MINISTER OF
FAMILY SERVICES AND HOUSING

Room 357
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

October 11, 2002

To the Foster Parents of Manitoba:

I am pleased to announce the completion and distribution of the new Foster Family Manual. This replaces the previous manual that was produced in 1994. The new Manual contains valuable information on topics ranging from Standards and Regulations to support programs and clinical issues such as Fetal Alcohol Syndrome. I am confident that it will assist you as you care for the foster children of Manitoba.

On behalf of my staff and myself, I would like to take this opportunity to express my sincere gratitude for your hard work and your dedication to ensuring that foster children receive the best possible care. When a child cannot live with his or her own family, foster families play a critical role in helping the child settle and grow, while maintaining an appropriate level of connection with the family, community, and culture. For all that you give to the children of Manitoba, please accept my thanks.

I would also like to thank the Manitoba Foster Family Network (MFFN) for their assistance in this project. In just a short time, the MFFN has become an important organization for supporting the work of foster parents across the province. Their cooperation in the production of this manual is an example of positive collaboration that exists within the foster care system.

Yours sincerely,

Honourable Drew Caldwell

Foster Family Manual

Manitoba
Family Services
and Housing

This Foster Family Manual contains information that you need to know in your role as a foster parent. Along with other information, this manual, which replaces the one written in February 1994, contains the requirements stated in the Foster Homes Licensing Regulation that came into force on March 15, 1999.

Foster parents play a vital role in the permanency planning process for children. A permanent home is the ultimate goal for all children in care. Foster care is intended to provide children with a temporary residence until they can be returned home, adopted, or graduate to independent living. In some cases they may stay with you until they attain the age of majority. Foster families offer the children care, attention, guidance, and patience in a stable home environment. You become attached to the children, but you must be able to let go when the placement ends.

Successful foster care requires teamwork and co-operation. Foster parents are a vital member of the team that works with foster children and their families. This team includes the child's caseworker, the foster home worker and other significant people.

As policies and procedures are revised, new pages will be made available to update the manual. Included are pages for recording basic information on children placed in your home. A new section (Section 29), at the end of the manual, has been set aside to keep policies and any other information provided by your agency.

As a foster parent, you are encouraged to use the manual in providing services to children in care and to consult your foster home worker if you have any questions.

Children Placed in My Home

Child's Name: _____

Birthdate: _____

Guardian Agency: _____

Child's Caseworker: _____ Phone #: _____

Supervisor: _____ Phone #: _____

Date Placed: _____ Date Discharged: _____

Child's Name: _____

Birthdate: _____

Guardian Agency: _____

Child's Caseworker: _____ Phone #: _____

Supervisor: _____ Phone #: _____

Date Placed: _____ Date Discharged: _____

Child's Name: _____

Birthdate: _____

Guardian Agency: _____

Child's Caseworker: _____ Phone #: _____

Supervisor: _____ Phone #: _____

Date Placed: _____ Date Discharged: _____

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Birthdate: _____

Guardian Agency: _____

Child's Caseworker: _____ Phone #: _____

Supervisor: _____ Phone #: _____

Date Placed: _____ Date Discharged: _____

Child's Name: _____

Birthdate: _____

Guardian Agency: _____

Child's Caseworker: _____ Phone #: _____

Supervisor: _____ Phone #: _____

Date Placed: _____ Date Discharged: _____

The activities of agencies are governed by the following principles which are found in *The Child and Family Services Act.*

"The Legislative Assembly of Manitoba hereby declares that the fundamental principles guiding the provision of services to children and families are:

1. The best interests of children are a fundamental responsibility of society.
2. The family is the basic unit of society and its well-being should be supported and preserved.
3. The family is the basic source of care, nurture and acculturation of children and parents have the primary responsibility to ensure the well-being of their children.
4. Families and children have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society.
5. Children have a right to a continuous family environment in which they can flourish.
6. Families and children are entitled to be informed of their rights and to participate in the decisions affecting those rights.
7. Families are entitled to receive preventive and supportive services directed to preserving the family unit.
8. Families are entitled to services which respect their cultural and linguistic heritage.
9. Decisions to remove or place children should be based on the best interests of the child and not on the basis of the family's financial status.
10. Communities have a responsibility to promote the best interests of their children and families and have the right to participate in services to their families and children.
11. Indian bands are entitled to the provision of child and family services in a manner which respects their unique status as aboriginal peoples."

The purpose of foster care is to protect children and strengthen families.

A foster family provides the child with the stability of an alternative family that is seen as complementary to the child's biological parents, rather than as a substitute family. This view of the foster family as an extension to the biological family, rather than a replacement, will reduce conflict between foster parents and biological parents. Your role is to assist the child and his/her family with reunification, if that is the plan. The length of time each child remains in care is determined by the needs of the child and his/her family situation.

You, as a foster parent, will require a great amount of warmth, tolerance and understanding to be a temporary mother or father to someone else's child. The experience will demand a lot of time and effort on your part as well as on the part of your children.

As a foster parent you are being asked to:

- accept and love a child who may not be able to give much in return;
- guide, protect and help the child develop mentally, emotionally, physically, educationally, spiritually and culturally; and
- provide the child with food, clothing and shelter.

You must do all these things knowing that the majority of foster children are placed for a temporary period.

For the purpose of this manual,
the following definitions have been extracted from:

1. *The Child and Family Services Act:*

"**abuse**" means an act or omission of a parent or guardian of a child or of a person having care, custody, control or charge of a child, where the act or omission results in

- physical injury to the child,
- emotional disability of a permanent nature in the child or is likely to result in such a disability, or
- sexual exploitation of the child with or without the child's consent

"**child**" means a person under the age of majority (under 18 years of age)

"**director**" means the Director of Child and Family Services

"**family**" means a child's parent, step-parent, siblings, grandparent, aunt, uncle, cousin, guardian, person in loco parentis to a child and a spouse of any of those persons (note: in loco parentis means a person who takes the place of a parent)

"**foster home**" means a home other than the home of the parent or guardian of a child, in which the child is placed by an agency for care and supervision but not for adoption

"**group home**" means a home where not less than four (4) or more than eight (8) children are placed by an agency for full-time care and supervision

"**parent**" means a biological or adoptive parent of a child and includes a person declared to be the parent of a child under Part II of the Family Maintenance Act

"**place of safety**" means any place used for the emergency temporary care and protection of a child as may be required under this Act and includes treatment centres

"**record**" means a record of information in any form, and includes information that is written, photographed, recorded or stored in any manner, on any storage medium or by any means, including by graphic, electronic or mechanical means, but does not include electronic software or any mechanism that produces records

"**ward**" means a child of whom the director or an agency is the guardian

2. *Foster Homes Licensing Regulation:*

"**child abuse registry check**" means a record about a person from the child abuse registry obtained under the Act

"**criminal record check**" means a record obtained from a law enforcement agency about a person stating whether or not the person has any conviction or has any outstanding charge awaiting court disposition under any federal or provincial enactment

"**foster child**" means a child placed by an agency in a foster home for residential care and supervision

"**infant**" means a child less than two years of age

"**licensing agency**" in relation to a foster home, means the agency having jurisdiction to license foster homes in the area where the foster home is located

"placing agency" in relation to a foster child, means the agency that places the child in a foster home for residential care and supervision

"prior contact check" means a record about a person obtained from the director, an agency, or an entity outside the province which performs substantially the same functions as an agency, with respect to the person's contact with an agency or an entity outside the province

Other terms that are used in foster care are:

"agency worker(s)" means one or more agency staff. Where possible in this manual, an attempt has been made to specify which worker (e.g. caseworker, foster home worker, night duty worker)

"caregiver" is a broad term referring to a person who has acted in the capacity of a parent. This could include extended family members, treatment centre staff, support workers, previous foster parents, etc.

"care plan" refers to the formal plan for a child in care. This plan should be reflected in a written document. Also known as treatment plan or case plan. See also Section 11 page 2

"caseworker"or **"child's caseworker"** means the agency staff member who is responsible for the foster child

"foster home worker" means the staff member from the agency's foster home department who is responsible for the foster home

"homestudy" means an in-depth assessment of the applicant and the applicant's home. This assessment includes a personal interview (or series of interviews) designed to assess the applicant's ability to protect, nurture, care for, and meet the needs of foster children, and to comply with the requirements of the regulations and standards governing foster care

"licenssee" is a term used to refer to a foster parent, literally the holder of the license

"managing agency" in relation to a foster home means the agency or organization that controls the admission of children into the home and provides the ongoing supervision and support to the foster family

Every foster child has the right to:

- live in a clean, safe environment;
- receive proper food, clothing and shelter;
- receive loving care and respect as a unique human being;
- be nurtured by foster parents who have the skills to meet his/her individual needs to assist him/her in reaching his/her full potential as a person;
- receive proper health and medical care;
- receive an education and opportunities for play and recreation;
- be free from emotional, sexual and physical abuse including corporal punishment;
- reasonable privacy;
- freedom of thought and conscience;
- express his/her opinions and to be actively involved as much as possible in any decision affecting his/her life;
- an identity as an active member of a family unit;
- maintain his/her relationship with family, extended family and other important caregivers if in his/her best interests;
- maintain his/her cultural, linguistic, racial and religious heritage;
- know who his/her caseworker is, how to contact the caseworker, and to speak to his/her caseworker on a regular basis;
- speak with the Office of the Children's Advocate in private;
- have information about them kept confidential; and
- be free from financial exploitation.

Take a few moments to reflect on the following poem (author unknown):

Children Learn What They Live

If a child lives with criticism, he learns to condemn

If a child lives with hostility, he learns to fight

If a child lives with fear, he learns to be apprehensive

If a child lives with pity, he learns to feel sorry for himself

If a child lives with ridicule, he learns to be shy

If a child lives with jealousy, he learns what envy is

If a child lives with shame, he learns to feel guilty

If a child lives with encouragement, he learns to be confident

If a child lives with praise, he learns to be appreciative

If a child lives with acceptance, he learns to love

If a child lives with approval, he learns to like himself

If a child lives with recognition, he learns that it is good to have a goal

If a child lives with sharing, he learns about generosity

If a child lives with honesty and fairness, he learns what trust and justice are

If a child lives with security, he learns to have faith in himself and in those about him

If a child lives with friendliness, he learns that the world is a nice place in which to live

With what is your child living?

The parents/guardians of any foster child in agency care, unless the child is a permanent ward, have the right to:

- be involved in the making of plans for their child and themselves;
- be consulted when changes are considered for the plan;
- visit their child. The parents/guardian must be aware of the caseworker's right to limit visiting (other than court ordered visits) and to set the time and place for visiting;
- appeal any decision made by the caseworker affecting their child or themselves;
- receive assistance in resolving their problems; and
- attend any court hearing affecting their child or their parental rights.

As the foster family caring for a foster child, you have a responsibility to the child and his/her biological family to ensure that these rights are protected. You may do this by asking the child's caseworker why the parent is not part of a conference, is not visiting, etc.

It must be kept in mind that even a child who is in permanent care, may have an emotional bond with his/her family, to which agencies and foster parents will need to be sensitive. The fact that a child is a permanent ward does not necessarily restrict his/her family's involvement. Agencies will review the child's relationship with his/her biological/ extended family and the child's need for involvement, to determine the nature and extent of the involvement.

Under *The Child and Family Services Act* parents may apply to court for a termination of the permanent guardianship, if the child has not been placed for adoption and more than one year has elapsed since the order was granted. A judge may terminate the permanent order and return the child to the parents, vary the order or dismiss the application.

Foster Parents' Rights

Basic to the following statement of Foster Parents' Rights is the understanding that foster children become a part of a foster family for the length of placement, and that what happens to any one member of that family invariably affects all members. Foster children need to feel that they are valued members of their foster families; care plans and contact from staff of agencies should include recognition of these issues, and an effort to provide support to all members of the foster family.

To help ensure that foster children receive the best possible care, foster parents have the right to:

1. a clear understanding of their role as foster parents with respect to the:
   - agency for whom they foster,
   - individual child placed in their home, and
   - tasks the agency expects them to perform with biological family/guardians and other persons significant to the child (including foster, adoptive, step or grandparents);
2. make the decision as to whom to parent, in consultation with the placing agency. This includes the right to apply to adopt a child who has been placed as a foster child in their home and who, in the opinion of the agency having permanent guardianship, should be placed for adoption;
3. appeal a termination or suspension of their foster home licence;
4. access to information about themselves and their family from the records maintained by an agency, regarding their foster home;
5. supervision and support from the child's caseworker and the foster home worker so that the foster family can better meet the needs of the foster child. This includes:
   - disclosure of information regarding a foster child, to assist the foster parents in providing appropriate care and to ensure the well-being of each foster family member,
   - help in locating and using appropriate resources to meet the child's needs,
   - information concerning interviews between the child's caseworker and foster child, so that foster parents may assist in the practical implementation of the care plan, and
   - consultation regarding specific problems of the child;
6. respect, consideration, trust and acceptance of their status as colleagues in the provision of services to children. This is based on the awareness that foster parents have specific, important information about the children who are in their care. This information must be available to agency staff and collateral services when decisions about the children are made. Foster parents should have the opportunity to participate in these decisions regarding the foster child. For example, their participation could be facilitated by their attendance at case conferences and involvement in contacts with collateral agencies;
7. educational opportunities to enhance their skill in caring for foster children through:
   - access to the provincial training program,
   - access to other courses as identified by the foster parent and agency, that are necessary for their work with the children who have been placed with them, and
   - support for attendance at these courses;

8. state complaints and grievances against agency practices or procedures with regard to a child in their care, or the service they receive by contacting the following:
   - the child's caseworker and/or foster home worker,
   - the worker's supervisor,
   - the executive/regional director,
   - the board of the agency,
   - the Director of Child and Family Services,
   - the Office of the Children's Advocate, and
   - the Ombudsman.

Foster Parents' Responsibilities

Foster parents provide temporary care to children-in-care in a family setting, where the child can grow mentally, emotionally, physically, educationally, spiritually and culturally. In order to ensure that the highest quality of care is provided, it is critical that the responsibilities as foster parents are clearly understood. Foster parent responsibilities include:

1. to provide care and supervision to meet the child's needs and to cooperate with the agency and other community resources in achieving the objectives;
2. to respect the confidentiality of information concerning the child and his/her biological family;
3. to accept and support the biological parents of the child and to assist and cooperate in visits between the child and his/her family;
4. to share with the agency all information about the child's progress or difficulties in his/her daily living, health or adjustment to the home, school or community;
5. to encourage and supervise school attendance, participate in teacher conferences, and keep the child's caseworker updated regarding any special educational needs;
6. to attend to the regular and/or special medical, optical and dental needs of the foster child;
7. to encourage and promote the child's participation/involvement in his/her religious/spiritual and cultural beliefs;
8. to have a plan acceptable to the agency for the provision of care and supervision of the child by a competent person whenever the foster parent is absent from the home;
9. to keep school and achievement records of the child, including photographs, and to present this material to the agency when the child is discharged;
10. to recognize the agency's legal rights regarding the child and its final responsibility for placement and other major decisions affecting the child;
11. to encourage and support the foster child's participation in school activities, leisure time activities, community activities and his/her own interests;
12. to notify the agency immediately of changes in their family composition, travel plans, serious illnesses, hospitalization or in the case of an accident to the foster child or any member of the foster family;
13. to enhance their ability to provide quality care by participating in educational programs;

14. to care for the child until such time as a decision is made in consultation with the foster parents that the child will be moved, except in those cases where protection of the child is an issue. When this decision has been agreed to, reasonable time will be allowed to make the appropriate arrangements. Part of the duties of the foster parents is to prepare the child for the separation;
15. to attend all official case planning conferences and administrative case reviews to offer input regarding the child in your home;
16. to engage with the child's biological family to encourage that relationship and facilitate reunification;
17. to encourage frequent visitation in the least restrictive environment, (e.g., the child's home, relative home, the foster home);
18. to assist the child in understanding the need for information sharing and the boundaries of confidentiality;
19. to respect the child's feelings regarding his/her parents;
20. to respect final decisions made by the agency or court if they can be substantiated as in the best interest of the child; and
21. to comply with all legislations, regulations and Provincial Standards concerning foster care and children in care.

Responsibilities

In your role as a foster parent, you probably will have contact with a number of people from the agency This may include the child's caseworker, your foster home worker, and perhaps a child support worker. Each person has a specific role as a member of the agency team. The agency's responsibility to you as a foster parent and a member of the agency team is:

- to provide you with the required assistance and support you need to meet the needs and goals of the care plan for foster children placed with you;
- to ensure that you are aware of and understand agency policies and procedures that impact on you;
- to respect the confidentiality of the information regarding your home and to share this information only with appropriate agency personnel or with others as authorized in writing by you;
- to share with you all available relevant information about children placed with you including background circumstances necessitating placement, any known behaviour problems, patterns of behaviour, special care needs, medical history, children's strengths and weaknesses, the length of time the child is likely to be in care, and visitation rights of the biological family;
- to provide support and information when children move from your home, an allegation is made against a member of your family or your licence is cancelled;
- to involve you in the development of the care plan for the child;
- to facilitate preplacement visits for the child and you;
- to advise you of any known risk factors that the child may present to you or others in the home including, but not limited to offending behaviours, fire setting and aggressive behaviour;
- to arrange for the child's personal belongings to accompany the child at the time of placement;
- to have face-to-face contact at least once a month with you and the child;
- to facilitate creating and maintaining a life book for all foster children placed with you who are permanent wards; and
- to involve you in the quarterly review of the care plan.

When to Call Agency Worker(s)

As vital members of a team, you and your agency worker(s) will be working closely together, sharing information, problems and successes. You should know how and where to contact an agency worker during the day or at night, in case of an emergency or the need for assistance. Do not wait for a major problem to develop before you call the agency. When you have a complaint or a problem or you need help, the ***first*** person to talk to is your agency worker.

Call your worker when you need:

- answers to specific questions;
- information about the child, the system, foster parenting, community services or referrals;
- suggestions on how to handle a problem;
- help in decision making;
- emergency assistance during crises;
- to make the agency aware of changes in the child's situation;
- consultation with someone else;
- encouragement during difficult times;
- someone to listen; or
- an advocate for the child or for yourself.

If you have disagreements or difficulties with an agency worker, try to "work it out" with him/her. If, after trying, you still do not feel satisfied, ask to speak to the worker's supervisor. If an agreement can't be reached with the supervisor, then speak with the agency's Executive Director.

The Foster Homes Licensing Regulation which became effective March 15, 1999, details the requirements that must be met by an applicant(s) in order to receive a foster home licence and the requirements that must be met in order to keep the foster home licence. In addition, *The Child and Family Services Act* was amended to include certain provisions related to foster care.

You and your family have been issued a foster home licence following a process which allowed the licensing agency to determine that you do not pose a risk to children, that you could protect, nurture and care for the number of children to be placed in your home, that you could meet their needs, that you could comply with the requirements of the regulation and that the home complied with all relevant legislation, regulations, and by-laws.

Licence:

Foster home licenses are valid for one year. Your foster home license will identify the number and gender of the children who may be placed in your home, state the date the licence expires and any other terms or conditions that may be imposed. The number identified is based on the ability of the foster family as assessed in the homestudy and is not to be exceeded.

Maximums:

The maximum number of children that can be placed in a home is four. This number may be exceeded only if all the placements are from the same sibling group. Included in the number for which a home is licensed are any child placed by a child and family service agency from Manitoba, or outside Manitoba, and any medical or educational placements.

In addition to the maximum number of children who can be placed in a foster home there are also other restrictions:

- of all the children in a home, no more than two can be under two years of age;
- of all the children in a home, no more than three can be under five years of age; and
- there cannot be more that seven dependent persons under the care and supervision of the foster parent. Dependent persons are defined as all children and adults who because of their physical or mental conditions, require care and supervision.

The agency may request a "waiver" of the above three requirements from the Director of the Child and Family Services if there is a good and sufficient rationale to warrant exceeding these requirements. There can be no "waiver" from the maximum number of children that can be placed in a home.

Adults and Children:

It is expected that foster homes that serve both children and adults are where a child has transitioned into adulthood while in the home or a child is placed in a home licensed for adults where the expectation is that the child remains after reaching the age of majority. Such a home may receive two licences—one from the child and family services agency and one from the adult program. The total number of children and adults placed cannot exceed four. Prior to issuing a licence where both children and adults are placed, approval must be obtained by the agency from the Director of the Child and Family Services.

Day Services:

You require the approval of the agency in order to provide day services for adults or children.

Change of Name or Address:

The foster home licence is issued to the person(s) named and is valid only for the address on the licence. Thus, if there is a change in the status of the person(s) named on the licence, a new licence must be issued following the updating of the homestudy. If you move, a new licence for the new address is required following a home inspection that confirms that the home complies with all requirements.

Other Changes:

You must notify the licensing agency immediately of:

- any change to the foster home that may alter the living space or affect the situation, safety or sanitary conditions of the home;
- any changes in the composition of the residents of the foster home; and /or
- any circumstances that arise that might compromise your ability to continue to protect, nurture or care for children or to meet their needs.

Renewal:

Foster homes are reviewed prior to the expiry date to determine if the licence should be renewed.

Suspension, Cancellation or Non-Renewal:

The licensing agency may suspend, cancel or not renew your foster home licence where, in the agency's opinion:

Transfer of Appeal process to Authority as per Authorities Act.

- the foster home is not being operated in accordance with relevant legislation or the terms and condition of the licence;
- false statements were made in the application for a licence;
- the foster home is not being operated in a manner that is in the best interest of the foster children;
- a change has occurred in the residents in the foster home that would be grounds for refusing a licence if the foster parent was applying for a licence; and/or
- any other circumstance exists that the agency feels is cause for concern regarding the operation of the foster home.

The agency must state the reasons, in writing, for the suspension, cancellation or non-renewal and advise you of your right to appeal to the Director of the Child and Family Services.

Appeal

If you wish to appeal the suspension, cancellation or non-renewal of your foster home licence, you must notify the Director of Child and Family Services. It is preferable that your request be in writing, but a telephone call is acceptable. Your request should be sent to:

Director
Child and Family Services
Room 201, 114 Garry Street
Winnipeg Manitoba R3C 4V5
Phone: 945-6964
Fax: 945-6717

The appeal process and procedures may be found in Section 19, pages 1 to 2.

As a licensed foster parent there are a number of requirements that you must ensure are met. The following requirements are specified in the Foster Homes Licensing Regulation. The agency may also have additional requirements with which you must comply. Failure to comply with these requirements may result in the cancellation or suspension of your licence.

Space and Accommodation

- The home and grounds are maintained at a standard consistent with public health standards and similar to that of surrounding dwellings.
- No basement area or room is used for sleeping accommodations unless such use is approved by the appropriate authorities.
- The bedroom for a foster child who is unable to walk, or respond mentally or physically to an emergency is located close to the foster parent(s) bedroom.
- A foster child over two years of age does not share a bedroom with an adult.
- A foster child over five years of age does not share a bedroom with a person of the opposite sex.
- Each foster child is provided with space for the storage of clothing and personal belongings.
- Each bathroom has a door that can be locked from the inside but can be opened from the outside in the event of an emergency.
- The water temperature in a bathroom meets the requirements as established by the Director of Child and Family Services (see Section 20, pages 8 and 9, Hot Water).

Equipment and Supplies

- There is a telephone in working order for use by foster children or one is accessible nearby.
- There is a first aid kit equipped as required which is readily available but inaccessible to young children.
- Each foster child has a bed and clean mattress suitable for the child's age and size (note: placing children younger than two years to sleep in adult beds exposes them to potentially fatal hazards) with an adequate supply of clean bedding that is in good repair and appropriate for the climate.
- Equipment used for eating, sleeping and playing by infants is provided and maintained that is:
  - consistent with the development capabilities of the infants; and
  - in compliance with the requirements of *The Hazardous Products Act (Canada)* and other applicable safety legislations or requirements established by the Director of Child and Family Services.
- Each foster child is provided with:
  - adequate clothing for all seasons;
  - adequate supplies for washing and bathing, maintained in a clean condition; and
  - age appropriate essential toiletries.

Meals

- A minimum of three meals a day are provided which are:
  - varied, attractive and nutritionally and calorically adequate for the dietary requirement of each foster child; and
  - prepared in accordance with Canada's Food Guide to Healthy Eating (See pamphlet at end of this manual).
- Special medical diets are provided when recommended by a physician or qualified dietician.
- Alternative food items are provided for foster children with allergies to the foods being served.
- Different diets are provided according to a foster child's religious beliefs, cultural, racial and personal preferences.

Health and Safety

- Arrange for annual medical and dental examinations and bi-annual (every 2 years) vision examinations.
- Prescription medicines are administered by an adult unless the foster child has been granted the responsibility for self-administration.
- Immediately consult with the foster child's prescribing physician, pharmacist or poison control centres if there is an error or omission in administering prescribed medication or the foster child has an adverse reaction to a medication. In addition, the matter must be reported to the licensing agency and it's procedures followed.
- All poisonous or inflammable substances, prescription medicines and cleaning supplies are stored in a safe manner and are not readily accessible to foster children.
- Harmful substances and objects that are not essential to the operation of the foster home are not stored in or around the home.

Emergency Procedures

- Emergency telephone numbers and procedures are posted in a prominent place in the foster home.
- Emergency evacuation procedures are made known to all residents in the foster home and to all persons caring for the foster children.
- Emergency evacuation procedures are practised at least once a month.
- Fire extinguishers, smoke alarms and other fire prevention equipment are installed and maintained as required by the fire authority.
- All adult residents in the foster home and all persons caring for the foster children are knowledgeable about the use of fire extinguishers, smoke alarms and other fire prevention equipment in the home.

Incidents

An incident is defined as:

- a serious illness or change in a foster child's health;
- a serious accident involving a foster child;
- an error in administering a prescribed medication to a foster child or an adverse reaction by a foster child to medication;
- abuse or the danger of abuse of a foster child;
- the death of a foster child; or
- in addition to the matters set out in clauses (a) to (e), any other serious occurrence which takes place which may affect the health, safety or life of a foster child or another person.

When an incident concerning a foster child occurs, you must report the incident to the licensing agency and the placing agency in the manner and form required by the licensing agency, follow their procedures, review the incident with the agencies and institute any required corrective measures to prevent a similar incident in the future.

Records

Any information you are given, related to a foster child, by the agency, the child's doctor or teacher or any other person or organizations providing service to the child and any notes or reports written by yourself are to be kept as a record for the foster child. These records must be stored in a secure place and are not to be given to or made available to anyone except those persons employed, retained or consulted by the agency or yourself and only when the information is needed to carry out their responsibilities in relation to the foster child. When in doubt contact the agency for clarification and/or direction.

When the foster child leaves your home, the record is to be given to the child's caseworker.

