conditions, problems and disabilities, immunizations, safety issues)*

Education: *(e.g. Supports for education, extra-curricular activities, school planning, vocational, day programs)*

Identity: *(e.g. Processing natural family contacts, child/youth's understanding of why they are in care, child/youth's view of themselves and abilities)*

Culture and Religion: *(e.g. Knowledge of his/her culture and/or religion, opportunities to learn about his/her culture and/or religion)*

Family and Social Relationships: *(e.g. Child/youth's contact with an adult who will help her/him if needed, contact with natural parent(s) and/or extended family, relationships with adults and peers)*

Emotional and Behavioural Development: *(i.e. Knowledge of how he/she is feeling and how this impacts his/her behaviour)*

Self Care Skills: *(e.g. Hygiene, meals, bedtime/wakeup, life skills)*

Incidents/Additional Comments:

Caregiver's Signature: _____ Date: _____

Example of a Monthly Summary Report

Monthly Summary Report for the Month of: (yy/mm/dd) _____

Caregiver’s Name: _____ **Child/Youth’s Name:** _____

Resource Social Worker: _____

Placement: *(i.e. How the placement is working)*

Health: *(e.g. Medications, professional contacts, health conditions, problems and disabilities, immunizations, safety issues)*

Education: *(e.g. Supports for education, extra-curricular activities, school planning, vocational, day program)*

Identity: *(e.g. Processing natural family contacts, child/youth’s understanding of why she/he is in care, child/youth’s view of her/himself and abilities)*

Culture and Religion: *(e.g. Knowledge of his/her culture and/or religion, opportunities to learn about his/her culture and/or religion)*

Family and Social Relationships: *(e.g. Child/youth’s contact with an adult who will help him/her if needed, contact with natural parent(s) and/or extended family, relationships with adults and peers)*

Emotional and Behavioural Development: (i.e. Knowledge of how he/she is feeling and how this impacts his/her behaviour)

Self Care Skills: (e.g. Hygiene, meals, bedtime/wakeup, life skills)

Incidents/Additional Comments: (e.g. Nature of incident, persons notified, date of notification, include child's name, other person involved, action taken)

Service Plan Goals: (include stated goals, refer to categories)

- | | |
|------------------------------|-----------------------------|
| 1. Attachment and separation | 9. Aggression |
| 2. Feeding | 10. Delinquencies |
| 3. Personal care | 11. Family connection |
| 4. Behaviours | 12. School/day/work program |
| 5. Socialization | 13. Health |
| 6. Communication | 14. Physical |
| 7. Emotional | 15. Developmental |
| 8. Sexual behaviours | 16. Life skills |

Professional Development: (e.g. Workshops, courses)

Caregiver's Signature: _____ Date: _____

Visit Calendar

Month: _____ Year: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Adapted from: North American Council on Adoptable Children, 29th Annual Conference INST – 15: Transitioning Children from Foster Care to Adoption

Section 4:

Tips, Links and Resources

Tips for Successful Transitions

BASIC GUIDELINES:

- As a team, determine and focus on the child's best interests and needs.
- The guiding principle is stability and continuity for the child.
- Where possible, invest adequate time in the transition process; recognizing that each situation is unique in the amount of time required to accept and become comfortable with the transition plan.
- Children/youth and their families are consulted and encouraged to express their views for consideration.
- Honesty is best; child/youth are provided with an age-appropriate explanation of the rationale for the move.
- All members of the team have reviewed and clarified their roles and responsibilities.
- All members of the team communicate information and changes (e.g. New social worker, caregiver) in a timely manner.
- A neutral person/service is accessed to facilitate transition planning meetings where possible. (Collaborative Planning Program, Youth Transition Conference)
- A meeting date has been set to discuss ongoing planning or detailed transition plan.
- Potential problems are identified and solutions sought including establishing, in advance, a mechanism for resolving differences.

