

FOSTER FAMILY MANUAL





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SECTION 1 – GENERAL INFORMATION:

1.1 Introduction

Welcome to the foster parenting experience. We are pleased that your family has made the decision to offer your time and home to foster children / youth. It takes special people to undertake this demanding activity! Your family has been approved as a foster home in part because of the nurturing environment you are able to provide to children who may benefit from this type of environment. Although you may encounter challenging situations, we trust the rewards and successes of fostering will outweigh any challenges.

Foster homes provide a temporary substitute family for children who may, down the road, be re-united with their birth family. Children are placed into foster care when they are found to be “*in need of protection*” under the **Child and Family Services Act**, and are unable to remain in their family home until the concerns have been resolved. The concerns that may lead to a child being removed from his/her family home may include, but are not limited to:

- emotional problems of parent or child;
- behavioral problems;
- conflict with the law;
- abuse, neglect or exploitation;
- absence of suitable guardian or caretaker

The children that will be placed in your home will come from all walks of life. These children come into care for many different reasons and may bring with them a variety of challenges. The stable environment that your home can provide will help calm their fears and anxieties, and will make their transition into your home easier.

In this manual you will find the information you require to successfully fulfill your role as foster parents. We trust it will serve not only the “**best interests of the foster child,**” but that of the foster family unit as well. We hope that this manual will provide you with information to answer some of the questions you may encounter while you are fostering, and that it accurately reflects the legal, financial, educational and social issues that foster families may face.

Fostering is rewarding, although not without its unique and sometimes stressful challenges. Knowledge and support from other foster parents is the key to longevity as a foster parent. Remember that you are not alone, and that you can contact your Regional or Territorial Foster Family Association for additional support.

SECTION 2 - FOSTER CARE PROGRAM:

2.1 OBJECTIVES OF FOSTER CARE

1. To protect children from abuse and/or neglect.
2. To create an environment that promotes positive relationships between the caregiver, the child and the child's family.
3. To provide an environment and experiences that allows children to grow and develop into healthy, functional adults.
4. To assist children in resolving any issues that may inhibit the development of healthy personalities.
5. Support the restoration of the child's family unit by supporting contact between the child and his/her family, as approved by the Community Social Services Worker (herein referred to as the CSSW).

2.2 INTRODUCTION TO ROLES AND RESPONSIBILITIES

The Community Social Services Worker (CSSW), Supervisor, and foster family each have their own roles and responsibilities that may overlap at times. ***Communication is the key to success in providing foster care.*** Communication may include phone-calls, emails, letters, and requests for home visits. Foster parents are encouraged to contact the child's CSSW with any questions or concerns. As each situation is unique and no statement can cover all issues, the Supervisor, CSSW and foster family must come to a mutually agreed-upon, unique way of working together.

2.3 ROLES AND RESPONSIBILITIES OF FOSTER PARENTS

Foster parents are to provide day-to-day parental care within the prescribed standards of the *Child and Family Services Act* and Department of Health and Social Services policies. With the cooperation of the social services staff, you are to assess the child's needs and to implement the plan of care within an atmosphere that promotes the ongoing development for the child.

2.3.1 Physical Care

Foster parents must provide physical necessities (eg. clothing, medical care, healthy diet), consistent with the lifestyle of the family and the norms of the community. **Note: When a child is in apprehension status, plan of care, voluntary support agreements or temporary custody, the foster parent(s) cannot authorize haircutting, hair dying, body piercing, tattooing or any other physical change to the body.** If a child is a permanent ward, the foster parent must discuss any changes with the CSSW.

2.3.2 Emotional and Social Care

Foster parents are to provide a family experience that respects the cultural identity of the child, promotes the emotional and social growth of the child and, monitors social and recreational programs for the child.

2.3.3 Educational Care

Foster parents are to confirm with the school (the CSSW sends the school a form) that the child is in their home, and will also arrange transportation. In cooperation with the CSSW, foster parents are expected to provide the appropriate monitoring of the child's progress in school. This includes contact with the teachers and assistance with homework assignments when necessary. This may also include advocating with the CSSW on behalf of the child to secure an appropriate educational program.

2.3.4 Access

Foster parents must provide the assigned CSSW with ongoing information regarding the child, which may require both verbal and written information. The CSSW must have access to the child, both privately and within the foster home.

2.3.5 Court

The foster parents have the right and the responsibility to attend Court on the behalf of the children in their care if this is agreed to by the CSSW. It may be necessary for the foster parent to testify in Court to ensure that the foster parents' knowledge of the child is included in the Court's deliberations.