Discipline and Behavioural Management

The following disciplinary actions are ***unacceptable***:

- permit, practise or inflict any form of physical punishment, verbal degradation or emotional deprivation upon, or denial of any basic necessities to, a foster child;
- physically restrain a foster child other than physical restraint for the purpose of protecting the person and property of a foster child or others, and only to the degree and duration necessary for such protection;
- encourage or condone punishment of a foster child by other children;
- force a foster child to take an uncomfortable or degrading position as a form of punishment;
- establish a room for the purpose of isolating a foster child;
- exclude a foster child from entry to the foster home;
- use excessive or prolonged confinement;
- permit or refuse home visits as a form of reward or punishment; or
- practice any other disciplinary measure expressly prohibited by the licensing agency or the director.

Complaints

The agency must establish a written grievance policy for foster children who have complaints about the actions of yourself or others involved with the foster home. The agency must advise you of the policy on an annual basis and you must, upon request, assist the foster child in processing the complaint.

Persons Working with Foster Children

See Section 18 "Alternative Caregivers"

Foster Care Rate

There are two types of rates paid on behalf of children in foster care: Regular Rate and Family/ Permanent Rate. The rates are authorized annually by the provincial government. Foster parents who reside North of 53° receive an additional 5% over the Southern rate. There is also a special rate for Northern communities without road access. The payment is calculated on the number of days the foster child has been in the home — counting the day of admission but not the day of discharge. You may obtain a copy of the rate breakdown from your foster home worker.

Regular Foster Care Rate

The foster care rate (more commonly referred to as the basic maintenance rate for foster children) includes two components:

1) Total to Foster Parents – covers those costs identified through a Chart of Accounts which are common to all children in care, and
2) Agency Allowance – funds available to the agency for payment on behalf of children based on the individual child's needs according to agency policies and an approval process.

The Chart of Account definition (see pages 3 and 4 in this section) identifies the categories and explains what is covered within each category. When funds from the Agency Allowance portion are being requested, do not make any financial commitment until you have received approval from the child's caseworker.

In some cases, agencies will not provide the funds for some categories (e.g., clothing) on a per diem basis, but will withhold these monies and provide them on a quarterly basis. If this is an agency practice you should be advised of it at the time you are approved.

Special Rates

Some children may be assessed as requiring specific services beyond those supported in the Chart of Accounts or beyond that which would be normal for foster care. Agencies have an internal process to establish these rates.

- Fee for Service: will be based on the needs of the child and the ability/skill of the foster parent to meet those needs.
- Additional Costs: recognizes that some of the categories in the Chart of Accounts require additional support (e.g., special dietary needs).
- Specialized Services: the provision of services that a child requires and that the foster parent is unable to provide (e.g., psychological therapy, child care support worker).
- Special Costs: provision of funds to purchase special equipment necessitated by the child's needs.

Payment During Absences

Absences may be on a planned basis (e.g., hospital admission, camp, home visits) or an unplanned basis (e.g., child goes missing). Agencies will have policies that state what payments are to continue while the child is absent, how many days need to lapse before payments may change and expectations on you concerning the foster child while he/she is absent.

It is suggested you discuss with the foster home worker the agency's policies at the time of receiving your licence so that you are aware if there will be changes in payments if your foster child is absent.

Income Tax

The following information has been provided by Canada Customs and Revenue Agency (formerly Revenue Canada).

> "The following is an excerpt from the technical notes released by the Department of Finance in June of 1992. These notes are published for information purposes only and are not to be construed as official interpretation of the legislation that they describe.
>
> Paragraph 81(1)(h) specifically exempts from social assistance payments made to an individual for the benefit of a foster person (child or adult) under the individual's care where the individual and the foster person reside together in the individual's principal place of residence. This exemption does not apply where the foster person is related to the individual...
>
> Although these are general comments on the taxation of payments made in respect to children in the care of the province (foster children), a review of all the relevant facts and documentation is needed in order to assess the tax consequences of a particular set of transactions."

The statement, "where the foster person is related to the individual" refers to a parent caring for his/her own child and receiving foster care payments. Such payments would be considered as income.

The definition of a child as found in the Interpretation Bulletins 513R – Personal Tax Credits includes:

> "A person who is wholly dependant on the individual for support and under the individuals custody and control in law or in fact (or was so immediately before such person reached the age of 19), but does not include a foster child for whom the foster parents receive support payments from an agency responsible for the child's care..."

Thus, foster children cannot be used to claim a dependent tax credit.

If you have any questions concerning your foster care payments and the Income Tax Act, contact the Tax Service Office operated by Canada Customs and Revenue Agency at 1-800-959-8281.

Chart of Account Definitions

For Those Components Paid Directly to the Foster Parent to Compensate for the Additional Cost of Caring for a Foster Child:

Household Allowance

- provision for laundry supplies, dry cleaning, paper products, cleaning supplies.

Bedding and Linen

- provision for towels, blankets, sheets, pillows, bedspreads.

Repair, Equipment, and Room Maintenance

- provision for the increased normal wear and tear of furniture/furnishings due to addition of the foster child to the foster family, cost of fire extinguisher, batteries for smoke alarms, first-aid kit supplies; foster child's bedroom redecorating (e.g., painting, wallpapering). (Note - foster parents are expected to provide the normal furnishing requirements for foster children. In exceptional circumstances the agency may provide assistance partially or totally to enable foster parents to accommodate a foster child.)

Utilities

- provision for cost of heat, light, water.

Food

- provision for all food purchases prepared in home, brought in or eaten out, including school lunches and regular baby formula.

Health and Personal Care

- provision for grooming related costs (e.g., cuts/perms/shampoo, conditioner, hair spray), toothpaste, toothbrushes, combs, brushes, personal hygiene, over-the-counter drugs.

Transportation

- provision for the normal day-to-day transportation costs related to or on behalf of the foster child. Includes trips for medical appointments, recreational activities and school attendance. Could include a bus pass. Additional funds may be requested from the agency in exceptional circumstances where the transportation costs exceed the monthly allowance. Transportation costs resulting from home visits are not included in the per diem allowance.

Respite

- to provide foster families with short intervals of time off from the day-to-day care of foster children.

Replacement Clothing

- provision for replacement clothing and clothing repairs (e.g., mending, putting in zippers).

Personal Allowance

- child's spending allowance solely for child's personal use. For younger children may be used to purchase toys, etc. for their use.

Babysitting/Child Care

- provision for the care of foster and/or biological children while foster parent away from home on foster child related business, (e.g., school interviews, agency conference).

Damage/Deductibles

- provision for payment of damages not covered by the Foster Parent Intentional Damage Compensation Plan (for details on the Plan, see Section 26).

For Those Components That are Part of the Agency Allowance for Child Related Items:

Gifts

- to provide a foster child with a $47.50 gift on both the child's birthday and at Christmas, or equivalent.

Education

- this is intended to cover all school-related costs such as physical education classes, driver's education course fees, other course fees, tutoring, school supplies, caution and locker fees, field trips, and clothing for graduation (e.g., tuxedo and gown rental).

Activities

- this includes costs relating to participation in sports and games, including uniforms and equipment, and purchases of bicycles. Includes costs relating to hobbies, arts and crafts that are ongoing and in support of a child's creative development. Also includes summer camp fees.

Special Occasions

- provision for the child to give gifts to members of his/her biological family and foster family.

Special Costs

- some of the items covered by basic maintenance may require additional financial support based on the needs of the child and following a review by the agency and foster parent. These would be limited to food, transportation, clothing, babysitting/child care or damages (where the costs exceed what the foster family has received from the per diem payments for damages).

Unless you are providing emergency foster care, you should be provided with information about the child who the agency wishes to place with you and with time to make the decision to accept or not accept the child. Your refusal to accept a child should not have any impact on future placements.

Information to Ask

Before deciding to accept a child into your home, be sure to have sufficient information about the child so that you can make a good decision for your family and for the foster child. Some of the questions to ask are:

- What is the child's name, age, legal status?
- What is his/her caseworker's name and telephone number?
- Why is this child being moved or taken into care?
- What are the previous placement experiences of the child? Can I contact previous foster parents or caregivers?
- What is the care plan for the child and the expected length of placement?
- Where are the parents?
- Are there brothers and sisters and where are they? Ages? Birthdates?
- Are there other extended family members involved with the child?
- Will there be visits with parents, siblings, and/or extended family members? Frequency? Where? Who arranges? Are they to be supervised visits (and if so, who is to supervise)? Who transports?
- Does the child have any medical problems? On medication? Reasons for each medication?
- What grade is the child in? Are there school problems? What school is the child to attend?
- Has he/she been abused? By whom? In what circumstances? Is he/she a risk to other children? Has this child ever made allegations of abuse against anyone? If so, against whom? What was the outcome of investigation?
- Does the child have any special behaviour problems?
- Is the child in therapy or receiving counselling? Frequency? Who drives? Am I expected to participate?
- Is the child involved in any organized leisure time activities? Which ones?
- How does the child relate to other children? To adults?
- Why have I been considered as a placement for the child?

Pre-Placement Visits

The child's caseworker, whenever possible, will facilitate pre-placement visits. This process may involve a number of visits, including an overnight, or may be restricted to just one visit. The length of time and number of visits will be dependent upon a number of factors. In all cases the child's caseworker or an involved collateral worker will escort the child for all pre-placement visits and for the admission. Where it is possible, the child's parents/guardian or previous caregiver should accompany the child on these visits.

Care Plan

The child's caseworker, in collaboration with appropriate others, will develop a plan for the child following the completion of an assessment. This plan must be completed within 30 days of the beginning of a long-term placement. This plan should be provided to you.

Caseworker Responsibility at Admission

The child's caseworker will arrange for the child's personal belongings to be brought to your home at the time of placement. The caseworker will advise you at the time of the placement of any known risk factors that the child may present to you or others in the home including, but not limited to offending behaviour, fire setting and aggressive behaviour.

Caseworker Responsibility During Placement

The caseworker is to have face-to-face contact at least once a month with the foster parent(s) and the child.

First Contact in Home

Set the child at ease by exploring the names that are comfortable for all concerned. Calling foster parents "Mom" and "Dad" may be uncomfortable to foster children who have a close bond with their biological parents. If the use of your first name is uncomfortable, other alternatives should be considered (i.e., auntie, grandma, Mr. and Mrs. may all be appropriate suggestions if everyone is in agreement).

Give the child a tour of the house. Show him/her where to hang up clothes and where the bedroom and bathroom are located. Explain the bottom line rules by saying "in this house," as a means of making the child comfortable.

A stable home life, care, attention, concern and guidance are what your foster child needs while living with you and your family.

Caring for someone else's child is not the same as caring for your own. Your foster child has experienced the traumatic separation and loss of leaving home and family. You will have to take those traumatic experiences into consideration in making day-to-day decisions about the child's care.

Your family routine of waking, dressing, personal care, eating, getting to school or work, socializing, playing, solving problems and bedtime may be different from the foster child's experience. He/she will have to adapt to these routines and in some cases the foster family may have to adapt their routine to accommodate the foster child.

At the same time, you will have to remember and respect the child's rights to his/her own individuality as a person. There must be flexibility in your routines and freedom for the child to have his/her own time, habits and possessions.

First Few Days

You will need a great deal of patience during the first few days because the child has been removed from familiar caregivers and a familiar lifestyle, and placed into your home. The child does not know your routines and needs time to get to know you and your family.

The foster child may react by initially being exceptionally good. He/she may be quiet, withdrawn and extremely polite. The child may feel that moving into your home was his/her fault and to prevent another move he/she will be "too good".

Alternately, the child may act out negatively and exhibit aggressive behaviour as if defying anyone to like or be nice to him/her.

As the child becomes comfortable with you and your home, extreme behaviours should subside. If the behaviours persists, discuss the matter with your agency worker(s).

Meals

The foster child should eat meals with you and your family except where school, recreational or work activities prevent family members from eating together.

Try to keep the meals simple and ensure the child knows what the limits are on snacks. A child needs to feel accepted for himself/herself. It is important not to make an issue initially, out of such things as table manners.

Your child's caseworker can give you information on dietary restrictions or preferences of the foster child, related to cultural, ethnic or religious background, or to physical conditions such as allergies. Asking the child what foods he/she likes to eat can help ease his/her adjustment to your home and show him/her that you care about his/her wellbeing.

Bedtime

The first night in a strange bed may be a frightening experience for the child. Do what you can to make the child comfortable. He/she may want to have a favourite soft toy or a nightlight. You may want to ask the child what would make it easier for him/her to go to sleep. Some children fall asleep quickly, others are not able to do so.

Foster children of any age may initially wet the bed, for the first few days (or longer) when in a strange

home. Other children who may be habitual bedwetters may display the "too good" child role and not bedwet until he/she is more relaxed in your home.

Be prepared at all times with a rubber mattress cover and expect to wash sheets for a few days. Never draw attention to the bed wetting in the presence of others nor take punitive action against the child.

Toilet Training

Toilet-trained habits may weaken at this time. Young children who have been toilet trained may revert to needing diapers. This is understandable and to be expected.

Generally, do not attempt to toilet train a foster child immediately upon arrival in your home. Allow time for a relationship between you and the child to grow. Wait until the child tells you he/she is ready to be toilet trained.

Clothing

If the foster child arrives at your home with inadequate clothing, talk to your child's caseworker. An initial clothing allowance is available for children who need clothing when they come into agency care and are placed in a foster home.

Help the child in selecting his/her own daily clothing and new clothing on the basis of need and quality. Teen-age foster children should be allowed to shop for and buy their own clothes with your help and guidance.

Personal Space and Belongings

When the child arrives in your home, allow him/her to keep familiar personal items and arrange the bedroom within reason to suit his/her needs. This is something the foster children can control during a time when so much of their lives are beyond their control.

Do not make frequent changes to the foster child's sleeping accommodations. Do not change them when the child is away from your home for a short period of time. Your foster child needs to feel secure in your home. One of the ways to establish this is by avoiding frequent changes.

General Health Care

It is a joint responsibility between the agency and yourself to see that the foster child receives:

1. a complete physical examination by a licensed doctor, at least once a year;
2. an examination for any communicable or contagious diseases;
3. dental examinations for children three (3) years of age and older at least once in a 12 month period;
4. yearly ear examinations; and
5. an eye examination every 24 months.

The agency will depend on you to assist in seeing that all of the above examinations are done, and the child's immunization is up to date. A record of the examinations and immunizations should be kept and given to the child's caseworker, upon the child's discharge from your home.

Consents

The agency, as the child's guardian, must provide written consent for medical and dental care. The agency may delegate responsibility to the foster parent for school outings and other events.

Religion

The religious preference of your foster child and/or the parents/guardian must be respected. The agency should discuss this matter with you before placement.

A foster child who is a permanent ward may, with the child's caseworker's approval, participate in religious services of your choice. Foster children should participate in decisions regarding their religious education.

School

Your foster child may exhibit blocks to learning or resist schooling after being separated from parents/guardian. Toddlers or pre-schoolers may regress in their behaviour and demand help with skills learned previously or in their ability to communicate. School-age children may become rebellious and disruptive to the class. Teenagers may appear uninterested or unwilling to attend school.

Same School Division:

If your foster child is of school-age and will continue in the same school division that he/she attended prior to being placed with you, clarify with the agency worker(s) who will arrange for the transfer of the child's school records if a change of school is necessary.

Different School Division:

If your foster child is of school-age and will be attending a school outside of his/her previous school division, a protocol titled "Guidelines for Registration of Students in Care of Child Welfare Agencies" must be used. Basically, the protocol ensures that information is shared and collaborative planning occurs to facilitate the successful transition to a new school in a new school division. The child's caseworker should be aware of the protocol and the requirements. As the caregiver, you will be involved in meetings related to the school placement. The child may not be able to attend school until the requirements of the protocol are met.

Pre-school Children with Special Needs:

For foster children with special needs who will be entering the school system, a protocol titled "Early Childhood Transition to School Guidelines" is to be followed. The protocol provides for the sharing of information one year before special needs children are enrolled in school.

Recreation

Encourage your foster child to continue previous activities such as classes or participation in clubs or interest groups that he/she was involved in before coming into your home.

Involve your foster child in your family leisure activities including outings, games, sports and holidays. The child could develop a sense of emotional stability by being active in sports, Scouts/Guides, Cubs/Brownies, YMCA/YWCA programs, music, art classes or community club activities. Agency funds may be available to support these activities.

Work Money

Any money earned by your foster child, or given to him/her, is the child's own property for his/her own use, in consultation with you as the current caregiver and/or the agency worker(s). As with biological parents, sometimes you will disagree with a child's choice, but respect his/her wishes and the learning experience that results. Exceptions are when the care plan calls for a contribution for room and board from the child.

House Rules

House rules should be spelled out prior to placement. Ongoing expectations should be expressed as they arise.

While clear, fair rules are important in any foster home, it is also important that rules are not emphasized to the point that the child feels overwhelmed. Try to understand where the child is coming from, and be open to discussion on an ongoing basis. Flexibility on everyone's part will be required.

Camping Programs

Only camps accredited by the Manitoba Camping Association should be utilized when agencies sponsor/pay for a child at camp. If a foster family attends a camp as a unit and the foster parents remain responsible for the care and supervision of the child while at camp, the above expectation may be waived.

Travel Outside Manitoba

If your vacation plans include your foster child(ren) and involve travel outside of Manitoba, be sure to notify each child's caseworker as soon as your plans are made, so that the worker can provide you with the necessary documents. This should include a copy of the child's birth certificate and a consent letter. The letter will i) identify you as a foster parent caring for the child, ii) state the legal status of the child, iii) grant permission for the out-of-province travel, and iv) outline the procedure for obtaining permission for medical treatment, if it should be required.

Bonding

As your foster child and you become more comfortable with each other, an appropriate relationship will develop. Your foster child should be told by his/her caseworker, with you present, what the agency's plan will be for the particular placement. This will give the child some stability in knowing what to expect and what to plan for.

Privacy

Your foster child has a right to privacy including the right to receive uncensored mail and unmonitored telephone calls, unless such censorship has been ordered by a court or is included in the child's care plan.

Life Book

One of the Case Management Standards for Children in Care states that "the (case)worker facilitates the creation and maintenance of a life book for every child in care through a permanent order or voluntary surrender of guardianship and maintains a record of critical life events for a child in temporary/voluntary care to cover the time periods when the child is in care" and "the (case)worker receives a progress report from the caregiver every three months and includes this information in the quarterly reviews and as part of the child's book".

You, as a foster parent, can assist by keeping photographs, school reports, notes as to various events such as first steps, awards received, special achievements in school, music, sports, etc. Make sure that the names of persons or places in photographs are clearly marked and the date of the pictures or notes are recorded. Also included could be a medical history such as allergies, mumps, measles, and a growth chart recording the child's height at different times.

Adoption

Sometimes, after caring for a foster child for a long time, you may find yourself wanting to adopt him/her. If the child is legally free for adoption, you should discuss the matter with your child's caseworker.

Under *The Adoption Act,* you have the right to apply to adopt the child. Standard 543(3), Foster Parent Applications, states foster parents are the placement of choice for a permanent ward in their care providing the following criteria are met:

- the child is registered with the Central Adoption Registry;
- the child has lived with the foster parents for at least one continuous year;
- the foster parents have applied to adopt the child and have been approved and registered with the Central Adoption Registry; and
- all relevant Program Standards have been met.

Financial assistance is available if the child meets certain criteria.

If the child has not lived with the foster parents for one continuous year, the foster parents' application is given the same status as all other applications.

Media Interviews

At no time are you allowed to give information concerning the foster child to the media, without the permission of the agency. Without the prior approval of the agency, the publication of photographs, preparation of audio-visual tapes and granting of interviews, is prohibited.

Marriage

In Manitoba, any boy or girl between 16 and 18 years of age must have his/her parent's/guardian's consent to marry. If he/she is under 16 years of age, consent must be obtained through a court order.

If a foster child in your care is a permanent ward, consent to marry must be obtained from the Executive Director of the guardian agency. This matter is processed through the child's caseworker.

If the foster child is a temporary ward, the agency must get written consent from the biological parents. This also applies to children who are in care by Voluntary Placement Agreement. Foster parents, not being the legal guardian, cannot give consent in this situation.

Removal of Child

If the agency plans to or removes a foster child from your home and you object to the plan, there is an appeal process available. The process/procedures for the Director's Review under 51(2) of *The Child and Family Services Act* may be found in this manual (Section 19, pages 2 to 4).

Your foster child's medical, dental and optical needs are covered by the agency within certain limits. You must obtain, from the caseworker, the child's Employment and Income Assistance Number, Manitoba Health Registration Number, Personal Health Information Number (PHIN), and Treaty Number (if applicable) to ensure that services covered by these programs can be processed for payment. Medical Services covers costs for Aboriginal foster children with Treaty status.

Social Allowance covers:

- basic dental work;
- prescription drugs;
- eyeglasses (check with your agency regarding allowable costs); and
- some over-the-counter drugs and medical products when requested by a doctor on a prescription.

Dental

Every foster child three (3) years of age and over requires routine dental care. Children under three (3) years should be checked by the foster parents and if any concerns arise, a dental appointment should be made. These appointments are your responsibility in conjunction with the agency. Note that only basic dental work is covered.

Appointments

Your agency worker(s) should be informed of all follow-up appointments, referral appointments, hospital visits and casualty visits involving the foster child.

Where possible, the caseworker will provide medical, dental, and optical health information about the child. If the child has not had a medical, dental, or optical check within six months prior to placement, appointments should be made for checkups within 30 days of placement. These appointments are the responsibility of the foster parent(s) in conjunction with the caseworker. After this, the foster parent is responsible for ensuring that the foster child attends annual medical and dental checkups. Optical checkups are required every 24 months.

Emergency

If there is a medical emergency, get the foster child to a hospital or medical treatment centre and contact the appropriate agency official.

An appropriate agency signature as guardian will be needed to admit your foster child to hospital or to approve surgery. You should know how to get in touch with the agency in case of an emergency.

Medication

Prescribed medication must be given as directed (frequency and number of days). If they are repeatable prescriptions, keep a record of the drugstore and RX number for refills. Any discontinued medication should be safely disposed.

It is your responsibility to see that each foster child's medication is:

- kept at the required temperature in a clean, well-lit, secure storage place;
- stored in the original labelled container provided by the dispensing pharmacist;
- administered by a responsible adult, at the time and in the dosage prescribed, and that a medication record is maintained of the time and dosage given; and
- in the case of older adolescents who have demonstrated an appropriate level of responsibility, the possibility of self administration of medication may be considered, in consultation with the child's caseworker.

Medication errors or reactions

If there is an error in administering prescribed medication or an adverse reaction to a medication, you must take immediate action to protect the life and health of the child. The child's physician, pharmacist or the poison control centre must be contacted immediately to advise them of the error or reaction, and to request direction and what immediate intervention is required.

The same steps should be followed if medication is not administered at the correct time (omission) unless this was dealt with when you were speaking to the physician or pharmacist when the medication was prescribed or received.

Medication errors and adverse reactions are considered as incidents. The matter is to be reported to the licensing and placing agencies in the manner and form required and following the procedure established by the licensing agency.

Immunization Schedule for Infants and Children in Manitoba

	Daptp (given as "one needle")	Hib	MMR	Td	Hepatitis B
Age at Vaccination	Diphtheria Pertussis (acellular) Tetanus, Polio	Haemophilus Influenzae b	Measles Mumps Rubella	Tetanus Diphtheria	(3 doses)
2 months	X	X			
4 months	X	X			
6 months	X	X			
12 months			X[1]		
18 months	X	X			
5 years	X		X		
Grade 4					XXX
15 years				X	

[1] Must be on or after first birthday

HBV - hepatitis B vaccine
D or d - diphtheria
aP - acellular pertussis (whooping cough)
T - tetanus (lock jaw)
Hib - haemophilus influenzae b
M - measles (red measles)
M - mumps
R - rubella (german measles)

Prevention of Communicable Diseases

Basic principles:

1. foster families and foster children have a right to a safe, clean environment in which to live, where the risk of contracting a communicable disease is reduced to a minimum;
2. the agency has the responsibility of ensuring that foster parents are provided with information regarding health issues, to ensure the safety and well-being of the child and the foster family;
3. children who have contracted a communicable disease have the right to the least interference with their lives to the extent compatible with effective prevention and management of the disease;
4. information about a foster child's medical condition (where such information is required to ensure the child is properly treated and/or to ensure that the family can institute appropriate health procedures) may be disclosed to the foster parent if it is part of the child's record. In such cases, the child's caseworker receives the information from the medical personnel and then shares it with the foster parent; and
5. foster family members who have contracted a communicable disease have the right to keep information about their health confidential. They also have the responsibility to ensure that their actions do not put others at risk. If they do advise the agency that they are infected with Hepatitis or the AIDS virus, it must be kept confidential. Only those people who need to know should be told.

The following are recommended as sound hygiene practices to prevent the spread of communicable diseases such as measles, mumps, hepatitis, impetigo, acquired immuno-deficiency syndrome (AIDS):

Handwashing - an effective way to prevent the spread of germs. Wash hands with soap and water before preparing food, before eating, and after using the toilet or assisting in a child's diapering or toileting.

Bathroom - as bathrooms are shared by all members of the household, they should be cleaned daily. Towels and face cloths should be kept clean, in good repair and are not to be shared. Surfaces are to be cleaned with a bleach solution, which is the most commonly recommended disinfectant. (Note: **Bleach solution** can be prepared by mixing one part chlorine bleach to nine parts water. It must be prepared fresh daily.) Rubber/latex gloves should be worn.

Laundry, dry cleaning - generally, clothing and linens of an infected child can be laundered with that of other household members. Laundry that is visibly soiled with blood, urine, stool or vomit should be wiped clean with a disposable towel and laundered in hot, soapy water. If dry cleaning is necessary, any visible moist soiled areas should be wiped clean with a damp paper towel that should be discarded with other wastes from an infected person.

Disposable plastic gloves - foster families should use disposable plastic gloves when changing dressings, cleaning soiled areas that contain blood, semen or vomit.

Personal articles - personal items such as toothbrushes and razors are not to be shared among household members. These could become soiled with blood and could spread germs causing illness. New toothbrushes should be provided for each new child admitted to the foster home.

Toothbrushes should be kept separate in an appropriate holder or in the child's room. Disposable razors should be used wherever a child does not own a personal razor. Sanitary napkins and tampons should be disposed in a plastic bag with a twist tie.

Thermometers - where it is necessary to take a temperature, an oral thermometer with a disposable sleeve is to be used. The sleeve should be thrown out after its use and the thermometer washed in warm, soapy water, then soaked in rubbing alcohol for 10 minutes, dried and re-stored.

Dishes - should be washed in hot, soapy water, rinsed and dried with a clean tea towel or cleaned in a dishwasher.

Garbage disposal - a container lined with a plastic bag should be available for waste. The plastic bag should be removed, placed in a garbage bag and disposed.

Orientation - upon placement in a foster home, all children are to receive an orientation as to the health/hygiene practices and daily routines in the home.

Daily routine - in general, children with communicable diseases are to be treated/managed the same as other children unless otherwise indicated for medical or behavioural reasons. Unless advised by the child's physician, children should have standard access to recreational activities, visitation privileges, showers and bathroom facilities.

NOTE: Two pages titled "How To Change A Diaper" and "How To Wash Your Hands" are located at the end of this manual. These are taken from the publication "Infection Control Guidelines for Day Care Facilities" distributed by the Department of Family Services and Housing - Child Day Care.

