

# Practice Strategies for Lifelong Connections



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# Child Intervention Practice Framework



Alberta's child intervention system supports the health and well-being of children and families. It provides programs and services that help make it possible for children to grow up in safe nurturing homes where they are cared for, loved, encouraged and provided with opportunities to achieve their potential.

Our system has become more sophisticated as a result of enhanced incorporation of research, field experience and a deeper appreciation of culturally responsive practice. Practitioners, academics, children and families are all moving the system towards more progressive policies and practices underpinned by clearly articulated principles.

## Vision and Mission

- › VISION: An environment where family strengths are recognized and where all children and youth are respected, valued and supported within the communities in which they live.
- › MISSION: Ensure the safety and well-being of children and youth, by working together with families and communities to develop nurturing and safe environments for children, youth and individuals.

## Outcomes

- Vulnerable children have the support they need to live successfully in their communities.
- Children in temporary care are quickly reunited with their families.
- Children in permanent care are quickly placed in permanent homes.
- Youth make successful transitions to adulthood.
- Indigenous children live in culturally appropriate homes in which their unique cultural identity are respected and fostered.

A practice framework outlines the core principles that underlie child intervention's approach to working with children, youth, families and communities. Grounded in the realities of practice, linked to outcomes and supported by research, a practice framework will guide practice and help policy development, training and quality assurance activities.

## Practice Principles

A practice framework describes values and principles that support the casework practice model and underpin caseworkers' work with children and families. It outlines specific approaches and techniques that support "family centered practice with child-centered outcomes." Child and Family Services Staff value families and communities and the following practice principles guide our work and interaction with children, youth and families:

- **Indigenous Experience**
  - Indigenous peoples have always had their own ways of ensuring that vulnerable members, including children, are safe, protected and nurtured. We honour this by recognizing their expertise in matters concerning their children, youth and families.
- **Preserve Family**
  - We believe children and youth should be safe, healthy and live with their families, therefore we focus on preserving and reuniting families and building on the capacity of extended family and communities to support children, youth and families.
- **Strengths-Based**
  - Our approach is reflective, culturally responsive and strengths based. Because all families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process for them and their children.
- **Connection**
  - Children and youth are supported to maintain relationships that are important to them, be connected to their own culture, practice their religious or spiritual beliefs and, for those with involvement, have a plan for their care where they are included in the decision-making process.
- **Collaboration**
  - We are child-focused and family-centered. We collaborate with families, community agencies, and other stakeholders in building positive, respectful partnerships across integrated multidisciplinary teams and providing individualized, flexible and timely services to support these efforts.
- **Continuous Improvement**
  - Our casework is transparent and we share information appropriately. Our approach is outcome-oriented and evidence-based therefore we support innovative practice, evaluate our performance and strive for continuous improvement.

# Philosophy



*“Relationship is the single most important factor in the capacity for healing and resilience and must be at the center of all human services casework. When we engage the child’s extended family, community and tribe we provide the child with the opportunity of relationship, and we open the door to healing and permanence.”*

*(A Call for Radical Change in Child Protection Practice: Unleashing the Restorative Power of Relationship by Authentically Engaging the Extended Family, Community and Tribe; Kevin A. Campbell, Model Author for Family Finding and Jill Borgeson, MSW January 2016)*

Practice Strategies for Lifelong Connections, the combination of the Practice Strategies and the Lifelong Connections strategy, is a spectrum wide approach to safety, well-being and connections. This practice approach brings together the safety and well-being work from the 6 practice strategies – guide to key meetings and integrates it with a necessary emphasis on connections found in the four lifelong connections strategies. Practice Strategies for Lifelong Connections recognize the importance of human relationships within a family and community context and how these relationships create lasting safety for children and youth. It is complex and reaches far beyond concepts of legal permanence, placement or planning. It provides tools to create safety, well-being and connections in our work.

The *United Nation’s Convention on the Rights of the Child* identifies:

*the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community,*

*Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding (United Nations, 1989).*

The most successful and stable placements for children and youth are those that result in the child/youth remaining safely within their family and community. Even in situations where children are unable to live with family, they must be connected to their maternal and paternal families and their community.

Ensuring stable and nurturing homes along with meaningful connections happen throughout our involvement when we practice collaboratively and engage family and natural supports. Identifying meaningful connections and working

collaboratively with families, children and youth needs to be a focus from intake phase forward.

Research (Annie E. Casey Foundation, 2015) highlights the importance of connection to family through various development milestones.

- Infants – An infant's brain develops through positively reinforcing interaction with a dependable caregiver.
- Young Children – Young children, treated as individuals, develop self-esteem and learn to form relationships and regulate behaviour.
- Adolescents – Adolescents learn within healthy boundaries while looking to parents as a moral compass.
- Young Adults – Young adults draw on family experiences and relationships to support self-reliance and to raise their own children. Young adults need healthy and connected relationships to successfully launch into adulthood.

Research indicates a significant caring relationship with an adult improves outcomes for youth transitioning from government care (Annie E. Casey Foundation, 2015).

#### 4 Areas of Connection

As practice has evolved, staff have lead the way in beginning to outline the areas of connection that support children and youth to grow up with people who love them unconditionally and with strong ties to family, communities and culture through the creation of practice standards and permanency frameworks. Research was then undertaken to inform a provincial perspective in the area. Literature reviews of the work of Indigenous scholars, jurisdictional scans and consultation with stakeholders, both Indigenous and non-Indigenous, further informed the creation of definitions in each of 4 key areas of connection.

##### ➤ Relational

- An enduring connection to family, friends, caregivers and significant individuals that provide a sense of belonging, unconditional love, acceptance, and someone to rely on in times of need.

##### ➤ Physical

- A place to call home that is stable, safe, and welcoming where a child or youth feels they truly belong.

##### ➤ Cultural

- Participation and connection to one's ancestral history- language, religion, customs, belief systems, social roles and celebrations and/or birth place that fosters a strong sense of identity, provides a higher self-esteem and self-worth.

➤ **Legal**

- A formally recognized family membership that provides legal security.

The 4 Areas will be used provincially to guide a common understanding of connection. Use of provincially consistent definitions will create a clear foundation for understanding connection and facilitate a common basis for discussion and creation of meaningful plans for children and youth in care that address all 4 Areas and support them to stay connected to significant individuals in their life. The 4 Areas will be embedded in practice through the strategies, planning documents and policy.

Use of consistent definitions will also create understanding across the spectrum of our services from intake to adoptions, front-line to the minister, and agency partners to caregivers.

### **The Role of Family Finding in Creating Lifelong Connections**

The Family Finding Model, created by Kevin Campbell, espouses that every child deserves lifelong connections, families and youth deserve to know the truth about each other, and family members should be given a chance to help. The Family Finding Model is a necessary piece of the work of creating opportunities for connection and nurturing relationships with family or other significant adults. This practice approach aligns with all other provincial practice approaches, including Signs of Safety and Foundations of Caregiver Support. These practice approaches, though varied in tools and structure, all support safety, well-being and connections and recognize the impacts of Child Intervention work on families, children and youth. These practice approaches all contribute to continued implementation of the Child Intervention Practice Framework and help staff in their day-to-day practice.

References:

Annie E. Casey Foundation (2015). Every kid needs a family: Giving children in the child welfare system the best chance for success. Policy Report.

United Nations, (1989). Convention on the Rights of the Child. Retrieved from: <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>



# Practice Considerations



## Legislation, Policy and Practice

The relationship between legislation, policy and practice has an important connection - legislation guides policy, and legislation and policy both inform practice expectations. Conversely, practice guides changes to policy and legislation to ensure direct service to clients is relevant and in line with societal values.

## Definitions and Understanding of Risk

Balancing the strengths of the family, protective factors, including the existing safety, danger and risk against the *Matters to be Considered* is a monumental task undertaken daily by frontline staff. The need to manage the safety of children and the integrity of families can seem precarious and at times in conflict. The Child Youth and Family Enhancement Act and policy support the identification of risk and the determination of the least intrusive measure to address and alleviate the need for intervention.

A number of terms used in child intervention need to be clearly understood, including harm, risk, and danger. These terms tend to be used interchangeably yet they are markedly different, and can be found in the Terminology section at the back of this booklet. Understanding these terms assists in decision making in the best interest of children and their families.

## Critical Thinking

Critical thinking is an important aspect of decision-making within child intervention. It is the trained and practiced application of rigor to our thought processes to ensure we are using the best thinking we are capable of in any situation. Critical thinkers know how to separate facts from opinions, how to examine an issue from all sides, how to make rational inferences and how to withhold personal judgment or biases. By applying critical thinking to our thought processes, we will ultimately make better decisions.

The Practice Strategies for Lifelong Connections are intended to facilitate principle-based practice through a process of reflective supervision. Skills such as critical thinking, appreciative inquiry, principle-based decision making and collaboration form the foundation of these strategies.

Supervisor Consults serve as the core strategy used as a guide for all decision making. As needed, additional strategies further guide particular case decision points and ensure important factors for decision making are considered across the intervention spectrum.

For specific decision points and guides, supervisors will refer to specific strategies:

- 3<sup>rd</sup> Person Consultations
- Family/Natural Supports Meetings
- Immediate Kinship Placement
- Ongoing Kinship Placement
- Family Time

There are four key strategies focused on creating lifelong connections. Ensuring relationships for children and youth grounded in the 4 areas of Connection when using each of the strategies is critical. They are:

- Cultural and Spiritual Connection
- Transition to Adulthood
- Formalized Connections
- Terminating Permanent Guardianship Orders

## Power and Privilege

The role of a Child Intervention practitioner carries power, and usually more power than the clients being served. This power comes from professional training, specialized knowledge, and serving in a role that is mandated through legislation and policies. CI practitioners also have power by playing a gatekeeping role with respect to access to resources and determining who can receive help and services. Because of these sources of power, prejudice and discrimination can have serious consequences for clients. CI practitioners need to be mindful of the power within their role at all times and must use an anti-oppressive practice to minimize potential negative impacts.

Child intervention practitioners should be aware of their own privilege, meaning opportunities as a result of such things as ethnicity, gender, social class, language, and educational achievements. Many clients served by child intervention are often marginalized due to discrimination at personal, cultural and societal levels. In Alberta, Indigenous children are over-represented in the child intervention system, and this has been attributed to past colonizing practices, such as residential schools and the Sixties Scoop.

# Supervisor Consults



# Supervisor Consults



## Intent

Intentional supervision and case consultation provides for support, collaboration and shared decision making. This ensures that the practice principles are evident in practice and are demonstrated through staff actions and behaviours. Conversations will focus on the strengths of the family and ensure that decisions are consistent with the family's direction. Discussions must also explore the approach staff are using to identify harm, danger, and other complicating factors, and how they are working with families to mitigate risk. Supervisors must be purposeful in their support for critical thinking by creating the time and space to probe and challenge assumptions through questions and dialogue that assists workers in reflective practice (see prompts below). This includes supporting staff when working through complex and challenging situations as well as identifying the good work of staff at various points across the intervention spectrum. The role of Child Intervention is to support the family's choices while remaining focused on the best interest of the child, youth and their family - options considered must be least intrusive, designed to address the identified intervention needs, create safety, facilitate connections and build capacity. The voice of the child or youth must remain at the forefront of decision making as they have the right to be involved in decisions made about them. Supervisor consults allow for time to think through how staff are engaging families, and are an opportunity for supervisors to meaningfully participate in coaching and mentoring the ongoing development of staff competencies.