2.3.6 Attending Appointments with Children

Foster parents are required to accompany and transport the child to all medical, dental and treatment appointments unless the foster parents and the CSSW have agreed to other arrangements. As foster parents are not the legal guardians of the foster child, the foster parent cannot sign consent forms for anything.

2.3.7 Discipline

- a) Corporal Punishment – it is contrary to the Department of Health and Social Services policies to use corporal punishment with foster children (e.g. punching, shaking, hitting or pushing). If a foster parent has to restrain a child from hurting him/herself or others, doing so must be in the least-restrictive manner possible, and must be reported to the CSSW immediately following the incident.
- b) The foster parent(s) shall discipline the foster child in a similar way to their own children, using natural and logical consequences, removing privileges keeping in mind that the discipline tool should be used to teach the child. Patience will be required, on the part of the foster parent, as the foster child is likely to be learning a new set of standards, as compared to his/her previous experience.
- c) Depriving a child of basic needs such as food, clothing, bedding, etc., or to place a child in a locked room is not appropriate.

2.3.8 Intellectual and Moral Guidance

The foster parent(s) has the duty to promote and maintain intellectual and moral development of the foster child and to care for any child with the same quality that they would provide to their own family. If a child wishes, he/she is entitled to religious instruction.

2.3.9 Home Environment

The foster parent(s) has a duty to take an interest in the foster child's school work, leisure and sport activities. Wherever possible, the foster parent(s) shall expose the child to new experiences, keeping in mind the child's interests and abilities. The child is provided with the same respect, space and attention as are given to the other members of the family.

Foster parents are encouraged to closely monitor, and screen as appropriate any media source (video, movie, magazine, internet, etc.) to ensure:

- They are not sexually explicit (pornographic);
- They do not display or promote the use of any violence, particularly violence against women or children;
- They do not contain coarse language;
- They do not display or promote racial or gender discrimination.

2.3.10 Privacy and Confidentiality

Foster parents shall treat foster children with respect. It is disrespectful and hurtful to talk about a child's problems in front of him/her as though he/she was not there. Discussion with the assigned CSSW regarding concerns should be in private, or if appropriate, together with the child. All information given by the assigned CSSW about the child is confidential from neighbors, friends or members of your extended family.

2.3.11 Preparing the Child for the Future

The foster parent(s) must prepare the child if he/she is to be returned home, placed for adoption, or placed in some other type of residential care. If the child is remaining with his/her current foster family until he/she is independent, it is the foster parents' responsibility to prepare the child for independence by teaching about finances, looking for work, setting future educational/career goals, and other basic life skills.

2.3.12 Notifying the CSSW of Changes

It is the foster parent(s) responsibility to keep the CSSW informed of any changes within the family unit including, but not necessarily limited to:

- Change in address
- Change in foster family make-up / dynamics
- Vacation plans
- Critical Incidents, as defined by the Department of Health and Social Services
- Child's involvement / conflict with the law;
- Drastic change in foster family finances;
- Communicable disease in the foster family or a disabling disease/injury; or

- Change in the foster parents' occupation (such as a job that requires extensive travel).

2.3.13 Visitation

The foster child can not be contacted by anyone in his/her extended family unless prior approval has been obtained from the assigned CSSW. Unauthorized contact should be reported to the CSSW as soon as possible. Foster parents are **not** permitted to arrange visits directly with the child's birth family.

2.3.14 Birth Family Visits

- a) In most cases, the ultimate plan for the child is reunion with the birth family. All efforts will be made to strengthen the child's affection for, and understanding of, his/her birth family during the period of separation. With temporary custody, plan of care, and voluntary support, this may include visits from the child's birth family. This may present problems for the foster parent, and the foster parent may find some attitudes and behavior difficult to understand. Birth parents may feel their failure keenly and find it difficult to appreciate the foster family's efforts. The child may exhibit different behavior before and after a visit. Contact the CSSW if you have concerns with respect to the impact of family visits on the child.

Note: The child should be clean and neatly dressed for visits. Please provide the CSSW with information regarding any new bumps or bruises the child may have. Parents are naturally concerned about their child's placement and need to be provided with every reassurance possible that the child is well cared for.

- b) If a child's parents/guardians talk to you about their personal plans, listen effectively. If birth parents are sharing personal information with you, you must first let them know that you must report any information that concerns the welfare of the child to the assigned CSSW.
- c) If it is decided that visits may only be made under controlled circumstances (i.e. supervised visits), help the child understand and accept the necessity for limitations.
- d) Transportation and supervision of visits will be arranged between the foster parents and the assigned CSSW. Most often, it is assumed that the CSSW will transport the child to and from visits, but in some special circumstances the CSSW may ask the foster parent to transport the child. **Foster parents have the right to decline transporting a child if they are concerned about having direct contact with the birth family.**

Foster parents are not responsible for supervising visits, or having the visits occur in the foster family home. There can be exceptions to this general practice. **Foster parents have the right to decline having supervised visits in their home.**

2.3.15 Sibling Visits

Contact between siblings in different foster homes is encouraged through pre-arranged visits. Whenever possible and appropriate, arrangements will be made by the assigned CSSW for siblings to spend the holidays together.