Head Lice

Anyone can get head lice. Although parents are often embarrassed to find that their children have head lice, it is really a common problem throughout society. It is most common in places where people work or play together for long periods of time, such as classrooms and day care centres. Contrary to popular belief, poor hygiene does not cause head lice. Head lice cannot jump or fly so they are most commonly spread through close head-to-head contact with someone who has head lice. Lice are also spread by sharing personal articles that have touched the head such as hats, helmets, scarves, combs, brushes, barrettes, and ribbons. They cannot be spread by animals or pets.

At the end of this manual are two pamphlets from The Public Health Branch, Manitoba Health, that provide additional information concerning this matter.

Definitions

There is a big difference between "discipline" and "punishment."

"Discipline" means ... to teach, to educate, to learn.

"Punishment" means ... to cause to suffer.

Listed below are some of the contrasting elements of punishment and discipline.

Punishment

- to inflict a penalty for an offence
- emphasizes past negative behaviour
- denies that the child is a valued person and transmits this message verbally and/or through actions
- emphasizes the power of the person who punishes
- follows no rhyme or reason in application – is arbitrary
- focuses on forcing change

Discipline

- provides training for mental and moral development
- emphasizes future positive behaviour and what the child "can be" in a positive sense
- views the child as a valued person with strengths and weaknesses, and whose strengths can be tapped for the development of positive behaviour
- emphasizes the child's power to utilize his/her own strengths under the guidance of a caring person, while recognizing and respecting other's rights as well as "self-rights", and other's responsibilities as well as "self-responsibilities"
- follows a consistent pattern
- focuses on development

Discipline

Discipline is the educational process by which adults help children have experiences which enable them to learn to live in reasonable conformity with the accepted community standards of social behaviour, and to do so by progressively acquiring and applying increasing self-control, rather than relying on external pressures.

Children, as age appropriate, should be given opportunities to assume a gradual increase in responsibility for the decisions of daily living. Children should be made aware of the basic rules that cover social skills, respect for property, and the rights of others. Appropriate behavioural intervention involves being clear and specific as to the limits on behaviour, showing what is permitted and what is not, and providing feedback on both right and wrong actions. It also involves assisting the child in identifying early signals of possible difficulty, and offering reasonable behavioural alternatives to acting out.

To be effective, behavioural interventions should be based on an understanding of the particular child, the immediate situation, the current relationship between the child and caregiver, the child's particular living group, the child's capacity at the time to learn from experience, and the care plan objectives.

Discipline enables caregivers to teach standards and values, and to establish rules, expectations and limits on the child's behaviour. In doing so, caregivers must consider the child's age, capabilities, personality and life experiences. The discipline must be timely, consistent, and reasonable. You should consult with your agency worker(s) when you need information or assistance in disciplining your foster child.

Permitted Measures

Some suggestions of **acceptable** methods of discipline are:

- bringing attention to the action;
- expressing disapproval;
- discussing the negative behaviours;
- giving direction or placing limits on the child's behaviour;
- restricting privileges;
- assigning appropriate and reasonable extra duties;
- requiring restitution for deliberate damages;
- temporary removal from the situation (e.g., redirecting or distracting);
- restricting the child to home for a reasonable period (e.g., grounding or time-outs);
- physical restraint only to the degree necessary to protect people and property;
- positive reinforcement and praise (e.g., use of rewards);
- modelling;
- establishing routines and limits; and
- prompting.

Prohibited Measures

The following disciplinary actions are **prohibited:** (as stated in Section 20 of the Foster Homes Licensing Regulation)

"A licensee shall not

a) permit, practice or inflict any form of physical punishment, verbal degradation or emotional deprivation upon, or denial of any basic necessities to, a foster child;

b) physically restrain a foster child other than physical restraint for the purpose of protecting the person and property of a foster child or others, and only to the degree and duration necessary for such protection;

c) encourage or condone punishment of a foster child by other children;

d) force a foster child to take an uncomfortable or degrading position as a form of punishment;

e) establish a room for the purpose of isolating a foster child;

f) exclude a foster child from entry to the foster home;

g) use excessive or prolonged confinement;

h) permit or refuse home visits as a form of reward or punishment; or

i) practice any other disciplinary measure expressly prohibited by the licensing agency or the director."

Also prohibited are the following:

- withholding of food;
- harsh, humiliating, belittling or degrading responses whether verbal, physical or emotional;
- telling the child he/she is "bad";
- withholding of emotional response or stimulation;
- requiring a child to remain silent for more than five minutes;
- use of mechanical restraints;
- assignment of physically strenuous or harsh work;
- prolonged confinement to bed; and
- deprivation of child's base personal allowance monies.

The above listings do not list all the prohibited measures.

Restraints

For the purpose of this section the word restraint is used to describe a procedure, place or device that is either used or removed in order to limit a child's freedom of movement or mobility. Examples of restraint devices include such things as side rails on a bed, wheelchair table, and helmets.

Restraints are not to be used unless they are an integral part of a care plan agreed to by the agency worker(s), the biological family (in all cases except permanent orders) and the foster family. Restraints are not to be used as a substitute for reasonable supervision. For restraints to be used, a specific authorization process is to be followed by the agency.

Section 22(1) of the Foster Homes Licensing Regulation states:

"In this section, **"incident"** means

a) a serious illness or change in a foster child's health;

b) a serious accident involving a foster child;

c) an error in administering a prescribed medication to a foster child or an adverse reaction by a foster child to medication;

d) abuse or the danger of abuse of a foster child;

e) the death of a foster child; or

f) in addition to the matters set out in clauses (a) to (e), any other serious occurrence which takes place which may affect the health, safety or life of a foster child or another person."

Section 22(2) of the Foster Homes Licensing Regulation describes what you, the foster parent (licensee) must do when an incident occurs:

a) report the incident to the placing agency and the licensing agency. The reporting must be done according to the requirements established by the licensing agency. These requirements include the time period within which the report must be made, how the report is to be made (e.g., written or verbal, whether or not a specific form/format is to be used), to whom the report must be made, and any other expectation.

b) follow any procedures established by the licensing agency concerning the activities that must be followed in the event that an incident occurs (e.g., seek immediate medical advice/treatment, ensure safety of others in the home).

c) review the incident with the licensing agency and the placing agency. The focus of the review is to determine how the incident occurred, why it occurred, what factors led to the incident, and what needs to be done to ensure that such incidents are not repeated.

Be sure to ask the licensing agency what their reporting requirements and procedures are for incidents.

Make sure that you and the appropriate agencies review each and every incident to meet the requirement as stated in (c) above.

The following definitions and examples are given for information purposes only and as an aid to help you recognize possible abuse situations. These definitions are more extensive than definitions that could support criminal charges. They also include defined abuse that might trigger an agency investigation. This information is from the manual titled *"Safeguarding Children and Foster Parents: Preventing Abuse and False Allegations Through Knowledge and Guidelines"* published by the Canadian Foster Family Association in 1993.

Physical Abuse

Physical abuse occurs when the person(s) responsible for the child's care inflicts, or allows to be inflicted, any injury upon the child. Such injuries, which are often the result of poor disciplinary practices, may include, but are not limited to, the following:

- marks, welts, bruises, scratches, punctures, or cuts which are unexplained or inconsistent with the explanation offered;
- marks or bruises on those parts of the body not generally injured in the normal course of play or recreation;
- loss of hair or a bald spot where the child has been grabbed by the hair and pulled;
- broken/fractured bones (including skull) which are unexplained or inconsistent with explanation offered;
- presence of several injuries, bruises or broken bones that are in various stages of healing;
- injuries that appear to be caused by an instrument used with force (e.g., hand marks, loop marks from a doubled up cord or coat hanger);
- burn marks (e.g., from a cigarette, lighter, iron, stove element, hair curler) or inflamed tissue on parts of the body such as the hands, feet, buttocks, genital area, which suggest scalding and which are either unexplained or inconsistent with the explanation offered; and
- adult-size human bite marks suggesting that the child may have been bitten as disciplinary measure to teach him/her not to bite other children.

Sexual Abuse

Sexual abuse occurs when the person(s) responsible for the child's care uses the child, or allows the child to be used, for sexual purposes. Examples of sexual abuse include the following:

The child is enticed, permitted, encouraged, bribed or compelled (i.e., coerced):

- into being photographed for pornographic purposes;
- to engage in bestiality;
- to engage in sexual activities with another child or adult;
- to expose his/her genitals, or is subjected to exposure by an adult, for a sexual purpose; or
- to engage in sexual intercourse, anal intercourse, fellatio or cunnilingus.

Or the child is:

- touched in any way, either directly or indirectly with a part of the body or an object, for a sexual purpose;
- invited, counselled or incited to touch either directly or indirectly, the other person for a sexual purpose; or
- raped.

Emotional Abuse

Emotional abuse or psychological maltreatment occurs when the person(s) responsible for the child's care either subjects the child to, or permits the child to be subjected to, chronic and persistent rejecting, isolating, terrorizing, ignoring or corrupting behaviours. Examples of emotional abuse include, but are not limited to, the following:

- the child is chronically ridiculed, degraded or criticized;
- the child is habitually ignored in preference for other children;
- the child is constantly terrorized by caregiver or other children, or is subjected to frightening punishment, such as being locked in a closet; or
- the child or adolescent is enticed, bribed or forced into criminal or self-destructive behaviours (e.g., drugs, alcohol).

Emotional abuse may also include:

- constant maligning of the child's biological family;
- prolonged withholding of emotional contact;
- failure to recognize the child's right to his/her own religious belief;
- deprivation of stimulation, encouragement and verbal communication;
- threats of rejection, swearing at children or negative reactions to biological parents by foster parents; or
- misuse of power (children being take advantage of due to their situation).

Neglect

Neglect occurs when the person(s) responsible for the child's care jeopardizes that care or well-being through deprivation of necessities such as:

- supervision appropriate for the child's age, mental/psychological or physical condition;
- adequate and nourishing food;
- adequate and appropriate clothing;
- health and clean living environment.

Neglect may also include:

- condoning a child's smoking;
- allowing a person under 16 to smoke;
- allowing a person under the legal provincial age to drink alcohol;
- purchasing cigarettes and alcohol for children who are under age; or
- inappropriate caregiving.

Abuse Indicators in Children

It is important to realize that a large number of children coming into care will have been abused although not all will have disclosed this fact. The following listing of indicators of abuse will help you in gaining a better understanding of your foster child's behaviour. [This listing is from Canadian Mental Health Association, Manitoba Division, Abusive Indicators in Children in *People Helping People* CMHA October 1990, Volume 5, #3].

Physical Abuse Indicators

Physical Indicators

Unexplained:
- bruises, welts, lacerations or abrasions

Location:
- face, lips, gums, mouth, eyes
- torso, back, buttocks, back of legs
- external genitalia

Shape:
- clustered, forming regular patterns, teeth marks, handprints
- same as article used to inflict injury (e.g., cord, belt buckle)

Unexplained Burns:
- small circular burns, particularly on soles of feet, palms of hands, back of buttocks
- immersion burns – clear line of demarcation evident
- rope burns on arms, legs, neck or torso
- patterned burns indicating a hot object (e.g., stove element on buttocks)

Unexplained Fractures/Dislocations:
- skull, facial bones
- spinal fractures
- dislocations, particularly of shoulders or hips
- multiple fractures in various stages of healing

NOTE: In children, particularly two (2) years of age and under, fractures and dislocations usually result from blows, throws or other forceful action or from severe shaking.

Other Forms:
- indigestion
- bald patches on scalp
- subdural hematomas in children under two (2) years
- retinal hemorrhages

Health Indicators:
- malnutrition
- eating disorder

Behavioural Indicators

- runaway behaviour
- very wary of adults
- speaks in monosyllables
- vacant stare or frozen watchfulness
- withstands examination and painful procedures with little movement and/or crying
- does not turn to parent for support
- child believes she/he was bad and deserves to be punished by parent
- constantly trying to please the parents and assessing parental reaction to statements
- role-reversal (i.e., child trying to take care of parent)
- behaviour extremes (e.g., aggressiveness or withdrawal)
- afraid to go home
- does not participate in gym with no apparent reason; inappropriately dressed (e.g., long pants and long-sleeved shirts in summer) to hide bruises
- indiscriminately seeks affection
- inappropriate or precocious maturity

Sexual Abuse Indicators

Physical Indicators

Health Indicators:

- difficulty walking or sitting
- pain, swelling or itching in the genital area
- bruises, bleeding or lacerations of the external genitalia, vaginal or anal areas
- pregnancy, especially in early teen years
- pain during urination
- vaginal/penile discharge
- sexually transmitted disease (STD), especially in preadolescents
- recurrent vaginal infections in a child under 12 years of age
- constant sore throat of unknown origin

Behavioural Indicators

Reactions similar to those precipitated by any other severe stress including:

- regressive behaviour in younger children (e.g., bed-wetting, thumb-sucking)
- sudden fears or phobias (e.g., of the dark, men, particular setting situations)
- running away from home
- abuse of drugs or alcohol
- noticeable personality changes (e.g., depression, anger, hostility, aggression)
- change in school performance
- suicidal thoughts or attempts
- self-mutilation

Reactions directly related to sexual abuse

- proactive drawings of sexual nature
- age-inappropriate sexual play
- bizarre, sophisticated or unusual sexual behaviour or knowledge
- overtly seductive behaviour or aversion to intimacy with adults of opposite sex
- promiscuity
- withdrawal from peers
- extreme mistrust
- prostitution
- states that she/he is being sexually assaulted
- may feel it is her/his fault
- confusion about sexual identity, norms, love, caregetting/caregiving

Other reactions may include:

- child may state relationship with mother is poor, may be very angry because mother does not protect her/him
- children assume inappropriate parenting and household responsibilities

Emotional Abuse Indicators

Physical Indicators

- speech disorder
- failure to thrive with no organic cause
- sleep disorders
- presence of psychosomatic complaints (e.g., headache, nausea, abdominal pain)
- involuntary twitching of muscles, especially on face

Behavioural Indicators

- mental or emotional development lag apparent
- hyperactive/disruptive behaviours
- Behaviour extremes (e.g., withdrawn, aggression and demanding)
- overly adoptive behaviour (e.g., too well-mannered)
- inhibited play
- unusually fearful of consequences of actions, which often lead to lying
- threatened or attempted suicide
- in play, demonstrates emotional unattachment or attempted suicide
- in play, demonstrates emotional unattachment to dolls or children
- states no one cares about her/him, that she/he is no good and won't succeed
- compulsively clean and neat

Neglect Abuse Indicators

Physical Indicators

- underweight, poor growth pattern, failure to thrive, constant hunger
- poor physical hygiene - severe diaper rash, skin rashes, dirty hair and face, persistent body odour
- unattended needs (e.g., glasses, dental work, untreated injuries)
- consistent lack of supervision or abandonment
- fatigue, listlessness, lethargy

Behavioural Indicators

- infants may be dull and inactive
- children may be pale, listless, thin, unkempt
- children may beg or steal food
- frequent absence from school, or arriving at school very early and leaving very late
- inappropriate clothing for the weather, clothing may be dirty
- constant squinting at the board, complaining of aching teeth
- states there is no one to look after her/him
- role reversal
- engaging in delinquent acts and/or abuse of alcohol or street drugs

Preventing False Allegations

There are a number of things that foster families can do to reduce the possibility of false allegations being made against someone within the family.

When a child receives a bruise, scratches, wounds, bumps, etc., either by accidental injury, self injury or any other reason it should be reported to the agency and recorded. Include the nature of the injury, how it occurred, when you first noticed it and who may have or who did see it. Also report and record any outside agencies or professionals contacted for advice (e.g., physicians, poison control centre) with the time of contact, person's name and advice given (as close to verbatim as possible).

***REMEMBER**, if you or anyone in your home caring for the children slaps, hits or in any other way physically disciplines a foster child, the person will be the subject of an abuse investigation.*

1. **House Rules:**

   "Foster parents should establish 'house rules' based on the history and the special needs of the child accepted for foster placement, developed in conjunction with the Agency. They should be documented and attached to the plan of care. Usually it is helpful to establish and follow 'house rules' which cover the following areas: privacy, reasonable dress code, physical contact and exchange of affection, communication, no secrets, and third party presence." [Ross Dawson *Preventing Child Abuse and Child Abuse Allegations in Foster Care*, p. 51-52 from Lasting Connection: Proceeding of the 6th International Foster Care Organization Education Conference, Emily Jean McFadden, ed., 1991]

   There are some very basic house rules such as:

   a) keep the bathroom door closed unless you have to assist a child with personal hygiene or personal medical routines. In this case, it would be advisable to leave the bathroom door open, or have another adult present if possible. Personal medical routines would involve any procedure in which the child's private parts are exposed and you are required to perform a medical procedure involving their private parts;
   b) only one (1) child at a time in the bathroom;
   c) do not allow children to go into each other's bedrooms (or bedroom doors are not to be closed if more than one person is in the room);
   d) everyone should be properly clothed when in public areas of the house;
   e) wear a house coat; and
   f) always knock and ask permission before entering another person's bedroom.

2. **Sexual Conduct by Parents:**

   A foster parent's behaviour must not give any reason for a child to misconstrue or misinterpret behaviour as being sexual advances. e.g.,

   - suggestive comments
   - inappropriate touching, pinching, or tickling
   - inappropriate kissing

   The adult is always responsible to behave in a sexually appropriate manner in relation to children.

3. **Obtain Information on a Child Before Placement:**

   It is possible that a foster family, without realizing it, could replicate the very same situation or sequence of events in which the foster child had been abused. Thus it is important that you ask for the information concerning a child's abuse: who, where, when, so that you do not place the child in a situation where your actions could be misinterpreted.

4. **Family Routines:**

   Certain family routines and ways of relating to each other may be misunderstood by a foster child who comes from a set of different experiences than your own family. Thus you must review your routines with a view as to how they may be interpreted, by someone who has had a different history than your own children. Once you have completed this review you may need to change some of your family routines.

Reporting

The Child and Family Services Act requires a person to report, to an agency, a child who is abused, or is in danger of being abused. Once the situation is reported, the agency is responsible for taking action to protect the child, contacting the police, arranging a medical examination and informing the parent or guardian.

The phrase "is abused" applies to the past as well as the present.

Under *The Child and Family Services Act*, a person who reports, in good faith, a child in need of protection (including abuse) cannot be sued. Furthermore the identity of the reporting person is not disclosed to the family of the child, except as may be required in the course of a judicial proceeding.

Sometimes a child will attempt to have you promise that you won't tell anyone if they tell you a secret. A secret is not right and if the child's secret concerns abuse, you are obligated to report it.

If a Foster Child Discloses Abuse

If a foster child tells you he/she has been abused, your initial reaction may dramatically affect the child's willingness to provide any more information. Your reaction may also affect how the child feels about him/herself and the experience.

It is important that you do not display horror or shock, disgust or disbelief and that you convey the following important messages in a calm, matter-of-fact and supportive way:

- You are not to blame;
- You are not alone; and
- You will be helped.

This means you respect the information the child is sharing and that you will obtain help for him/her. In no case should you tell the child that what he/she is sharing is not true. In the event the child discloses that a member of your family was the abuser, the child should be told it must have been difficult for him/her to tell, and that you will ensure he/she will be able to talk to an agency worker who can help.

Notify the child's caseworker immediately and request that he/she speak to the child as soon as possible. You must also ensure that the child and the suspected abuser do not have contact.

It is not necessary to have all the details to report an abuse incident. If you are aware of other children who may be at risk, this should also be reported to the agency.

As soon as possible, record what the child has disclosed. This is important if you are later called to testify in court. You should record:

- the date and time of disclosure;
- the child's emotional state and behaviour at the point of disclosure;
- the actual words the child used in describing what happened; and
- anything else the child said about the incident.

When talking with a child about alleged or possible abuse, it is important not to ask leading questions. You can avoid this by asking questions that only repeat the child's words, and by remembering that your role here is to support and report, not to interview and investigate.

Upon receipt of a report of abuse or suspected abuse the agency worker will arrange for the child to be interviewed by the agency and the police. A medical examination will also be arranged if necessary. The time and place for the interviews should be planned with you so that you are available to support the child.

As an advocate for the child, you may, in the best interests of the child, request that:

- if possible a non-uniformed officer interview the child;
- the interview be held in the place where the child feels most comfortable;
- a same sex agency worker and police officer interview the child if that will be less traumatic for the child; and
- other reasonable requests to lessen the trauma for the child.

It is important for you and the child to know and understand each step of the investigation process. The agency worker(s) should be asked to share information and explain the process before and while it is occurring.

There are a number of things that can be done by you, the foster parent, to assist the parents of your foster child to remain involved in the child's growth and development. You should consult with the child's caseworker to ensure that these actions are consistent with the care plan for the child.

1. If your foster child has to go see the doctor, invite his/her parents to come with you.
2. In the case of a young baby, invite his/her parents to go with you for the child's vaccinations.
3. Find out the mother's and father's birthday and encourage the child to make a card for her/him or to save her/his money to buy her/him a small gift. In the case of very young children, you could buy a birthday card and send it from the child.
4. On Father's Day/Mother's Day, Christmas and other special days, again encourage the child to remember his/her parents. In the case of young children, you can do it for them.
5. Invite the parents to attend teacher interviews with you, if possible.
6. If the child plays a sport, ask his/her parents to come out and watch.
7. Keep a record of events about the child that you can give to his/her parents when he/she goes home.
8. Share school work brought home, with the parents.

Remember the little things your own children do for you and how great it makes you feel, then help to pass that feeling on to your foster child's parents. They are parents also, and just because for various reasons they can't live with their children, doesn't mean they should miss out on all the wonderful memories our children can give us.

It is even more important that you refrain from making inappropriate or derogatory comments about the foster children's parents and family.

Persons Working with Foster Children

There is recognition that there will be times when you will need to have someone else care for the foster children. This may be on a planned basis or as a result of an emergency situation. Regardless of why an alternative caregiver is required, several principles must be adhered to:

- the agency must be advised when an alternate caregiver is used;
- the agency must approve all alternate caregivers;
- there are different approval requirements for different alternative care situations; and
- the number of alternate caregivers should be limited.

It is the right of every foster family to take respite (time off) and enjoy a period of rest. It must be a joint decision between the foster parents and the agency on the minimum amount of respite time/money that is made available to the foster family.

However, the respite allowance is not intended to cover babysitting costs in the following situations:

- due to an emergency in the home, or the hospitalization of a foster child and the need to have the foster parent with the child, or a sudden illness or death in the family (the agency's homemaker service is to be utilized in these situations);
- for a foster parent to take a foster child for medical/special appointments while other children are in the home;
- for foster parents to attend parent-teacher interviews about the foster child while other children are in the home; or
- for foster parents to attend training workshops or conferences and seminars required in their development as foster parents.

I. In Alternative Caregiver's Home

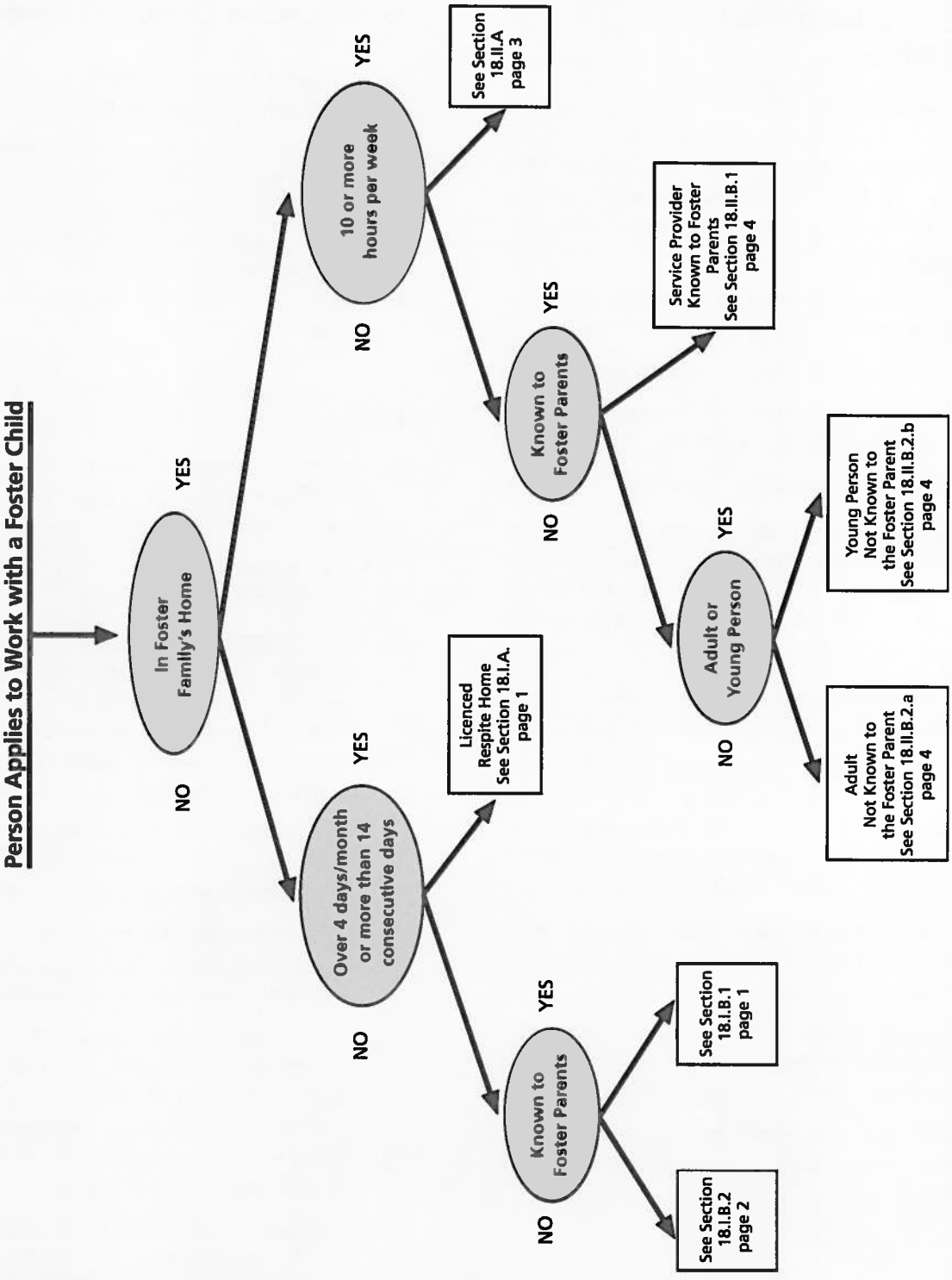
A. More Than 4 Days Per Month or More Than 14 Consecutive Days (Licensed Respite Foster Home)

Respite foster homes that provide residential care and supervision of foster children for four or more days a month on a regular monthly basis, or for 15 or more consecutive days in any year, must be approved as a foster home and meet the requirements of the Foster Homes Licensing Regulation.