## Key decision points to utilize supervisor consults will include (but are not limited to):

- Status changes
- Initial placement and placement changes
- Initial applications and subsequent applications
- Outcome of assessment
- Interviewing children alone
- Critical incident
- Confinement
- Ongoing safety/interview planning

## Documentation

Formal supervisor consults must be documented by the supervisor in the contact logs as they happen. The documentation will focus on the decisions made and outline the critical thinking and rationale that was used when making the decisions. Your summary must include the concern or question-at-issue, factors

considered, and the conclusion or outcome of the consultation. When entering in CICIO the selected **type** is “Case Management Contact” and the selected **purpose** is “Case Consultation/Decision.”

## Prompts/Questions

### Indigenous Experience

Have we done a collateral contact with the DFNA, First Nations Designate or Métis Resource person to help our understanding of this family? If not, why not?

How has contact with the DFNA, First Nations Designate or Métis Resource person assisted you in gaining clarity on what needs to happen for this family?

What do you, the child/youth and the caregivers know about the child’s Indigenous identity (i.e., which Nation they are from, which languages are spoken in their community, which ceremonies and celebrations are practiced)?

What has the child/youth said that they most value about their Indigenous culture and what are some of the important aspects to consider?

If you asked mom, dad, family, youth or their network what the most significant teachings a caregiver can give to their child, what would they say?

How has potential trauma for this family been considered and reflected in our interactions with them, and how is the family responding?

How have we ensured that there is not an overrepresentation of Western thought in our work with this family?

How have we supported the caregivers to connect with the child’s Nation, First Nations Designate or Métis Resource person?

How have the caregivers been supported to develop relationships with the child’s Nation, Elders, and knowledge keepers?

### Preserve Family

What are the child, youth, and family strengths and safety factors (community connections, culture, extended family, bonding and attachment, professionals already involved, etc.)? Who has identified these strengths and existing safety?

What is the danger (harm vs. danger) to the child based on these concerns (current injury or active abuse, who has access to the child, unsafe living conditions, medical, parental mental health, etc.)?

Is this an intervention concern or a complicating factor?

When did the Family/Natural Supports meeting occur? Who else besides mom and/or dad were present? What were the positive outcomes from the meeting and what could we do differently at the next family meeting?

Is there a genogram on the file? Who was there for its creation? How was the child/youth involved in the process?

Tell me what the family looks like when things are going well, what is the family doing different?

How has the family demonstrated safety in the past? How did the child feel safe? Who was there to support them?

If “10” is “the children are safe in parental care” and “0” is “the children are in care,” where are they at on the scale? Why are you at this number, and not one number lower? What would it take to move them higher up on the scale?

How are the caregivers being supported in their role of ensuring the child knows who they are in relation to their family and community?

### **Strengths-based**

Tell me a time when things were going well for this family, and what did that look like? How would the family describe that time?

Who is the family’s support system and how have they been involved in supporting this family? What role has their support system played in safety planning?

What would the child say that mom/dad/caregiver does or did that made them feel safe/loved?

What would their support network say that the family is doing well to keep their kids safe?

Have we considered how individual values of team members may impact our assessment of the family? How will we continue to ensure our own bias’ does not impact our judgment?

What would the caregivers say is the single most important thing that has happened for the child/youth to make them feel safe and confident that their voice is being heard?

What are you most thankful for in working with the child’s caregivers and the caregiver support worker? Have you shared this with them?

### **Connection**

Who loves this child/youth and is able to maintain meaningful connections with them?

How has the child/youth’s voice been reflected in your planning and decision making? How was this shared with the family?

Do we know the child/youth's thoughts or feelings about who is involved as supports? Would the child say that they wish any particular person was involved? What are the barriers for making that happen?

Can you describe how you have created connections for this child/youth in all 4 areas of connection (physical, legal, relational, cultural)?

How have the caregivers been supported to facilitate and maintain contact between the child/youth and their family, extended family, community and people they have identified as having a significant relationship with?

### **Collaboration**

How do we know the family understands why we are involved? Who was involved in, or present for, that discussion?

Have we exhausted all efforts to involve all parents, guardians, and extended family members to discuss the presenting concerns? If not, what could next steps be?

Who has the family identified as their supports? What have they committed to in order to increase safety and wellbeing for the children/youth?

Have all cultural resources appropriate to this family been considered in the planning?

What work have you done with this family or youth that they would describe as you trying to understand their culture? In what ways will I, as a supervisor, be able to see your efforts?

Describe the perspectives of the caregivers and the caregiver support worker. How have you been able to work together to gain common understanding about the plan moving forward? How have you managed any disagreements or conflicts?

### **Continuous Improvement**

What are you most proud of with regard to your work with this family?

How were you able to include different people in the Family/Natural Supports meeting?

If this family were sitting with us, what would the child, youth or family or caregiver say they most appreciated about the way you have worked with them?

How have you reflected on how your own perspective and values could have impacted the outcome of this assessment?

Are there things related to policy or other regulations that impacted your ability to support this family? Are there ways they can be improved? What would be more helpful?

## For specific decision points and guides, please see:

- 3rd Person Consults
- Family/Natural Supports Meetings
- Immediate Kinship Placement
- Ongoing Kinship Placement



# 3<sup>rd</sup> Person Consults



# 3<sup>rd</sup> Person Consults



## Intent

The intent of this process is to facilitate critical thinking and to challenge assumptions to ensure that decisions are made based on thorough assessment and analysis, and in the best interests of the child(ren). We need to ensure that any options that may not have been considered are discussed and weighed as potentially protective or preventative to the imminent need identified. The 3<sup>rd</sup> Person Consult is a group consensus process that requires a minimum of three persons – the assessor/caseworker, their supervisor or a supervisor familiar with the file, and another staff/agency staff who has a different role or a supervisor/manager from another center.

3<sup>rd</sup> Person Consults must be done at various decision points throughout the intervention spectrum such as:

- a change in primary legal status,
- returning a child home,
- placement moves,
- safety decisions regarding high-risk/vulnerable children,
- bringing children/youth into care (in-care consults),
- placement resource investigations,
- legal permanency matches,
- filing an application to terminate a PGO,
- closing a PGO file without signing a SFAA,
- or in any case where an additional objective voice and viewpoint may benefit decision making (i.e. critical incidents, confinement or separation of siblings).

Utilizing this strategy allows the assessor/caseworker the opportunity to reflect upon the conclusion they have drawn and the process used to reach that decision. It also creates an opportunity for workers to feel supported through the critical thinking process and provides fresh perspectives and the challenging of assumptions in a respectful and helpful environment.

For Indigenous children, a collateral to the DFNA, First Nations Designate or Métis Resource Person must occur to gather information that may be of benefit when making decisions around what is best for the child and whose involvement may support the family. This is an important aspect of engaging Indigenous partners and supporting families in a culturally appropriate, collaborative, and meaningful way. It is also important to engage with agency partners or community members that are able to provide a multicultural perspective to assist in considering any cultural, spiritual or religious aspects of a family's life into our decision making.

## Safety Decisions Regarding High-Risk/Vulnerable Children

**Category 4 Directors must be involved and make the decisions regarding safety in the following circumstances:**

Children under 5 years of age with:

- Unexplained serious injuries
- Denial of injury and/or
- Explained serious injuries with an unknown perpetrator

Children under 3 years of age who are:

- Medically fragile
- Have chronic and severe neglect

The 3<sup>rd</sup> person consult will minimally include the following: Category 4 Director (accountable for the decision), the Caseworker/Assessor, and the Casework Supervisor. After the initial consult, ongoing review meetings will need to occur regarding safety planning. The frequency of these meetings will be determined by the case team and Category 4 Director, and; will occur regardless of legal status.

## In-Care Consults

Building upon the practice principles, the In-Care Consult focuses on ensuring that all options to keep the child(ren) safe have been explored prior to bringing the child/youth into care. Recognition of the trauma caused by bringing a child into care must be one of the considerations in planning. The In-Care Consult process involves respectful challenging and probing to determine available options, and possible solutions. It supports critical thinking and ensures a thorough exploration of the family's strengths, abilities and resources as it pertains to the safety of the child. Consideration should be given to including family and extended family in these consults as a way for them to have a continued voice in the planning for children/youth. Each member of the group shares their view, should feel heard and can agree the decision reached is the best available option for the current situation given the information available.

## Documentation

It is important to capture all 3<sup>rd</sup> Person Consults, Safety decisions regarding high risk vulnerable children or In-Care Consults with accurate documentation. This includes who was in attendance, any cultural considerations, the purpose of, or reason for, the consult, any ideas raised, and decisions made or agreed upon next steps. The consult will be documented by the supervisor in CICIO by selecting **type** as "Case Management Contact" and the **purpose** as "Case Consultation/Decision."

## Questions/Prompts

### Indigenous Experience

Have we done a collateral contact with the DFNA, First Nations Designate or Métis Resource Person? If not, why not? – The intent is to build relationships with DFNA's, First Nations Designate and Métis Settlements and leverage community connections to build capacity of the family. This is not a formal consult.

How have we demonstrated to the family and their network that we are open to trying to understand their views of their own family situation and any steps they believe would maintain safety for their children and themselves?

Has potential past trauma of the family been considered in the assessment process and how the family is responding?

### Preserve Family

What are we worried about and does the family understand our worries?

Is this an intervention concern or a complicating factor?

What is the danger to the child based on these concerns? (current injury or active abuse, who has access to the child, unsafe living conditions, medical, parental mental health, etc.)

Have you shared the danger and the safety goal with the family? How do you know the family has a clear understanding of our bottom line?

What does the mom/dad/family think about the worries we have for the child? What would you need to see the family doing that would make you confident the child is safe?

Are there perceived barriers such as history, housing, or poverty that are preventing us from preserving family?

How does the family view their own situation and what steps do they believe will maintain safety for children and themselves?

On a scale of 0 – 10 where “10” means “everyone is confident the children are safe enough to close the case” and “0” means “there is not enough safety for the children to live at home at the moment,” where do we rate the situation? Where would others or the child rate this on the scale?

Who are the potential kinship caregivers and to what level are they aware of the current circumstances?

### Strengths-based

How does the child, youth or family describe what their strengths are? What does this family say about their strengths?

What would the child or youth say that they love most about living at home?

Despite your worries for the child/youth, what most impresses you about this family?

What does it look like when things are going well? What is different?