PRACTICAL IDEAS:

- Use a calendar as a visual tool to assist adults and children with managing the schedule and change.
- Inform the child of location of significant others and how contact will happen. (e.g. Other siblings, parents)
- Schedule pre-placement visits to the new home wherever possible.
- Document details of the child routines and share with new caregiver.
- Create a list of questions for the child, with foster parent assistance if required, to ask their new caregivers about their family routines.
- Shift caregiver activities slowly from the primary caregiver to the new caregiver.
- Pack all the personal possessions and clothing of the child/youth respectfully in appropriate containers that gradually move with them.
- Organize ways to say good-bye to the child that are appropriate to the child's needs, and mark the end of the placement.

Tips for Managing Grief and Loss

- Maintain a Life Book for the child to own. Foster family keeps a record of the child's time in home. Life Books, foster family records and photos are helpful tools for managing grief and loss.
- Develop respectful working relationships with the child's family or new caregivers. This establishes a pattern for future communication once the child moves on.
- Acknowledge a child's grief and loss. Recognize that supporting a child through strong feelings is an opportunity to build a relationship.
- Acknowledge the feelings of grief and loss that might be experienced by all those impacted by the move of the child/ youth (e.g. The child/youth, foster parent, other children in the home, or birth families). Seek out, develop and implement supportive strategies to for these individuals at these times.
- Give the child opportunities to review Life Book. This provides knowledge of their personal history.
- Help children to recognize, name and express their feelings.
- Involving foster parents in selection and placement process can assist with acceptance.
- Acknowledge that grief and loss is part of the transition process. Learn about the stages of grief and allow time for grief and healing. Seek professional help or informal supports as required.
- Allow time, following the transition, to request closure meetings, for learning and reflection.

My Tips & Techniques:

Losses a Child in Care May Experience

Friends	Home
Privacy	School
Hope	Community
Role	Security
Status	Control
Confidence	Self Esteem
Culture	Childhood
Dignity	Personal Belongings
Caregiver(s)	Trust
Routine	

*Same losses as above when moved out of a foster home

Life Book

Children and youth in care should have a Life Book which represents many important aspects of their lives from their past to present. Every child who is likely to remain in care for more than six months has a Life Book. A Life Book is an informal record of the people and events in the child's life while in your care. Life Books give children a sense of personal history and continuity. It is jointly maintained by the child's worker, the child and foster parent. The Foster parent will usually look after the book. When a child leaves care, the Life Book is given to him/her.

Life Book Information Guide

- Birth information
 - Date of birth
 - Length and weight
 - Time of birth
 - Photos
 - Hospital
- Information about the birth parents and siblings
- Developmental milestones
- Information about injuries, illnesses or hospitalizations
- Favourite activities
- Favourite birthdays and holiday gifts
- Information about ways child celebrates special holidays
- Favourite friends
- Information about the ways the child shows her feelings
- Pictures of foster family and pets
- Pictures of child with foster family
- Pictures of birth family during visits
- Cute "naughty" moments
- Ways the child liked to show affection
- Special trips or vacations with foster family
- Information about visits with birth family
- Letters from friends and relatives
- Any special extended family member
- Certificates of achievement
- Names of teachers and school attended
- Report cards
- Classroom picture
- School projects
- Special activities, such as clubs or camping experiences
- With newborns up to four months, take pictures every few weeks if possible
- Badges and ribbons
- Souvenirs from trips, concerts, sporting events, cultural events, and so on

Source : Pre-Service Orientation Program: Participant Resources (Module 3-17)

Campbell River Child & Youth with Special Needs Transition Checklist To and Through Adulthood Transition Time Line