B. Less Than 4 Days Per Month or 14 Consecutive Days

1. Members of the Immediate or Extended Family of the Foster Family or Families Known to the Foster Child Through Regular Contact

- The respite provider is referred/identified by the foster family.
- The following checks are obtained for the respite provider and any other adult residing with the respite provider:
  - a child abuse registry check
  - a criminal records check and
  - a prior contact check.
- These checks must be dated within three months of the date when the person commences providing respite services.
- The agency reviews the above checks and is satisfied that any person residing in the home does not pose a risk to children.
- The agency is satisfied all fire prevention equipment is present and maintained as required by the fire authority, and all health and safety practices are in place so that the home is not hazardous to the health, safety, or well-being of the foster child.
- The agency is satisfied the sleeping arrangements are appropriate for the foster child.


Person Applies to Work with a Foster Child
In Foster Family's Home
YES
NO
10 or more hours per week
YES
NO
See Section 18.II.A page 3
Known to Foster Parents
YES
NO
Service Provider Known to Foster Parents See Section 18.II.B.1 page 4
Adult or Young Person
YES
NO
Young Person Not Known to the Foster Parent See Section 18.II.B.2.b page 4
Adult Not Known to the Foster Parent See Section 18.II.B.2.a page 4
Over 4 days/month or more than 14 consecutive days
YES
NO
Licenced Respite Home See Section 18.I.A. page 1
Known to Foster Parents
YES
NO
See Section 18.I.B.1 page 1
See Section 18.I.B.2 page 2

2. **Families that have No Relationship or Previous Contact with the Foster Family**
   - The following checks are obtained for the respite provider and any other adult residing with the respite provider:
     - a child abuse registry check
     - a criminal records check and
     - a prior contact check.

   These checks must be dated within three months of the date when the person commenced providing respite services.
   - The agency reviews the above checks and is satisfied that any person residing in the home does not pose a risk to children.
   - The agency conducts a personal assessment and is satisfied the respite provider can protect, nurture and care for the foster child/ren proposed to be placed for respite.
   - The agency conducts an inspection of the home and is satisfied the home meets applicable standards in legislation, regulations and by-laws governing building construction and use, fire prevention and safety, and public health.
   - The agency is satisfied all prevention equipment is present and maintained as required by the fire authority, and all health and safety practices are in place so that the home is not hazardous to the health, safety, or well being of the foster child.

3. **Additional Requirements**

   The agency may impose additional requirements based on the needs of the foster children.

II. In the Foster Family's Home or in the Community

A. **10 or More Hours Per Week** (excerpt from the Foster Home Licensing Regulation)

The licensing agency must ensure that any person, hired by the agency or by yourself, to work directly with foster children for ten or more hours a week and who may have unsupervised access to the foster children meet the following requirements:

- is an adult;
- is medically, physically and emotionally able to do the required work;
- provides character references;
- provides a criminal record check dated within three months prior to commencing work with the agency or licensee;
- provides a child abuse registry check dated within three months prior to commencing work with the agency or licensee;
- consents to the release of information about himself/herself from a prior contact check; and
- consents to the release of information about his/her previous employment and volunteer work.

The agency or the Director of Child and Family Services may have additional requirements when the foster child requires specialized care or supervision.

B. Less than Ten Hours Per Week (Casual Worker)

A person who works directly with foster children on behalf of an agency or a licensee (foster parent) for less than 10 hours per week must be approved by the placing agency before commencing work. Usually such persons are known to the foster family and the service is provided in the foster parent's home.

1. Known to the Foster Parent

The foster parents confirm they know the person and are confident the foster children would be well cared for and not at risk. [Note: you are providing a personal reference for the person.]

2. Not Known to the Foster Parent

a. Adult (18 years of age or older)

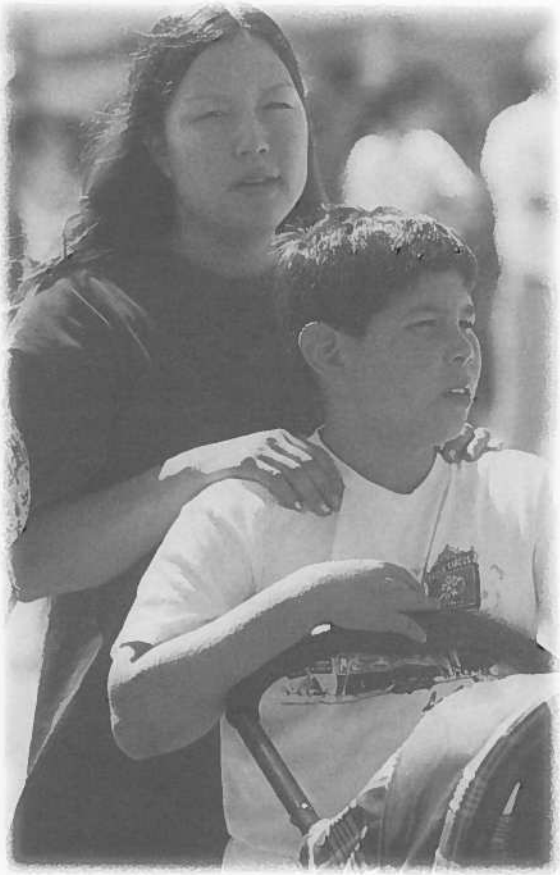
The placing agency completes a prior record check, an abuse registry check, and a criminal records check dated within three months of the date the person begins providing care to the foster children. In addition, the placing agency ensures the person has been interviewed by the foster parent and/or the agency, and the results of the interview indicate the foster children would be well cared for and not at risk.

b. Young Person (under 18 years of age)

The placing agency ensures the person has completed a recognized babysitter course where available, has been interviewed by the foster parent and/or the agency, and the results of the interview indicate the foster children would be well cared for and not at risk.

c. Additional Requirements

The Agency may impose additional requirements.



Appeal of the Suspension, Cancellation or Non-renewal of a Foster Home Licence

Subsection 8(2) of *The Child and Family Services Act* states:

"A person who is refused a foster home licence or whose licence is suspended, cancelled or not renewed by an agency may, within 10 days after receiving notice of the refusal, suspension, cancellation or non-renewal, appeal the matter to the director."

NOTE: The term "the director" refers to the Director of Child and Family Services.

Subsection 8(3) of *The Child and Family Services Act* states:

"On receiving notice of an appeal under subsection (2), the director shall, within 30 days, consider the matter and in writing advise the appellant of his or her decision."

NOTE: The legislation requires that the decision of the director be provided to the appellant within 30 days of receiving the request for an appeal which necessitates the short time lines. Therefore, the parties must strictly comply with the time limits imposed on these procedures.

Procedures

The director will initiate a review upon being notified that an agency's decision to refuse, suspend, cancel or not renew a foster home licence, is being appealed. It is preferable that the request by the appellant is in writing, but a telephone call is acceptable. At any time during the review process, the director may initiate or instruct a designated individual or a panel to convene a meeting with the appellant and representatives of the agency to gather information.

1. Upon receiving notice of the appeal, the director will forward the notice of the appeal together with a request to the agency to provide, subject to the confidentiality provisions of *The Child and Family Services Act*, in writing, a summary of the facts and reasons for the decision to refuse, suspend, cancel or not renew the appellant's foster home licence. The director will inform the agency that a copy of the information will be provided to the appellant. The information must be received by the director within seven calendar days of the agency receiving the request from the director.
2. Upon being notified of the appeal, the director will forward a request to the appellant to provide, in writing, their position concerning the agency's decision to refuse, suspend, cancel or not renew their foster home licence. The director will inform the appellant that a copy of the information will be provided to the agency. This information must be received by the director within seven calendar days of the appellant receiving the request from the director.
3. The information received pursuant to #1 and #2 above will be provided to the other party, by the director, with a request for a written response which must be received by the director within five calendar days of the party receiving the request from the director.

4. Where the director elects to instruct an individual or panel to convene a meeting he/she will designate, in writing, an individual or panel of not more than three individuals to gather further information concerning the appeal. The director will appoint a chairperson where a panel of two or three individuals have been so designated. The meeting will be conducted in an informal manner by the individual designated by the director, or by the chair of the panel, who will ensure that both the appellant and the agency have a full and fair opportunity to present their respective positions.
5. The agency and appellant will be given, in writing, at least five calendar days notice of the meeting date.
6. The notice of the meeting date will be mailed to the agency together with any additional information submitted by the appellant pursuant #2 above and a request to identify the individuals who will be attending the meeting. An agency representative must attend the meeting.
7. The notice of the meeting date will be mailed to the appellant together with any additional information submitted by the agency pursuant to #1 above with a request that the information a) not be copied; b) be brought to the meeting; and c) be returned to the agency at the conclusion of the meeting. The appellant will be requested to identify any individuals who will be attending the meeting with them. If the appellant does not attend the meeting, the appeal will be considered withdrawn.
8. At the meeting, the agency and the appellant will be provided the opportunity to give an oral presentation and to present any individual to speak on behalf of the respective party. After each party is finished presenting, the other party may ask questions. The director or panel members will then ask his/her/their questions.
9. A designated individual or panel must submit a report to the director no later than three calendar days following the meeting. The report will be a comprehensive and objective summary of facts presented in the written and oral submissions and during the meeting. The report will not include a recommendation on how the director should rule on an appeal.
10. The director will give due consideration to all of the information received pursuant to #1, #2, and #3 above, and where applicable, information gathered during the meeting and render a decision. The director's decision will be based solely on the information that was gathered as part of the review process and available to both parties.
11. The director's decision must be in writing and received by the parties no later than 30 calendar days from when notice of the appeal was received by the director. The director's decision is final.

Review of an Agency's Decision to Remove a Foster Child

Subsection 51(2) of *The Child and Family Services Act* states:

"An agency may at any time remove a child in its care from the person with whom the child was placed."

Subsection 51(2) of *The Child and Family Services Act* states:

"Where a child is removed under subsection (1) from a foster home, and the foster parents object to the reason for the removal of the child by the agency, the Executive Director of the agency shall review the matter and where the foster parents are not satisfied with the Executive Director's decision, they may request the director to review the matter and the director's decision is final."

When a guardian agency plans to remove a child from a foster home, the agency advises the foster parent of the right to object to removal under subsection 51(2) of the Act and what the process involves.

If a foster parent objects to the reasons for the removal of a child, the child will remain in the foster home until a review has been completed under section 51(2) of the Act unless the child:

- is or might be in need of protection;
- is no longer in the care of an agency due to termination of a voluntary placement agreement or court order;
- the move is for a planned adoption placement and the child has resided with the foster parent for less than one year; or
- the move is a planned placement and preplacement visits have occurred.

Where a child remains in a foster home, the agency does not arrange any pre-placement visits until the review under subsection 51(2) has been completed.

Foster parents must advise the agency Regional Manager or Executive Director in writing of their request for a review to remove a foster child.

The Executive Director will advise the foster parent in writing of the agency's decision with regard to the planned removal of a child within 10 calendar days of receiving the foster parent's written request for a review.

If the foster parent is not satisfied with the agency's decision, the foster parent may request the director to review the matter. The request must be made within 10 calendar days, after receiving the agency's written decision.

The director conducts a review of the request as outlined in the following procedures and provides the foster parent and the agency with a written decision within 10 calendar days of the completion of the review. The director's decision is final.

Procedures

Under subsection 51(2) of the Act, when foster parents object to the reason for the removal of a child by an agency, the Executive Director of the agency is required to review the matter. Where foster parents are not satisfied with the Executive Director's decision, they may request the director of Child and Family Services to review the matter. It is preferable that the request by the foster parent be in writing, but a telephone call is acceptable. At any time during the review process, the director may designate an individual or a panel to convene a meeting with the foster parent and representatives of the agency to gather information.

1. Upon receipt of a foster parent's request to review an agency's decision to remove a foster child, the director will:
   a) Request the agency to provide in writing, subject to the confidentiality provision of The Child and Family Services Act, a summary of the facts used to arrive at and to uphold the agency's decision to remove the foster child. The director will inform the agency that the information may be provided to the foster parent. The information is to be received by the director within 10 calendar days, after the agency receives the request.
   b) Request the foster parent to provide in writing the reasons why the foster parent disagrees with the agency's decision to remove the foster child. The foster parent is advised that the information may be provided to the agency. The information is to be received by the director within 10 calendar days, after the foster parent receives the request.

2. Where the director elects to instruct an individual or panel to convene a meeting he/she will designate, in writing, an individual or panel of not more than three individuals to gather further information concerning the appeal. The director will appoint a chairperson where a panel of two or three individuals have been so designated. The meeting will be conducted in an informal manner ensuring that both the foster parent and the agency have a full and fair opportunity to present their respective positions.
3. The agency and foster parent will be given at least 10 calendar days notice of the meeting date.
4. Written notice of the meeting date will be provided to the agency together with the information submitted by the foster parent pursuant to #1(b) above and with a request to identify any individuals who will be attending the meeting.
5. Written notice of the meeting date will be provided to the foster parent with the information submitted by the agency pursuant to #1(a) above with a request that the information:
   a) not be copied;
   b) be brought to the meeting; and
   c) be returned to the director at the conclusion of the meeting.

   The foster parent will be requested to identify any individuals who will be attending the meeting with them.
6. At the meeting, the agency, the foster parent, and others in attendance will be provided the opportunity to give an oral presentation. After each party is finished presenting, the other party may ask questions. The director, director's designate or panel members will then ask questions.
7. A designated individual or panel must submit a report to the director no later than 10 calendar days following the meeting. The report will be a comprehensive and objective summary of the facts presented in the written and oral submissions and during the meeting. The report may include a recommendation on how the director should rule on the appeal.
8. The director will give due consideration to all of the information received pursuant to #1(a) and #1(b) above, and where applicable, information gathered during the meeting and render a decision.
9. The director's decision shall be provided, in writing, no later than 10 calendar days from when the information was received or the conclusion of the meeting if one was held. The director's decision is final.

Complaints by Community Members Against Foster Family

Complaints against a foster home may involve physical conditions, violations of approval standards or service provided. Allegations of abuse against a foster family member are not included as a complaint in this subsection, but is dealt with in a following subsection.

At the time of approval, foster families should be informed of the agency's policies and procedures for reviewing complaints against them. Foster families are to be advised when these policies and procedures are changed.

Complaints by Foster Parents Against the Agency

While subsection 4(1)(f) of *The Child and Family Services Act* provides for the Director of Child and Family Services to receive and hear complaints from any person affected by the administrative actions of an agency, it is hoped that an agency's internal review procedure will resolve issues before they escalate. The agency's written policies and procedures for reviewing complaints should be provided to you upon request. It usually involves attempting to resolve the issue with the agency worker(s), supervisor(s), Program Director, Executive Director, Board of Directors, Director or the Ombudsman. The existence of an agency process for reviewing complaints does not preclude persons exercising their rights under *The Child and Family Services Act* or any other statute of Manitoba. Reviews of complaints by the Director of Child and Family Services are not initiated until the agency's complaint process has been exhausted or the complainant refuses to deal further with the agency.

Investigation of Allegations of Abuse Against Foster Family Members

If a foster parent or a member of the foster family is accused of abuse, an investigation is conducted in a manner which:

- ensures the safety of all children in the home;
- respects the rights and privacy of the foster family;
- ensures a fair and impartial investigation is carried out;
- ensures the foster family is provided with support; and
- is consistent with all standards, guidelines and procedures.

There will be no variation from the normal investigative process, when there is an allegation of abuse against a foster family member.

When a report of alleged child abuse within a foster family is received, the protection of all (foster and biological) children must be considered by the agency, including their removal if necessary.

During the investigation:

- the foster home worker provides support, informs the foster parents of their rights and explains the investigative process and the roles of the various people involved;
- the child's caseworker will continue to provide support to the child and to conduct or participate in the interview of the child, concerning the allegations; and
- the Provincial Investigations Coordinator will coordinate the investigation as required.

During the investigation the foster parents have the right to:

- obtain legal counsel without having this interpreted as an admission of guilt (see Section 26 – Legal Aid Program);
- confidentiality; and
- make use of other supports if they so wish (e.g., family, other foster parents, the Manitoba Foster Family Network).

Upon completion of the investigation, a determination of the findings will be provided to the subject of the investigation.

Foster Children Complaints Against the Actions of Foster Parents and Others Involved in the Foster Home

Subsection 21(1) of the Foster Homes Licensing Regulation states:

"A licensing agency shall establish a written grievance policy for complaints which:

- sets out the right of foster children to grieve the actions of the licensee or others involved with the foster home; and
- explains the procedures available to foster children to grieve to the licensee, the licensing agency, the placing agency, the director and the Children's Advocate."

The licensing agency shall ensure that you are advised of the grievance policy on an annual basis and that the foster child is advised at the time of admission and thereafter on an annual basis. You are required to assist the foster child, if requested, in making a complaint. This may occur if the complaint were against a respite worker or babysitter.

Children's Advocate

Under *The Child and Family Services Act*, Part 1.1, Section 8.9, where a child asks to communicate with the Children's Advocate, such a request must be forwarded to the Children's Advocate immediately or if the child writes a letter addressed to the Children's Advocate, the letter shall be forwarded immediately, unopened, to the Children's Advocate.

For many children, they are unaware of the Advocate or may be unable to comprehend the role of the Advocate. As a foster parent, it is your responsibility to ensure that the child is aware of his/her rights and aware of all grievance procedures. You may call or write the Advocate on behalf of a child. You have the responsibility to act as an advocate for the foster child; you can also contact the Advocate to get advice on how to effectively advocate for the child in your care. Or you may feel you need the support of the Advocate when dealing with the Department or Agency over issues pertaining to your foster child. You too, have the right to contact the Advocate. Though the Office of the Children's Advocate is in Winnipeg, they do provide services to the entire province and can travel to your community if required.

The Office of the Children's Advocate
102 – 500 Portage Avenue
Winnipeg MB R3C 3X1

Phone: 945-1364
Toll free: 1-800-263-7146

Every year, thousands of children suffer needlessly as a result of accidents in and around the home. Virtually all of these accidents can be prevented. All that is needed is a little foresight and extra care.

The Foster Homes Licensing Regulation includes a number of requirements related to safety issues (Note: "licensee" means foster parent):

Emergency procedures

"A licensee shall ensure that

- emergency telephone numbers and procedures are posted in a prominent place in the foster home;
- emergency evacuation procedures are made known to all residents in the foster home and to all persons caring for the foster children;
- emergency evacuation procedures are practiced at least once a month;
- fire extinguishers, smoke alarms and other fire prevention equipment are installed and maintained as required by the fire authority; and
- all adult residents in the foster home and all persons caring for the foster children are knowledgeable about the use of fire extinguishers, smoke alarms and other fire prevention equipment in the home."

Bedroom Space

"A licensee shall ensure that

- the bedroom for a foster child who is unable to walk, or respond mentally or physically to an emergency, is located close to the licensee's bedroom."

Bathing and Toilet Facilities

"The licensee shall ensure that

- the water temperature in a bathroom meets the standards established by the director."

Equipment and Supplies

"A licensee shall ensure that the foster home

- has a first aid kit equipped as required by the director which is readily available but inaccessible to young children."

The contents of the first aid kit are listed on page 13 and 14 of this section.

Infant Equipment

"For foster children who are infants, a licensee shall provide and maintain equipment for eating, sleeping and playing that is

- consistent with the developmental capabilities of the infants; and
- in compliance with the requirements of the *Hazardous Products Act* (Canada) and other applicable safety legislation or standards as determined by the Executive Director."

Safety and Health Practices

Part 3 Section 34 Regulations.

"A licensee shall ensure that

- all poisonous or inflammable substances, prescription medicines and cleaning supplies are stored in a safe manner and are not readily accessible to foster children;

- harmful substances and objects that are not essential to the operation of the foster home are not stored in or around the home;
- animals kept in the foster home have had all vaccinations as required by the health authority and are kept in accordance with the requirements of the health authority and any additional requirements imposed by the licensing agency."

Firearms Part 3 Section 35(1) Regulations

"A licensee shall comply with all applicable requirements in legislation or regulations and any additional requirements imposed by the licensing agency or placing agency respecting the storage, display and handling of firearms, ammunition and explosive substances."

At the end of this manual a pamphlet titled "Safe Storage Regulations for Firearms" provides information concerning the requirements for storage of firearms.

Hunting devices 35(2)

"A licensee shall

- ensure that air rifles, bows or other hunting devices are
  - made inoperable when not in use, and
  - made inaccessible to foster children at all times; and
- comply with any additional requirements imposed by the licensing agency or placing agency."

The following information was provided by the Product Safety Branch of Health Canada. For more information contact them at (204) 983-5490.

Cribs:

Cribs manufactured before 1987 do not meet current safety regulations and should not be used. Regulations require that the date of manufacture be on the crib.

Some hazards of older cribs are:

- Mattress support hooks that unhook easily causing partial collapse of the mattress. A baby's head or chest can become trapped, causing suffocation.
- Protruding corner posts have caused hanging when a baby's clothing gets caught.
- Spacing wider than 6 cm between bars allowing a baby's body to pass through, but trapping the head and hanging the baby.
- Small detachable parts that a child could choke on.
- Ledges that can enable a child to climb out and risk a dangerous fall.

How To Keep Your Crib Safe For Baby

Always make sure crib sides are locked securely in the high position.

Babies should never be harnessed or tied in a crib because they could strangle while trying to climb out. Never leave a baby in a crib with something like a necklace, elastic or scarf, or tie a pacifier or other items around a child's neck. These could become wound around the baby's neck and cause strangulation.

Mobiles should be hung out of reach of a baby standing in the crib.

As soon as a baby is able to sit up, remove crib exercisers or any toys that are strung across the crib.

As soon as a baby is able to stand, ensure that the mattress is at its lowest position. Stop using the crib when your baby can climb out.

Never place a crib within reach of blind or drapery cords. The baby's head could become caught in the cords, resulting in strangulation.

Mattresses

Crib mattresses should be in good condition. If they are too soft or worn down in any area, a gap or hollow may be created where a baby's head could become lodged with risk of suffocation. Waterproof sheets can hamper a baby's breathing and should not be used.

The space around the mattress and the side of the crib should not be more than 3 cm. Measure by pushing the mattress into the corner.

In Addition:

For greater safety, do not place a baby under two years on an adult bed. Avoid the risk of suffocation: never place a baby on an adult waterbed.

Sudden Infant Death Syndrome (SIDS):

To reduce the risk of Sudden Infant Death Syndrome, normal, healthy infants should be placed on their back or side for sleep, in a smoke-free environment. If a room temperature is comfortable for adults, it is likely fine for an infant. Infants should be dressed and covered in a manner to avoid overheating even during an illness. (See pamphlet at the end of this manual.)

Shaken Baby Syndrome:

Never shake a baby. Shaking (any jerking or quick motions that make the head nod or snap back) young children can cause seizures, blindness, mental retardation or death. (See pamphlet at the end of this manual provided by the Health Science Centre of Winnipeg.)

Playpen:

Regulations under the Hazardous Products Act require playpens to be safe. However, there have been numerous serious accidents and deaths of young children in playpens. Remember that a baby should never be left unsupervised in a playpen for any length of time. Carefully follow all instructions and warnings included with the playpen. Do not add an extra mattress – a baby can get trapped between the mattress and the sides of the playpen, and can suffocate.

Some Hazards to Look Out For:

Make sure that latches or pivoting hinges on the top rails of the playpens are always in their closed position or completely rotated in place so that they won't collapse and trap a baby. Stop using the playpen if the latches don't stay closed.

Never leave one side down on a drop-sided style playpen – a baby could become trapped in the space between the floor pad and the loose side.

How to Keep Any Playpen Safe for Baby

Never tie a pacifier or other items around a child's neck or affix a cord on a child's clothing. Avoid scarves, necklaces and any string or elastic on children's clothing. Babies have fallen in playpens and strangled when a pacifier cord or other clothing strings have become caught on the playpen.

To prevent possible entanglement, remove toys strung across playpens when the baby begins to push up on hands and knees or when the baby reaches five months of age – whichever comes first.

Check the playpen regularly to ensure it remains safe. Don't use playpens with vinyl top rails or floor pads if the vinyl has begun to tear. Many young children who chew on top rails have choked on the little pieces of vinyl and foam. Also, a child can climb inside the torn vinyl cover of a floor pad and suffocate.

Do not put large objects or toys in a playpen – they can be used by a child to try to climb out. Once a child begins to try to climb out of the playpen, falls can occur therefore, the playpen should no longer be used.

Older mesh playpens may have openings large enough to catch a button or hook on a child's clothing. Babies have strangled as a result. If your small finger can pass through the mesh, it is too large and the playpen should be discarded.

High Chairs:

Many children are injured by falling from high chairs or sliding under the tray. In most instances, injuries can be prevented if the harness or belt is properly used and the child is closely supervised.

A safe chair is stable and has a wide base to reduce the risk of tipping. The harness should consist of a strap which fits between the child's legs and a waist belt that is easy to fasten and kept in good condition.

Set up and maintain the highchair as recommended by the manufacturer. Ensure that the child's hands, arms and legs are clear of any moving parts before making adjustments to the chair or the tray.

Never allow older children to climb onto the chair.

Keep the chair a safe distance away from the walls, doors, windows, blind cords, mirrors, appliances and other furniture.

Baby Walkers:

The use of infant walkers is not recommended by the paediatric community. They are not available in Canada, as there currently are no models available which meet the voluntary safety standards. The use of infant walkers has caused a high number of accidents and serious injury to infants.

Any device for supporting a child in a sitting position should:

- not have wheels;
- be placed where the child cannot reach objects that could be pulled down on top of him/her;
- be used only with adult supervision; and
- have a wide base that sits level on the floor and is strong enough to support the child's weight.

Baby's Stationary Activity Centre:

A stationary activity centre is like a baby walker without wheels. If you put your baby in a stationary activity centre, stay with the baby at all times. Children like to rock, jump and bounce when they are in one of these centres. If the centre tips over, your baby could be trapped under it. A child can reach out and up. They may grab things they should not have and pull things down on top of their heads.

What to look for when you use an activity centre:

- At least once a week, check the toys on the activity centre to make sure they are not broken or loose. Sharp points can cut. Small pieces can choke your child.
- Keep an eye on your child. NEVER leave your baby alone in the activity centre!
- If the doorbell rings or you have to leave the room for any reason, take your baby with you.
- Keep the activity centre away from stairs, doors, windows, the coffee table, plants, lamps, TV and your wood stove, fireplace or heater.

- Keep curtain and blind cords out of reach of children.
- Make sure that the activity centre is strong enough to hold your baby's weight.

Baby Strollers:

Many children are injured in baby stroller and carriage incidents because the lap belt was not properly fastened, or children were left unattended – for just a moment.

- Choose a sturdy stroller that is recommended for your child's weight and height.
- Make sure that the lap belt is solidly attached to the seat or the frame of the stroller. The seat should not pull away from the frame, even if you pull sharply on the lap belt.
- Always use the harness or lap belt.
- Use the brakes and make sure the wheels are fixed tightly.
- Before making adjustments to the stroller, ensure that the child's hands and feet are clear.
- Do not carry additional children, goods or accessories in or on the stroller except as recommended in the manufacturer's instructions.
- Do not use a stroller on an escalator.