Was there a time when this was happening with the family and they were able to resolve it? Who was involved? What is different?

Have we considered how individual values of team members may impact our assessment of the family? How will we continue to ensure our own biases do not impact our judgment?

### **Connection**

Are there caregivers the parents are willing to leave the child with? How can we support this? (respite, financial, etc.)

What have the people identified as possible caregivers done that tells the parents they will keep their child safe and be able to meet their needs?

Who would the child/youth or family identify as being important in their lives? How have they been involved in the case planning process so far?

Has this family reached out for help from their support network in the past? Where are those supports now?

Is there a support network that is fully informed of why we are involved? How have they been engaged to help keep the children safe? What needs to happen for them to provide safety?

### **Collaboration**

Have all cultural resources appropriate to this family been considered in the planning?

What work have you done with this family or youth that they would describe as you trying to understand their culture? In what ways will I, as a supervisor, be able to see your efforts? How can I, as the supervisor, support you in this?

Have we exhausted all efforts to involve all parents, guardians, and extended family members to discuss the presenting concerns? If not, what could next steps be?

How do we know the family understands why we are involved? Who was involved in or present for that discussion?

Who has the family identified as their supports? What have they committed to in order to increase safety and wellbeing for the children/youth?

Is there an additional perspective from an individual that was not able to attend that we should be considering?

### **Continuous Improvement**

What are you most proud of in regards to your work with this family?

How were you able to include different people in the family meeting?

If this family were sitting with us, what would the child, youth or family say they most appreciated about the way you have worked with them?

If policy and restrictions weren't in place, is there something that would work for this family? How have we reflected on how our own perspective and values could impact the outcome of this assessment?

What would a member of the family say was the one thing you did or said that proved to them that you were willing to listen and try to understand their situation without imposing your own views and judgements?

## If The Child Is To Come Into Care

If it is determined that a child is to come into care, the following principles and questions must be considered (see below). For Indigenous child(ren)/youth, consultation with the DFNA or First Nations Designate regarding potential placement options must occur. The DFNA staff are likely aware of, or can provide information on, potential family for the child. For a Métis child affiliated with a Métis Settlement, consult with Métis Settlement regarding potential family options. If a child is to be placed out of region (CS or DFNA) the region of placement (CS or DFNA) must be notified before the child is placed or as soon as possible in the event of an emergent placement. It is imperative that a discussion occurs regarding the potential trauma children face by being brought into care, and what steps can be taken to create safety, a sense of comfort, and maintain connections. This includes considering how we transfer personal belongings or who is involved in the transition. For families who have moved between Provinces, refer to the Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories Protocol which can be found at [https://intranet.humanservices.alberta.ca/home/homepages/CFS/portal/Documents/Interprovincial%20Information/InterProvincial\\_Provincial\\_Territorial\\_Protocol.pdf](https://intranet.humanservices.alberta.ca/home/homepages/CFS/portal/Documents/Interprovincial%20Information/InterProvincial_Provincial_Territorial_Protocol.pdf)

The Sibling Registry/Kinship Search Request is a valuable tool that must be used when looking to place a child in care. Submitting a Sibling Registry/Kinship Search Request will allow the Post Adoption Registry to search to see if the child already has a biological sibling who has been adopted. If they do, those adoptive parents may potentially be interested in having contact or being considered for a placement. The goal of the Sibling Registry is to foster and support sibling relationships.

### Indigenous Experience

What work have you done to learn about cultural connections that may be appropriate for this family? Have all cultural resources appropriate to this family been considered in the planning?

How have we considered the impacts to the child's spiritual, physical, mental, emotional well-being?

### Preserve Family

If a Family/Natural Supports meeting was unable to happen prior to bringing the child into care, how will you facilitate a meeting within 48 hours and who needs to

be notified? (i.e. translators if speak a different language and/or other cultural considerations)

Who are the identified potential kinship care providers? (i.e. family friends, children's connections, community members) How do we support them? (respite, financial, etc.)

How will the family maintain contact with the children? (i.e., family time, school, medical appointments, etc.)

What is the most appropriate legal status to pursue?

How have we ensured that the child understands what to do if they are feeling unsafe, regardless of who they are living with?

### **Strengths-based**

What is the most respectful approach to notify/involve parents/guardians and to bring the child(ren)/youth into care?

What would the child or youth say that they love most about living with their current caregiver?

For consideration of placement moves for children in care, how have the current caregivers been supported to communicate in a way that will help the child make sense of the move?

What would the caregiver say is the child's greatest gift and how would they recommend this gift/ability be nurtured to help the child realize their potential and build their self-confidence? How is this being considered in all decisions impacting the child?

### **Connection**

How have we gone about learning what is important to the child from a cultural perspective in order to assist them in their transition such as food, clothing, or routine?

What items from the home will be important for the child to have with them to help minimize potential trauma?

How has the child been supported to maintain contact with their family, community, former caregivers and anyone the child identifies as having a connection to?

How are we ensuring our own biases about who children in care should maintain connection to are not influencing our decision making?

How have the caregivers been supported to work with the children in their care on how to learn to set healthy, safe and appropriate boundaries with people the children love but who are not able to make positive decisions some of the time?

### **Collaboration**

How will you explain to the child why they cannot stay at home in a way that they can understand? (example: words and pictures)

How have we considered including former caregivers in assisting in understanding a child's/family's situation?

**Continuous Improvement**

***NOTE: Refer to Immediate Kinship Care and Family Time***



# Family/Natural Supports Meetings



# Family/Natural Supports Meetings



## Intent

Family/Natural Supports Meetings is one of the most versatile practice strategies and are used at any phase of the intervention spectrum for a variety of purposes, including:

- at Intake to gather information and identify supports that may prevent a family from needing further involvement.
- at Safety Phase to draw on a family's existing supports to create safety ensuring a child can remain in the care of their parents or extended family.
- throughout the ongoing phase to develop a safety plan, test or maintain the plan
- to locate connections and maintain relationships in all 4 areas of connection throughout our involvement with a child or youth.
- to bring together the support network on an ongoing basis to address concerns, assess safety, and celebrate successes.

Family/Natural Supports meetings must occur prior to bringing a child into care. If a child comes into care on an emergency basis, the Family/Natural Supports Meeting must occur within 48 hours.

These meetings empower parents, children and youth, extended families, and their natural support system to create, understand, and own the solutions that mitigate intervention concerns. The meetings also serve to honor connections to ensure long term well-being and safety. It is important to remain open-minded about who a family may identify as a natural support and what role they could play in providing support to a child, youth, and/or family. This is when genograms must be completed and reviewed and used as a tool to support the family in identifying and maintaining their natural supports. Completing a genogram must include the child/youth and their family as it is important information for the child/youth to have and is not just for planning purposes.

Family/Natural Supports meetings also provide an opportunity for child intervention practitioners to build upon the family's strengths and existing safety, and allows families and their supports to recognize the worries, what is working well, their goals, and next steps. These meetings also create a forum for shared decision making which reinforces a parent/guardian's rights and responsibilities to participate in decisions that affect them and their children. All members of the network benefit from participating in collaborative decision making and the ownership and commitment that occurs when a plan is created.

Prior to the Family/Natural Supports meeting, preparation is critical to ensure the meeting is focused, participants are prepared for what to expect, and what participation may entail. Discussion needs to occur with all guardians in order to explain and assist in their understanding of the purpose of the meeting as well as to consider the logistics that may contribute to the success of the meeting. The family and identified supports need to be engaged in deciding who will participate in the meeting, how they would like the meeting structured, and whether there are additional components that will assist in creating safety and comfort such as an opening prayer or ceremony. The inclusion of culture, spirituality, or religious beliefs specific to the family or network is an important step to consider in planning for meetings. A purposeful discussion prior to the meeting will assist in a positive outcome from the meeting.

## Practice Approaches and Tools

**These diverse approaches and tools can be used individually or collectively in the planning and process of Family/Natural Supports Meetings. This list is not exhaustive.**

**SoS:** collaborating with families to increase safety and reduce danger at home

**Family Finding:** nurturing pre-existing relationships with family and community to expand and strengthen the base of social and emotional support for children, youth and families

**3-5-7 Model:** strengths based approach that empowers children, youth and families to engage in grieving and integrating significant relationships.

**First Nation Practice Standards:** a guide and a tool for caseworkers to use in their daily activities with children, youth, and families that reflect the cultural context of Indigenous communities and community realities

**Circle Process:** The circle is used to create a safe space where everyone has a chance to say what they need to.

**Family Group Conferencing:** a process that brings families together to make decisions and lead the decision-making and care for their children. Includes the immediate family, extended family, as well as people who have significant relationships with the family or child.

**Mediation:** A formal, voluntary process with an impartial third part that encourages open communication, trust and creative solutions and allows everyone to have a voice.

## Documentation

All Family/Natural Supports meetings will be documented in CICIO in a contact log by the caseworker. The selected **type** should be “Case Conference/Family

Conference” and **purpose** should be “Case Management Activity”. In the event that a First Nations Designate or Métis Resource Person is in attendance, this must be reflected on CICIO by using the multi-select function to also select the **purpose** “Involvement of Designate” or “Involvement of Métis Resource Person.” Documentation should include a list of who participated with their basic contact information, the intent of the meeting, the summary or outcome of the meeting, and identified next steps.

CICIO has an option to add an emergency contact, and this person may be identified during a Family/Natural Supports meeting as the person willing to be a resource to the child/youth/family. It is important that the above information is recorded accurately and in a consistent way in order for it to be accessed.

## Meeting Structure

This is an example of a meeting structure that may assist in preparing for and facilitating a Family/Natural Supports meeting.

### Introductions

It is important to respect that a cultural, spiritual or religious component may be important to the family involved and should be personalized for their beliefs and background. The facilitator will begin the discussion by grounding the meeting around the common vision and reiterate the purpose, and set the tone for the meeting by ensuring everyone has their voice heard.

### Ground Rules

Facilitate a short discussion around what the ground rules or guidelines for the meeting should be according to the meeting attendees. These should help ensure that everyone feels safe to participate and can have their voice or opinion heard. This may include no foul language, use of “I” statements, use of the circle process, or allowing a person to leave the room when they are angry as well as returning.

### Confidentiality/Information Sharing

It is the responsibility of child intervention practitioners to apply critical thinking to each individual situation to ensure decisions are being made in the best interest of the child. Meaningful and purposeful conversations should continually occur with families around who they identify as supports. The identified members will be advised that they are invited to be a support and part of the process to create a safety plan and that they are expected to maintain the privacy of the family.

**Note:** Refer to CYFEA Section 126 for details on confidentiality and information sharing.

## Prompts/Questions

### Indigenous Experience

What are the cultural considerations that need to be planned for?

Do we understand the worries and strengths from the family's perspective?

Has the First Nations Designate or Métis Resource Person been invited to the meeting by us or the family?

How have we made the family aware of their legislated right to involve the First Nations Designate?