Prepare & Plan: Age 14 – 16	Accessing & Applying: Age 17	Putting the Plan in Place: Age 18
<input type="checkbox"/> Develop a vision for life after high school	<input type="checkbox"/> Contact CYSN for information about a Psychological Assessment which may be required to prove eligibility for Community Living Services at 250-286-7542	<input type="checkbox"/> At Home Program Medical coverage ends and Persons with a Disability (PWD) Benefits medical coverage begins
<input type="checkbox"/> Network with others who have recently experienced transition or are currently in transition planning	<input type="checkbox"/> Clarify college options and other post secondary education requirements and eligibility criteria	<input type="checkbox"/> If eligible, connect with Ministry of Health re: CSIL Program for respite and home support
<input type="checkbox"/> Gather information and learn about options	<input type="checkbox"/> Continue to build community connections: volunteering, working, social network, leisure and recreation	<input type="checkbox"/> Continue to build community connections: volunteering, working, social network, leisure and recreation
<input type="checkbox"/> Build community connections: volunteering, working, social network, leisure and recreation	<input type="checkbox"/> Apply for BC ID card www.icbc.com/lisensing	<input type="checkbox"/> Apply for a bus pass for persons with disabilities (\$45 per year) by calling 1-866-866-0800
<input type="checkbox"/> Ensure you have Birth Certificate/Proof of Citizenship/Care Card (needed to obtain SIN)	<input type="checkbox"/> At age 17.5, apply for Persons with a Disability (PWD) benefits with Ministry of Housing & Social Development	<input type="checkbox"/> Consider whether to prepare a "Representation Agreement" (When children turn 19, parents are no longer their legal guardians). Call the Resource Centre at 604-408-7414, or visit their website at www.nidus.ca
<input type="checkbox"/> Apply for Social Insurance Number www.servicecanada.gc.ca/en/sc/sin or go to nearest Service Canada centre listed on the website	<input type="checkbox"/> Open bank account for Persons with a disability (PWD) Benefits deposits	<input type="checkbox"/> Continue with the personal portfolio that includes work and volunteer experiences, hobbies, contacts and a place to keep written goals and plans
<input type="checkbox"/> Discuss with the school the inclusion of transition goals in the IEP (individual Education Plan), and be sure to review	<input type="checkbox"/> Contact a facilitator from Community Living BC (CLBC) your local CLBC office to discuss planning options for life after high school. Identify and include requests for Community Living supports and services. If appropriate, make arrangements to visit Community Living Service agencies in your community (e.g. Day programs, supported employment or volunteer programs 1-877-334-1370)	
<input type="checkbox"/> Start a personal portfolio that includes work and volunteer experiences, hobbies, contacts and a place to keep written goals and plans	<input type="checkbox"/> Continue review of Transition Planning and career/work goals in IEP	
<input type="checkbox"/> Secure a referral to the CYSN Transitions Program		

Source: Based on MCFD Transition Checklist for Youth with Special Needs

Links of Interest for CYSN Transitioning Youth and Their Families

BC Family Net Society: Family Net is an independent provincial network that provides a provincial voice for children and youth with special needs, adults with developmental disabilities and their families.

www.bcfamilynet.org

NIEFS: NIEFS assists those in need with the development of skills that will enable them to find and hold employment in an ever-changing world. www.niefs.net

Planned Lifetime Advocacy Network: Planned Lifetime Advocacy Network (PLAN) is a non-profit organization, established in 1989 by and for families committed to future planning and securing a good life for their relative with a disability. www.plan.ca

BC Coalition for People with Disabilities: For over 30 years, the BC Coalition for People with Disabilities (BCCPD) has been a provincial, cross-disability voice in British Columbia. Our mission is to raise awareness around issues that affect the lives of people who live with a disability. We also work to secure the necessary income supports for people with disabilities to live with dignity, and increase their ability to participate and contribute in their communities. www.bccpd.bc.ca

Community Living BC (CLBC): delivers supports and services to adults with developmental disabilities and their families in British Columbia. It has a board of self-advocates, family and community members, as well as staff located throughout the province. We believe that people with developmental disabilities and their families know best when it comes to their needs, goals and planning for the future. www.communitylivingbc.ca

Persons with Disability Provincial Benefits: If you are a Person with Disabilities (PWD), or are acting on behalf of a PWD, this page provides useful information to help you learn more about the income assistance resources available, as well as how to access them. www.hsd.gov.bc.ca/pwd.htm

Vancouver Island Health Authority, Home and Community Care: Provides health care and support services for people served by VIHA. The services that a client is eligible for are based on a standard assessment of needs for personal/health care. There are requirements for these services. Please contact the Home and Community Care office in your community for more information. www.viha.ca/hcc/#Eligibility

Communication Assistance for Youth and Adults (CAYA): is a project created through Special Education Technology BC (SET-BC) to serve adults between the ages of 19 and 25 who require alternative or augmentative communication (AAC) assistance. The project is designed to address the crucial transition period to adulthood for young people with severe communication Disabilities. <http://carabc.org/>

Additional Links and Resources

Mention to your social worker any additional services you are accessing for the children in your care. This page is meant for the child, foster parent and social worker to access together.