Infant Carriers:

Infant carriers can be dangerous if not used properly. Each year babies suffer injuries because they were left unattended in an infant carrier.

- An infant carrier should have a wide, solid base so it can't tip over.
- An infant carrier is not a car seat and must never be used as one.
- Fasten straps and restraining buckles every time you use the seat. They should be adjusted to fit comfortably and prevent the child from turning in the seat. Crossed straps should be placed low enough to avoid the infant's neck, even if the infant slips down in the seat.
- Adult beds, especially waterbeds, and other surfaces that are not completely firm, should not be used as a base or resting place for infant carriers.
- Never leave a child alone in an infant carrier, even when it seems safe.

Safety Gates:

Some gates manufactured before 1990 do not meet safety regulations and should not be used. These gates have wide V-shaped openings along the top or large diamond-shaped openings along the sides.

- When buying a used gate, make sure that it does not have any openings that could trap a child's head or neck. Select a gate that is recommended for the child's age.
- Gates should be installed following the manufacturer's instructions.
- Always attach the gate securely in the doorway or passage.

Pacifiers:

A pacifier can quickly become a child's most precious possession.

- Never tie a pacifier or any other object around a baby's neck. Infants can strangle when cords are tied around their necks.
- A teething ring should be used instead of a pacifier if the baby starts to chew on the pacifier. When a baby chews on a pacifier, it could get stuck in the throat. Changes in texture, tears or holes can appear with age, heat, exposure to food and sunlight.
- Pacifiers should be changed every two months rather than waiting for signs of breakdown.
- Remember that some medicine can damage a pacifier.

Toys:

It is important to know that no matter how much safety is built into a toy, supervision, proper use and maintenance of toys are essential.

- Select only toys suitable for the child's age group, and make sure to read and follow all instructions that come with the toy.
- Toys with small parts are dangerous for children under three years. Keep them out of their reach.
- Check toys regularly and throw away broken toys which may have sharp edges.
- Keep plush toys and soft toys away from stoves, fireplaces, heaters and other sources of heat.

Toy Boxes

- Make sure that large toy boxes have good ventilation in case a child climbs inside.
- Choose toy boxes with lids that are lightweight and have good supporting hinges; heavy lids have fallen on children's necks causing death.
- Toy boxes should be inspected regularly to ensure the hinges are secure and well maintained.

Balloons

Although balloons are not toys, children do play with them. It is dangerous for a child to play with broken balloons or deflated balloons.

- Throw away pieces of broken balloons.
- Always blow up balloons for children and supervise children playing with balloons.

Toys with Batteries

- Make sure that batteries in toys for young children are properly installed and not accessible to the child. It is dangerous to mix older batteries with newer ones, or to mix alkaline with carbon, or rechargeable with non-rechargeable.
- A child should not take battery-operated toys to bed.
- If a child swallows a button battery, call your doctor or poison control centre immediately.

Bunk Beds:

Children have died in bunk beds and many have been badly hurt when their head got caught between the guardrail and the mattress, or between the bed frame and the wall and they couldn't breath.

Make sure that bunk beds are safe and teach children how to use them safely. The top bunk is not safe for children under six years of age.

- Make sure the top bunk has guardrails on all four sides of the bed.
- Make sure the mattress fits tightly against all four sides of the bed.
- Check regularly to make sure the frame of the bed is solid.
- The ladder should be attached safely to the bed.
- Look for a label on a bunk bed that says it meets ASTM F-1427 safety standards.

Reminders:

- Never put a child under six years of age on the top bunk.
- Teach children to always use the ladder to get up or down.
- Do not let children play on or under bunk beds.
- Allow only one person on the top bunk.

Bed Guards:

Some parents use bed guards or safety rails to keep young sleeping children from falling off an adult-size bed. While bed guards do prevent falls, they can be dangerous. When purchasing a bed guard, make sure that the space between any two horizontal bars is less than six centimetres.

Bed guards with mesh may offer more safety. When using a bed guard, check that the mattress is thick enough that its top surface reaches the bottom rail, so there is no gap where a child could become wedged. Always ensure that the bed guard is securely pushed against the side of the mattress. Do not use a bed guard for a child under two years of age.

Adult Waterbeds:

The Product Safety Branch of Health Canada advises that adult waterbeds are intended for adults and pose a serious hazard for infants.

Infants may suffocate if placed on an adult waterbed to sleep. If they lie face down on the waterbed, their breathing can be impaired by its soft impermeable surface, particularly if there are no covers on the bed.

Change Tables:

When using a change table, remember that in the moment it takes you to reach for something, your baby could roll over and fall.

- Change tables should have straps to help keep the baby in place while being dressed.
- If you are interrupted by the telephone or door-bell, or for any other reason, always take the child with you.

Window Blinds:

Curtain and blind cords can be a real danger to babies and young children. Children in Canada have been strangled when they got caught in curtain or blind cords. Most of them were under the age of three.

- Do not leave curtain or blind cords hanging. Keep the cords out of the reach of children.
- Cut the cords short. Whether the blind is up or down, make sure children can not reach the cords.
- Tie the cord to itself.
- Never put a crib, bed, high chair or playpen near a window or patio door where a child can reach a curtain or blind cord and strangle.
- Do not put sofas, chairs, tables, shelves or book-cases near windows to keep children from climbing up to reach the curtain or blind cord.
- Use a clip, clothespin, big twist tie, or tie the cord to itself with a knot to keep the cord out of the reach of children.
- Get rid of the loop in the cord by cutting the cord in half. Then, put plastic tassels or a break-away device at the end of the cords.
- Wrap the cord around a cleat that you have attached to the wall near the top of the curtains or blinds.
- You can get these products at hardware stores or places that sell curtains and blinds.

Bicycle Helmets:

Although children form the group most at risk on bikes, they are least likely to wear helmets. In recent years, helmets have been developed that offer good head protection and reduce the risk of head injuries. These cycling helmets meet one of the following standards: Canadian Standards Association (CSA), Snell Foundation, or American National Standards Institute (ANSI).

Properly fitted helmets should be purchased and children should be encouraged to wear them every time they cycle.

Car Seats:

All provinces require that children be properly restrained when travelling in a motor vehicle. Make sure children's car seats have a label stating that they conform to the Canada Motor Vehicle Safety Standard (CMVSS) administered by Transport Canada.

Make sure that the car seat is properly installed in the car by following the manufacturer's instructions closely.

Make sure the car seat used is appropriate for the child's age and weight. Use the straps and belt of the car seat properly.

Most United States car seats do not meet Canadian standards and should not be used in Canada.

Never place a rear-facing infant car seat in a front passenger seat equipped with an air bag. For more information about air bags, contact Transport Canada toll free at 1-800-333-0371.

For more information on children's car seats and safety, contact your nearest Canadian Automobile Association office.

A brochure provided by Manitoba Public Insurance concerning car seats for children may be found at the end of this manual.

Burns:

Every year in Canada, severe injuries and deaths occur as a result of burns and scalds. Usually, it's children's curiosity that gets them into trouble. They come across a lighter or matches or they manage to get too close to a baseboard heater or the hot element of a stove.

Hot Water

Children can be scalded by the hot water from the kitchen or bathroom tap as well as the boiling water from a kettle or pot on the stove.

The factory setting for most electric kettles is 66°C. Water at this temperature is hot enough to cause third-degree burns in two seconds. Gas water heaters are usually set at 60°C which means water is hot enough to produce severe scalding in only six seconds.

> *NOTE: Foster families caring for pre-schoolers and any child who, because of a medical, physical, emotional or mental disability, would be unable to safely regulate the water temperature while bathing or showering are required to control the water temperature in bathing and shower facilities. The requirement of water temperature control is that the water from tap(s) and shower heads in the bathroom(s) used by the children are at a temperature which does not exceed 125°F (52°C).*

A number of methods may be employed to regulate the temperature of the water. Licensees are advised to contact a qualified trades person to determine the most feasible method.

In determining a method to regulate the water temperature, licensees should be aware that where lowering the temperature of the hot water tank may satisfy the temperature requirement for bathing and washing facilities, it may not satisfy sanitation requirements for automatic dishwashers.

Health Canada suggests when bathing children to remember:

- Teach the child to always *sit* in the bathtub.
- A child can drown within seconds in only a few centimetres (1 inch) of water.
- Always stay with an infant; if you must leave the bathroom, even for a second, take the child with you.
- Always start and end with cold water when running a bath.
- Hot tap water can burn in seconds. Test the temperature with your elbow before putting a child in the water.
- A child's skin burns in less time than it takes an adult's skin to burn.
- Avoid carrying or holding children while you are drinking hot beverages.

Burns from Household Appliances

- Turn pot handles towards the centre of the stove.
- Keep cords for electrical appliances such as deep fryers, kettles, steam irons and toasters out of the reach of children.
- Supervise children near lamps with accessible hot light bulbs.
- Store items that interest children, such as cookies, away from the immediate area around the kitchen stove.
- Keep children away from baseboard and portable heaters.

Lighters and Matches

Disposable lighters sold in Canada must be "child-resistant", but this does not mean they are "child-proof". Child-resistant lighters are made so that children have a harder time making them work. Child-resistant lighters may slow children down but they won't stop them. Children as young as 18 months have started fires by learning how to use lighters.

- Keep lighters and matches out of sight and out of reach of children.
- Teach children about the dangers of lighters and matches.
- Make sure children never play with lighters or matches.
- Make sure that the lighter you buy is "child-resistant."
- Never leave a lighter in a car on a hot summer day, or near a heater or a stove, because it could explode.
- If your clothes catch on fire: **STOP, DROP, AND ROLL.**

Barbecues

Keep children away from barbecues at all times.

Adults and children have died from carbon monoxide poisoning, a colourless, odourless gas, when sleeping in a tent or trailer where smouldering briquettes from the barbecue had been used for warmth.

Food:

Choking can be prevented by knowing the child's chewing and swallowing abilities, by avoiding hazardous foods and by supervising the child while eating. The greatest risk is for children under three year of age. Children should be sitting upright while eating – not lying down, running or laughing. Foods which are most likely to cause choking are those which are: cylindrical in shape, such as wieners; whole grapes; hard pieces of food, such as candy, popcorn, nuts or vegetable pieces; and very sticky foods, such as peanut butter not spread on bread. Wieners and vegetables such as carrots, are safer if cut in narrow, lengthwise pieces.

Foods containing known peanut products should not be served to children under three years of age. The reason for this practice is to reduce the risk of children under the age of three years from developing severe allergies. Allergy specialists have advised that children under three years of age should not be served peanuts and/or peanut products because their immune systems are not fully developed until this age. This practice will ensure that very young children are not exposed to peanut products which may lead prematurely to the development of an allergic reaction. As a result, prepare and serve foods avoiding all known peanut products for children under three years of age by ensuring that you carefully read food labels to determine ingredients in a food product.

Playground Safety:

Each year in Canada, thousands of children get hurt at the playground playing on slides, monkey bars or swings. Some children have died when their clothing or drawstrings got caught on playground equipment or fences. Some children have died when they have become entangled in ropes or skipping ropes attached to playground equipment. Loose clothing, hoods, scarves, drawstrings, mitten cords, ropes and skipping ropes can strangle a child.

- Remove cords and drawstrings on children's hoods, hats and jackets.
- Tuck in all clothing that can get caught on playground equipment.
- Wear neck warmer instead of a scarf.
- Take off bicycle helmets before using playground equipment. Bicycle helmets can get trapped on equipment and strangle a child.
- Make sure that children do not tie ropes or skipping ropes to slides and other playground equipment.
- Supervise children on the playground.
- Teach children how to use playground equipment and to play safely.

Household Chemicals:

Household chemicals such as bleaches, paint thinners and paint removers, oven cleaners, ammonia and abrasive cleaners are among the top household consumer products which cause injuries and deaths in children under the age of five. Because products such as cleaning liquids and powders, polishes and drain cleaners are so common, we forget how dangerous they are.

The major hidden hazard for all chemical products is the possible swallowing of the product. However, the splashing of the product in the eyes and on the skin is also important to avoid. Most household chemicals carry symbols and safety warnings on the label. Learn the symbols. Follow these five steps to safety:

- Children are curious and move fast. Lock all chemical products out of the sight and the reach of children. Household chemical containers, even if sealed or empty, are not toys. Never let children play with them.
- Read the label. If there is anything in the label instructions that you don't understand, ask for help. Make sure that the labels on containers are not removed or covered up.
- Keep household chemicals in their original containers. Never mix them together. Some mixtures can produce harmful gases.
- Close the cap on the container tightly even if you set it down for just a moment. Make sure that child-resistant containers are working. Child resistant does not mean child-proof!
- Teach children that the symbols mean **DANGER! DO NOT TOUCH!**

Drowning:

Children love to play in and around water. Every year children drown in incidents that could have been prevented:

- Supervise children in the bathtub. Do not rely on a bathseat to ensure the safety of a young child in the bathtub. The suction cups on the seat may suddenly release, posing a drowning hazard if the child is left unattended.
- Keep young children away from five-gallon buckets, diaper pails and other large household containers of water. Toddlers have been known to fall into such products and drown.
- Be sure that the filter for an aboveground pool is located far enough away from the pool to prevent a child from climbing on it and falling in the water.
- Be sure that backyard pools are well enclosed, with a high fence of vertical bars and a gate which is self-closing and self-locking.
- For more information on water safety, contact your nearest branch of the Canadian Red Cross Society.

Second Hand Products:

- If you are thinking of buying a used crib, playpen, stroller or other children's products or are about to inherit one from family or friends, be careful!
- Even if they are only a few years old, some of these items can be in poor condition and dangerous. Be aware that hidden damage to car seats and safety helmets make these products unsafe.
- Be aware that there are government regulations to ensure the safety of these kinds of items for young children.

- Used cribs, gates, car seats, strollers, or toys may not meet government safety standards.
- Be cautious about buying or accepting used or hand-me-down articles.

General Safety Tips:

- Prevent falls, cuts and other injuries by being attentive to a baby or child placed in a grocery shopping cart.
- Make sure that children use helmets when riding their bicycles or playing sports to protect against severe head injuries.
- Be aware of the serious risk of injuries suffered by young children using backyard trampolines. Trampolines should not be considered as toys.
- Choose only water-based arts and crafts materials for use by children.
- Keep glass soft drink bottles away from children. If tipped or dropped, they may explode and cause serious injury.
- Make sure that plastic bags are kept out of the reach of children. Children have suffocated when playing with plastic bags.
- To avoid childhood hazards such as burns, falls, drowning, and strangulation, supervise children at all times.

Fire Safety:

The following educational fire safety materials are available from your local fire departments:

- Nero & Ashcan "Matches and Lighter Safety" for Pre-schoolers ages 3-5
- Nero & Ashcan "Home Fire Safety Safari" for children ages 9-12
- Nero & Ashcan "Fire and Farm Safety" for children ages 9-13

"Matches and Lighter Safety"

The Nero & Ashcan "Matches and Lighter Safety" kit teaches children the difference between "good" fires and "bad" fires; and that matches and lighters are "tools" and not "toys". The program teaches that when matches and lighters are found, they are to be given to an adult.

"Home Fire Safety Safari"

The Nero & Ashcan "Home Fire Safety Safari" kit educates the children along with their parents and siblings in the identification of fire hazards in the home, how to demonstrate proper behaviour in case of fire and how to develop an escape plan.

"Farm and Fire Safety"

This kit uses a take home comic book format to teach children ages 9-13 about farm and fire safety. It contains three stories: "The Grain Bin Mystery" which deals with farm fire hazards and spontaneous combustion; "Hide and Seek" describes the safe use, storage and disposal of farm chemicals; "The Tractor Thief" depicts the safe use of farm equipment and machinery.

"Learn Not To Burn"®

- "Learn Not To Burn"® is a fire safety curriculum that is taught in the schools. For further information contact either your local school or the fire department in your area.
- The curriculum is for students from Kindergarten to Grade 8.

Goals of the "Learn Not To Burn"® program are:

- to reduce the number of deaths and severity of injuries to people caused by fires; and
- to reduce the number of fires and property damage that results from fire.

Other fire safety pamphlets that are available from your fire department that you may find helpful are:

- "Fire Escape Planning"
- "Smoke Alarm Facts"
- "Portable Fire Extinguishers"
- "Kitchen Fires"
- "Cooking on a Barbecue"

The Youth Fire Stop Program

The Youth Fire Stop Program is dedicated to stopping curiosity firesetters from injuring themselves and others, reducing property damage caused by children playing with fire and preventing child firesetters from becoming adult firesetters.

When to Call for Help

- If your child has played with fire on more than one occasion; or
- If your child has deliberately set a fire; or
- If you suspect or find evidence that your child is firesetting.

Where to Go for Help

Contact your local fire department and ask about the Youth Fire Stop program or you may contact the Manitoba Youth Fire Stop program at 1-800-253-1488. The pamphlet "Youth Fire Stop Program", which provides information about this program, may be found at the end of this manual.

First Aid Kit:

Section 28(1)(b) of the Foster Home Licensing Regulation requires that the foster home have a first aid kit. Supplies for the first aid kit should include, as a minimum, the following items or suitable alternatives:

Equipment

- 12 safety pins
- one splinter tweezers, blunt nose

Dressings - (each item is wrapped individually)

- one sterile square-yard (.8 square metre) gauze compress
- one sterile bandage compress, four-inch (10 centimetre) by four-inch (10 centimetre)
- 16 sterile adhesive dressings, one-inch (2.54 centimetre) wide
- four sterile three-inch (7.62 centimetre) by three inch (7.62 centimetre) pads
- Bandages - one 40-inch (101 centimetre) triangular bandage
- 2 two-inch (5 centimetre) by six-yard (5.5 metre) roller bandages

Antiseptic - an approved antiseptic

- Burn ointments, salves, lotions, or sprays are not used without approval by a medical doctor stating the type and proper method of use.

Street Proofing:

- Two out of three females and one out of every three males will be the victims of an unwanted sexual act; in 80% of the time, the assault will occur before the person has reached the age of 21.
- Nearly one quarter of assaults or attempted assaults on female victims occur before the child has reached the age of 11.
- Over 80% of the abusers are persons known to the child.

Most parents want to educate their children about sexual abuse, but are not sure how to go about it. These guidelines will help parents to teach their children how to keep safe. Remember, you risk doing more harm to your child by avoiding the subject than by saying too much. Parents who talk openly will be seen by their children as being approachable and children will feel free to bring their worries and concerns to them.

Parents who streetproof their children are reinforcing what is being taught in school, since in many communities today sexual abuse prevention is part of the school program.

Things to Do as a Family

- An unattended child is a child at risk. Arrange with your child an alternative place where he/she can wait if you are delayed, especially in the darker winter evenings. Suggest a well-lit store or inside an arena or school.
- Whenever possible, have children walk in pairs or groups. Children should always travel the same way home.
- Know the adults who work with your children both at school and in recreational programs.
- Use a special family code. Children should never go with anyone, not even close family friends unless such friends are able to give the child the code. Once the code has been used, it should be changed.
- Don't allow young children to go to a public washroom unattended.
- Check your babysitter's credentials thoroughly. Know the latchkey rules if your child is at home alone after school: he or she should be taught never to admit visitors and never to let telephone callers know he or she is alone.
- As a family, obtain a family videotape on sexual abuse prevention. An excellent one is "Feeling Yes, Feeling No" with its companion manual and discussion kit, which is available from the National Film Board and many public libraries.
- Explain to your children the difference between "good touches" and "bad touches" and encourage them to listen to their feelings.
- Give your children the self-confidence to assert themselves if they get a "no feeling" because someone either touches them or asks them to do something they felt was not right.
- Give them permission to say "no, don't touch me" to that person, and reassure them that it is not rude to do so.
- If anyone, even someone they love, threatens or does touch them in a way that doesn't feel right, impress upon them that they must come and tell you. Explain that if an adult wants your child to have a secret that only the two can share, that is not right and your child must tell.

Sources Of Information On Safety:

General Safety

Safe Kids Canada
(1-888-SAFE-TIPS or www.safekidscanada.ca)

Infant and Toddler Safety Association
(1-519-570-0181)

St. John Ambulance
(1-888-373-0000 or www.sja.ca)

Think First Foundation
(1-800-335-6076 or www.thinkfirst.ca)

Your local Canadian Red Cross (www.redcross.ca/)

Your local Public Health Unit
(www.gov.mb.ca/health/publichealth/)

Your local Safety Councils/Leagues
(www.mbsafety.org/)

Block Parent Program
(1-800-663-1134 or www.blockparent.ca)

Manitoba Poison Control Centre
(1-204-787-2444)

Injuries Manitoba – Prevention of Adolescent and Childhood Trauma (IMPACT)
(1-204-787-1873 or www.hsc.mb.ca/impact/)

Product Safety

Product Safety Bureau
(1-613-952-1014 or www.hc-sc.gc.ca/ehp/ehd/psb/)

Canadian Standards Association
(1-416-747-2496 or www.csa.ca/)

Water Safety

Lifesaving Society – Manitoba Branch
(1-204-956-2124 or www.mb.lifesaving.ca/)

Your local Canadian Red Cross (www.redcross.ca/)

Boating Safety

Canadian Coast Guard's Office of Boating Safety
(1-800-668-2955 or www.ccg-gcc.gc.ca/)

Fire Safety and Prevention

Fire Prevention Canada
(1-800-668-2955 or www.fiprecan.ca/)

Your local Fire Department

Safe Travel

Active And Safe Routes To School Program
Go for Green (1-613-562-5340 or
1-888-UB-ACTIV or www.goforgreen.ca/)

By Car
Transport Canada
(1-800-333-0371 or www.tc.gc.ca/)

Your local CAA office (www.caa.ca/)

By Snowmobile
Canadian Council of Snowmobile Organizations
(1-613-225-0202 or www.ccso-ccom.ca/)

By Train
Operation LifeSaver
(1-514-879-8558 or www.ol-og-canada.org/)

Transport Canada-Rail Safety-Direction
2006 (1-613-998-1893)

Farm Safety

Canadian Federation of Agriculture
(1-613-236-3633 or www.cfa-fca.ca/)

Playground Safety

Canadian Parks/Recreation Association
(1-613-748-5651 or www.cpra.ca/)

In Manitoba, information concerning ***The Hazardous Products Act*** (Canada) may be requested from:

Health Canada
Health Protection Branch
510 Lagimodiere Boulevard
Winnipeg MB R2J 3Y
Phone: (1-204-983-5490)
(www.hc-sc.gc.ca/ehp/ehd/psb/consumer.htm)

The following is adapted from the Province of Manitoba Orientation/Preservice for Foster Caregivers developed November 1997.

What is Development?

Child development is a branch of psychology that examines how children grow and develop from the point of conception to young adulthood.

There are many theories of child development and various ways of explaining how children learn and grow. Most agree on the following points:

Development is Directional

Development proceeds from the child's head to the feet. Thus it is expected that the child will gain control of the muscles of the head and neck before the trunk and legs. Development also proceeds from the mid-line outward. The midline is the imaginary line drawn along the child's spine and out the head. Thus the spinal column and internal organ systems develop before the fine motor control of the fingers.

Development Involves Stages and is Cumulative

Development appears to involve stages that occur in predictable patterns across cultures. For instance, children all over the world will walk within a similar time frame. This is also true for language skill and cognitive development. While we know that children do not really get "stuck" at a level of development, the experiences that a child has in one stage will affect how they go through the next stage. This is the cumulative nature of the developmental process.

Development is Dynamic

Each day's experience adds things to an individual's repertoire of experiences so that at the end of the day we are literally different people than we were at the beginning of the day. The amount a person changes can vary.

Developmental Domains Intertwine

Development, is considered to have four basic domains: physical, cognitive, social and emotional. It is important to remember that these domains interrelate. For example, a severely developmentally delayed child reaching puberty may have new physical capabilities that do not match his or her social development.

What is Normal Development?

The majority of people develop skills within a similar range of time. This is considered "normal development".

For example, most children walk between the age of 9 and 15 months of age. Should you be concerned if a child does not walk at twelve months? No. Should you be concerned at fifteen months and one day? No - as long as the child is making progress toward being able to walk, such as pulling himself/herself up. Should you be concerned at eighteen months? Possibly. This would certainly be important to discuss with the child's doctor. What is the difference? The length of time outside the range of time expected for performance of the skill.

Physical Development

Physical developmental includes muscle development and the use of muscles such as fine and gross motor control. Fine motor control is the movement and coordination of such area as the hands and fingers, feet and toes, and muscles used in speech (e.g., writing requires fine motor control). Gross motor control refers to control over large muscles, and is evident in activities such as jumping or kicking.

Physical development also includes the development of organs and tissues and the senses. A large part of physical development is the sensory integration component or the brain's ability to interpret the signals the body is receiving and determine a plan of action.

Cognitive Development

Cognitive development includes thinking, memory, and problem solving. Sometimes people refer to this domain as the intellectual or mental domain. Cognitive is the most appropriate term.

Related to cognitive development is the development of language. Language is a set of sounds that represent specific ideas and things. Language can be combined and re-combined to express different meanings. Learning language is an extremely complex process.

Emotional Development

Emotional development includes the affective or "feeling" part of the individual. It includes identification and expression of emotions, the ability to delay gratification, and to overcome impulses. It includes the individual's self-regard which may vary from situation to situation.

Social Development

Social development includes how the individual relates to others and how he/she enters into social relationships. It is also how the person meets his/her needs for belonging and closeness to other individuals.

For the purpose of this manual, normal development will be broken down into the following age categories:

Ages Birth to 24 months	Infants
Ages 2 to 5 years	Pre-schoolers
Ages 6 to 9 years	School-age
Ages 10 to 12	Pre-Teen
Ages 13 to 14	Early Teen
Ages 15 to 17	Middle Teen

Infancy (Birth to 24 months)

Physical Development

As an infant develops, he or she is attempting to gain control of his or her body. As previously mentioned, development proceeds from the head down and from the midline outward to the extremities.

Infants exercise their bodies by stretching and pulling. While this may seem rather insignificant to adults, think of the energy and muscle strength it takes to lay on your back and lift your legs (leg lifts). These exercises prepare the infant for later tasks such as crawling and walking.

Cognitive Development

An important concept in early childhood development is "object permanence". This is the ability to remember an object when it is not in view. For example, when a toy is covered with a towel an infant who does not have object permanence will cease looking for it. An infant who has objective permanence will remove the towel, throw it aside, and look for the interesting object. Infants who have not developed object permanence cannot remember the item because they do not have the capability for symbolic thought, thus "out of sight" really is "out of mind". Infants generally do not develop object permanence until they are about nine to twelve months of age. Object permanence is the first step in the infant developing a language.

Initially infants have only sensory information by which to interpret the world. They cannot understand change and it may scare them.

Emotional Development

Infants have few ways to communicate to others; they are dependent upon others to predict their needs and wants. They are strongly attached to the caregiver during the first two years of life. In fact, for about the first nine months, the infant views the caregiver as an extension of him/herself.