For Indigenous children and youth in care, how have we supported the child's caregivers to connect with the Nation of the child, First Nations Designate or Métis Resource Person to build relationships?

### **Preserve Family**

What is the current intervention concern? Does the family and their support network understand why we are concerned?

What is the purpose for this meeting?

Is the child coming to the meeting? How will we ensure that their voice is being heard? For children and youth in care, how have the caregivers been supported to provide reassurance to address any concerns or questions the child may have before or after the meeting?

For children and youth in care, how have the child's caregivers been supported to understand their role in engaging the child's parents and extended family in building relationships that allow for safe and open communication at the meeting?

### **Strengths-based**

What tools can we use to empower this family and their supports to understand and own solutions related to creating safety? In the past, how has the family addressed concerns without our involvement?

What has the family identified as worries and how have we addressed those worries?

Is there any debriefing necessary for the participants of the meeting?

What practice approach or tools are you considering that best suit this situation?

For children and youth in care, how have the caregivers been supported to share positive experiences and strengths of the child at the meeting?

### **Connection**

Who has been consulted for this meeting? Who are we missing?

Who loves this child? Who might love this child? Who could learn to love this child? Who does the child love?

Who does the family, child or youth see as essential to be at the table? Who do we see as essential to be at the table?

How can we utilize the family's existing supports to address the concerns or assist the family in a purposeful way? Are there any barriers? If so, is there a way to alleviate them?

For children and youth in care, how have the caregivers been supported to facilitate and maintain connection between the child/youth and their family and others the child has a significant relationship with? How have they been included in building the network for the child and to increase participation at the Family/Natural Supports meeting?

### **Collaboration**

What are our bottom lines, including timelines, going into this meeting?

What pre-planning has been done before the Family/Natural Supports meeting?

How can we assist this family/network in identifying next steps and responsibilities?

Are there any additional services or supports required for this family or that have been requested by the family?

Have you considered how much time is needed for this meeting? Are we being respectful of the family's time?

Has a decision been made about where the meeting will occur? Has a discussion happened with the family about the best location?

How did you engage with the family in the planning of this meeting?

How have you decided what the role of the caregivers, for children/youth in care, will be in relation to Family/Natural Supports meetings?

How have we prepared the child's caregivers on what to expect from a Family/Natural Supports meeting, understand their role and ensure they have the support they feel they need in order to participate?

For children and youth in care, how are the child's Caseworker and the Caregiver Support Worker working together to ensure everyone involved has a voice and that there is shared understanding of the child's situation and plan?

### **Continuous Improvement**

How have we reflected on how our own perspective and values could impact the planning or decision making for this family?

How have you prepared and planned for the logistical components of the meeting? (Examples: food and transportation costs, access to an Elder, or location of the meeting)

How will you make time to ensure your own wellbeing after the meeting? What support do you need from your supervisor to do so?

How have you modelled open communication, ensuring everyone's voice has been heard and ensured there is an agreed upon conflict resolution process for decision making in meetings?

# Immediate Kinship Placement



# Immediate Kinship Placement



## Intent

When a child comes into care, kinship placements are pursued as the first option whenever possible. Kinship placements can minimize trauma, maintain connections, and build on cultural and historical traditions of having family or community members care for children when their parents are unable to do so. Although kinship families are often not trained in advance to care for children in need, children placed in kinship care show higher levels of attachment and less likelihood of coming back into care over time. It is important that when considering an immediate kinship placement, staff involved use critical thinking and the tools available to them to reflect on the information they have gathered.

Kinship families may not be prepared in advance of the placement and will require flexibility in the supports needed to support children in their home. In situations of immediate placement, it is important for kinship caregivers to receive the required supports immediately to ensure success. Kinship caregivers will need attention and support to orient to the Child Intervention system and adjust to their caregiver role. This means their formal and informal supports need to be mobilized as soon as possible. Taking this immediate action is in line with the Truth and Reconciliation Commission's Calls to Action (2015) referring to the provision of adequate resources to enable Indigenous communities to keep family together and maintain children in culturally appropriate environments. Facilitating Family/Natural Supports meetings prior to placement provides opportunity to identify informal supports and highlight any unmet needs requiring attention to ensure a successful placement. Family/Natural Supports meetings need to be ongoing to ensure that informal supports are accessed and so that any need for formal supports is quickly identified.

The Kinship Care Support Plan is crucial and should reflect the collaboration of the Family/Natural Supports meeting. As immediate placements in kinship care are often unplanned, support plans are mandatory to address the immediate and unique needs of caregivers. Examples may include baby equipment or supplies, child care, structural costs such as electric bill or fixing a window, or assistance with managing changing family dynamics. If possible, the plan will be completed prior to placement, but must be completed immediately after placement. The plan should also be reviewed regularly with the family and network.

## Prompts/Questions

### Indigenous Experience

Has the First Nations Designate, DFNA, or Métis Resource Person been contacted and have they identified alternative caregivers? The intent is to build



relationships with First Nations communities, DFNA's and Métis Settlements and leverage community connections to build capacity of the family. This is not a formal consult but a collateral call, which does not require consent of the guardian.

Has the resiliency of the family been considered as possible mitigating factors to assist in building and maintaining safety for the child?

What is the potential caregiver's understanding/knowledge about trauma, both personal and historical?

Has the potential trauma of the family been considered in the assessment process and how the family and potential caregivers are responding? Has the kinship family's potential trauma been explored in the assessment process?

### **Preserve Family**

Have we considered that extended family members and potential caregivers may have a better understanding of the child's situation than we do?

If there is criminal record history or child intervention history, what are the mitigating factors?

Are the concerns regarding criminal or child intervention history, protection concerns or complicating factors?

If there are concerns with the Environmental Safety Assessment for Caregivers, how can we mitigate them to facilitate the placement?

How can formal and informal resources be mobilized immediately to provide required supports to the caregivers? Develop a Kinship Care Support plan upon placement in collaboration with the caregivers and their network.

### **Strengths-based**

Has a Family/Natural Supports Meeting been convened to discuss the child's placement? What was the recommendation and was a caregiver identified by the family?

Are the potential caregivers aware of what we are worried about? What are they worried about?

Are the potential caregivers aware of times that the child's safety could have been at risk but instead someone did something to keep the child safe? Who was it and what did they do?

What is the child worried about?

Are the potential caregivers willing to work as part of a team with other formal and natural supports, even if it will be difficult to do so?

## Connection

What steps have been taken to locate and identify family members?

For people who are identified as potential fulltime caregivers but cannot fulfill that role, what other role can they play in the child or youth's life?

Who else could tell us who is connected to this family?

How have we searched for family? Have we done a Sibling/Kinship Search Request?

What does the potential caregiver understand about the importance of children maintaining their connection to their parents, siblings and/or both sides of extended family and how will they facilitate and support this?

What does the potential caregiver understand about the importance of children maintaining connection to their school and community and how will they facilitate and support this?

How will the potential caregiver maintain cultural and spiritual connections?

How will Children's Services and the support network assist the caregiver with maintaining these connections?

## Collaboration

Who have the biological parents suggested as potential alternative caregivers?

Who has the child or youth suggested as potential alternative caregivers?

What are the culturally appropriate, community resources that can be accessed as supports for the family?

What is the child saying about their relationship to the potential caregiver?

Is the school or daycare aware of emergency/alternative caregivers?

What information has been shared with the potential caregivers about the child and the family situation to allow them to make a fully informed decision about caregiving and the type of supports that may be needed?

If concerns are noted in the Environmental Safety Assessment for Caregivers, consider if these concerns can be mitigated through the Kinship Care Support Plan or other arrangements. Critically analyze if they are true barriers to placement or if it warrants a conversation and safety planning with the caregiver.

## Continuous Improvement

How have we reflected on how our own perspective and values may be impacting the outcomes of this assessment or placement decisions?

How can we best support the potential caregivers in their own personal healing journey?

# Ongoing Kinship Placement



# Ongoing Kinship Placement



## Intent

Kinship placements provide opportunities to maintain connections and natural relationships when a child is unable to live with their parents or guardians. Kinship placements build on cultural and historical traditions of having family or community members care for children when their parents are unable to.

Kinship placements must be considered as the preferred placement whenever a child comes into care. Long term outcomes of children placed in kinship care include higher levels of attachment and lower rates of returning to government care after returning home. Explore kinship care options continuously to find the best placement match for children.

Research shows that kinship families are less likely than other families to present a risk to children. In fact, research shows that caregivers with a connection to a child are less likely to be abusive or neglectful. Often a birth parent's behaviour of concerns is the exception within their family of origin (Lorkovich, 2004).

## Critically thinking about kinship family support and planning

- Developing a strong network that builds on the family's strengths will contribute to the success and sustainability of a placement. This must include considerations of the child, youth and/or the caregiver's wellbeing, such as natural supports that can provide respite or open conversations about the changing family dynamics.
- As needs change, the support plan should change. Taking the time to check in on what is or is not working is a crucial aspect of ensuring the family feels supported.
- Keep an open mind around the uniqueness of each individual child, youth, and family. Support plans should be flexible and always evolving.
- Involve the extended family and other natural supports. Family/Natural Supports meetings or Family Group Conferences can identify opportunities for support and resources.
- Engage the kinship caregiver as a collaborative member of the child's case planning team.
- Ensure the kinship caregiver is aware of what we are worried about and consider what the kinship caregivers' worries are as well.
- Research suggests assessment of kinship homes should focus not only the placement's viability, but in assessing the caregiver's need for information, financial support, and social service support (Lorkovich, 2004). This forms a crucial component of developing the kinship care support plan.

- Discuss how to support the kinship family in the transition to becoming caregivers. Remember kinship caregivers often become caregivers following a crisis and may need support to understand their role and renegotiate other relationships within their extended family.

### Ongoing considerations when working with Kinship families

- The network must meet to collaboratively discuss the strengths, worries, and barriers and identify strategies to mitigate current and potential future concerns.
- The network needs to be involved in developing a plan that ensures the child has enduring relationships and considers the 4 areas of connection.
- When assessing and supporting kinship homes, it is important to consider their unique role and experience. Critical thinking is important when applying models and tools that are developed for purposes other than for kinship applicants.
- Factors such as family history, grief and loss, and trauma, should be considered in assessing and supporting the kinship home. Systemic challenges such as poverty are often complicating factors but should not automatically be considered as a barrier.
- Consistently bring the network together and discuss opportunities to draw on natural supports to assist the family or mitigate identified concerns. Review and/or revise the Kinship Support Plan based on any new needs the family may identify or recommendations from the network.
- Discuss how to continue supporting the kinship home to maintain connections for the child with their extended family, community, culture, and religious or spiritual beliefs.

## Prompts/Questions

### Indigenous Experience

How have we involved extended family from both the paternal and maternal sides, First Nations Designate, Métis Resource Person and/or Elders to support the home?

How have we kept the child connected to their culture and/or spirituality?

If the caregiver's spirituality or culture is different than the child's, how have the caregivers been supported to learn about the child's culture and spirituality?