Ministry of Child and Family Development http://www.gov.bc.ca/mcf/	B.C. Council for Families http://www.bccf.ca/
British Columbia Federation of Foster Parent Associations http://www.bcfosterparents.ca/	Attachment Parenting International http://www.attachmentparenting.org/
Federation of Aboriginal Foster Parents http://www.fafp.ca/	Dr. Martin Brokenleg Reclaiming Children and Youth http://reclaimingjournal.com/
Adoptive Families Association of BC http://www.bcadooption.com/	Federation of BC Youth in Care Networks www.fbcyicn.ca
Useful Tips For Youth Leaving Care www.mcf.gov.bc.ca/child_protection/pdf/useful_tips.pdf (PDF file)	Ministry of Social Development www.gov.bc.ca/hsd/
Book: "A Child's Journey Through Placement," by Vera I. Fahlberg,	FASD Keyworker Program 250-286-0394
Dr. Karyn Purvis information on trust-based parenting techniques www.empowertoconnect.org	Foster Parent Support Service Society See the resources page for additional articles on this topic www.fpss.com

Minimizing the Trauma of Moves

This text has been taken from *A Child's Journey Through Placement* by Vera I. Fahlberg, M.D. This is a condensed excerpt of chapter 4, "Minimizing the Trauma of Moves." Other significant information is available in the remainder of the chapter, as well as the remainder of the book. Copies are available for loan through your Behavioural consultant or FPSSS library.

The previous chapters and most particularly the research material on parent separation and loss, underscore the harm caused by interruption of parent-child relationships. However, it is possible to lessen some of the trauma that accompanies moves into, through, and out of the foster care system. To accomplish this, the two factors that we have learned have the strongest influence on an individual's reaction to separation must be addressed in the transition process.

Abrupt moves are more injurious than planned transitions. The physical or psychological danger to the child of remaining in his current environment for a few more days, so that a planned move can be affected, must be balanced against the known harm of an abrupt loss. As we have seen, the stronger the relationship, the more painful the loss. It is less damaging to err on the side of assuming that there may be a strong attachment than the reverse.

The trauma of parental separations or losses may be lessened if the child is prepared for the transition, if all participants in the moving process are, in a sensitive manner, open and honest with the child, and if careful attention is given to the child's reactions to the separation. Two major themes will run throughout all of the suggestions offered in this chapter: support for the emotions of everyone involved in the transition, and explaining what is happening to children when they are moved.

In the first section overall strategies for minimizing the trauma of moves will be explored. Pre-placement preparation and post-placement contacts are both important. The developmental stage of the child at the time of the transition will help determine which aspects of pre and post-placement planning are of highest priority in a specific case. Section II looks at the specifics of transitioning children into the interim care system and involving their birth parents while their children are in care. Section III explores the foster family's role when a child leaves their care. The last three sections explore details of minimizing the trauma of transitions Out of the system. Section IV looks at moves that involve reunification with the birth family. Section V outlines plans for moving children to adoptive families and the final section looks at leaving the system by emancipation.



Exit Interview

As per CIC standards #15 and Section 70 Rights of Children in Care

CS# _____

CIC Name: _____

Location of interview(s): _____

Please attach notes documenting the interview(s)

Obtain the child's observations about his or her experience in the placement setting regarding but not limited to, the following experiences:

- Personal safety
- Expressing views, being heard and being informed
- Maintaining relationships
- Positive parenting/behaviour management practices
- Health and nutrition
- Cultural identity and religious expression
- Leisure activities and education
- Autonomy and self-care, and
- Privacy and personal belongings.

Things to consider when interviewing

- Youth's age and developmental capabilities
- Cultural background
- Use a free narrative style by providing the youth with the opportunity to give his or her own observations
- Use open questions and non-suggestive requests for more details, and
- Reassure the youth that it is ok to talk about their experience and provide support.