2.3.16 Letters

Foster children are encouraged to write their parents/guardian and family members unless the child has been permanently removed from the care of his/her parents/guardian and/or the assigned CSSW feels the exchanging of letters would be upsetting to the child. Usually, parents and children are asked to forward the letters through the assigned CSSW to guard both from inappropriate comments. The assigned CSSW will advise the foster parent(s) if letter writing is permitted.

2.3.17 Scrap/Lifebook

It is not uncommon for foster children to live in several foster homes, or to be in foster care for lengthy periods of time. To provide continuity, it would be very helpful for all foster parents to keep a record of the child's family history, moves and accomplishments by together completing a scrap/life book with mementos and pictures.

2.3.18 Contacting the On-Call Social Worker

In an emergency, the foster parents can contact the on-call worker who will help with an immediate crisis. Please be sure to ask the assigned CSSW for the After-Hours number, and keep it posted where it is easily accessible.

2.3.19 Absent Without Official Leave (AWOL) Procedures

Foster parents must notify the assigned CSSW or on-call worker when a foster child is absent from the home. (It is advisable for foster parents to have a recent photograph of the foster child.) Foster parents are requested, after consultation with the assigned CSSW, to report the child who is AWOL to the RCMP. Once the RCMP have been contacted, the foster parent may assist in locating the child by calling friends, school, and visiting places that the child may be "*hanging out*". If the child returns to the foster home, report this to the assigned CSSW and RCMP immediately. The foster parents, assigned CSSW and foster child shall discuss what the appropriate consequences will be for the child, if any.

2.3.20 Health Care/Dental

Foster parents are expected to go with the child when he/she needs medical attention. The foster parent must see that each foster child receives a complete physical no later than one month after admission-to-care and once a year after that. Medical forms can be obtained from the social services office. As the foster parent is not the legal guardian of the child, under no circumstances can the foster parents sign any consent forms; this must be done by the assigned CSSW. (Often the doctor will receive verbal consent from the CSSW for treatment). The following procedure applies to ensure foster children are receiving the appropriate medical/dental care:

- a) The child shall receive an annual medical check-up plus any follow-up visits required. If the child changes foster homes, the assigned CSSW will inform the new foster parent when the child is due for a medical check-up;
- b) The child must receive their immunization shots on schedule. If there is no way of knowing about a child's immunization record, discuss the situation with the Public Health Nurse;
- c) Each child must have an annual dental check-up. Foster parents will submit a dental chart from the dentist when work is needed. The assigned CSSW will provide a letter instructing the dentist to bill the Department of Health and Social Services for services. Orthodontic work is also covered by the Department of Health and Social Services, but it must receive the request from the orthodontist, accompanied by a cost estimate, prior to authorization;
- d) When a child is being placed for adoption, it is necessary that he/she have a medical examination before leaving the foster home.

2.3.21 Psychological Services

When psychological assessment or counseling is needed, the assigned CSSW will discuss it with his/her Supervisor, and make appropriate referrals. The foster parent will be requested to transport the child to and from any appointments.

2.3.22 Education

When a child is changing schools, his/her past school record will be transferred from the previous school to the new school at the request of the assigned CSSW. The assigned CSSW and the foster parents decide who will register the child in his/her new school. It is important that the foster parents maintain contact with the child's teachers. The child will be registered in school under his/her legal name.

2.3.23 Recreation

There is community activities for nearly every age group that foster children are encouraged to participate in (e.g. choir, guides, and hockey). Discuss any financial requirements with the CSSW prior to making arrangements with the foster child or organization. Such expenditures must be pre-approved.

After discussing recreational activities and expenses with foster parents, the assigned CSSW may authorize payment for them. Any recreation program involving risk (e.g. canoeing, camping, and boating) requires prior approval from the assigned CSSW's Supervisor.

2.3.24 Holiday Travel Outside of Nunavut

A letter of authorization from the assigned CSSW's Supervisor is necessary for you to take a foster child outside of Nunavut. The Director of Child and Family Services (DCFS) will authorize travel in writing for travel outside of Canada. An itinerary of the child's travel plans will be forwarded to the DCFS of Nunavut in both cases.