How have we supported the child to learn the language of their Nation?

### Preserve Family

If historical concerns were noted (i.e: family of origin, previous relationships), have we considered why we are worried about their current impact on the child?

Has the caregiver identified any concerns or requests for support to assist in maintaining a positive environment for their family and to continue caring for the child?

How has becoming a caregiver impacted the relationships within the family and community? How has the caregiver been supported to navigate any relationship dynamics or concerns?

Has the caregiver attended any caregiver training? What can we do to support the caregiver(s) to attend training?

What has been done to build the capacity of the family?

### **Strengths-based**

How have we engaged the family team in identifying the caregivers' strengths that can turn into safety or mitigating factors?

How have we supported the family team to identify additional strengths? How can these strengths be drawn upon in the child's plan of care?

For any concerns noted, have we considered what we are worried about and if they are related to the child and their care?

If there are concerns regarding criminal or child intervention history, have we considered if they are protection concerns or complicating factors?

What is working well from the caregiver's perspective? What would they like to see happen that would assure them that the child's needs are understood and are being met?

### **Connection**

What have we done to support this family in building and strengthening their natural support network?

Who does the family see as essential to be at the table? Who do we see as essential to be at the table? Who does the child/youth see as essential to be at the table?

What have we done to build a meaningful relationship with this family?

What have we done to ensure this child is building and strengthening lifelong relationships?

Have we worked successfully with the family to build a strong network and sense of community?

How have we involved the birth parents?

How have we maintained connections with siblings when children are not placed together?

How have we supported the caregiver's to understand, support and facilitate connection between the children they are caring for and their family and others they have significant relationships with, even when at times caregivers may have a different perception of the outcomes of this contact?

### **Collaboration**

How have we worked with the family team to identify ways to address the impacts of any noted concerns on the child?

How can we draw upon natural and formal supports to alleviate our concerns?

Have we listened to this family in how their needs are being met?

How have the follow up items from the Environmental Safety Assessment for Caregivers been addressed by the family or by Children's Services?

What is the child's perspective of living with this family? What does the child need to be successful and/or make a smoother transition into this family? What has helped in the past?

How do we know the family understands what is happening?

How have the Caseworker and Kinship Support Worker worked together with the caregiver to build a shared understanding of the child's and family's situation?

### **Continuous Improvement**

How would the caregiver describe their overall experience caregiving for Children's Services? What is one thing that could be changed to improve this experience?

Has the caseworker reflected on how their own perspective and values may be impacting the outcomes of their assessment or placement decisions?

How has the Caseworker and Kinship Support Worker been able to establish and model an agreed upon conflict resolution process when there are disagreements within the network?

Has the role that loss and grief may be playing for caregivers been considered? How have the caregivers been supported to recognize possible signs of such and to have meaningful conversations about it?



# Family Time



# Family Time



## Intent

For children temporarily, or permanently, in care, spending time with family provides opportunities to foster healthy connections, bonds, and attachments. Family can include biological parents, siblings, extended family, and anyone the child may have a significant attachment or connection to. Regularly evaluating the time and the manner in which children are spending with the significant people in their lives helps to ensure these connections will be maintained as much as possible. Ongoing evaluation of family time is used to reflect on the intent, to ensure that the child's needs are being met, and that the structure of family time is appropriate for the family's safety and well-being.

This strategy supports the belief that children need to remain connected to their family and community as well as the importance of creating and nurturing opportunities for connection beyond physical placement. Children and youth who come into care experience loss and grief due to separation from their family, friends and/or community. The opportunity for children and youth to express their thoughts and feelings, and remain connected to ongoing and responsive adults is an important aspect of healing. Decisions on family time will continue to ensure children's' safety and security needs are met, but must also focus on their social, emotional, and attachment needs. Protective factors will be assessed during family time to ensure this time occurs in the most natural and least disruptive manner with consideration for the necessity of predictive and regular scheduling that supports children and youth in feeling supported.

In order to reunite a family, it is important that children placed in care remain connected to their families. Family time fosters and maintains those connections while creating teaching and learning opportunities for parents.

## Prompts/Questions

### Indigenous Experience

For an Indigenous child, have there been opportunities to visit with their home community and participate in cultural events relevant to their particular Nation?

Can the First Nations Designate, Métis Resource Person, or other community contacts connect and/or provide a liaison for caregivers to facilitate ongoing connection?

### Preserve Family

What are our worries in restricting family time? Are these protection concerns or complicating factors? What have the parents and children said have been challenges? How have challenges been addressed?

What have the parents identified as challenges in attending family time? How have these challenges been addressed?

What have the children identified as challenges in attending family time? How have these challenges been addressed?

What are the opportunities for extended family or natural supports to be involved in family time?

Can family time occur in the family's community and/or natural setting? If not, why not? How can we mitigate the barriers?

Can the parent continue to have contact with the child in a caregiving capacity and fulfill parental responsibility? (i.e., attend medical appointments, school events) If the parent is not attending various appointments (school events, medical appointments) in a caregiver role, why not?

If family time is going well, how is it reflected in a progression (trajectory) towards least intrusive family time or increased family time?

### **Strengths-based**

Is the family time being used effectively to support learning new skills and work towards safety? If not, how can this be shifted to a more supported visit? What are we worried about?

If the family time is supported, how are we supporting the family to build their skills?

Can occasions such as school events and medical appointments become teaching and learning opportunities for family/network?

If family time is supported by staff, do case notes reflect the family's strengths during that time? Do those notes reflect the opportunities for the family to build their skills?

### **Connection**

Has the child identified who the important people are in their life? Do they have opportunities to have contact with them?

Who else has the child said they want to stay connected with?

What are the natural connections to the community for this child? Have we connected with them?

How have we ensured that the child or youth has been able to have regular and meaningful contact with their siblings?

Can family time occur in a time, place or manner where cultural and/or religious practices and beliefs can be practiced and shared? If not, why not?

Can we connect with cultural or religious community members to facilitate ongoing connection to the community?

**Collaboration**

Have the parents described what their wishes are for family time?

Have the children described what their wishes are for family time? Do the parents know what the wishes of the children are?

Have we considered how the network can support ongoing family time?

**Continuous Improvement**

Does family time reflect findings from current literature and attachment and child development?

Have we taken the time to reflect on our goals and outcomes, and how the family time is supporting that?

# Cultural and Spiritual Connection



# Cultural and Spiritual Connection



## Intent

Participation and connection to one's ancestral history - language, religion, customs, belief systems, social roles and celebrations and/or birth place that fosters a strong sense of identity, provides a higher self-esteem and self-worth. We are specifically committed to ensuring that children are connected to their culture by Article 30 of the United Nations Convention on the Rights of the Child:

*Minority or indigenous children have the right to learn about and practice their own culture, language and religion. The right to practice one's own culture, language and religion applies to everyone; the Convention here highlights this right in instances where the practices are not shared by the majority of people in the country.*

Children and youth of all cultures, particularly minority or Indigenous children in care, need to have a plan that thoroughly considers cultural connection and ensures they are supported to maintain relationships that are important to them, be connected to their own culture and practice their religious or spiritual beliefs. Children that are connected to culture have a strong cultural identity that may be evidenced through knowledge of their spirituality, exposure to cultural traditions/celebrations (such as dance and music) and ceremony, understanding religious teachings (such as the Medicine Wheel teachings or tenets of Judaism) and any cultural specific dietary habits.

Indigenous children are overrepresented in the child intervention system. Through a long history of trauma from colonizing practices such as residential schools and the sixties scoop, many Indigenous people have been disconnected from the community and culture (TRC, 2015). Based on this overrepresentation of Indigenous children in care, it is important to honour the inherent rights of Indigenous children and ensure a focus on supporting the Indigenous culture within child intervention practice. It must be recognized there are treaties signed between First Nations and the Crown. Because of this First Nations, as well as Métis, are recognized as a distinct cultural group as Aboriginal Peoples under the constitution.

The United Nations Declaration on the Rights of Indigenous Peoples specifically comments on this connection between Indigenous children and their families:

*Recognizing in particular the right of indigenous families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children, consistent with the rights of the child (United Nations, 2007).*

A strong identity that is connected to a child's culture contributes to high self-esteem and is a protective factor in building resilience (First Nations Information Governance Centre, 2014).

When grandparents and parents teach youth about culture, protective factors are further strengthened through the family bond (First Nations Information Governance Centre, 2014).

Research shows First Nation communities that achieved greater measures of success in preserving cultural connections were found to have positively impacted youth's future-well-being (Chandler & Lalonde, 2000) and building resilience.

### Documentation

When there is involvement of a First Nations Designate or Métis Resource Person this must be reflected on CICIO by selecting the **type** that best reflects the case activity and the **purpose** as "Involvement of Designate" or "Involvement of Métis Resource Person." This includes circumstances where it is selected as the single purpose, such as a direct phone call, as well as selecting multiple purposes, such as a Family/Natural Supports meeting or other varied aspects of cultural planning.

**Note:** See CYFEA Section 107 and Section 67 and the Enhancement Policy Manual Intervention Policy 2.1.1 – First Nations Designate, Policy 2.2.1 – Métis Resource, and Adoption Policy 5.4 – Registered Indian or Métis Child for more information on required involvement of a Designate or Métis Resource Person.

### Cultural Planning

Cultural connections are required to be a part of all planning conversations and incorporated into planning documents at all stages. Inclusion of cultural considerations when planning is critical to support and solidify connections to a child or youth's culture, community and identity. Culture is one of the 4 areas of connection which are included in concurrent planning. All 4 areas (cultural, relational, physical, legal) need to be represented in planning for children/youth from early stages of involvement.

Cultural elements of planning will be specific to each individual child or youth, their family and their connections. Legislation mandates regulated formal cultural planning must occur at the time of adoption or private guardianship. Effective and thorough early inclusion of cultural connections into planning will support regulated cultural planning as well as ensure connection to community, support healthy development of identity and contribute to feelings of belonging at every point of involvement on the intervention spectrum.

Strong cultural connections are supported by:

- Regular use of the genogram and other connection mapping tools.
- Keeping mementos and helping to create a Lifebook with the child or youth.

- Ongoing connection with biological family provides opportunities to remain connected to culture through family (see *Family Time* strategy).
- Meaningful and ongoing consultation with First Nations Designates, Métis Resource or other significant community leaders/cultural connectors throughout our involvement with a child or youth.
- Placement with extended family or significant others, which assists with ongoing connection to community and culture (see *Immediate Kinship Care* and *Ongoing Kinship Care* strategies).
- Ongoing visits to the child or youth's community or birth place. These can be made possible and facilitated through connections with community leaders, First Nations Designates, etc.
- Ensuring all cultural planning is reflective of any unique needs and is developmentally appropriate.
- Training and awareness of caregivers and staff on cultural practices.
- Intentional involvement of caregivers in planning discussions, and providing them with support regarding specific tasks related to maintaining cultural connections.