Ministry of
Children and Family
Development

Mailing Address:
Youth Services
929 Ironwood Road
Campbell River, British Columbia

Telephone: 250-286-7542
Facsimile: 250-286-7557
Web: <http://www.gov.bc.ca/bcfV9W 3E5>

Section 5: Standards

Standards for Foster Homes

Section A.2 - Involving Children and Their Families in Decision-Making

Children and their families are consulted and encouraged to express their views, according to their abilities, about significant decisions affecting them.

Results for Children

A.2.1 Children confirm that they are consulted and are able to express their views about decisions that affect them.

A.2.2 Children confirm their views are not automatically subordinated to the views of their family or others.

A.2.3 Children and their family members confirm that, within the context of the child's comprehensive plan of care, they are consulted in decisions which affect them.

Caregiver Practices

A.2.4 The caregiver consults with the child regarding significant decisions that affect the child.

A.2.5 Within the context of the child's comprehensive plan of care, the caregiver consults with the child's family regarding significant decisions that affect the family and the lives of their children.

A.2.6 The opinions and views of children and their families are listened to and the caregiver ensures that those views are considered in the decision-making process.

Section C.2 - Maintaining Relationships

Children are encouraged and supported to maintain relationships with their families and others of significance to them in accordance with their comprehensive plan of care.

Results for children

C.2.1 Children confirm that they are encouraged and helped to maintain or restore contact with their parents, family and significant others in accordance with the comprehensive plan of care

C.2.2 Children confirm that in situations where it is determined by court order or in their comprehensive plan of care that it is not in their best interest to have contact with their parents, family or significant others, caregivers have made efforts to assist them in coming to terms with that decision.

C.2.3 Children confirm that they are encouraged to develop and maintain positive friendships.

C.2.4 Children confirm that they are provided reasonable opportunities to receive visitors in the home, including family members and friends.

Caregiver Practices

C.2.5 The caregiver fulfills their role and responsibilities with the child's family members, as specified in the comprehensive plan of care.

C.2.6 The caregiver encourages the child to have contact with their family unless such access has been denied or restricted by the child's social worker, or court order.

C.2.7 Unauthorized denials of visits, telephone contacts or correspondence with family members are not used by the caregiver as consequences for the child.

C.2.8 When the comprehensive plan of care indicates that a child cannot have contact with their parents or family members, the caregiver helps the child come to terms with this.

C.2.9 The caregiver encourages the child to develop and maintain positive friendships.

C.2.10 Within the context of the child's comprehensive plan of care, the caregiver provides reasonable opportunities for the child to receive visitors in the home, including family members and friends.

Section C.3 - Standards for Transitions

The move from one set of life circumstances to another can be accompanied by reactions similar to those a child may experience on first coming into foster care. An active and positive response from the caregiver in acknowledging and planning a response to the needs associated with such a transition will increase the likelihood that the transition will be successful for the child.

Results for Children

C.3.1 Children confirm that they are prepared for transitions.

C.3.2 Children who are leaving the care of a director confirm that the caregiver is enabling them to prepare for this eventuality.

C.3.3 Children anticipating leaving the home are able to describe their involvement in making adequate plans for their future.

C.3.4 Children confirm that they take their personal belongings with them when they move from the foster home.

Caregiver Practices

C.3.5 The caregiver in conjunction with the child's Comprehensive Plan of Care, engages in the preparation of the child for adulthood by:

- a) Assisting the child to build and maintain healthy relationships;
- b) Assisting the child to understand their own sexuality
- c) Assisting the child to develop their self-esteem; and
- d) Teaching comprehensive life skills

C.3.6 The caregiver cooperates with the child's social worker in planning for the child's move from the foster home.

C.3.7 The caregiver:

- a) Helps the child cope with their feelings about leaving the foster home;
- b) Helps the child develop a positive view of their next living arrangement;
- c) Reinforces the child's experience and gains made while in the foster home, and their readiness to move to a new experience; and
- d) Supports the plan for the child, whether they are moving home, to another placement, to an adoptive family or living independently.

C.3.8 The caregiver packs all of the child's belongings and clothing in appropriate containers and sends them with the child when they move from the foster home.

C.3.9 When the child moves from the foster home, the caregiver ensures that all original records about the child, including the health care passport, are given to the social worker.