Depending on the destination, birth certificate and passport requirements must be discussed with the assigned CSSW. **The DCFS is the only person who can authorize a child-in-care to travel outside the country. The assigned CSSW must get approval in writing from the DCFS before the foster parents make travel arrangements.**

2.3.25 Safe Administration and Storage of Medication

All medication should be kept in a locked cabinet or minimally, out of the reach of children in the home. Medication must always be administered according to the directions provided by the physician.

2.3.26 Damage Caused by a Foster Child

If the foster child has serious behavioral challenges and damages the physical structure of the foster home or the possessions of the foster family, the foster family can request the Department of Health and Social Services pay for repair of the damages. The Department is not responsible for paying for regular / anticipated wear and tear on physical property and or foster home possessions.

2.3.27 Preparing a Child to Move

There are a number of reasons a foster child may leave a foster home. They could include returning home, being adopted, being placed in a special needs institution, etc. Be as honest and as positive as possible about the move. If you have strong negative feelings about the move, it is best to keep these feelings to yourself, as any negative feelings on your part may influence the foster child's thinking and bias him/her against the move.

Foster parents will check with the assigned CSSW before promising contact with a child after the child leaves. Ideally, it is the foster child who should initiate any future contact, if the assigned CSSW agrees that it would help the child to adjust to his/her new home. The child needs to separate from the foster home, and it is therefore important for all members of the present foster home to acknowledge that the child is leaving in an appropriate way (e.g. a special supper, cards, cake, best wishes).

Here are the main responsibilities a foster parent has in ending a placement so that the move will be as easy as possible for the child. Foster parents will provide the assigned CSSW with the following:

- Child's up-to-date health record;
- Child's Scrap/Life book (all foster children should have one, even if it is not complete);
- Clean and mended clothing;
- Personal belongings;
- School records (report cards) and school materials;
- The child should be attractively dressed. A baby should have enough diapers and formula to last at least one day; and
- A child's daily routine should be written down to guide the next placement. Please provide details about rules, safety concerns, medical information, allergies, etc.)

2.3.28 Consent Forms

If a foster child is sixteen (16) years of age, they can legally sign consent forms (e.g. medical forms or consent for school field trips) for themselves. The foster parent should encourage the foster child to discuss signing consent forms with them and their assigned CSSW first. If the child has signed any consent forms, has not informed the assigned CSSW, and the foster parent has this knowledge, it is the foster parents' responsibility to tell the foster child that you will be informing the assigned CSSW.

2.4 ROLES AND RESPONSIBILITIES OF THE DEPARTMENT OF H&SS

The CSSW's are the all-important link between the foster care program and the individual foster homes. The CSSW has case management responsibilities for the children in foster care on his/her caseload. The roles and responsibilities of the assigned CSSW include, but are not limited to the following:

- Arrange a pre-placement visit between the child and foster family, where possible.
- Provide the foster family with relevant information concerning the child and his/her birth family either immediately upon placement or as soon as possible following placement. Minimally, the assigned CSSW should provide the foster family with the following information:
 - A) Child's legal name
 - B) Child's date of birth
 - C) Child's health care card number
 - D) Child's legal status
 - E) Statement regarding allergies and/or special diet requirements
 - F) Statement regarding special needs and/or unusual behaviors
 - G) Information regarding approved contact between child and birth family
 - H) Approved per diem
- Escort the child to the foster home upon admission, and pick the child up upon discharge from the foster home.
- Ensure the child is registered in school.
- Ensure the child has appropriate clothing (see Appendix A), and provide clear communication to the foster parents regarding who will be responsible for actually purchasing needed clothing, and how the clothing will be paid for.
- Attend and represent the child at court hearings.
- Approve and arrange for visits between the child and his/her birth family.
- Arrange for counseling services if the child requires this.
- Develop a case plan with clearly specified goals to be implemented by the foster family.
- Periodically review the achievement of goals as identified in the case plan, and establish new / revised goals as required.

- Ensure that if the child is a Land claims Beneficiary, that s/he is registered with the appropriate organization.
- Attempt to obtain the child's Birth Certificate and Social Insurance Number (or apply for one, if required).
- Maintain contact with the child and foster family as needed (ideally once a week until the child has successfully settled into the foster home).
- Initiate assessments, reviews and discharge planning meetings with the child, birth family, foster parents and other professionals as deemed appropriate.
- Notify the foster family of changes in the child's legal status within two (2) business days, or other pertinent information within four (4) business days.
- Obtain signatures for all authorization forms requiring parental/guardian signature.
- Respond to communication from the foster family in a timely manner, usually within two (2) business days.
- Complete an Annual Foster Home Evaluation. The purpose of this evaluation is two-fold:
 - i) To ensure the quality of care within the foster home remains high; and
 - ii) To allow the foster parents an opportunity to discuss with the assigned CSSW any concerns they may have with respect to fostering.