## Prompts/Questions

### Indigenous Experience

What would the child say are some of the best aspects of their culture? Who has taught them about their culture?

Does the child/youth visit their home community? If not, what needs to happen for this to be possible? If yes, do these need to increase, and what needs to happen for that to be a possibility?

What experiences would be valuable for the child/youth to have to learn more about their Indigenous heritage, and how can these be achieved?

How do we support the child's caregivers to know about the child's culture, language, teachings and ceremonies?

What is the child and the caregiver's understandings of relationships to family, kin, past generations, future generations, the land, languages and to all things living and non-living?

Does the network and extended family have hopes for what connecting the child or youth to their culture/spirituality might look like? What role can they play in maintaining the child/youths connection to their culture and spirituality? How have we helped support their vision?



How has the child expressed their hopes for connection to culture? How can we facilitate the establishment of genuine relationships?

What are some ways the child's caregivers are learning about and supporting the child to learn about and feel pride in their culture? Are there things the caregiver is able to incorporate in their home that would support this? (i.e., smudging)

### **Preserve family**

How can family time be supported to include cultural and spiritual practices? Are there barriers to this being incorporated? If so, what needs to happen to make this possible?

Which gatherings/ceremonies/celebrations are caregivers planning to attend with the child in the child's community? (Funerals, weddings, Sweat Lodge ceremony, Round Dance, or other events) What support do the caregivers need to ensure these are positive experiences and memories for everyone?

How will the child's caregivers be supported to maintain meaningful relationships between the child and their family, kin, chosen family, and other significant people who are important to them?

How are we ensuring that children and youth who identify as LGBTQ2S maintain ties to chosen family in the community?

### **Strengths-based**

What aspects of cultural/spiritual planning can be led by the family/chosen family?

What experiences/learnings is the child/youth interested in having?

How will the child and their caregivers be supported to build relationships with community leaders, ceremonial holders, and others with knowledge of the child's culture?

### **Connection**

Who does the child/youth have relationships with from their home community and extended family? What does the child/youth say they would need to be supported to maintain these relationships?

Is the child/youth connected to their cultural community at school or other places in their community?

What are some ways the child's caregivers will support and assist the child in learning about and honoring their relationships?

Does the child feel they have been supported to build relationships that allow them to develop an understanding of their culture and spirituality? How do we know this?

How are we ensuring that children and youth who identify as LGBTQ2S are connected to community and resources? (i.e. Camp fYrefly, local Pride centers, Gay-Straight Alliances (GSAs) )

How does this youth define their “community”? their “identity”?

### **Collaboration**

How have we ensured that the 4 areas of connection are being supported in our planning for this child/youth? What needs to happen to implement and sustain the plan for cultural connection?

Who do you need to connect with to learn more about the child/youth’s cultural/spiritual needs, and create opportunities for these learnings/experiences?

What suggestions does the First Nations Designate or Métis Resource Person have to ensure the child/youth has a meaningful connection to their Indigenous heritage?

Who can support the child in learning their language?

How will the caregiver be supported in learning the appropriate protocols of the child’s home community to ensure respectful and positive experiences and relationships are developed in order to support ongoing connection? How can the network support these interactions?

What role can the network play in ensuring respectful and positive experiences and relationships are developed with the child’s home community? How is the network ensuring the caregiver is included in this process and is able to build relationships as well?

### **Continuous Improvement**

What aspects of your work are you most pleased with when it comes to children/youth having relationships that keep them connected to their culture/spirituality? What led to this success? How can you apply these to work with other families you are working with?

What is the most important thing that you did that contributed to these relationships? How can you apply this learning to other children and youth you care for?

What would the child say you did with them that had the most impact for them to be connected? What would the network say? Is there anything that you would do

differently? Have any barriers to cultural connections been identified?  
Addressed?

Are there cultures or religious practices that learning more about would assist  
you in your work?

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# Formalized Connections



# Formalized Connections



## Intent

Formalized Connections focuses on who has the responsibility of guardianship of the child and this guardianship being within a family context. It is recognized that legal connection brings the legal right and social status of full family membership through reunification, adoption or Private Guardianship. This full family membership is important to the social development of children or youth under permanent status.

Every child and youth has a fundamental right to belong securely to a family that honours their familial ties, culture and community connections. All children and youth are entitled to a loving and nurturing family relationship; a parenting relationship with at least one adult with the mutual understanding the relationship is forever, unconditional and offers an intimate sense of belonging.

To attain formalized connections that encompass the child or youth's right to connection to family, the belief that children need to remain connected to their family and community as well as the importance of creating and nurturing opportunities for connection guide practice.

Early planning is essential for all children and youth. Planning starts when we first engage with a child and family and continues throughout our involvement. The child's parents have an integral role in planning for the child, including the child's safety, well-being, and connections at all stages of intervention involvement:

- At intake and assessment, relationship building begins when we engage with guardians, maternal and paternal extended family members, culture, community, and other supports. Current, accurate and identifying information of these potential network members needs to be collected, documented, and discussed with the family on an ongoing basis. This information is continuously reviewed and updated on CICIO.
- Use other practice strategies (i.e. family/natural supports meetings, family time, 3<sup>rd</sup> person consults) and strengths-based collaborative tools (i.e. genograms, blended perspective meetings, words and pictures) to identify and build on family connections and strengths. These approaches and tools help to identify family, and cultural or other community members that can be a part of the child and family support team as potential alternate caregivers and/or long-term permanency options.

- The Sibling/Kinship Search Request [PAR3627] is a valuable tool that must be completed as soon as a child needs to come into care. Submitting a Sibling/Kinship Search Request is specific to identifying sibling(s) of the child, or other kin, that have been adopted in the province of Alberta, and is completed through the Post Adoption Registry. Completing this search creates the opportunity for children or youth to develop relationships with sibling(s) or kin, and for the sibling's adoptive parents to develop plans for maintaining relationships, and/or be considered for placement. Information provided on the request needs to be as detailed as possible for both siblings and kin.
- Cultural resources including cultural community leaders, First Nations Designate or Métis Resource Person are invited early as possible to join the decision-making team in planning for the child. Collaterals to cultural resources support gathering information important to developing a network for a child or youth.
- Support INAC registration and/or Band membership application processes by having ongoing conversations with parents regarding the benefits of registration, paying for birth certificates, and/or helping complete forms at intake/assessment for children who have been identified as Potential to be Registered. This ensures potential kin and community connections are identified as soon as possible and the inherent right of the child to be First Nations is honoured.
- Eligibility for Band membership, with or without treaty status, also needs to be determined as soon as possible. This supports creating connections with the specific community in which the family is from.
- Timely and accurate registration with Métis Settlements or the Métis Nation and Inuit communities must be pursued as well.
- Discussions must happen with adoptive and private guardianship families regarding post-permanency supports, information and referrals which includes the services available through the Post Adoption Registry and financial supports where eligible. Resources for families should be specific to the unique needs of the children or youth.

## Prompts/Questions

### Indigenous Experience

How have we involved extended family, First Nations Designate, Métis Resource Person and/or Elders to provide cultural/spiritual guidance as the child grows?

What relationships have the child's caregivers been supported to develop with significant people from the child's community (extended family members, Elders, knowledge keepers, ceremonial holders)?

How are the child/youth's caregivers participating and supporting the child/youth in cultural teachings and ceremonies? How can we support more of this? How can this be achieved?

### **Preserve family**

Does the network include extended family members who will support building relationships to the larger family, kinship and community group?

How can the caregivers/network facilitate ongoing meaningful family time between the child and members of the child's extended family/kinship group?

Does the child/youth have visits to their home community, and are they supported in having relationships with people who are important to them?

How can the child/youth's biological or extended family play a role in caring for the child (i.e. babysitting, respite)?

How do we know the child feels supported to have a relationship with their family and those with whom they had relationships with in the past?

How have we ensured that the children/youth's voice has been central to any planning that impacts them?

### **Strengths-based**

What does the child/youth's caregivers note as strengths of the child/youth's family/extended family? How they can draw upon these strengths to maintain a relationship?

How have the caregivers been able to assist the child in feeling self-worth? What is the child the most proud of and who does the child want to share these proud moments with?

What does the child/youth identify as strengths of their parents and extended family, and how would they like to remain connected?

How has a trauma informed lens been incorporated in planning? In understanding any behaviors the child or youth may be demonstrating?

### **Connection**

Is there a clear plan that identifies how individuals in the network will facilitate an ongoing relationship between the child/youth and their parents?



How have the child's caregivers assisted the child in understanding the child's situation of why they are living where they are and ensuring they understand they are surrounded by many people who love them, support them and want to be a part of their life?

How have the caregivers been supported to incorporate traditions and practices from the child's past into their family's traditions and practices?

How have the significant relationships, connections, and supports identified by the children/youth been utilized?

How have Family Finding tools been used to engage the child/young person in identifying who they will build relationships with and supported by?

### **Collaboration**

How have the caregivers been included in the child's network meetings and how are differences in opinions on what is best for the child being dealt with?

What is the willingness of the child/youth's parents and extended family to maintain a connection with the child/youth and have a relationship with the caregiver?

Have the caregivers of other siblings been contacted as a potential resource for the family? How can they be supported to maintain relationships to the sibling's parents and extended family?

What efforts have been made to help build relationships between caregivers, birth families, communities and cultural supports? How have we supported the network to understand that everyone loves this child/youth and has something to contribute to their life?

What tools have we used to identify multiple connections in all 4 areas of connection? (Family meetings, mapping sessions, three-generation genograms)

### **Continuous Improvement**

How will the caregivers and the child's network know that the plan they have been a part of developing for formalized connections for the child is successful?

How do the caregivers demonstrate their understanding of the importance of attachment and the long-term effects of trauma and loss? Is additional training and support necessary? (i.e. Foundation of Caregiver Support, Honouring Indigenous Children and Families)

# Terminating Permanent Guardianship Orders



# Terminating Permanent Guardianship Orders



## Intent

The termination of a permanent guardianship order requires thoughtful planning and consideration of what is in the best interests of the child. Reunification achieved through the termination a permanent guardianship order recognizes the importance of the lifelong role birth families play in a child or youths life. By thinking critically about current complicating and protective factors, including the child's development, age, and other specific needs, we are able to recognize safety for a number of children and youth who can reunify with family. What might have put a child or youth at risk at the time of a permanent guardianship order being granted may have shifted and no longer pose the same level of safety concerns.

When reunifying children, youth and families after guardianship has been severed through a PGO, consideration needs to be given to ensuring that services and supports provided will assist the family with being successful long-term by addressing issues related to trauma, loss and grief. This includes time being spent understanding all losses and giving space for children, youth, and families to express their fears and assign meaning to their own experiences. This means planning should be specific, and purposeful, to ensure that the network and other resources are prepared to provide necessary services and supports the family may require, regardless of, and beyond, our involvement.