Section D.2 - Culture and Religion

Children receive guidance and encouragement to maintain their cultural heritage and to participate in religious activities of their choice.

Results for Children

D.2.1 Children confirm their cultural heritage is respected and supported.

D.2.2 Children confirm that they have opportunities to maintain their cultural heritage.

D.2.3 Children confirm that they have opportunities to choose whether or not to participate in any religious instruction or activities.

D.2.4 Children confirm that they are not discriminated against on the basis of gender, sexual orientation, physical or developmental disability, culture, ethnicity, religion or race.

Caregiver Practices

D.2.5 Within the context of the child's comprehensive plan of care, the caregiver provides the child with opportunities, guidance and encouragement to maintain their cultural identity.

D.2.6 Within the context of the child's comprehensive plan of care, the caregiver accepts the child's choice whether or not to participate in religious instruction or activities.

D.2.7 the caregiver encourages children to celebrate significant events in culturally appropriate ways.

D.2.8 The caregiver encourages and assists the child to keep records of significant events.

D.2.9 The caregiver does not promote their own culture or religion with the child unless required to do so as part of the child's comprehensive plan of care.

Section D.3 - Preserving the Aboriginal Child's Unique Cultural Identity

Children of aboriginal heritage have their unique cultural identity preserved.

Results for Children

D.3.1 Children of aboriginal heritage confirm that their cultural identity is preserved.

D.3.2 Children of aboriginal heritage confirm that they have opportunities to maintain positive contact, involvement and participation with their aboriginal community.

Caregiver Practices

D.3.3 The Caregiver assists in preserving the aboriginal child's unique cultural identity as identified in the comprehensive plan of care.

D.3.4 Within the context of the child's comprehensive plan of care, the caregiver assists the child of aboriginal heritage to maintain positive contact, involvement and participation with their aboriginal community.

Section F.1 - Alternative Care Arrangements

Children receive appropriate child minding, overnight and relief care from individuals who have the necessary maturity, knowledge, skills and abilities to fulfill the responsibilities of looking after children.

Results for children

F.1.1 Children confirm that they are advised and prepared when alternative care arrangements are made.

F.1.2 Children confirm that they know what to do in the event of an emergency during an alternative care arrangement, including how to contact their social worker.

F.1.3 Children confirm that child minding, overnight or relief care is consistent with that provided by their usual caregiver.

Caregiver Practices

F.1.4 Child minding is an arrangement in which a person other than the child's usual caregiver provides care for the child for a time that does not extend overnight, and during which the caregiver is reasonably physically accessible to the child and the person caring for the child. The caregiver selects child minding care providers using a process that ensures they are capable of providing the required quality of care to the children. The child-minding care provider is required to:

- a) Have the maturity, knowledge, skill and ability to meet the child's needs and follow through with child care routines for the period(s) of child minding;
- b) Use positive behavior management techniques and appropriate discipline techniques;
- c) Be present and in charge for the period of child minding; and know what to do in an emergency.

F.1.5 Overnight arrangement refers to situations when the child visits another home overnight while the caregiver is reasonably physically accessible to the child and the person caring for the child. An example of this type of arrangement is when the child requests or is invited to sleep over at a friend's house. This does not include approved relief care or authorized overnight visits with family members. The caregiver approves overnight visiting arrangements for the child with persons who:

- a) Satisfy the child's social worker that they are capable of ensuring the safety and well-being of the child;
- b) Have the maturity, knowledge, skill and ability to meet the child's needs and follow through with child caring routines for the period(s) of overnight care provision;
- c) Use positive behavior management techniques and appropriate discipline techniques;
- d) Will be present and in charge for the period of overnight care; and
- e) Know what to do in an emergency.

F.1.6 Relief care is a planned arrangement in which a person provides care for a child for a period of time when the child's usual caregiver may not be reasonably accessible to the child or the person caring for the child. The caregiver selects persons to provide relief care services who:

- a) Satisfy the child's social worker and resource social worker that they are capable of ensuring the safety and well-being of the child;
- b) Have the maturity, knowledge, skill and ability to meet the child's needs and follow through with comprehensive plan of care responsibilities for the period(s) of relief care provision;
- c) Use positive behavior management techniques and appropriate discipline techniques;
- d) Will be present and in charge for the period of relief care;
- e) Know what to do in an emergency; and
- f) Have no criminal record that would affect the care, safety and well-being of the child.