When the infant begins to understand that he/she and the caregiver are distinct from one another, stranger anxiety begins to be expressed. This is about the same time that the infant develops object permanence. This is an example of the interdependence of domains.

As the infant continues to develop crawling and walking skills, he/she will begin to crawl or toddle off and then return to check on the caregiver, then go back to exploring. This is called "safe base exploration".

Social Development

The infant has few ways to communicate and has limited ability to attach to a large number of individuals. The relationship between the infant and the parent is sometimes referred to as the "dance of attachment". The infant needs much consistency and stability in this relationship dance. Infants are generally not as animated with strangers as they are with parents or siblings. Past eight months of age, infants may be initially shy with strangers and need time to adjust to the presence of new caregivers.

Pre-School (Ages 2 to 5 years)

Pre-school children have many developmental skills to learn. Like adults, as they learn new skills, there are days where they demonstrate them with finesse and perfection. Then there are days when they are unable to perform a previously learned skill, such as dressing themselves or using a spoon to eat soup. Caregivers should accept pre-schoolers' momentary regressions and consider it a natural process of learning new skills. It is important not to interpret these moments of regression as misbehaviour.

Physical Development

Children continue rapid development during the pre-school years. By this time, the child is able to walk and has a new-found sense of freedom. A guide for this age is that a three-year-old is about three feet tall and weights about 33 pounds. It's called the 3-3-33 rule. On average, children gain 4 to 5 pounds per year and about 3 to 4 inches of height per year during this age. So therefore, an average five-year-old will be about three feet six inches tall and weigh about 41 pounds.

Cognitive Development

At about two years of age, most children will speak in two or three word sentences such as "me do" or "all gone milk." Children increasingly use words to communicate, but still often revert to crying and/or having a tantrum as a means of communicating, especially when tired or hungry. The child learns verbal and non-verbal communication clues from his/her family. When talking to pre-school children, it is vital that the listener understand the family's style of communication and the meaning of words within a family in order to understand the child's needs and expressions.

Children this age do not have a well-developed sense of time and sequencing. They also have difficulty with cause and effect. When removed from their homes they are likely to think that they "bad" and to blame themselves for the removal. This is partly because they see themselves at the centre of the world and they assume that everything that happens is to a certain extent an extension of themselves.

Pre-school age children cannot generalize learning experiences. For instance, the child who is potty trained at home may not be able to perform the same skill in a mall or on a vacation. Or a child who can feed him/herself and use a napkin may forget in a restaurant or at a friend's home.

The pre-school child has magical thinking and often weaves fantasy and fact. The child may really believe that he/she had a tea party with an imaginary friend. Their thinking also tends to be very "concrete". For instance, if you tell a pre-school child that he/she has "sharp eyes" (meaning that the child is very observant), the child may interpret this as meaning that his/her eyes come to a sharp point.

Emotional Development

The pre-school child wants to achieve independence and do things for him/herself. Children will tackle increasingly difficult tasks. Those who are successful will gain a great sense of satisfaction from these accomplishments.

Social Development

Pre-school children increasingly play in an interactive style. Most children develop one or two close friends of either gender during this age range. Although advances in language allow the pre-school age child to play more co-operatively, there continues to be a high need for supervision. At times, children will still try to solve problems by hitting, biting, and screaming.

The child's value system is emerging as "good" things and "bad" things. Children this age see themselves as good or bad depending what action they have just performed (e.g., if I dress myself I am a good boy/girl; if I wet my pants, I am a bad boy/girl).

School-Age (Ages 6 to 9 years)

Physical Development

School-age children are naturally physical and like to be active. However, when they are in school, children are required to sit for long periods of time without physical activity breaks. School-age children can release much emotional energy through active play and thus ample opportunity should be given for this.

Growth is slow and steady at this age. School-age children are able to learn complex games such as kickball, which involves many rules and complex physical actions. School-age children are also able to complete fine motor tasks such as coin and stamp collecting and stringing tiny beads on fine wires. Most school-age children have developed sufficient co-ordination to play musical instruments.

Cognitive Development

The school-age child is still a concrete thinker. That is, they are able to compare and contrast objects as long as the attributes are visible and concrete. For instance, a six-year-old is likely to tell you that an apple and an orange are alike because they are both round or that you eat both of them.

School-age children have limited ability to take the perspective of others. Rules govern most of their life and they judge others based on whether or not they are "fair" (i.e., play by the rules). School-age children increasingly develop the concept of time and sequencing. They are able to remember what happened first, second, and third with increasing accuracy.

Emotional Development

While pre-schoolers may participate in activities for the sheer enjoyment, school-age children's self-regard is tied to their performance. They judge themselves on their product. If their product is not good, they feel inferior. They continue to need much structure and encouragement. They have a strong attachment to their family, which forms the basis of their sense of personal identity.

Social Development

School-age children expand their social circle to include other relationships. Friends of the same gender are increasingly important but remain bound by the situation. For instance, the child may have a friend at school, one at church, another on the swim team, and a few in the neighbourhood. These friends rarely transcend the situational boundaries.

The school-age child wants to be like others and does not want to be different from those around him/her. The child begins to understand loyalty and expects it both from others and from him/herself. The child's value system is comprised of what is perceived as "right" and "wrong", and is dependent upon the parents for reinforcement.

Pre-Teen (Ages 10 to 12 years)

Physical Development

The age of onset of puberty for girls is 11 to 14 and for boys 13 to 17, although there is a wide range of normal development. Generally, girls begin to experience growth spurts and secondary sex characteristics during this age range. Boys may not experience this transition until the teen years. A girl's attitude toward menstruation is largely determined by the attitude of the family. It is important that menstruation is explained clearly with the child.

Cognitive Development

Pre-teen children may begin to understand abstract thinking and are better able to take the perspective of others. For example, the child may understand that his/her mother does not want him/her to eat a cookie before dinner because she is concerned about nutrition, while a school-age child might just understand that the mother said "no". The pre-teen child has a good understanding of time, can generalize his/her experiences, and can adapt his/her behaviour to new or varied situations.

Emotional Development

The pre-teen child's identity continues to be tied to his/her family, however the child's peer group is already becoming important. The pre-teen child may feel embarrassed if he/she is different from his/her group of friends. The pre-teen child can be independent for short periods of time.

Social Development

The pre-teen's developing skills and independence broaden his/her horizons. The pre-teen child begins to view children of the opposite sex differently and begins to talk about this with friends. The child continues to need frequent reassurance and guidance from adults. The pre-teen child begins to be more realistic about his/her parents, seeing both positive and negative characteristics.

Early Teen (Ages 13 to 14 years)

Physical Development

Girls continue to develop secondary sex characteristics. Most girls will have started menstruation by this point. Boys are likely to experience unexpected erections and nocturnal emissions. Boys' voices are changing, some are developing facial hair, and they may grow several inches in a year. Body image is not realistic and most teens are physically self-conscious.

Cognitive Development

Many early teens may begin to think abstractly. They can identify feelings in themselves and predict how others may feel in various circumstances.

Emotional Development

Early teen children can be very emotionally variable. Their feelings will vary from moment to moment. They demand independence but continue to need adults to set limits for them. Early teens can be extremely self-centred, and ignore the needs and views of others.

Social Development

Early teens are sometimes embarrassed to ask for adult assistance. They feel that they should be able to handle all situations by themselves. Early teen children are very status conscious and keenly aware of the standard that is expected in their peer group. The peer group continues to increase in importance and to contribute to the child's sense of identity as he/she develops more autonomy from the family.

Middle Teen (Ages 15 to 17 years)

Physical Development

Physical and secondary sex characteristics are either well developed or beginning by this age. Boys may be adding muscle and growing facial hair.

Cognitive Development

Middle teens are able to understand and solve very complex problems. They continue to gain insight into their own behaviour and the behaviour of others. Middle teens are able to think hypothetically and enjoy thinking about such questions as "If a tree falls in a forest and no one is there to hear it, did it make a noise?"

Emotional Development

Middle teen age children are becoming self-reliant. They continue to need peer acceptance but are beginning to form their own identity. They begin to seek out adult role models to ask questions and gain information.

Social Development

The middle teen age children begin to form romantic relationships on a one-to-one basis. They need adult role models and may actively seek out adults they feel demonstrate qualities worth imitating. They begin to focus on the future and are not as bound by the present. They are selecting their own value system and can make ethical decisions for themselves.

Normal Childhood Development

Physical Development

0-3 Months
- lift head and chest
- hold finger
- look at a face
- smile when spoken to
- grasp objects touched to palm

3-6 Months
- roll over
- hold a toy
- play with hands
- turn to a voice

6-9 Months
- sit alone
- pass toys between hands
- watch objects that move
- make a string of sounds

9-12 Months
- hold things to walk
- pick up small objects
- able to see small things

12- 15 Months
- walk alone
- eat with fingers
- pull self up to a standing position
- get self to sitting position
- move around on own
- clap own hands

16-18 Months
- try to run
- turn knobs
- point to far off objects
- stand alone

Language Development

Newborn
- communicates with cries, body movement, facial expressions
- gaze at caregiver
- focus best on face 8-10 inches away
- understand primary caregiver's voice best

2-3 Months
- coo, fuss, and cry to express need
- coo vowels "I", "E" and "A"

4-5 Months
- smile or make noise to get attention
- can take turns while communicating

6-11 Months
- understand simple words (i.e., respond)
- deafness can be detected at this age

12-20 Months
- understand and use language
- begin to use words
- increasing vocabulary
- uses one word sentences

Cognitive/Social/Emotional Development

0-1 Month
- sucking motion when objects approach face
- move head toward sound
- turn to people, follow with eyes
- smile, vocalize, stop crying when people near

2-6 Months
- friendly to people
- differing reaction to people they know or don't
- start to respond with cries to strangers

6-12 Months
- eat, sleep, cry, coo, babble
- similar social/emotional characteristics as previous

13-14 Months
- communication of needs more varied, not just cries
- looks at pictures
- waves good-bye
- puts things in containers

15-16 Months
- can bend and pick up objects
- imitate others
- scribbles

17-18 Months
- drinks from cup
- points to objects they want

19-20 Months
- dump objects to imitate others
- use fork/spoon in play to feed self

Normal Childhood Development

Physical Development

18-24 Months
- walk stairs
- scribble
- recognize people in pictures
- name objects in books
- kick a ball

2-3 Years
- want to do tasks like dress themselves
- may begin to potty train
- fine motor skills like drawing are very basic

3-4 Years
- usually potty trained
- good large motor skills like climbing and running
- improving fine motor skills

4-5 Years
- good body control
- good gross motor skills
- improving fine motor skills

Language Development

21-24 Months
- make two word sentences (e.g., more juice)
- knows approximately 200 words
- can use "I" and "me"

2-3 Years
- knows and uses approximately 300-400 words
- uses 2-5 word sentences

3-4 Years
- understand three-part directions
- use some words endings such as jump-ing or jump-ed

4-5 Years
- knows and uses over 1000 words
- sentences are well developed

Cognitive/Social/Emotional Development

21-22 Months
- builds towers with blocks
- points to body parts when asked to

23-24 Months
- can remove own clothes
- can feed dolls
- build towers with four blocks
- understands what adults want, attentive to change
- develop stronger relationships

2-3 Years
- learn to represent objects and people
- imaginative in play
- signs of independence, still need adult to feel safe
- increasing cooperation with others
- want more time to play on own

3-4 Years
- increasing independence
- express self with "no" and "do it myself"

4-5 Years
- plan and direct own actions
- make decisions if given appropriate choices
- enjoy active participation and exploration
- can problem-solve, cooperate, help others

5-11 Years
- read, write
- join groups, enjoy hobbies and sports
- get pleasure from accomplishments
- gauges own success against others
- logical thinking appears
- relates objects to each other, arranges consecutively

12 Years
- logical and abstract thought are clearly understood
- can see alternatives
- start to imagine their future
- need supportive role models

The following is taken from the Province of Manitoba Orientation/Preservice for Foster Caregivers developed November 1997 and Attachment, Separation and Reunification: Youth Worker Counselling Core 806, October 1998.

Attachment

Attachment is an "affectionate bond that develops between two individuals that endures through time and space that serves to join them emotionally" (Kennel, et.al., 1976). Said another way, attachment refers to the social and emotional relationship children develop with the significant people in their lives. It is a reciprocal relationship in which we still feel a sense of "connectedness" even when we are apart.

Attachment is an on-going social process. It is not a one time event. Attachment occurs over time as one's needs are met. The more consistently needs are met over time by the same person, the deeper the level of attachment. If needs are met inconsistently (neglect) attachment is weakened. If caregivers change frequently (e.g., child moves from one place to another), attachment may be interrupted or impaired. Impaired or maladaptive attachment has extremely serious long-term consequences for the individual's ability to sustain relationships, become independent, and develop a healthy conscience. It is hard for many caregivers to understand how children can still be attached to their abusive and neglectful parents, and feel sad to be separated from them. Children become attached to their caregivers through a process known as the "Arousal-Relaxation Cycle." This theory was developed by a pediatrician, Dr. Vera Fahlberg.

AROUSAL/RELAXATION CYCYLE

Infants and small children have many basic needs: food, clothing, shelter, diaper changes, love, comfort, protection, stimulation. The child expresses his/her needs (arousal) by crying, whining, screaming, clinging, following, etc. The caregiver determines what need the child is expressing and meets the need. Once the need is met, the child enters a period of relaxation and quiescence until the next need is realized. This cycle is repeated many times over every day. The child comes to recognize the environment as predictable and begins to trust the caregiver. Consequently, the child becomes attached to the caregiver. The separation of a child from the caregiver interrupts this process and threatens the development of a healthy attachment.

Healthy Attachment

Healthy attachment influences and enhances many areas of a child's development.

The Development of Language and Other Communications

Social interaction between infants and their caregivers stimulates the development of both verbal and non-verbal communication. Babbling, cooing, vocal interactions and eye contact with caregivers are precursors to language development. Infants develop communication skills at an early age. Crying is an infant's primary means of communicating distress or discomfort. Within a few months, the infant's cries become more differentiated; most mothers can recognize tired cries, angry cries, frightened cries, or cries for attention. Timely nurturing responses by the caregivers to these and other cues from the infant further reinforce the infant's attempts to communicate. Studies have demonstrated that children who have been neglected, abused, or abandoned by caregivers are often delayed in their development of language.

The Development of Trust and a Positive "World View"

According to Erik Erikson, the primary developmental task of an infant during its first year of life is the development of "basic trust." Trust, in Eriskson's view, refers to the infant's perception of his/her environment as a positive, generally responsive, nurturing and dependable place. Trust also refers to the infant's sense of competence and confidence in his/her ability to act upon the environment to assure that his/her needs are met. The degree to which caregivers positively respond to the child's cues and meet their needs has a significant influence on both aspects of trust.

For Erikson, the infant's early and continuous attachment to a primary caregiver is the single most important factor in the development of basic trust. Erikson also believes that the infant's experiences with attachment influence their "world view", or basic attitude toward the world, which sets the tone for all their future relationships and interactions with their environment. If early attachments are absent, are a source of pain, or are unpredictable, the child will be less likely to approach others and will be more likely to avoid intimacy in relationships.

The Development of Self-Esteem

Through their relationships with important others, a child learns that he/she is valued, worthwhile, and wanted. He/she is positively reinforced by the affection, caring, and protection he/she receives from those with whom he/she has close attachments. These positive relationships are critical in establishing the foundations of the child's sense of self. Healthy attachment is viewed by developmental psychologists as one of the most important foundations of healthy personality development. Children who do not feel loved and important to their caregivers often develop low self-esteem and perceive themselves as inadequate important ways.

Development of a Healthy Conscience

Through being encouraged to continue positive behaviour and to understand when behaviour is negative, the child begins to understand what is right and wrong. A child that is attached looks to his/her caregiver to give direction in doing what is right and avoiding what is wrong. This begins the formation of a healthy conscience.

Anxiety Reduction and a Sense of Security

Infants and young children have few skills with which to cope with life stresses. As children grow, they develop more sophisticated coping strategies and greater self-reliance in mastering life's tasks and challenges. Infants and young children must rely on the adults in their lives to protect them and to remove stress. Children depend upon their primary caregivers to feed them, keep them warm, comfort them, reassure them, and protect them from harm.

The child who has developed a reciprocal attachment with a caregiver has a dependable source of security, which frees the child from excessive anxiety and fear. Children who are deprived of this security may develop strong anxiety reactions. If the anxiety state continues for a long period of time, it can interfere with the child's development in all domains.

Learning Through Special Interactions

Play stimulates a child's cognitive, physical, and social development. Children develop social skills such as sharing, cooperation, and negotiation through play with parents and siblings. Children are also encouraged by parents to learn and to repeat new skills and activities. For example, many children would likely never attempt to ride a two-wheel bicycle without training wheels were it not for a proud, cheering, encouraging parent. The child's trust in the parent and his/her wish to please the parent, both aspects of healthy attachment, are significant factors in the child's motivation to learn.

Self-Reliance

Healthy attachment fosters the development of self-reliance in children. The secure emotional base provided through healthy, reciprocal relationships with important adults promotes exploration, experimentation, and the development of self-confidence and self-reliance. Children whose attachments are insecure tend to be fearful, anxious, and dependent.

Formation of Future Relationships

When a child is attached, they learn to attach to others. These early lessons are the foundation for all future attachments and relationships.

Separating a child from his/her parents can have harmful effects upon the child's development. The more traumatic the separation, the more likely there will be significant developmental consequences.

Repeated separations interfere with the development of healthy attachments and a child's ability and willingness to enter into intimate relationships in the future. Many children in care have suffered many different separations, not just from their parents. Children who have suffered traumatic separations may also display low self-esteem, a general distrust of others, mood disorders, including depression and anxiety, socio-moral immaturity, and inadequate social skills. Generalized cognitive and language delays are also highly correlated with early traumatic separation.

When caseworkers remove children from their families, the normal attachment of the child to their parents is disrupted. Any intervention that undermines healthy attachment violates the primary tenets of family-centered practice. For this reason, child welfare policies stress the importance of maintaining a child in his/her own home, unless he/she is at serious risk. When a child must be removed, if possible

his/her relationship with his/her parents must be maintained through regular and frequent visitation until the child can return home. Therefore, visitation that enhances and supports attachment must be a primary focus in the case planning process. When reunification is not possible, the child should be placed in a stable, consistent, alternative permanent home as soon as possible to enable the formation and maintenance of healthy attachments with caretaking adults. Residential treatment cannot be considered long term or permanent in most situations.

Maladaptive Attachment

Maladaptive attachment is characterized by the failure to develop the ability to form close attachments, and/or an inappropriate level of intimacy given the nature of the relationship. Maladaptive attachment occurs when the child's caregiving environment significantly interferes with the development of secure and intimate attachments. Maladaptive attachments can develop in several ways.

1. Some children are deprived of a nurturing relationship within which to develop secure attachment. The child's emotional needs are never met; he/she fails to learn trust; he/she has no experience with mutuality and reciprocity in relationships. These children often grow up with severe deficiencies in all areas of development, but most notably, in identity and interpersonal relationships. A classic example of absent attachment and its sequel are infants raised in institutional settings with multiple, constantly changing caregivers. Children who experience repeated traumatic separations, and children who are chronically neglected by parents so psychologically damaged that they provide no nurturance at all, are at risk of serious attachment disorders. Many of these children display an absence of empathy, intimacy, conscience, and connectedness to others. They "use" people as objects to achieve their own ends or goals, and are often described as manipulative. They also exhibit what has been termed "bottomless pit" dependency, where they demand and take from others, with little consideration for giving anything in return. As adults, they may be diagnosed as having character or personality disorders.
2. Some children develop what is described as "insecure attachment." Their primary caregivers can, but often don't, relate to them with warmth and nurturance. This is a characteristic pattern of attachment in children who are intermittently abused or neglected by their caregivers. Interspersed with periods of warm caregiving and nurturance are periods of serious psychological and physical pain. The child learns that intimacy and affectionate nurturance are possible, but cannot be depended upon. The child often cannot figure out how to get positive attention. These children are often very ambivalent in relationships; they concurrently desire nurturance, yet they fear closeness and try to protect themselves by avoiding it. Because their attachments are fragile, these children also demonstrate heightened anxiety when attachment is threatened. This often explains the excessive reaction of insecurely attached children to even short separations from their caregivers. These children may seek nurturance from a variety of people, resulting in what appear to be "shallow" expressions of love and affection. At other times, they may reject people who offer nurturance, because they cannot trust and they fear emotional harm.

3. A third contributing factor to attachment disorders is the traumatic loss of an important person. For a child, loss of a parent is potentially the most traumatic loss. Once a child has experienced a traumatic loss, he/she fears new attachments and may avoid them. This child's psychological withdrawal may appear complete; however, his/her history suggests that the ability to trust and attach has been learned. This is different from a child who has never experienced a close attachment to anyone. From a therapeutic perspective, a child who has had a secure attachment at one time may be more easily helped to reattach, provided he/she has a stable, dependable, permanent (and patient) source of nurturance and affection.
4. Some children with organic or neurological conditions fail to develop healthy attachments. Examples are children with autism and children who have been prenatally exposed to drugs such as cocaine. In both cases, these children's ability to accurately perceive, understand, and respond to external stimuli is impaired. They may not be able to signal their needs, they may experience excessive discomfort despite parental intervention, and they may not respond to environmental stimuli, including caregiver intervention. Their caregivers often do not feel reinforced or competent in their caregiving, and the child's unresponsiveness promotes emotional withdrawal by the caregiver. Serious attachment disorders may result.

Key Factors that Contribute to the Degree of Trauma Associated with a Separation

The Degree of Significance of the Person Lost

The stronger the relationship with the lost person, the greater the likelihood of trauma. For this reason, the loss of a parent is the most traumatic separation a child can experience.

Whether the Separation is Temporary or Permanent

Temporary separations, while distressing, are rarely as painful as the permanent loss of a loved one. Many people are able to survive even lengthy separations if they are certain that it is not permanent.

Who is Thought to be the Cause of the Separation?

The Complication of Guilt...

If we perceive ourselves to be the cause of a separation, either through negligence, an act of commission, or inadequacy, normal feelings of loss are complicated by feelings of guilt and self-blame. This creates additional emotional distress, and the separation is potentially more traumatic.

The Availability of Other Meaningful Attachments to Provide Support

Support from other meaningful relationships helps one cope during the period of grieving and prevents a feeling of total desolation and emptiness. The absence of strong supports may create significant additional emotional distress and loneliness.

The Effects of Children's Developmental Level on Their Experience During Separation and Placement

Infancy (Ages 0 to 24 months)

Cognitive Development

- The infant has not developed object permanence.
- Infants have short attention span and memory.
- They do not understand change: they only feel it.
- Changes and unfamiliar sensory experiences frighten them.
- They have little or no language ability and cannot communicate, except by crying.

Emotional Development

- Infants are emotionally dependent upon others to meet their basic needs.
- Infants generally form strong attachments to their primary caregiver and often cannot be comforted by others when distressed.
- After 5-6 months, the infant displays anxiety in the presence of unknown persons.
- Emotional stability depends upon continuity, stability in the environment, and the continued presence of their primary caregiver.

Social Development

- Infants have few ways to communicate their needs. If adults do not recognize their distress, their needs may remain unmet.
- Social attachments are limited to immediate caregivers and family members.
- Infants do not easily engage into relationships with unfamiliar persons.

Implications for Separation and Placement

- Infants' cognitive limitations greatly increase their experience of stress. Infants will be extremely distressed by changes in the environment and caregivers.
- Infants have few internal coping skills. Adults must "cope" for them.
- The infant experiences the absence of caregivers as immediate, total and complete. Infants do not generally turn to others for help and support.
- Separation during the first year can interfere with the development of trust.
- The child's distress will be lessened if his/her new environment can be made very consistent with his/her old one, and if the biological parent can visit regularly.

Pre-School (Ages 2 to 5 years)

Cognitive Development

- Child has limited vocabulary, does not understand complex words or concepts.
- Child does not have a well-developed understanding of time.
- Child has difficulty understanding cause and effect and how events relate.
- Child may display magical thinking and fantasy to explain events.
- Child displays egocentric thinking. The world is as he/she views it. He/she doesn't understand other's perspectives.
- The child may not generalize experiences from one situation to another.

Emotional Development

- The child is still dependent on adults to meet his/her emotional and physical needs.
- The loss of adult support leaves him/her feeling alone, vulnerable, and anxious.
- Development of autonomy and a need for self-assertion and control make it extremely difficult for a child this age to have things "done to him" by others.

Social Development

- The child is beginning to relate to peers in cooperative and interactive play.
- The child relates to adults in playful ways and is capable of forming attachments with adults other than parents.
- "Good" and "bad" acts are defined by their immediate, personal consequences. Children who are bad are punished; children who are good are rewarded.

Implications for Separation and Placement

- The child needs dependable adults to help him/her cope. The child can turn to substitute caregivers or a known and trusted caseworker for help and support during the placement process.
- The pre-school child is likely to have an inaccurate and distorted perception of the placement experience.
- Any placement of more than a few weeks is experienced as permanent. Without visitation, child may assume parents to be gone and not coming back.
- The child will often view separation and placement as a punishment for "bad" behaviour and will cling to his/her own explanation for the placement. Self-blame increases anxiety and lowers self-esteem.
- Because the child cannot generalize experiences from one situation to another, all new situations are unknown and therefore, more threatening.
- The child will display considerable anxiety about the new home.
- Most often, while verbal reassurances are helpful, the child needs to experience the environment to feel comfortable in it.
- Forced placement, without proper preparation, may generate feelings of helplessness and loss of control, which may interfere with the development of autonomous behaviour.

School-Age (Ages 6 to 9 years)

Cognitive Development

- The child has developed concrete operations and better understands cause and effect.
- The child has limited perspective-taking ability. He/she is beginning to understand that things happen to him/her which are not his/her fault.
- The world is experienced in concrete terms. The child is most comfortable if his/her environment is structured and he/she understands the rules.
- The child has a better perspective regarding time; can differentiate days and weeks, but cannot fully comprehend months or years.

Emotional Development

- Self-esteem is strongly affected by how well he/she does things in his/her daily activities, including academic performance and play activities.
- He/she is anxious when he/she does not have structure, and when he/she does not understand the "rules" or expectations of a new situation.
- The child's primary identification is with his/her family and his/her self-esteem is tied to people's perception of his/her family's worth.

Social Development

- The child can form significant attachments to adults and to peers.
- The child derives security from belonging to a same-sex social group.
- The child recognizes that being a foster child is somehow "different" from the other children.
- The child is fiercely loyal and exclusive in his/her relationships.
- His/her value system has developed to include "right" and "wrong", and he/she experiences guilt when he/she has done something wrong.