SECTION 3 - GUIDELINES & STANDARDS

3.1 Communication Between the Child and His/Her Family

The child's birth family is encouraged to visit their child while in foster care. Contact between birth family members is very important for the child's benefit. Visits by other important people in the child's life may be approved by the assigned CSSW. All contact must be approved by the assigned CSSW **prior** to the visit occurring.

The foster parents need to be clear in expressing to the assigned CSSW their own boundaries with respect to direct contact with the child's birth family, and the scheduling and frequency of visits. Additionally, if the foster parent has any concerns about the impact family visits are having on the child, this must be brought to the attention of the assigned CSSW as soon as possible.

Telephone Calls: Children are allowed to make reasonable use of the telephone. The foster parents may need to limit or monitor calls.

Mail: Letters between the child and his/her birth family or other interested people will be encouraged unless there are specific reasons not to allow mail.

3.2 Reporting of Critical Incidents

A “Critical Incident,” as defined by the Department of Health and Social Services includes each of the following:

CHILD:

Child is physically aggressive towards others
Sexually inappropriate behaviour by the child
Self-injurious behaviour by the child
Disclosure of suicidal thoughts/intentions by the child
Suicide attempt / completion by the child
Child’s involvement in criminal activity / criminal charges
Child discloses physical, sexual abuse and/or neglect
Child is AWOL (Absent With Out Leave)
Child has a seizure or other physical illness
Injury to the child (fall, bruising, or any injury requiring medical attention or First-Aid)
Death of a child
Pregnancy of a female child under the age of 19 years old

FOSTER HOME DYNAMICS:

Incidents of domestic violence within the foster home
Death of a child’s foster parent(s)
Serious illness or injury to child’s foster parent(s)

MEDICATIONS:

Error in administration of child’s medication
Omission of medication
Child refuses to take medication
Child has taken medication that was not prescribed to the child by a physician
Administration of PRN Medication to address behavioural issues

HEALTH OF CHILD:

Diagnosis of a Communicable disease
Contagious infections
Infestation of bugs (example, head lice)

If any of the above situations occur, the foster parent must phone the assigned CSSW or the after hours emergency number **immediately**. Foster Parents are strongly recommended to provide the assigned CSSW with written documentation of the incident and the outcome.

3.3 Documentation for Foster Parents

Although it is not currently a requirement of the Department of Health and Social Services, it is strongly suggested that foster parents keep written records of for each foster child. The Department of Health and Social Services, and the child (at age 16) can request access to your documentation. Any event or circumstance, which has, or could, affect the well being or the safety of foster children in your care should be recorded on a regular basis.

Keep your documentation in a locked, secure place. The written records are the property of the Department of Health and Social Services, and can be read or used for court purposes at any time.

With respect to what information to include in the Daily Log, we would suggest “**When In Doubt, Don’t Leave It Out!**” However, here are some specific examples of content, which should be reflected in written records:

- All visitors interacting with children;
- Any changes (confirmed or suspected) in a child’s health;
- Any changes (confirmed or suspected, either positive or negative) in a child’s behavior;
- All changes in medication (prescribed or not);
- Medical or dental appointments and outcomes;
- Damage or modifications to the child’s physical environment (prescribed or not) which could affect their safety, behavior or quality of life;
- Bruises, scratches, wounds, sores, bumps, infections, headaches, etc. which children might have, either by accidental injury, self-injury, or difficult to explain circumstances (from the point of view of an outside observer who might suspect poor care, negligence, malpractice, or even abuse) and, where witnessed, their origin. Unexplained cases will be investigated further where the injury might be thought by an outside observer to have been sustained through negligence or abuse. In this case, the accepted procedure for reporting critical incidents will also be followed.
- Outside agencies or professionals contacted for advice (e.g. physicians, poison control, time of contact, person’s name, telephone number and advice given, verbatim if possible);
- Statements regarding actions to rectify a possible emergency or safety hazard (e.g. first aid given);
- Any event meeting the definition of a critical incident (e.g. fire, lost child(ren), abuse, emergencies or accidents which seriously endanger the well-being of a child(ren), breach of confidentiality, etc.) in this case, detailed, factual records are required.
- Any information or complaint that has a serious potential impact on a child-in-care or on the organization as a whole.

- Any other event, information or circumstance that potentially threatens the well-being of child(ren)-in-care, individual foster parents, or staff of the Department of Health and Social Services.