F.1.7 The caregiver ensures that relief care providers are informed, at a minimum, of the following:

- a) The whereabouts of the caregiver and how to contact them;
- b) What to do in the case of an emergency, including how to contact the child's social worker;
- c) The individual needs or circumstances of the child for whom they are assuming responsibility, as indicated in the child's comprehensive plan of care;
- d) The caregivers obligations and responsibilities as outlined in the caregiver's written agreement with the director;
- e) The *Standards for Foster Homes*;
- f) The *Foster Family Handbook*; and
- g) The rights of children and youth in care.

F.1.8 The caregiver ensures that arrangements for child minding overnight or relief care are monitored to ensure the child's safety and well-being, and the caregiver:

- a) Identifies the person in charge of the setting where the child will be visiting;
- b) Confirms that the person in charge of the setting, a means of contacting the caregiver and the child's social worker;
- c) Provides to the child and the person in charge of the setting, a means of contacting the caregiver and the child's social worker;
- d) Follows up to confirm that the child is at the setting; and
- e) Ensures that the arrangement is consistent with the child's comprehensive plan of care.

F.1.9 The caregiver notifies the child's social worker before making plans, not previously authorized, for the child to be cared for by another person overnight.

F.1.10 The caregiver advises and prepares the child prior to the provision of an alternative care arrangement.

F.1.11 The caregiver maintains written records which document that minimum requirements for child minding, overnight and relief care are met.

Section F.2 - Child's Individual Service Records

The child's individual service record contains information of a sensitive and highly personal nature about the child and possibly their family. The caregiver ensures the information is accurate and protected from unauthorized access. The child's individual service record is subject to legislation governing the protection of privacy and freedom of information, including the Child, Family and Community Service Act and the Freedom of Information and Protection of Privacy Act. While the child's individual service record is maintained by the caregiver as a part of their contractual obligations, the record is the property of the director responsible for the child. The child is entitled to access the record according to procedures in the relevant legislation and policy. The child's individual service record is an important part of the child's history.

Results for Children

F.2.1 Children confirm that, to the best of their knowledge, the caregiver maintains an individualized service record about them.

F.2.2 Children confirm that, to the best of their knowledge, their individual service records are stored securely.

F.2.3 Children are provided support in gaining access to their records in accordance with procedures identified in legislation, including the *Freedom of Information and Protection of Privacy Act* and the *Child, Family and Community Service Act*, the policy of the Ministry for Children and Families.

Caregiver Practices

F.2.4 The caregiver keeps a separate individual service record for each child placed in the home.

F.2.5 The caregiver keeps all information and documentation pertaining to the child in the child's individual service record, including:

- a) Intake information and documentation;
- b) Legal documents;
- c) Medical and dental information;
- d) Signed consent forms;
- e) Assessment information;
- f) Caregiver's current responsibilities under the child's comprehensive plan of care, and related reviews and reports;
- g) A day book for the child that includes information regarding the child's normal daily routines, both current and recent past;
- h) Information regarding complaints made by the child;
- i) Documentation of reportable incidents involving the child;
- j) Documentation of service termination; and
- k) Other information and the evaluations required to deliver and monitor services provided to the child.

F.2.6 The caregiver maintains and stores the child's individual service record in accordance with relevant sections of the *Freedom of Information and Protection of Privacy Act*, the *Child, Family and Community Service Act* and records management procedures of the Ministry for Children and Families. This confidential record is kept in a locked location.

F.2.7 The caregiver provides support to the child in gaining access to their individual services record in accordance with the procedures described in legislation, including the *Freedom of Information and Protection of Privacy Act* and the *Child, Family and Community Service Act*, and Ministry for children and Families policy.

F.2.8 The caregiver does not permit the destruction of the child's individual service record.

F.2.9 The caregiver gives a director access to the child's individual service record upon request.