Implications for Separation and Placement

- The child can develop new attachments and turn to adults to meet his/her needs, which increases his/her ability to cope in stressful situations.
- The child's perception of the reason for the separation may be distorted. In his/her concrete world, someone must be blamed, including agency worker(s), caregiver, agency or himself/herself.
- The child will compare his/her current caregivers to his/her parents, and the caregivers will lose.
- The loss of his/her peer group and friends may be almost as traumatic as loss of his/her parents. Making new friends may be difficult. The child may be embarrassed and self-conscious about his/her "foster child" status, and he/she may feel isolated.
- The child will be very confused if the "rules" and expectations in the foster home are different from what he/she is used to.
- The child has a better understanding of time. Placements of a few months can be tolerated, if the child understands he/she is eventually to go home. Longer placements may be experienced as permanent.
- If the child was placed after some perceived misbehaviour, he/she may feel responsible and guilty, and anxious about his/her parents accepting him/her back.

Pre-Teen (Ages 10 to 12 years)

Cognitive Development

- Some pre-adolescent children are beginning to think and reason abstractly, and to recognize complex causes of events.
- The child is able to understand perspectives other than his/her own. Some children have developed insight and may recognize that their parents have problems which contribute to the need for placement.
- The child's time perspective is more realistic.
- The child can generalize experiences from one setting to another.
- The child understands that rules often change, depending upon the situation. The child can more easily adapt his/her behaviour to meet the expectations of different situations.

Emotional Development

- Self esteem and identity are still largely tied to the family. Negative comments regarding the family reflect upon him/her as well.
- The child has increased ability to cope independently for short periods of time. He/she still turns to significant adults for approval, support, and reassurance when things are difficult.
- He/she may be very embarrassed and self-conscious by his/her foster child status.

Social Development

- The child's social world has expanded to include many people outside the family.
- Peers are extremely important. Most peer relationships are of same-sex.
- Opposite sex friendships exist, but unless the child has been prematurely introduced to sexuality, these are of no interest or concern.
- The child still needs trusted adults for leadership, support, nurturance, and approval.
- They can begin to understand that their parents have the capacity to do wrong.

Implications for Separation and Placement

- The child has an increased ability to understand the reasons for the separation. With help, the child may be able to develop a realistic perception of the situation and avoid unnecessary self-blame.
- The child can benefit from supportive adult intervention, such as casework counselling, to help sort through his/her feelings about the situation.
- If given permission, the child may be able to establish relationships with current caregivers without feeling disloyal to his/her parents.
- The child may be embarrassed and self-conscious regarding his/her family's problems and his/her foster care status, which may contribute to low self-esteem.
- The child may be worried about his/her family as a unit and may demonstrate considerable concern for siblings and parents.
- It may be difficult to replace "best friends" in the foster care setting. The child may be lonely and isolated.

Early Teen (Ages 13 to 14 years)

Cognitive Development

- The child's emerging ability to think abstractly may make complicated explanations of reasons for placement more plausible.
- The child may have an increased ability to identify his/her own feelings and to communicate his/her concerns and distress verbally.

Emotional Development

- This is a time of emotional "ups and downs." The child may experience daily (or hourly) mood swings and fluctuations.
- Physical and hormonal changes, including significant and rapid body changes, generate a beginning awareness of sexuality. The child experiences many new feelings, some of which are conflictual and contradictory.
- The child begins to desire "independence" but independence is expressed by verbally rejecting parental values and rules, and adopting the values of his/her peers.
- The child experiences anxiety when deprived of structure, support and rules.

Social Development

- The child may be embarrassed to admit his/her need for adult approval.
- The child is status conscious. Much of the child's self-esteem is derived from peer group acceptance and from being in the "right" peer group.
- The child may need to keep up appearances and defend his/her family to others.
- The child is becoming aware of social roles, and he/she experiments with different roles and behaviours.
- Although many children will have developed a moral attitude with clearly defined "rights" and "wrongs", values of the peer group often superseded their own.

Implications for Separation and Placement

- The Early Teen years are an emotionally chaotic period. Any additional stress has the potential of creating "stress overload" and may precipitate crisis.
- The child may resist relationships with adults. Dependence upon adults threatens his/her "independence." By rejecting adults, the child deprives himself/herself of an important source of coping support.
- The child may deny much of his/her discomfort and pain which prevents him/her from constructively coping with the feelings.
- Separation from parents, especially if the result of family conflict and unruly behaviour on the part of the child, may generate guilt and anxiety.
- Identity is an emerging issue; dealing with his/her parents' shortcomings is difficult. Parents may be idealized, shortcomings may be denied; or, they may be verbally criticized and rejected.
- Entry into sexual relationships may be very frightening without the support of a consistent, understanding adult.
- The child has the capacity to participate in planning and to make suggestions regarding his/her own life.
- Persistent, repeated attempts to engage the child by the caseworker can have very positive results. The child may greatly benefit from the support and guidance of the worker.

Middle Teen (Ages 15 to 17 years)

Cognitive Development

- The child has the cognitive ability to understand complex reasons for separation, placement, and family behaviour.
- The ability to be self-aware and insightful may be of help in coping with the situation and his/her conflicting feelings about it.
- The child is more able to think hypothetically. He/she can use this ability to plan for the future and to consider potential outcomes of different strategies.

Emotional Development

- The child is developing greater self-reliance. He/she is more able to independently make, or contribute to making, many decisions about his/her life and activities.
- The development of positive self-esteem is as dependent upon acceptance by peers of the opposite sex as it is in acceptance by same-sex peers.
- Identity is being formulated. Many behaviours and ways of dealing with situations are tried, and adopted or discarded in an attempt to determine what feels right for him/her.

Social Development

- Opposite-sex relationships are as important as same-sex relationships. Individual relationships are becoming more important.
- The child is very interested in adults as role models.
- The child is beginning to focus on future planning and emancipation.
- Toward the end of middle adolescence, many children may begin to question previously held beliefs and ideas regarding "right" and "wrong", and they may be less influenced by peer attitudes. An emergence of independent ethical thinking may be evident.

Implications for Separation and Placement

- The child will probably experience ambivalence about his/her family. With help and reassurance that ambivalence is normal, the child may be able to accept his/her feelings and be able to be angry at and love his/her family at the same time.
- The child's need for independence may affect his/her response to placement in a foster family setting. He/she may be unwilling to accept the substitute family as more than a place to stay. This may be perceived as the child's failure to "adjust" to the placement, even though it is a healthy and expected response.
- The child may not remain in a placement if it does not meet his/her needs.
- The child may constructively use casework counselling to deal with the conflicts of separation and placement in a way that meets the child's needs without threatening his/her self-esteem and independence.

Children's Reactions To Loss: Common Behaviour Patterns of the Grieving Process

Shock/Denial

General Description of Stage:

- The person appears compliant and disconnected from the event, as if the loss were of little significance. The person may be stunned, robot-like, "shell shocked."
- The person may deny the event and/or feelings accompanying the event. There is little emotional expression.

Behavioural Expressions in Separated Children:

- The child often seems indifferent in affect and behaviour.
- The child may not show an emotional reaction to the move.
- The child may appear to make a good adjustment for a period of time, often referred to as the "honeymoon period."
- The child may go through the motions of normal activity but shows little commitment or conviction.
- The child may be unusually quiet, compliant, eager to please. In retrospect, the child's behaviour may appear passive and emotionally detached or numbed.
- The child may deny the loss, and may make statements such as, "I'm not staying here. Mommy will get me soon."

Diagnostic Implications:

- Agency workers, foster parents, and parents may misinterpret the child's compliant and unemotional behaviour, believing the child "did fine...it was an easy move." When a child is thought to have handled a move without distress, later behavioural signs are often not recognized as separation trauma and part of the grieving process.
- Children who have not developed strong attachments to their parents or other caregivers may not display an emotional reaction to the move at all.
- The absence of an emotional response by children in placement beyond the short time period of the "shock" phase should be of considerable concern to the caseworker, foster home worker and foster parent, as it may indicate underlying emotional disturbance.

Anger Or Protest

General Description of Stage:

- The loss can no longer be denied. The first emotional response is anger.
- Anger may be directionless or directed at a person or object thought to be responsible for the loss.
- Guilt, blaming others, and recriminations are common.

Behavioural Expressions in Separated Children:

The child may:

- Be oppositional and hyper-sensitive.
- Display tantrum behaviours and emotional, angry outbursts.
- Withdraw, sulk or pout, and refuse to participate in social activities.
- Be crabby and grouchy, hard to satisfy.
- Exhibit aggressive, rough behaviour with other children.
- Break toys or objects, lie, steal, and exhibit other antisocial behaviours.
- Refuse to comply with requests.
- Make comparisons between his/her own home and the foster home, and his/her own home is preferred.
- Display sleeping or eating disturbances, and may not talk.

Diagnostic Implications

- The child's oppositional behaviour may be disruptive to the caregivers.
- Confrontations between the caregivers and the child may lead to a struggle for control.
- The child may be inappropriately diagnosed as "severely behaviourally handicapped," or "emotionally disturbed." or may be punished for misbehaviour.

Bargaining

General Description of Stage:

- Behaviour during this stage is often an attempt to regain control and to prevent the finality of the loss.
- The child may resolve to do better from now on.
- The child may try to "bargain" with whomever is thought to have the power to change the situation.
- The child may believe that a certain way of behaving or thinking will serve to prevent the finality of loss.

Behavioural Expressions in Separated Children:

- The child may be eager to please and will make promises to be good.
- The child may try to undo what he/she feels he/she has done to precipitate the placement.
- The child may believe that behaving or thinking in a certain way will bring about a reconciliation. These behaviours may become ritualized, which may be the child's attempt to formalize his/her "good behaviour" and assure its consistency.
- The child may try to negotiate agreements with the caregiver or the agency worker(s), and may offer to do certain things in exchange for a promise that he/she will be allowed to return home.
- The child may appear moralistic in his/her beliefs and behaviour; these behaviours often are a defence against failure in upholding his/her end of the "bargain."

Diagnostic Implications:

- The child's behaviours represent a desperate attempt to control the environment and to defend against feelings of emotional turmoil.
- In reality, there is little chance of the child's behaviours producing the desired results or reunification.
- The agency worker who understands this stage can provide needed support when the child realizes the ineffectiveness of the bargaining strategy and begins to experience the full emotional impact of the loss.

Depression

General Description of Stage:

- This stage is characterized by expressions of despair and futility, listlessness, with or without extraordinary episodes of fear and panic, withdrawal, and a generalized lack of interest in people, surroundings, or activities. The individual often cannot be comforted.

Behavioural Expressions in Separated Children:

- The child appears to have lost hope and is experiencing the full impact of the loss.
- Social and emotional withdrawal and failure to respond to other people are common.
- The child may be touchy, "out of sorts," may cry with little provocation.
- The child may display signs of anxiety, and be easily frightened.
- The child may be easily frustrated and overwhelmed by minor events and stresses.
- The child may be listless, without energy.
- Activities are mechanical, without discretion, investment, or apparent interest.
- The child may be distractible, have a short attention span and be unable to concentrate.
- Regressive behaviours are common, such as thumb sucking, toilet accidents, baby talk.
- Generalized emotional distress may be exhibited in both emotional and physical symptoms, particularly in young children. These include whimpering, crying, rocking, head hanging, refusal to eat, excessive sleeping, digestive disorders, and susceptibility to colds, flu, and other illness.

Diagnostic Implications:

- This is a critical period in the child's relationship with the parent. Once the child has completed the grieving, it will be extremely difficult to re-establish the parent/child relationship.
- There may be a lapse of time between the separation and the onset of depression.
- Caregivers may feel frustrated and helpless by their inability to comfort or to help the child.
- The agency worker who recognizes the child's depression as part of the grief process will be more able to provide support, or to increase visitation to prevent the child from emotionally detaching from the parent.

Resolution

General Description of the Stage:

- Symptoms of depression and distress abate. The child begins to respond to people around him/her in a more normal manner.
- The child begins to invest more emotional energy in the present or in planning the future, and less in thinking about the past.
- The final stage of grieving ends when the person returns to an active life in the present.

Behavioural Expressions in Separated Children:

- The child begins to develop stronger attachments in the new home and tries to establish a place for himself/herself in the family structure.
- The child may begin to identify himself/herself as part of the new family and will demonstrate stronger emotional attachments to family members.
- The intensity of emotional distress decreases and the child can once again experience pleasure in normal childhood play and activities.
- Goal-directed activities reoccur. The child's play and activities become more focused and playful. The child is better able to concentrate.
- Emotional reactions to stressful situations diminish as the child becomes more secure in the new environment.

Diagnostic Implications

- Behaviours suggesting resolution are generally positive signs, if the case plan includes permanent separation of the child from his/her biological family. However, it is inappropriate and harmful for the child to resolve the loss of his/her biological family if the plan includes reunification.

The following is taken from the Culture and Diversity course (Core 307/805) offered through the Child and Youth Care Worker Competency-based training (information about how you can attend this course is available through your agency).

Culture and Diversity

Cultural competence can be defined as the capacity to relate with persons from diverse cultures in a sensitive, respectful, and productive way. However, describing the elements of cultural competence can be more difficult. Cultural competence incorporates a complex and interrelated array of cognitive and psychological traits and behaviours. And, since it is virtually impossible for anyone to fully understand all the characteristics, nuances and traits of all the world's cultures, achieving cultural competence requires a lifelong process of learning and change. While child welfare workers and foster parents may never learn all aspects of the cultures of the families we serve, we should all strive to be sensitive, respectful, and adaptive in our cross-cultural communications and interactions.

Cultural competence encompasses several components:

- The ability to recognize the effects of our own culture on our values, beliefs, thoughts, communications and actions;
- The ability to recognize how our own "cultural lens" affects our world view and can distort our interpretation of other cultures;
- The ability to learn about another culture from the people who know it best...the members of that cultural group...and the willingness to be open to cultural change;
- Understanding that achieving cultural competence requires that we become "life-long learners," we can never become complacent that we fully understand culture;
- Understanding that culture is, itself, dynamic and continually changing, permitting continued successful adaptation to changing life circumstances;
- Recognizing how cultural differences may affect perception, communication, and our ability to interact with people whose cultural backgrounds are different from our own;
- Understanding how cultural "blindness" and bias contribute to racism, prejudice and discrimination; and
- The ability to transcend cultural differences to establish trusting and meaningful relationships with persons from other cultures.

Defining Culture

The first consideration in any discussion of culture is to define it and to differentiate it from other related terms such as ethnicity, race, sex, and nationality. While these terms are often used interchangeably, they have very different meanings.

"Ethnicity" generally refers to people's national or geographic origin. Ethnic groups could include German, Chinese, Lakota, or French-Canadian. The word "ethnic" is derived from a Greek word that means "national" or "foreign." Historically, most people were born, married, raised their families, and died within a relatively circumscribed geographic area and social group. Therefore, members of an ethnic group were usually of the same race, and they often shared a common historical and cultural background. Ethnicity and culture are not, however, interchangeable, since people with the same ethnic origins often exhibit wide differences in cultural traits, especially in today's world, where relocation is common and relatively easy.

"Race" refers to the classification of humans based upon biological characteristics. Racial groups consist of people who share a genetic heritage, and as a result, have common morphological characteristics (of physical form and structure.) The characteristics that determine race include the colour and texture of hair, skin and eye colour, physical stature, body proportions, bone structure, tooth formation, and many other less visible traits. The world's peoples have typically been classified into three primary racial groups; Mongoloid, Negroid, and Caucasian. However, many contemporary anthropologists and ethnologists are questioning the fundamental validity and utility of race as a system of classification, since diversity within groups has increased, and differences between groups are not always clear cut (Shreeve 1994). International travel and the lessening of both geographic and social boundaries have also increased intermarriage, resulting in an amalgam of physical characteristics that cannot be easily categorized.

"Sex" simply refers to the biological sex of an individual; that is, whether one is genetically and physically male or female. Sex does not refer to sexual behaviour or preference.

Culture is considerably more complex than ethnicity, sex or race. Culture is a system of values, beliefs, standards for behaviour, and rules of conduct that govern the organization of people into social groups, and that regulate both individual and group behaviour. Culture is adaptive; it is created by groups of people and incorporated into group life to assure the survival and well-being of the group's members.

Race and sex are always determined by heredity, and ethnicity is determined by one's place of birth and the ethnicity of one's parents. Culture, however, is transmitted through learning. It is important to emphasize this point, since, once learned, so much of cultural behaviour appears to be so "natural" that it can easily be perceived as "instinctive" or biologically determined (Hammond 1971). In fact, many people remain unaware that their beliefs and actions are largely components of their culture and have been acquired over a lifetime.

Race, sex, and ethnicity are constant during one's lifetime; culture is not. For culture to remain viable, it must be sufficiently flexible to adapt to a changing environment. One's personal values, beliefs, behaviours, and other cultural traits typically evolve throughout our lives. Yet, once we are conditioned by our culture to meet our needs in particular ways, we may become so set in these ways that change is perceived as a threat to personal and interpersonal stability and continuity. The capacity to change is essential for ongoing adaptation and optimal adjustment to a changing environment. In short, while cultural traditions sustain us, we must be open to learning new ways and integrating change into our lives in order to survive in our changing world.

Universal Aspects of Culture

All humans share a set of fundamental needs derived from common, biologically determined requirements for survival. The need for food, shelter, and a means to assure reproduction and protection of the young are the most obvious examples. Less obvious, but equally important, are needs for some level of social and economic cooperation, communication, and organization of interpersonal activities. Therefore, however varied, cultures tend to resemble one another in that they all incorporate certain basic elements. These include:

1. *language,* which promotes communication within the group;
2. *technology,* which provides the tools and techniques to modify environmental conditions to meet basic material needs;
3. *an economic system,* which organizes the production of goods and services and the distribution of products and resources among group members;

4. *a political system,* which regulates internal social order, governs relations with other societies, and provides a means of making decisions that affect group members' survival;
5. *social organization,* which provides a framework for relating to others and relying upon them for cooperation;
6. *art,* which reflects the apparently universal need for esthetic expression and creativity; and
7. *ideology,* a guiding set of beliefs that explain the nature of the world, one's relation to it, and one's functioning within it (Hammond 1971).

In short, culture serves a common purpose for all humans; what differs between cultures is the way in which people choose to achieve these common purposes. The differences are largely the result of different environments and historical experiences.

Values

Values are general principles or ideals, usually related to worth and conduct, that a culture holds to be important. The values of any culture form the foundation for life within the culture.

Values describe strongly held beliefs (something accepted as true) regarding what life and people should be like, what is "good" or "bad" in life, and what is "right" or "wrong" about behaviour. Cultural values are communicated in statements about what represents a "good" life and about "appropriate" behaviour.

The following statements could be considered values.

- The needs of the group are more important than individual needs.
- Older persons should be esteemed and respected.
- Being a good person is more important than attaining wealth.
- Shaming your parents is the worst thing one can do.
- Providing children with an education is the most important thing a parent can do for a child.
- Each person should be as industrious and productive as one can.
- Take all you can get while you can, because you may not have tomorrow.
- The sanctity of life itself is more important than the quality of life.
- Harmony in the group is the most healthy way to live.
- Personal worth is measured by success in a career.
- Being a good person is more important than attaining wealth.

Values often address similar principles across cultures, such as what makes a person worthwhile, what constitutes success, and the importance of particular qualities in interpersonal relationships. However, the content and conclusions of the values themselves may be very different from culture to culture. One might also find competing values within a culture. An example of competing cultural values can be seen in the difficulties some women experience in deciding between career and parenting options.

The values of a group are influenced by the group's historical experience. A value often expresses a group's perception of what is necessary for group survival and the well being of its members. For example, a cultural group that has been subjected to persecution may have very different values from a cultural group that has typically benefited from a position of power. A group that has been persecuted may have strongly held values regarding group loyalty, the commitment of members to one another, and the survival of the group. A group that has benefited from a position of power in a competitive environment may have strongly held values regarding individuality, achievement and success.

It is easy to see how many values are shared across cultures. Some things are so essentially a part of the human experience that they almost certainly will be similarly reflected in various cultures. Other values, particularly those related to achieving social and personal ends, will vary from culture to culture. For example, all cultures believe in some kind of social justice; but, it is often defined differently, and there are many different means championed for achieving justice among various cultures.

There are, however, some universal foundation values that underlie our society. These form the basis of the Constitution of Canada. They include the right to liberty, the fundamental worth of human beings, the right of all to justice, and democratic political principles. Most people who emigrate to Canada are drawn by these values that promise a better life. Inequality is often the result of a failure to live up to these values, rather than an absence of a common values framework. Different groups at different times have had unequal access or opportunity to the benefits and resources of this country. For example, throughout our history we can find examples of people in positions of power, who, while perhaps espousing these values, act in ways that reflect a very different personal values base.

Translating Values into Behaviour

A code of rules and standards of conduct encourage behaviour that is consistent with a culture's values and beliefs. All cultures have systems of rewards and punishments, or "sanctions," that reinforce proper behaviour. Rules codify the values of a group and define "right" or "wrong" behaviour. These rules relate to almost all areas of life, and particularly social life. Examples of such rules and standards of conduct are:

- Don't talk when other people are talking; it's rude.
- Children should not talk back to adults.
- Assert yourself; don't let people take advantage of you.
- Killing is not permitted, unless it is in self-defense.
- Never physically hurt another person.
- Don't discuss personal business with strangers.
- Don't show your emotions in public.
- Never start a fight, but always finish one.

It is important to recognize how cultural values can affect the behaviour of group members. It is equally important to be aware of how members of different cultures can variously interpret the same behaviour. Much cross-cultural miscommunication results from a misinterpretation of the meaning of the specific behaviours.

Common Errors

There are many ways in which a lack of cultural competence can cause one to seriously misinterpret or misjudge other people.

Ethnocentrism

The majority of people in all cultures have an ethnocentric perspective, particularly when they have had little exposure to other cultures or cross-cultural training. The word "ethnocentrism" is derived from the root words "ethnic," and "center." Essentially, when one is ethnocentric, one places one's own culture at the center of the universe, typically resulting in an "emotional attitude that one's own race, nation, or culture is superior to all others" [Webster 1983].

Ethnocentrism is characterized by a lack of exposure to persons from other cultures, an unwillingness to objectively consider alternative ways to live, or a naiveté regarding one's own beliefs and values. One has an ethnocentric perspective when one assumes that one's own world view is the "best one," the "right one," or even the "only one."

Uncritical acceptance and valuation of one's own culture prevents one from recognizing the shortcomings and limitations of that culture, and subsequently, prevents one from recognizing a need to change. At worst, an extreme idealization of one's own culture, and accompanying self-pride, can be exhibited in prejudice against anyone, or anything, that is different.

An ethnocentric perspective represents at best, a profound lack of understanding of others, and at worst, a pervasive disrespect for other people. Ethnocentrism prevents us from communicating effectively with people from other cultural backgrounds. It can also prevent us from benefiting from the experiences and successes of other cultures, or from recognizing the commonalties in values and beliefs that underlie different cultural expressions.

A position sometimes referred to as "cultural pluralism" is a more appropriate way of viewing cultural diversity. Cultural pluralism is based on the premise that all groups develop culturally-specific ways of achieving their goals and that differences in cultural expression result from differences in the physical, social, and emotional environments in which the group must survive. Cultural traits have validity if they serve a function of survival, enhance social integration and organization, and promote the well being of group members, both individually and collectively. The validity of a component of culture is, therefore, its functional value, or its usefulness for a particular group of people, or for individuals within the group.

Stereotyping

Stereotypes are generalized statements about the presumed characteristics of a cultural group and its members. The greatest danger of stereotypes is that they have the potential to communicate misinformation and promote misjudgments about cultural groups and their members.

A "stereotype" was originally a metal plate, made from a mold, and used on a printing press. The related dictionary definition of "stereotype" is a "fixed, unvarying form or pattern, having no individuality as though cast from a mold" (Webster, 1983). When ethnocentric travelers return home from a trip abroad, they often describe the people they visited by listing the characteristics and traits they observed. We are led to believe, for example, that all Parisians drink wine at dinner and are generally impolite to Americans.

While it is true that members of a cultural group share many common values, traits and characteristics, it is not true that all members of a cultural group are alike in all ways. In fact, one always finds a range of differences in values, attitudes, and behaviours among persons of any cultural or ethnic group.

The fallacy of stereotyping is a common shortcoming of generalization. We draw conclusions where no conclusions are warranted. As a result, we can be sure that our conclusions will often be wrong!

At times, stereotypes may be derived from misinformation about a culture. This may occur if one draws conclusions about a group from experiences with a small, and not always representative, sample. For example, when people are challenged about their stereotypic remarks, they will retort, "well, all the (label) people I've ever met are like that!" The "all" referred to may be a handful of people, or a small subgroup in a larger community, but are rarely representative of the group as a whole.

In other cases, stereotypes develop because certain members of a group who exhibit particular characteristics achieve a high degree of visibility, and are then assumed to be representative of the group as a whole. For example, a preponderance of black athletes in professional basketball leads many people to conclude that "black males are good basketball players." Similarly, media publicity about youth gangs perpetuates a stereotype of Aboriginal youth as prone to violent, aggressive behaviour. This sort of inaccurate conclusion usually results from having limited or no contact with a variety of members of the cultural group. Without broad exposure, one cannot sort the myth from reality, the exception from the rule.

The above examples also suggest that stereotypes can communicate misinformation that can be viewed as either positive or negative. Stereotypes that communicate negative information can promote censure, mistrust, and fear. The stereotype thus promotes strong emotional reactions, as when an Aboriginal person in a confrontation with a white person automatically assumes she is racist; or, when a white person assumes the Aboriginal person walking toward him on the street is likely to assault him.

If a stereotype describes a trait that is normally valued as positive, it is less likely to be recognized as a stereotype. For example, a statement such as, "Asian people are very polite and respectful of other people" could be an accurate description of many Asian persons, and could be construed as a compliment. However, the statement is still a stereotype, still has the potential to misinform, and therefore, can be harmful, particularly when we use them to "prejudge" another person and expect them to exhibit the traits delineated in the stereotype.

A final way that stereotypes develop is by misinterpreting what we have accurately observed. This is more likely to occur when we draw conclusions about the behaviour of others from our own ethnocentric mind set. For example, Mrs. A., a compulsive housekeeper who valued an orderly, uncluttered environment, might observe, accurately, that the homes of all her neighbours in an ethnic community were always cluttered and disorganized. Objects, many old and worn, some with little apparent value, were stacked high and crowded each other on every conceivable surface. Mrs. A's neighbours told her they preferred it that way. If Mrs. A. interprets her neighbour's behaviour using her own values as the standard, she would likely conclude that her neighbours were generally poor housekeepers. In fact, her neighbours belonged to a culture that saved everything because they believed one should never throw out anything one might need. To them, good housekeeping was "waste not, want not," and "you can make a lot out of very little, if you try." All objects had value. Old objects, particularly, were revered. To throw them out was wasteful and destructive. Therefore, the observation of clutter was accurate; the meaning assigned to the observed behaviour was inaccurate. And, the "poor housekeeping" stereotype perpetuated misinformation.

Once the cognitive mind set of a stereotype is in place, it can affect all further judgments about the group and is often very difficult to change. When a person with a stereotypic perception about another culture is presented with ample evidence of persons who do not fit the stereotype, these are often thought to be "exceptions" to the rule identified in the stereotype. The presentation of accurate information, unfortunately, may not alter the stereotypic belief.