Over 50% of all youth who are Absent from Care, have gone to a parent's home. This highlights the importance of ongoing family connections for children and youth in care. This emphasizes the need for us to recognize children and youth's need for relationships with family members and our responsibility to facilitate that in a healthy and supported manner when appropriate. This is done in a collaborative and strengths-based manner to ensure connection and preserve families.

In many situations enough safety may be able to be created to apply to terminate a PGO and permanently reunify a child or youth with family. Creating safety and support that will result in termination needs to involve the child or youth, biological family, chosen family and other network members and supports. Acknowledgement of loss, the feelings, thoughts, and actions as a result of reconciling, and honoring the healing process must be continual considerations throughout the planning and practice of terminating a PGO.

### ***This practice involves:***

1. The process of reunifying children/youth with limited connections to their biological family is one of rebuilding and developing relationships. This spark of reunification can be a phone call from an estranged parent, a connection made between a child or youth and their family through social

media, a former guardian filing an application to terminate a PGO or a connection made by a caseworker who has reviewed a file looking for family including completing a Sibling/Kinship Search Request [PAR3627] request.

- Even when family and significant other relationships have been identified prior to a child being in care, file mining/family search for additional connections needs to occur.
2. Preparation/Planning: Transition planning begins with assessing current safety; what has changed since the PGO was granted as well as what supports may be needed to solidify safety. Coping with trauma, loss and grief, healing processes and rebuilding relationships must be supported. Family time can be a strategy to accomplish this. A trauma-informed lens is used to determine supports needed and collaboratively planning each stakeholder's role in the reunification. It is important to slow down in order to be thoughtful in decision making and engagement of the network. Transition planning will take time and may extend for up to 6 months or more. Caregivers and biological parents, and the support network need be brought together to have conversations about the plan, how to create safety, and be actively involved on an ongoing basis. Regular Family/Natural Supports meetings need to be used to support planning.
  3. Implementation (12 months): Placement of the child with the previous guardian or identified potential legal guardian begins the implementation of the reunification plan and monitoring and support must occur for minimally 12 months after placement occurs. A 3<sup>rd</sup> person consult is needed to critically think through the plan in place and approve placement proceeding.
  4. After placement, intensive involvement and support is needed for the first critical 3 months. Intense contact and support between all stakeholders is necessary to ensure all needs are met and ensure success occurs.
    - Family/Natural Support meetings must occur minimally once per month during this period of time.
    - Plans are reviewed at each of these meetings through tools such as mapping and scaling.
    - Supports that recognize historic trauma, grief and loss are crucial at this point.
  5. Ongoing Supports/Sustainability: Ongoing supports and resources, including financial, must remain available for the family. Data indicates an increased need for support at the 7 month mark, as referenced in the diagram below. Ensuring resources and supports have been available throughout the implementation period, will ensure there is no placement breakdown at the 7 month mark.

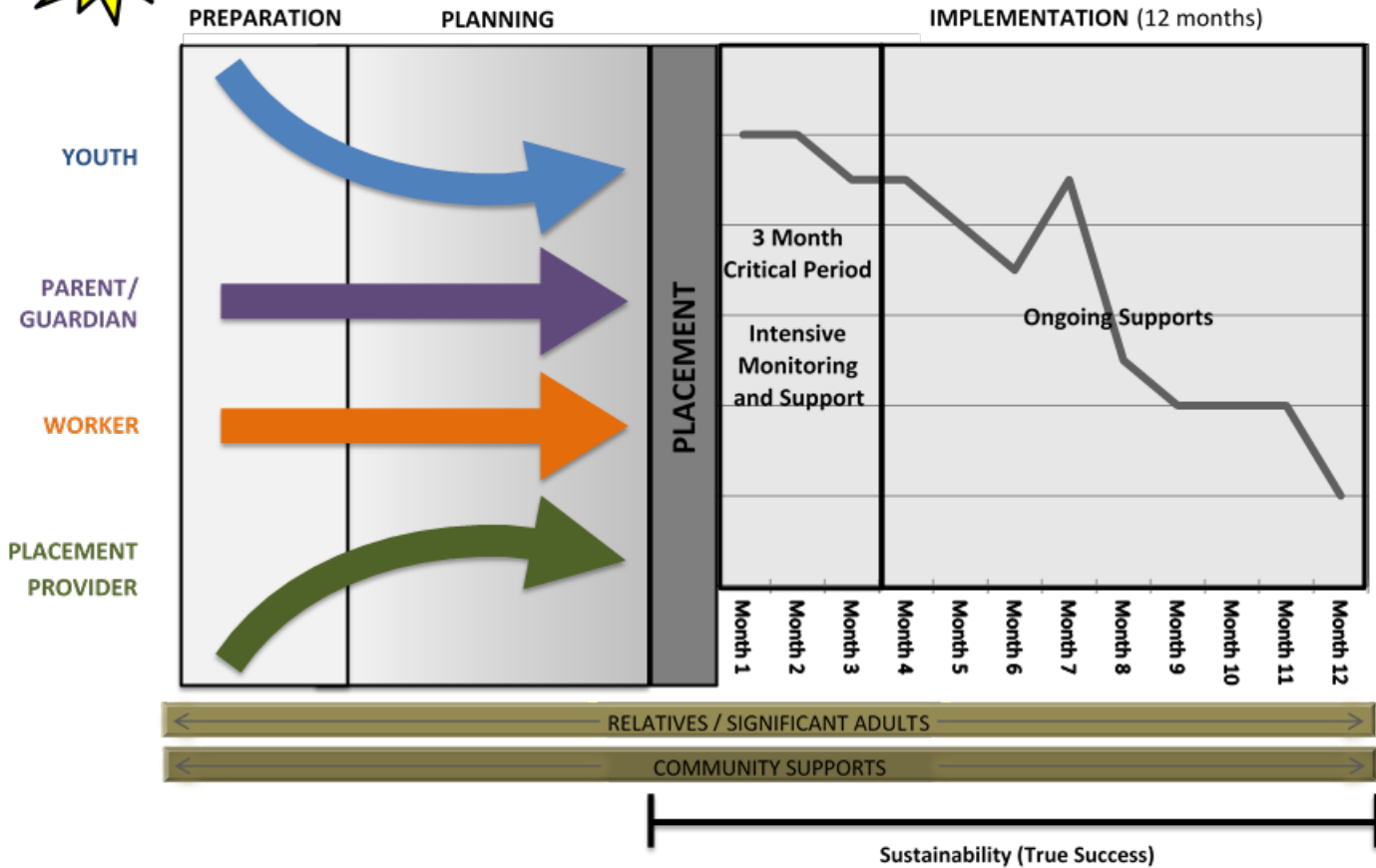
6. An application requesting the termination of a PGO can be filed if there has been demonstration of a successful transition home and sustainability of the placement for the minimum 12 months.
  - A 3<sup>rd</sup> person consult process is initiated to thoroughly discuss, evaluate and critically think through the decision to file an application requesting termination of the PGO. This consultation should form the basis of the information used to support the application and demonstrate the protection needs have been adequately addressed and the child or youth has been safely returned to the former guardian. Discussion needs to consider areas such as how the family has been involved in the process of reunification, supports provided, changes evidenced, support networks in place, voice of the child or youth and transition efforts and success to date.
  - Once there has been thorough discussion and a choice is made to file an application requesting termination of the PGO, it is the responsibility of the CAT 4 director to consent to proceed with the application. Information must be provided on why this decision was made and the process of reunification for each individual family.

Involvement of all, including the child, youth, parent/previous guardian, caseworker, and current caregiver, is paramount. Preparation and planning must include all parties equally to ensure success. Family/Natural Support meetings and Family Finding are both tools to support this work. These meetings will ensure all network members participate in planning and are clear on the agreed upon plan. This is also when disagreements and conflicts may arise regarding opposing views on what is best for the child amongst the network. Members of the network must be supported to work through these conflicts in order to move forward with the reunification plan. Supervisor consults and 3<sup>rd</sup> party consults throughout this process support critical thinking in reviewing information, progress and making decisions.

The CIPF principle of *preserve family*, as an organizational value, supports provision of financial support to families who are reintegrating family members. Methods of provision of financial support are varied and could include, but are not limited to, redirection of Child tax credit, provision of room and board rates or vouchers. This recognizes structural barriers with other formal income support programs which require guardianship to provide funds. Prior to file closure, the family can be assisted to apply for all applicable financial support programs. Poverty should not become a barrier to healthy transition in to parental care. Meeting the needs of the family in the present and anticipating long-term needs must be part of planning discussions and considerations.

The family is supported by child intervention to continue working towards healthy transition to adulthood through collaboration. In some situations, accessing services such as parenting capacity assessments may be required to identify necessary areas of support.

Visually the process may look like this<sup>1</sup>:



## Prompts/Questions

### Indigenous Experience

How will the First Nations Designate or Métis Resource person be a part of the reunification planning? What supports have they identified as being needed by the family?

How have the caregivers been supported to meet the cultural connection plan of the child/youth and how do these relationships assist in reunification of the child/youth?

<sup>1</sup> Based on qualitative information provided to and analyzed by Performance Analysis and Improvement Branch, 2015.

### **Preserve family**

Are the issues that resulted in the children being placed in care still a concern today? What has changed for the family?

How can we increase family time between the child/youth and their family?

What are we worried about? Is this an intervention concern or a complicating factor?

What does the child say about moving back with their parents? What best hopes have they expressed about reunifying with their family? What are their worries about leaving their current placement?

How can the parent/previous guardian become more involved in a parenting capacity? (i.e.: can they attend school meetings, extra-curricular activities)

Has the family been able to demonstrate an ability to provide for the needs of their child on a consistent basis?

What supports need to be provided to the family to ensure success of the return to parental care?

How are child's current caregivers supporting the child's relationships with their family? Are additional resources needed to facilitate this?

How will the current caregivers foster a relationship with the child's family and continue to be a part of the child's life after they are returned to their family member's care?

How are we ensuring that children and youth who identify as LGBTQ2S maintain ties to chosen family in the community?

### **Strengths-based**

What prompted and/or supported the change in circumstance?

Has the family acknowledged the change in circumstance?

What are the child or youth and family's strengths that would create safety?

Who will create and support safety? How?

How is family time being used to support reunification and create/maintain relationships? How does the family demonstrate safety that leads you to believe they will be successful at maintaining the child's safety and well-being long after the child is returned and the PGO is rescinded?

What do you need to see happening at home with the family on a regular basis to be confident that the child/youth will have their needs met once their file is closed?

What would the child/youth say they are most proud of in achieving or overcoming while they have been living with their caregivers and how can these strengths be celebrated and built on? What additional support do they need to continue to build on these strengths?

### **Connection**

What is our plan to prepare the child/youth and their family for the reunification process? What will family time look like as you work through this process? If there has been an access order restricting contact on the PGO, what is our plan to address this moving forward?

How will relationships with the child's previous caregiver(s) be supported after the return to parental care? Are the parents open and understanding of the need for the children to have a relationship with these caregivers?