Campbell River Complaint Resolution Brochure

Please see your Resource Worker for details

To view the Provincial brochure please go to:

http://www.mcf.gov.bc.ca/complaints/pdf/complaint_resolution_brochure.pdf

VI Regional Complaint Consultants:

Vancouver Island
Doug Colwell
Daniel Shadbolt
Patricia Cormie

PO Box 9727
Stn Prov Govt
Victoria, BC V8W 9S2
Toll-free: 1 888 456-8953
Fax: 250 952-4282

Complaints Process

Do you have a complaint about our services, actions or decisions?

We want to hear from you!

Complaints Specialists

Complaints specialists are available to receive your complaint(s), determine if it is eligible and help you through the process. It is important to know that not all complaints are eligible for acceptance under the ministry's complaints process. A few examples of ineligible complaints include:

- A complaint about any matter that is currently before the court.
- The complaint concerns matters related to youth justice services, and the person making the complaint is not authorized to access information under the *Youth Criminal Justice Act*.
- A complaint made by a foster parent unless they are acting on behalf of a child or family.

If your complaint is ineligible your complaints specialist or ministry worker may refer you to another review process to resolve your complaint.

For more information or to make a complaint, please contact your local ministry or Delegated Aboriginal Agency (DAA) office toll-free at 1 877 387-7027 and ask to speak to a complaints specialist.

For a list of DAA offices visit our website: www.mcf.gov.bc.ca/about_us/aboriginal/delegated/pdf/agency_list.pdf

Toll-Free Telephone Device for the Deaf (TTY):

In Vancouver: 604 775-0303

Elsewhere in B.C.: 1 800 661-8773

If your complaint concerns a child who may be in need of protection, call the Helpline for Children at: 310-1234 (from anywhere in B.C., 24 hours a day). No area code is required.

Visit our website for more information: www.mcf.gov.bc.ca/complaints/index.htm

How does the complaints process work?

Complaints are accepted when they are about a decision, act or failure to act related to an MCFD service or a delegated service provided by a Delegated Aboriginal Agency (DAA). Complaints are accepted from:

- Anyone receiving MCFD or DAA services under the *Child, Family and Community Service Act* or who believes they should be receiving these services, or a person representing them; and
- The Representative for Children and Youth (RCY)

The ministry's complaint process provides two ways of addressing complaints – Resolution and Administrative Review. During Resolution the complainant is offered the opportunity to be actively involved, with MCFD or DAA staff, in a process which encourages problem solving and provides flexibility in finding and agreeing upon solutions that address the complaint(s). Resolution is completed in 30 days unless the complainant agrees to an extension.

Administrative Review provides an examination of the complaint issue(s) by a Review Authority (RA), who is uninvolved in any matters related to the complaint. The RA will review the complaint(s), come to a conclusion and may make recommendations. The Administrative Review will be completed within 30 days unless the complainant agrees to an extension. The complainant may make a request for an Administrative Review at any time during the complaints process.

If you disagree with the decision:

If you think that any of the decisions, conclusions or recommendations reached through the ministry's complaint process are unfair, you may request an external review through the Office of the Ombudsperson.

Office of the Ombudsperson

Phone: 1 800 567-3247

Fax: 250 387-0198

www.bcombudsperson.ca/

Representative for Children and Youth (RCY)

Phone: 1 800 476-3933

Fax: 250 356-0837

Email: rcy@rcybc.ca

www.rcybc.ca

(The RCY supports children, youth and families who need help with child welfare concerns.)

The Ministry of Children and Family Development (MCFD) is committed to providing quality service to children, youth, families and communities.

As a part of this commitment, the ministry complaints process is guided by the following principles:

- Everyone has the right to be treated with dignity and respect.
- Openness to all traditions, cultures, values and beliefs.
- The rights, best interests and views of the child or youth will guide the process, regardless of who initiated the complaint.
- There will not be any negative consequences to anyone, including children, youth and families, as a result of making a complaint.
- The confidentiality and privacy of individuals and families will be respected.
- Everyone, including children, youth and families, has the right to involve an advocate, relative or friend to support them through the process.
- MCFD or DAA staff will actively work to resolve complaints.

This Transition Toolkit was created by
The Campbell River Joint Transition Committee
*(A partnership committee between Foster Parents, MCFD, Campbell River Family Services,
John Howard Society of North Island and Foster Parent Support Services Society)*