Some Principles of Recording Information

1. Keep the information in a book where the pages cannot be removed (not in a loose-leaf binder where pages can be inserted and removed without being noticed). This is required because if the log is needed for court, it must be obvious that it was not possible to alter the document in any way, such as changing the content by removing/inserting pages;
2. Record information in a manner that is objective, factual and truthful;
3. Always record information in the order it occurred (e.g. day/month/year);
4. If it is potentially relevant to the future of the child in any way, say so;
5. If reporting an opinion, state that it is an opinion, (“it is my opinion that Johnny.....”).
6. When you are recording something crisis-related, be explicit, recording all factual details, however minute they may seem to you, and do so without interpretation/opinion; and
7. When you are recording something crisis-related, identify witnesses and all corroborative evidence (evidence that supports what you are recording).

3.4 Complaint Procedures for Foster Parents

From time to time, situations will arise when foster parents and representatives of the Department of Health and Social Services view a situation differently, and disagreements arise. Having discussed the issue with the assigned CSSW and their supervisor, if you are not satisfied, the following procedures exist to assist foster parents when they wish to make a complaint.

1. The foster parent shall present, in writing, the complaint to the Director of Child and Family Services. The foster parent may request support and assistance from another foster parent or community advocate.
2. If the foster parent is not satisfied with the Directors’ decision or handling of the complaint, the foster parent will file a formal written complaint with the Minister of Health and Social Services.

3. An acknowledgement will be made to the formal complaint within 48 hours of receipt of the written complaint and an investigation beginning, if necessary, within 5 working days.
4. The CSSW Supervisor will provide, in writing, the results of the decision to the foster parents within fifteen (15) days of the receipt of the written complaint.

The Department of Health and Social Services will be responsible for the documentation involved in the complaint review. However, we strongly recommend that the foster parent also maintain a copy of all communication / documentation pertaining to the issue or concern.

3.5 Confidentiality

All information provided to foster parents by the assigned CSSW regarding a child placed in their care, and any information pertaining to that child's birth family **must** remain strictly confidential.

3.6 Outdoor Activities

All outdoor activities that the foster child will be involved in must comply with existing Nunavut standards and guidelines. Outdoor activities include excursions onto the land, boating trips, hunting or trapping trips, and any other activity where the parties would be required to carry a firearm.

Firearms

Firearms carried during outdoor activities may only be used for the following purpose:

- To protect people from predators in the wild;
- For instructional purposes designed to teach children aged 12 and over the proper use and care of a weapon;
- Supervised hunting excursions.

Firearms are only permitted for outdoor activities under the following conditions:

- There is a limit of one firearm per adult on the trip;
- The adult supervising the trip is required to possess certification from a recognized firearm safety course;
- The adult supervising the trip is required to have certification in First Aid;
- Any child aged 12 or older who will be discharging a firearm must have completed a recognized firearm safety course prior to this trip.

Prior to the trip, the foster parent must advise both the CSSW and the RCMP regarding the destination, departure date, anticipated return date and general travel route.

All firearms and shells are to be thoroughly inspected before leaving on the trip.

No reloads are permitted to be used by children in care.

No loaded firearms are to be transported on the trip unless there is a very real danger of a bear attack. In this instance, the loaded weapon (with full safety on) is to be worn over the shoulder of the adult.

Firearm storage must comply with Nunavut laws and includes storing shells separate from the weapon, and preferably in a locked container. The weapon should have a trigger guard, and where appropriate, have the bolt removed and stored apart from the rifle.

All Terrain Vehicles

All terrain vehicles include snowmobiles, 4 wheelers, mini bikes and dirt bikes. Operators will abide by the safe operations manual for the vehicle, and comply with all Territorial vehicle laws, regulations, and obligations for proper licensing.

The following conditions must be met with respect to the operation of an ATV:

- Children in care must be at least 16 years of age in order to operate an All Terrain Vehicle without an adult.
- Children in care must wear approved safety helmets while riding and/or operating an ATV.
- The consumption of alcoholic beverages while operating an ATV, or being under the influence of alcohol while operating an ATV is strictly prohibited.

Water Sports

Children in care are not permitted to swim alone; all swimming-related activities must be supervised by an adult who is able to swim and is knowledgeable of basic water safety and First Aid.

Children in care are required to wear appropriate flotation devices during any boating trips and/or activities.

Power boating must conform to all appropriate Transportation Canada regulations, as well as any Territorial or community regulations.

3.7 Closure of Foster

If the Department of Health and Social Services becomes aware of problems within an existing foster home, the first responsibility of the Department is to verify the safety of the children and investigate the concerns. The children may be removed from the foster home while the investigation is taking place. Upon completion of the investigation, the Department may proceed in one of the following ways:

- If the problem identified does not risk the health or safety of children in the home, DHSS may place the foster home on probation, or suspend its operation until concerns are adequately addressed;
- If any allegations of abuse / neglect against foster parents are determined to be substantiated, the children will be removed from the home, and DHSS will close the foster home.