How have the caregivers prepared the child/youth in their understanding of this transition in relation to all of the relationships in their life?

Is there anyone else that should be consulted as part of this plan?

### **Collaboration**

Has a Family/Natural Supports meeting been hosted to put together a plan to transition the child? Are their roles clearly defined, and are they prepared to take on the task?

What supports does the family identify to assist with ensuring the needs of all family members are met?

What strengths and worries has the family identified with the reunification plan? How have the worries been addressed?

How were the caregivers a part of the Family/Natural Supports meeting? Was there opportunity to share the child's routines, achievements, likes/dislikes, worries/dreams?

Have you consulted with your supervisor and/or manager in relation to the reunification plan? What are they prepared to do to support the reunification plan?

How will we support the network to work through any conflicts and disagreements that occur in relation to the child's reunification plan?



## Continuous Improvement

What would the child/youth's life look like if the planned reunification is successful?

What is the caregiver the most proud of that they did to assist the child/youth to have as successful a reunification as possible?

How does the caregiver/support network plan to ensure ongoing communication with the child/youth? Does the caregiver/support network know what to do if they become worried about the child/youth?

What have we learned from the reunification process so far and what may you want to consider when working through future reunification plans?

# Transition to Adulthood



# Transition to Adulthood



## Intent

Ensuring a healthy transition to adulthood is the goal of every parent or guardian and is paramount in a society that values individuals reaching their full capacity with a strong understanding of community. Often this is done through an:

*“intentional and deliberate process of providing support, relationships, experiences, and opportunities that promote positive outcomes for young people, most broadly viewed as enhancing the capacity to be happy, healthy and successful” (Resnick, cited in Browne, 2014).*

Alberta data shows 90% of youth aged 15-17 who are involved with Children’s Services will reach adulthood while in care<sup>1</sup>.

Youth’s experiences of past trauma, disconnect from family and community, cultural isolation and other challenges unique to being in care highlight the need to be intentional and deliberate in our efforts around transition.

Youth have a right to information about their life story, including why they were involved with us, pictures from their childhood, or their life book. Knowledge is empowering and information sharing will be free flowing.

Youth transition successfully into adulthood when

- they have healthy relationships with their family and community
- they have had opportunities to build life skills
- they have a strong identity where they value themselves. This refers to all aspects of identity: relational, cultural, spiritual, sexual, political.
- they have hope and goals for a bright future
- they have a high self-esteem
- they are developmentally well understood
- they have had file information shared and processed with them

## Interdependence

Interdependence recognizes the importance of connection to others throughout our life time, and developing relationships that can help and support us through times of need. Experience from youth, practitioners, and caregivers as well as research tell us that youth must feel connected to important adults and peers

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<sup>1</sup> Performance Analysis and Improvement, 2015

who care about them, regardless of legal status, in order to achieve well-being. As a youth prepares to transition out of care, the focus on interdependence rather than independence is crucial to their success long-term success.

### **Family Finding**

Family Finding activities can be used throughout our involvement with a child or youth in order to ensure that as they approach adulthood, they have had the opportunity to build relationships with family and community, especially if they were previously disconnected. This work will also continue beyond 18 in order to ensure that young adults have the opportunity to create and maintain meaningful relationships that support them through adulthood.

Family Finding recognizes that family extends beyond biological family to community and significant others and that these individuals must be present in planning activities to build connection and interdependence by forming a lifetime network around the youth

### **Transition Planning for Youth**

Collaboration early and on an ongoing basis with the guardian, family and community agencies is necessary in order to identify and explore supports and resources available to youth well in advance of transitioning to adulthood. Utilizing approaches and tools such as Family Finding and collateral calls provides an opportunity for the youth to make connections with community and significant others to build interdependence.

Creating a network around a youth will support them in the challenges and accomplishments they may experience. It is important to set goals and expectations that are age appropriate and attainable for every individual youth. Advocacy may be required to ensure that appropriate supports are established for the youth and in place prior to or on the youth's 18th birthday.

### **Transition Services Meetings for Youth Transitioning to Adult Services**

Youth with special needs may require services into their adulthood to ensure their needs are met. This transition is done collaboratively according to the existing protocol with adult disability service programs to ensure seamless services delivery and continuity of services.

Transition services meetings must occur for youth who will require services in their adulthood. These meetings may include representatives from Alberta Supports, Children's Services, Persons with Developmental Disabilities (PDD), Office of the Public Guardian, Assured Income for the Severely Handicapped (AISH), or any other service relevant to meeting the youth's needs. Informal supports must also be involved in planning, such as the current caregiver, family, or network. Opportunities need to be provided for significant individuals to maintain relationships through the transition to adulthood.

Also consider the youth's developmental level. If a youth is unable to meaningfully participate in integrated service meetings, consideration must be

given to how their voice and choices are integrated into these meetings and planning activities.

### **Support and Financial Assistance Agreements (SFAA)**

A SFAA is signed for every youth who is eligible when they turn 18, unless the youth requests no involvement. A 3<sup>rd</sup> person consult will be used to review situations where a young person's file may close without signing a SFAA to ensure all avenues of support have been exhausted, connections in all areas are in place and the young person is prepared to move forward without intervention services support.

Transition Services and Family/Natural Support meetings continue throughout SFAA involvement.

Use a trauma-informed approach to engage youth who have signed a Support and Financial Assistance Agreement yet struggle with healthy decision making or commitments. With the youth, develop appropriate milestones and achievable outcomes with one, common plan that are relevant to the youth, their capacity and abilities.

Transition Services meetings must occur quarterly including all team members (family, natural and formal supports) to review transition planning and the roles and responsibilities of the network.

## **Prompts/Questions**

### **Indigenous Experience**

How do we know the youth or young adult has significant relationships with extended family members or elders within their home community?

What do the current caregivers and youth understand about Indigenous teachings and ceremonies that are related to becoming an adult? Have they been connected to their language, knowledge keepers, ceremonial holders, Elders and/or community members that can share these teachings?

How has the youth or young adult been supported to learn/understand what their gifts are and how to use those gifts?

### **Preserve family**

How has the caregiver been supported to maintain relationships between the youth, their family, extended family, kin and significant others?

How has the caregiver been supported to compile memories for the youth, such as creating a memory book or maintaining a keepsake box, in order to ensure the youth has concrete reminders of who they are in relation to their families and relationships with significant others?

Does this young person have a good understanding of why they have been in care? How do we know this? How does the network support them in understanding their life story?

How are we ensuring that youth or young adults who identify as LGBTQ2S maintain ties to their chosen family in the community?

### **Strengths-based**

How have the caregivers helped the youth to build confidence and self-esteem?

What does the youth feel is most important in becoming an adult and how do they want to celebrate these accomplishments?

Are there trauma related behaviors that impact the youth or young adult's ability to participate in the plan? How can these barriers be addressed and their strengths utilized to move forward?

### **Connection**

Who are the people important to the youth or young adult, and how can they help with the transition? What can we do to support the youth or young adult in maintaining relationships to parental figures or unpaid caregivers in their lives who they identify as important to them?

What roles do the caregivers play in assisting the youth to transition into adulthood?

Which relationships would the caregivers say have been the most impactful to the youth's development? In what ways can the caregivers maintain these relationships with the youth once they move on?

How will the network support the youth or young adult to maintain connections to culture, religion, or spiritual practices?

How is the youth or young adult being supported to decide who they will contact in a time of need? What role can the network play in this?

How are we ensuring that youth or young adults who identify as LGBTQ2S are connected to community and resources?

### **Collaboration**

How have we encouraged the youth or young adult to share their future goals, things that are important to them or their overall vision for the future? How have we supported them in addressing their feelings regarding the future?

What is being done to support the youth or young adult in achieving their goals? What additional supports do they require?

How are the youth's natural supports involved in planning for their transition to adulthood? What is the nature of their involvement and how are they prepared to support the youth to ensure optimal success?

How have the caregivers been involved in planning with the youth for their next steps in life?

Once the youth moves on and achieves something they are proud of, how will the people who care about them celebrate their achievement?

Are youth and young adults aware of the Advancing Futures Bursary and other financial programs to help fund their educational goals?

How has the youth or young adult been engaged in planning? How have we supported them to use their voice and be aware of their rights? Have these conversations with the youth been developmentally appropriate?

Has the youth or young adult's network been supported to reduce exposure to risk factors and increase available resources?

### **Continuous Improvement**

What have you learned from the youth or young adult you have worked with in relation to transition planning, and how can you incorporate these experiences to ensuring all youth will transition successfully into adulthood?

What is the most important thing the caregivers did that they believe assisted the youth the most in preparing them in their next step in life?

How did we ensure agreements were signed for an adequate length of time to not create additional stress for the youth or young adult?

How did we ensure the agreement explores and addresses the non-financial needs of the youth or young adult?

Have we ensured that the youth or young adult has had all file information shared with them that will help them understand their history? If there is information we did not share, how did we make that decision?

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# Terminology



**Complicating Factors:** Are conditions which make building safety for children more challenging but, by themselves, do not cause direct harm to children. Situations, actions or behaviors that complicate a family but do not necessarily pose a risk to the child in any form of emotional, psychological or physical harm.

**Existing Safety:** Describes times when parents have taken actions and made decisions that protected a child from possible danger when they might have acted in a way that caused harm. All the situations where the parents are able to keep the child safe using their strengths, resources and their own problem solving abilities. These are exceptions to the problem and offer possible solutions.

**Harm:** Parent actions and behaviors are identified as impacting the child in a negative way. The harm may be physical, emotional, or psychological. Harm may indicate that services and/or supports are required to alleviate the harm. The *Child, Youth and Family Enhancement Act* differentiates harm as either an action or an act of omission (failure to protect a child).

**Impending Danger:** A child living in a situation where there is potential for danger to occur if the situation continues. Impending danger situations may or may not require the removal of the child in order to remove the potential for danger. These situations are the types of situations most commonly encountered by Child Intervention staff. They require a more intricate decision-making process using critical thinking. The *Matters to be Considered* from the *Act* will guide decisions.

**Present Danger:** Parent actions and behaviors are identified as having an immediate, significant and clearly observable impact on the family situation that requires an immediate response. Present danger situations currently place a child actively in peril.

**Protective Factors:** Protective factors are conditions in families and communities that, when present, increase the health and well-being of children and families, and protect against abuse and neglect. These attributes serve as buffers, helping parents to find resources, supports or coping strategies that allow them to parent effectively, even under stress.

**Risk:** A broad concept regarding whether something *might* occur if there is no intervention. Risk may be low, medium or high.

**Trauma:** Event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting

adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

**Well-being:** is the state of being healthy, safe, comfortable and happy in life. In child intervention practice, child well-being refers to the wellness or good quality of child's life which can be sought, achieved and maintained through the satisfaction of their health, relational, physical, legal, cultural, spiritual, educational, and material needs.

References:

Government of Alberta, Children's Services. (2018). Childhood Trauma, Stress, and the Developing Brain.

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