SECTION 4 FINANCIAL COMPENSATION

4.1 Basic Maintenance Rate:

A base per diem rate of \$43.00/day to \$50.00/day (depending on which community you live in) is paid for all children in foster care. This rate applies to all foster placements of any age, for the provision of basic care and maintenance. This rate is intended to cover:

- food costs
- personal care items, including diapers for infants
- child's spending / pocket money - to be made available to the child for minor recreational activities, such as purchasing toys, magazines or music, etc.
- household utility costs, including heat, water, electricity, etc.
- miscellaneous items.

4.2. Special Needs Care Rate:

Special Needs Foster Care Rates are amounts given over and above the Basic Maintenance Rate, and are designed to compensate foster parents for the extra time and effort required to care for children with special needs (above the normal physical, child management, educational needs). The Special Needs Foster Care Rate is based on a pre-set formula and is determined by the CSSW and approved by the supervisor, but cannot exceed \$100/day.

From time to time, all children are likely to display certain inappropriate behaviours. To be considered for a special needs rate, the child's behaviour has to be consistently displayed. The CSSW, in conjunction with the CSSW supervisor and foster parent, determines if the child is eligible for a special needs rate, based on their knowledge of the child. Foster parents may be asked to obtain early childhood, psychological, educational or other

assessments to better determine the needs of the child and the appropriate special needs rate.

Special needs are reviewed annually. However, the foster parents and/or the CSSW can request a rate review at any time if there is a drastic change in the amount of care the child requires. A special needs rate will increase based on the needs of the child.

4.3 Additional Costs Covered By the Department of Health and Social Services:

AWOL (Absence Without Leave): The Department of Health and Social Services will continue to pay the agreed upon per diem until such time as the CSSW is able to locate the child and fully re-assess the situation to determine the most suitable placement option.

Birth family visits: When a child is reuniting with the birth family for a visit longer than 24 hours (e.g.: weekends), the Department of Health and Social Services will continue to pay the per diem rate to the foster family until the child is formally removed from the foster home by the CSSW.

Clothing Allowance: If a child is placed in your foster home with inadequate clothing, the foster parent may seek CSSW approval to purchase needed clothing. Once the foster parent has purchased the clothing, the receipt can be submitted to the CSSW for reimbursement.

Car and booster seats: The use of an approved car and/or booster seat is mandatory for the transportation of children weighing up to 60 lbs. The Department of Health and Social Services will provide approved infant (up to 20 lbs.) and toddler seats (up to 60 lbs.) for foster children if foster parents do not have access to one. The seats are the property of the Department of Health and Social Services, and will be returned to the area office by the foster parent(s), once the seats are no longer required. It will be the responsibility of the foster parents to ensure the car seat(s) is/are properly installed (facing the correct way in the vehicle, proper belts and secured with a toggle bolt).

Birthday gifts: The Department of Health and Social Services will provide \$50.00 for each foster child. The Department of Health and Social Services will add this amount to the foster family's per diem cheque at the first month after the child's birthday.

Christmas gifts: The Department of Health and Social Services will add \$50.00 per foster child for the purchase of age-appropriate Christmas gifts. These financial additions will be included in the foster families' cheques in the month of December.

School Supplies/Fees: The purchase of required school supplies for children in foster care will be covered by the Department of Health and Social Services. The foster family is to provide a copy of the school supply list to the CSSW, and can either purchase the items locally (using an LCA from social services), or purchase the items elsewhere and submit the receipt for reimbursement.

The Department of Health and Social Services will also reimburse foster families for the following educational and school related items:

- school photos - basic package; and
- graduation expenses

Regular furniture and household equipment: Generally, the Department of Health and Social Services expects that foster parents will assume responsibility for providing items such as beds, highchairs, cribs, safety gates, and change tables. However, in special circumstances, foster parents may request the Department to provide these items. All items used must meet the Canadian Safety Standards. When the Department of Health and Social Services does agree to purchase needed items, the items become assets of the Government of Nunavut, and must be returned to the area office once the items are no longer required for use by the foster family.

Vacation/ Day Camp Allowance: Each year the Department of Health and Social Services will contribute financially to vacations and/or local summer day camp for foster children. You must receive written permission to travel with your foster children. In addition to your regular per diem, the Department of Health and Social Services will pay for one return excursion airfare for each foster child.

Note: All trips must be pre-approved by the CSSW no later than one month prior to the planned trip. Your CSSW must approve all travel within Canada. Only the Director of Child and Family Services can approve travel outside of Canada for foster children. All travel approval must be in writing.

Recreational equipment (bicycles & helmets): The Department of Health and Social Services will purchase recreational equipment for foster children who are in care for extended periods of time (over one season). Children who already have a bicycle, will not be given a new one unless the item is too small or beyond repair. If the child has one of these items at the home from which they were removed, the CSSW will make every effort to retrieve it. Second hand items in good condition are encouraged to be used. Foster parents will ensure that their foster child(ren) wear a CSA approved helmet. If the child moves, the recreational items will go with the child.

Health and dental costs: Foster families will be reimbursed for health and dental costs that are not covered under NIHB as prescribed in writing by a health professional. Expenses for over-the-counter medications (e.g.: cough syrup, Tylenol etc.) are not normally reimbursed. Exceptional cases may be discussed with the CSSW. This is dealt with on an individual basis (this policy is currently under review).

Special Furniture/Equipment/Clothing: This expense can include different types of items. For example; educational toys, orthopaedic shoes, age-inappropriate diaper needs, bathroom fixtures, specially built or designed furniture. The Department of Health and Social Services will reimburse the foster family for such items if they are recommended by health professionals in writing. All costs must be estimated, recommended and forwarded to the CSSW and will form part of the overall case plan.

Extra curricular activities: Foster families are encouraged to enroll foster children in extra curricular activities that will promote greater health and well-being. In order for the Department of Health and Social Services to reimburse the foster family, the CSSW must have given prior approval to register the child. Activities with unusually high expenses (ie. travelling for a hockey tournament) will be reviewed by the Director of Child and Family Services, and decided on an individual basis.

Daycare/Pre-school: The Department of Health and Social Services would prefer that foster homes that accept babies or preschool children have at least one parent who is not employed outside the home. However, in unusual situations the Department will cover the daycare / preschool costs if both parents are employed outside the home.

Long distance telephone charges: If the child wishes to make long distance telephone calls to friends or family members, arrangements can be made for the child to make those calls from the local social services office at no cost to the foster parent. If the child is to call long distance from the foster home, the CSSW must provide approval before each long distance call, and the foster family can later submit a copy of their phone bill and seek reimbursement on those pre-approved calls made by the child.

Theft and damage: Theft and damage by foster children will be reported to the CSSW, who will view the damage. If upon investigation, it is determined that the damage is over and above the average wear and tear on a home or vehicle, and is as a direct result of the foster child's behaviour, IHSS will reimburse the foster family. All costs must be estimated and forwarded to the CSSW. If the child is receiving an allowance, the foster child will be expected to make financial restitution toward the repair costs.

Babysitting: Requests for babysitting costs to be reimbursed by the Department of Health and Social Services specifically for the purpose of foster parents attending court and/or training will be considered on individual basis, and require pre-approval from the CSSW.

Errors and overpayment: If the Department of Health and Social Services makes a mistake on a foster family's cheque, the foster parent will notify the Department immediately. Reimbursement will be made within 30 days of notification. If the Department makes an overpayment, the foster parent will notify the Department immediately and will reimburse the Department within 30 days of notification.

NOTE: In order to receive reimbursement for any items below the foster parent shall:

- get pre-approval from the child's Child Protection Worker (CSSW);
- keep all receipts; and
- attach the receipts to a Reimbursable Form (one form per child).

Due to accounting requirements, the Department of Health and Social Services will be unable to reimburse if the above three conditions are not met.

Appendix A

Clothing Guide for Children-In-Care

Note: Clothing does not have to be new, but must be in good repair and appropriate to the season.

Males - Spring/Summer Issue

2 Pairs of jeans
4 Shirts
2 t-shirts
5 Pairs underwear
1 Jacket
6 Pairs socks
1 Sweater
1 Pair running shoes
1 Pair gym shorts
1 Pair slippers
1 Swimsuit
1 Pair pyjamas or track suit
1 Housecoat

Winter Issue

1 Parka
2 Pairs mitts/gloves
1 Toque/hat
1 Pair boots
3 Pairs heavy socks
2 Pairs long underwear

Females - Spring/Summer Issue

2 Pairs jeans
4 Blouses/shirts
2 t-shirts
5 Pairs underwear
1 Jacket
2 Bras
1 Sweater
1 Pair running shoes
4 Pairs socks
1 Pair slippers
1 Swimsuit
1 Pair pyjamas or track suit
1 Pair gym shorts
1 housecoat

Winter Issue

1 Winter coat
2 Pairs mitts/gloves
1 Toque/hat
1 Pair boots
2 Pairs leotards/long underwear