To understand another culture, one must be fully familiar with the characteristics and traits that are prevalent in that culture, and their accurate meaning. Yet, such attempts to understand other cultures have too often resulted in the development of a "laundry list" of characteristics thought to exemplify a particular group. This places us in a dilemma. To be culturally competent, we need accurate and relevant information about that culture. However, making generalized statements about the traits or behaviours of that culture's members can easily become stereotyping.

Conclusion

We all view the world through our own cultural lens. In order to fully appreciate people from other cultures, it is important to understand how our own cultural background affects us. It is equally important to learn about and accept other cultures. It is crucial that foster families work to understand how their own culture influences their attitudes and behaviours. Similarly, it is essential that foster families strive to understand and accept the cultural influences of foster children and their families.

What Is Fetal Alcohol Syndrome (FAS)?

Fetal Alcohol Syndrome refers to a constellation of physical and mental birth defects that may develop in individuals whose mothers consumed alcohol during pregnancy. It is an organic brain disorder that is characterized by central nervous system involvement, growth retardation, and characteristic facial features (Stratton, Howe, & Battaglia, 1996).

FAS is a medical diagnosis that can only be made when a child has signs of abnormalities in each of these three areas, plus known or suspected exposure to alcohol prenatally. Other physical defects caused by prenatal exposure to alcohol may include malformation of major organs (including heart, kidneys, liver) and other parts of the body (e.g., muscles, genitals, bones) (Stratton, Howe, & Battaglia, 1996).

FAS is often called a "hidden" or "invisible" disability because its physical characteristics can by subtle and may go unrecognized. Many alcohol-affected children are endearing and affectionate, and these qualities can mask the seriousness of this lifelong neurological disability.

Common Characteristics

(The following is from the manual Fetal Alcohol Syndrome: "What Early Childhood Educators and Caregivers Need to Know", produced by Manitoba Healthy Child Initiative and Manitoba Child Care Association)

Infants

Some or all of the following may apply to infants with FAS:

- small, scrawny appearance;
- often trembling and fussy, may cry a lot;
- weak sucking reflex;
- feeding difficulties: little interest in food (feeding can take hours);
- difficulties adjusting to solid food because of disinterest and poor appetite;
- weak muscle tone;
- very susceptible to illness;
- unpredictable sleep patterns/cycles;
- very sensitive to sights, sounds and touch;
- failure to thrive (they may continue to lose weight longer than normal after delivery);
- delayed developmental milestones (e.g., walking, talking);
- problems with bonding; and
- as they get older: absence of stranger anxiety and very oriented to people.

Obviously, infants who are alcohol-affected may be difficult to care for. The challenges around sleeping and feeding can be especially problematic and lead to exhaustion for parents and other caregivers.

> *Jason was born with FAS. Although he was not premature, he was small. He seemed unable to settle and often cried for a long time. He slept for very short periods and usually woke up screaming. Jason did not seem to like to be held close, he would give a high-pitched yell and stiffen up. His behaviour was often jittery and feeding was difficult – taking as long as an hour and a half. He had to be monitored very carefully by health care professionals to ensure that he was gaining weight.*

Pre-school Children

Some or all of the following may apply to pre-school children with FAS:

- usually short and elf-like in manner and appearance;
- feeding and sleep problems continue;
- poor motor coordination and poor fine and gross motor control;
- flitting from one thing to another (butterfly-like movements);
- more interest in people than objects;
- overly friendly and indiscriminate with relationships, may seek out affection;
- expressive language may be delayed or children may be overly talkative (but lack richness of speech, thought or grammar complexity);
- receptive language is often delayed, even if the children are talkative, they may not understand much of what is said to them;
- inability to understand danger, often fearless;
- low tolerance for frustration and prone to temper tantrums;
- difficulty following directions or doing as told;
- short attention span;
- easily distracted or hyperactive; and
- difficulty with changes and transitions, prefers routines.

In the pre-school years, many new problems can emerge making it increasingly difficult to care for these children. For example, hyperactivity, risk-taking and poor motor skills can mean the child is often exposed to danger or getting into trouble. Furthermore, their friendliness and lack of discrimination in relationships can make them vulnerable to abuse.

Carrie is a small four-year-old with FAS who attends a neighbourhood pre-school program. She is often smiling and always looks very busy as she moves from one activity area to another. When clean up time is called, Carrie continues playing. When approached by the early childhood educator, she runs to another area and it seems like she wants to be chased. The ECE guides her hands to put some blocks on the shelf but when left alone, Carrie goes over to the fish tank to watch the fish.

School-age Children

Some or all of the following may apply to school-age children with FAS:

- sleep difficulties continue;
- arithmetic skills may be more delayed than reading and writing skills;
- reading and writing skills usually peak in grades 4-6;
- poor attention spans and low impulse control become more obvious due to increased demands within the classroom;
- difficulty keeping up as school demands become increasingly abstract;
- consistent repetition is needed to learn a skill or to transfer learning from one situation to another similar one;
- "flow through" phenomenon – information is learned, retained for a while, then lost;
- constant reminders are necessary;
- clumsiness related to poor gross motor control;
- poor fine motor control (therefore difficulty with handwriting, dressing, etc.);
- weak social skills and difficulty with relationships (e.g., problems sharing, turn-taking, cooperating, following rules);

- may show a preference for playing with younger children or adults;
- poor memory;
- problems with time management due to the lack of a sense of time;
- lack of understanding of consequences of behaviour; and
- inappropriate demands for bodily contact.

Most children with FAS tend to have difficulty with school, because it tends to be a very stimulating and complicated place. The demands of the classroom are often very difficult for the child with FAS to handle.

Eight-year-old Shane has FAS. He seems to be in constant motion as he is either swinging his arms or legs, or fidgeting in his seat. He much prefers outdoor play time to any type of structured activity. However, during this active play he seems to be quite prone to accidents. Shane has a lot of trouble if he is expected to move from one activity to another or from one place to another, and sometimes he will have a tantrum as a result. He may understand a concept or word one day and then have no idea what it means the next day.

Positive Characteristics

The characteristics listed so far are the most common ones that may pose problems for children with FAS. However, there are some positive traits that often characterize these children. For example, children with FAS are often:

- friendly, cheerful, loving, affectionate;
- caring, kind, concerned, compassionate;
- gentle, nurturing towards younger children;
- funny with a great sense of humour;
- persistent, hard working, with a sense of determination;
- curious;
- creative, artistic, musical;
- fair, cooperative;
- interested in animals, gardening and constructing; and
- highly verbal, good storytellers.

Children who have been affected by alcohol, like all children, will have a range of positive and negative characteristics. It is very important to have an accurate picture of each child with whom you are working. Sometimes when we are having difficulty with particular children, it is hard to notice and remember all of their skills and abilities. However, focusing on their positive traits is important for two reasons. First, it helps to have a positive attitude and to recognize the potential in each child. Second, a person's strengths can often be useful tools to help overcome or compensate for negative characteristics.

Information Processing and How to Assist

(From "Parenting Children Affected by FAS: A Guide for Daily Living", S. Graefe (Ed) The Society of Special Needs Adoptive Parents)

FAS significantly impairs information processing. This is one of the most devastating characteristics of FAS, since our ability to process information impacts so many areas of our day-to-day lives.

FAS affects at least four important components of information processing (adapted from Morse, 1993):

1. **Cause and Effect** – the ability to translate information into appropriate action, or judge the link between action and consequence

2. **Generalization** – the ability to take information learned from one situation and apply it to another
3. **Sorting, classification, inference and abstraction** – the ability to perceive and understand similarities and differences in people, places, things and events
4. **Prioritization, prediction, production and sequencing** – the ability to assess a situation, request direction, or identify similar circumstances and take appropriate step-by-step action

The Effect

FAS involves a serious information processing deficit.

The brain link between understanding the information supplied (*request*) and performing the action required (*response*) is defective.

An individual with FAS has difficulty translating knowledge learned from one situation into another. For the child with FAS, a similar situation is new and may bear no resemblance to anything which she/he may have previously experienced. Previous rules do not necessarily apply in the new situation.

Asking a child with FAS to repeat instructions does not ensure compliance or understanding, but asking them to demonstrate or to explain in their own words will help to ensure understanding.

Developmental delays become more obvious with age, as the gap widens between the alcohol-affected child and their age-peers.

The problems are *neurologically-based*, caused by damage to the developing brain. Affected children often have behavioural and emotional problems – secondary disabilities. A good environment may reduce the impact of the neurological damage.

Taking the information processing deficits into account, clinicians and educators who have worked with children affected by FAS stress the importance of the following factors:

Structure – Create a structured environment for children with FAS which includes choices within clear and predictable routines.

Supervision – Carefully supervise children with FAS so that they do not get into trouble or place themselves in dangerous situations.

Simplicity – Offer simple directions and orders, stated briefly in simple language that you know the child understands, rather than the elaborate verbal justifications and explanations often given by parents and teachers.

Steps – Break down tasks into small steps. Teach each step through repetition and reward.

Context – Teach skills in the context in which the skills are to be used, rather than assuming children will generalize from one context to another or understand when the behaviour is appropriate and when it is not.

General Guidelines for Caring for Alcohol Affected Children

(From "Fetal Alcohol Syndrome: What Early Childhood Educators and Caregivers Need to Know", Healthy Child Manitoba)

The following guidelines are suggested as an overall approach to caring for children who have been prenatally exposed to alcohol.

Observe – the children to assess their developmental level and work with them at that level.

Modify your expectations – to correspond with their developmental level. Don't assume they will be able to do what their age peers can do.

Identify their strengths, skills and interests – and use these to help them learn.

Change the way you interpret their behaviours – if you have the negative perception that they are misbehaving on purpose or because they are lazy or unwilling to follow directions, start to recognize that their behaviour is a result of the brain damage they have suffered.

Provide structure but not control – the difference is that structure is respectful and helps the child to follow limits, especially if they participate in designing the structure. Control is more of the "because I said so" approach and this leads to power struggles.

Establish routines – that are developmentally appropriate.

Prepare for transitions – which can often be difficult for these children who do not like to change what they are doing.

Limit television time – choosing non-violent programs.

Model appropriate behaviours – so that the children have a visual and concrete example of how something should be done.

Keep instructions simple and concrete and give them one at a time – because of the short-term memory difficulty that most FAS children have.

Identify behaviours that indicate frustration – for example, anger or avoidance. Help the child find the source of frustration and ways of dealing with it.

Provide training for appropriate expression of feelings – using alternatives such as storytelling, art, or play.

Teach specific social skills – by supervising the children with friends and teaching appropriate responses in context.

Understand their various ways of communicating – they may not be able to tell you how they are feeling so you may need to interpret their behaviour, for example, increased activity = overstimulation; aggression = frustration, not understanding; withdrawal = tired.

Encourage safe multisensory exploration – by giving a wide range of play materials and enough time for them to explore.

Encourage a multi-sensory, concrete approach to learning – because if something is not understood through one of the senses, it may be understood through another. Learning must be hands-on.

Understand their unique sensory needs – the brain damage to children with FAS may cause them to respond differently or have trouble understanding their sensory worlds (e.g., tactile sensitivity, low pain threshold). Consultation with an occupational therapist may be helpful.

Re-evaluate expectations and goals – ensuring that the individual's needs are being met. Revise goals without limiting the child's potential.

Expose children to supportive environments – where their strengths are recognized so they can experience success.

Use cultural values, traditions, music and stories – to enhance their learning.

Establish partnerships – between home, childcare program and/or school and other community groups. This ensures consistency for the child.

By following these general guidelines, you will be taking a positive approach towards understanding and working with individuals with FAS.

Resources

The above information was taken from two references:

- "Fetal Alcohol Syndrome: What Early Childhood Educators and Caregivers Need to Know"; Manitoba Healthy Child Initiative and Manitoba Child Care Association. An audiocassette accompanies this manual and both are available, at no cost, from your foster home worker.
- "Parenting Children Affected by Fetal Alcohol Syndrome: A Guide for Daily Living"; S. Graefe (ED), Society of Special Needs Adoptive Parents. This book is available from Adoption Council of Canada, 329 - 180 Argyle Avenue, Ottawa, Ontario, K2P 1B7. Your agency may have a copy that you can review before purchasing your own copy.

Also available from your foster home worker is a series of 5 booklets produced by the Manitoba Coalition on Alcohol and Pregnancy titled:

- Booklet 1: Identifying FAS/FAE
- Booklet 2: Parenting Children (0-12 years) Affected by FAS/E
- Booklet 3: Parenting Suggestions for Adolescents Affected by FAS/E
- Booklet 4: Educational Approaches for Children with FAS/E
- Booklet 5: Working with FAS/E Adults

Other resources that may be of assistance are:

- Fetal Alcohol Family Association of Manitoba (FAFA);
  Winnipeg (204) 786-1847
  Brandon (204) 725-4892.

  The FAFA is a provincial advocacy and support network for families affected by FAS or FAE. The goals of FAFA are to provide support, education and training to families affected by FAS/E; to network with families, family support groups and professionals on a provincial level; and to advocate for improvement in services.

- Addictions Foundation of Manitoba (AFM)
  (204) 944-6361

  The AFM has an extensive collection of written and audio/visual materials available from its library. The AFM provides workshops, treatment services for women, men and teens, as well as consultation in the areas of prevention and education.

- Canadian Centre on Substance Abuse (CCSA)

  For bilingual information of FAS/FAE call toll free 1-800-559-4514

  Web:www.ccsa.ca/fasgen.htm

  This FAS site on the web lists bibliographies, diagnostic and treatment resources recent research, newsletters and video information, upcoming conferences, and links to other sites.

Under *The Child and Family Services Act*, agency employees and foster parents are required to preserve the confidentiality of information in the agency's records.

Section 76(3) of the Act states that a record made under this Act is confidential and no person shall disclose or communicate information from the record, in any form to any persons, except under certain conditions. These conditions include sharing information with a person employed, retained or consulted by the director and where required for purposes of the Act.

Media Interviews

At no time are you allowed to give information concerning a foster child to the media, without the permission of the agency. The publication of photographs, preparation of audio-visual tapes and interviews without the prior approval of the agency, is prohibited.

Foster Parent Records

Agencies must keep files on foster parents. These records contain information concerning the foster parents, their family and their residence. They also include details about the agency's involvement with the foster family, from the initial contact to the termination of agency service. Files may be kept by the licensing agency, the managing agency (if applicable), and the placing agency.

This record is used for locating suitable placements for children and serves as a source of information for placement and resource staff of the agency.

Content of Foster Family Record

The record should contain:

1. telephone inquiry (if applicable);
2. application form;
3. report on prior contact, criminal records and abuse registry check;
4. reports from references and medical practitioner;
5. initial foster homestudy;
6. foster home requirements check list;
7. licence;
8. confirmation letter of special foster care rate (if applicable);
9. contact with the foster home;
10. correspondence;
11. foster home annual review and relicensing documentation;
12. complaints;
13. requests, refusals and actions under Section 76 of the Act; and
14. termination summary when the record is closed.

Information about foster children should be limited to basic demographic data and placement dates. References to problems of the foster children are included, only as part of the discussions of the strengths and weaknesses of the foster parents. Child specific information should be placed on the child's case record.

Confidentiality

All foster parent records are confidential and no information is to be released except as outlined in the above noted section of *The Child and Family Services Act.*

Foster parents should be made aware of the agency's confidentiality policies, including the internal sharing of information from their records. This information is shared ONLY on a need-to-know basis.

Consent for Release of Information

Except for protection concerns, no information from a foster parent file should be provided without the foster parent's consent. When a foster parent gives consent for release of information, she/he must be told and must understand what information is being released, to whom and for what purpose.

Access to Foster Parent's Own Record

To examine or obtain a copy of their own record, foster parents should make a written request to the agency. This request will be acknowledged by the agency within 15 days. If the request is granted, the record made available within 30 days. If the request is refused, the foster parent will be provided with a written explanation within 30 days.

Right of Access – Sect. 76(4)

Foster parents have the legal right to examine or obtain a copy of their own record that was documented after April 1, 1986. There are some restrictions to records created prior to that date.

The agency is required to facilitate foster parents' access to their own records. While not required by statute, requests in writing on an agency form or by letter is recommended. All requests, refusals and actions become part of the record. The request should include enough information to verify the foster parent's identity and facilitate easy location of the file.

Errors or Omissions – Sect. 76(9)

Foster parents may, under the above noted section of the Act, submit written objections to the director or agency about any error or omission that should be corrected in the record; or, of any opinion about themselves or their child. Once satisfied, the director or agency shall have the record corrected [Sect. 76(11)].

Restricted Access – Sect. 76(8)

The director or agency may refuse a foster parent access to a part of their record when:

1. disclosure of such information may cause physical or serious psychological harm to another person;
2. the record contains information provided by, or discloses the identity of, a non-member of the agency's staff; and
3. the record contains reports provided in confidence by references, medical doctors and police or complaints made by third parties.

This is a discretionary procedure and is applied on a case by case basis. The agency must give the foster parent written reasons why access was refused.

Storage

The agency will designate who, in the agency, is authorized to have access to the foster parents records and under what circumstances. The records are to be stored in a secure, confidential manner.

Retention

The agency must keep the foster parents records for at least seven years after closure. Prior to destruction, any information relevant to a child in care must be transferred to the child's file.

Staff should be assigned to identify which closed records are to be destroyed to ensure the process is carried out.

Transition To Family Service

If the agency's relationship with the foster parents no longer focuses on their parenting a child in care, but has changed to dealing with the individual or marital problems of the foster family, the agency should open a family service record.

This transition is to be noted on the foster parent record and the foster parent made aware of the transition. A new agency worker may be assigned to the family.

Access to the family service record would follow the provincial guidelines. If there is a child protection issue, there would be no right of access to this record.

Recommended Agency Practices

The agency should:

1. Have a foster parent co-ordinator be responsible for handling requests from foster parents seeking access to their records;
2. Inform foster parents about the purpose and contents of their records;
3. Share the initial foster homestudy (or summary) with the foster parents (note: as provided by Section 76(9) of the Act, foster parents may add objections and corrections to the record) and have the foster parents sign the homestudy;
4. Inform foster parents of circumstances that warrant additional recording;
5. Advise foster parents about the agency's policies and procedures regarding access to their records; and
6. Inform foster parents of the agency's policies on retention and destruction of their records.

As a foster family in possession of a valid foster licence you have access to three programs that provide protection to your family. These programs are:

- Third Party Liability Insurance Coverage
- Foster Parent Intentional Damage Compensation Plan
- Legal Aid Assistance Program

Even though these programs are provided to you at no cost, they do not replace any insurance coverage that you may have or wish to purchase.

It is recommended that you carry homeowner/tenant insurance. Your insurance agent can assist you in determining the coverage that you should have.

If you have any questions about these programs, contact your foster home worker for information.

Third Party Liability Insurance Coverage

Foster parents are covered for third party liability either under an agency's third party liability insurance policy, or under the Province of Manitoba's general liability policy. 5,000,000 00 deductible

If an action is brought against you by a third party as a result of a foster child's action, contact your foster home worker for information as to how you can access the third party liability insurance that covers you.

Foster Parent Intentional Damage Compensation Plan

The plan provides coverage for intentional property damage occurring in Foster Homes/Open Custody Homes. Coverage applies to the property of home operators or to the property of others in the care, custody, and control of the Foster Home/Open Custody Home.

Losses covered by a Comprehensive Homeowner's Policy are not covered under this compensation plan. Losses for accidental property damage are not covered under this compensation plan.

Each claim is subject to a $100.00 deductible.

Claims exceeding $10,000.00 will be subject to individual approval by Manitoba using the present Compensation Plan terms and conditions as the criteria for approval. Such claims are not eligible for the Compensation Plan appeal process.

Manitoba, upon making payment of $5,000.00 or more under this plan, shall be subjugated to all rights of recovery of the person(s) or organization(s) receiving payment, and may bring action in the name of that person(s) or organization(s) to enforce such rights. This does not confer right of recovery against a foster parent or an operator of an open custody home.

Claims involving theft must be reported to the police. If an agency worker or other professional can state that police involvement would be detrimental to the care plan for the child, it is not necessary to report the theft to police in order to submit a claim. A signed statement from the worker or other professional must accompany the claim form. Only theft involving the active participation of foster children/open custody individuals is covered.

Claims involving the mysterious disappearance of property are not covered.

Damage or loss caused by gradual deterioration, wear and tear, inherent weaknesses, or faults in the damaged property are not covered.

This plan does not cover damage or loss to motor vehicles or aircraft, or damage to any other property for which specific coverage is written by insurers. Coverage for watercraft is limited to $1,000.00 per loss.

Maximum recovery for loss/damage to a bicycle is limited to $300.00.

Maximum recovery for theft of furs, jewellery, watches, precious metals or other special items is limited to $2,000.00 per claim. Theft of cash, coins, coin collections or negotiable securities is limited to $500.00 per claim.

Maximum recovery for theft of alcohol products is limited to $200.00. All alcohol products must be stored in a well secured area and out of sight.

Claims for loss or damage are settled on a replacement cost basis, provided that repairs or replacement are effected. Otherwise claims are settled on an actual cash value basis taking into account depreciation of the lost or damaged property.

Any person submitting intentionally false claims for compensation is ineligible for coverage under the plan.

All claims must be reported in writing and must be submitted within one year of the date of loss. Claims submitted after this time will not be covered.

Claims must be submitted according to procedures established for this plan. Failure to do so may render the claim ineligible.

Foster parents/open custody operators shall take all reasonable steps to prevent/minimize damages and to comply with all reasonable direction and instruction made by the agency and/or Manitoba or its agents to prevent/minimize damages. Failure to do so may result in reduced compensation under the Plan.

Procedures for Filing Claims

All claims shall be reported in writing to:

Kernaghan Adjusters
203 - 90 Garry Street
Winnipeg MB R3C 4H1

Telephone: (204) 956-2550
Fax: (204) 943-5760

All claims must be reported in writing utilizing the prescribed damage report form, must include copies of receipts and invoices, and must be submitted within one year from the date of loss.

All claims over $1,000.00 in value must be reported immediately by telephone, and must be followed by a written damage report.

All damage reports must include a statement from the child's caseworker, the foster home worker, or other representative of the agency and a copy of the foster home Letter of Approval/Licence. Damage reports without these attachments will not be considered for compensation.

The claimant shall co-operate fully with all claim investigators in the settlement of the claim and shall provide further statements and documentation as requested. The claims investigator may conduct an on-site assessment of the claim and the claimant(s) shall co-operate fully in this assessment.

Eligibility

1. Foster families who move out of Manitoba with foster children are no longer eligible for coverage under the Compensation Plan. In the event of a damage claim resulting from the actions of the foster child, the foster parent is advised to access the program/services of the province in which they are residing. The exception of this situation is where a Manitoba agency uses resources in a neighbouring province and provides direct support to the foster home (e.g., Creighton, Saskatchewan).

2. If a foster family with foster children moves into Manitoba from another province, they become eligible for coverage under the Compensation Plan upon receipt of a Foster Home Licence from a Manitoba agency.
3. When an order or permanent guardianship expires as a result of a child attaining the age of majority, and the agency has the Director of Child and Family Services' approval to continue to provide care and maintenance for the former ward, the foster parents are eligible for coverage under the Compensation Plan on behalf of the former ward for the period approved by the Director.
4. Family Places of Safety are eligible for coverage under the Compensation Plan provided the family has been approved. The form "Place of Safety Placement" (Appendix 411B) must be attached to the claim form.

Additional Information

1. This is not an insurance policy or program. It is not intended to replace the foster parents' tenant or homeowner's policy.
2. The Foster Parent Intentional Damage Compensation Plan covers intentional damage caused by a foster child to the property of the residents in the foster home. The foster parents' own insurance should cover accidental damages by the foster child, as he/she is considered a member of the household for insurance purposes. The foster parents should clarify this with their insurance broker.
3. Claims made to the Compensation Plan have no relationship to the foster parents' own insurance, and do not impact on their own tenant/homeowner's premiums or deductibles.
4. Claims for damage must be submitted on an incident basis rather than accumulated until the child leaves the foster home. In exceptional circumstances, a number of incidents may be viewed as one claim, but these will be assessed and confirmed by the Plan Administrator in consultation with Child and Family Services and the Insurance and Risk Management Branch of the Department of Finance.
5. There is a one-year period in which to submit a claim. Claims submitted after one year will not be considered. However, it is preferable to have the claims submitted as soon after the incident as possible, as this enables the Plan Administrator a better opportunity to assess the claim.
6. Foster parents and agency workers are expected to work together so that steps can be taken to prevent and minimize damages. Examples would include the use of rubber sheets for children who bed wet, increased supervision at times of crisis for the child, etc.
7. The Compensation Plan has coverage limits and exclusions, which are stated in the Plan description.
8. The licensing and placing agency will be advised of the outcome of the claim submission when the claim is finalized.

Appeal Process

After submission of a claim by a foster family and a response or decision from the Plan Administrator with which the foster family disagrees, the following procedures should be followed to access the appeal process:

1. The foster family should, in writing, request a hearing by the Appeal Panel. The request should include details of the case. Appeals should be addressed to:

   Foster Parent Compensation Plan Appeal Board
   Insurance and Risk Management Branch
   417 – 401 York Avenue
   Winnipeg MB R3C 0P8

1. The Appeal Panel will consist of representatives from:
   - the Manitoba Government, Insurance Risk and Management (Chairperson);
   - Kernaghan Adjusters;
   - the Manitoba Foster Family Network;
   - Child and Family Services; and
   - the foster child's agency.
2. The Appeal Panel will review the facts of the claim as provided by the adjuster and the foster family. In those cases where it is felt that additional information is required, the Appeal Panel will make arrangements to receive the information from the most appropriate sources (e.g., foster parent, agency workers).
3. The decision of the Appeal Panel is final.
4. All appeals must be initiated no later than six months after the date the foster family is informed of the outcome of their original claim.

NOTE: The coverage, limits, and deductibles are not appealable.

Legal Aid Assistance Program

The Department of Family Services and Housing, Province of Manitoba, has an agreement with Legal Aid Manitoba for the provision of legal services to foster family members, when there have been allegations of physical or sexual abuse.

Eligibility

The family must have had or be in possession of a valid foster home licence or have been approved as a place of safety when the alleged offence is said to have occurred. In certain situations, parents, adult children living in the home, and minor children are eligible for services.

Services to be Provided

- Counsel for parents and children (both over and under 18 years of age) living in the foster parent's home prior to charges being laid (e.g., for police interview), if it is clear that a criminal investigation is underway.
- Counsel for parents and adult children living in the foster parent's home where criminal charges are laid.
- Counsel for the appeal of a criminal conviction or sentence where, in the opinion of Legal Aid, there is merit to appeal the decision.
- Counsel for parents and children for the appeal of registration on the Provincial Child Abuse Registry where there has not been a criminal conviction.
- Counsel to appeal the decision of the Abuse Registry Committee to the Court of Queen's Bench where, in the opinion of Legal Aid, there is merit to an appeal.

- Counsel for parents who are being sued by or on behalf of a child, while that child was in the care of the foster parent.

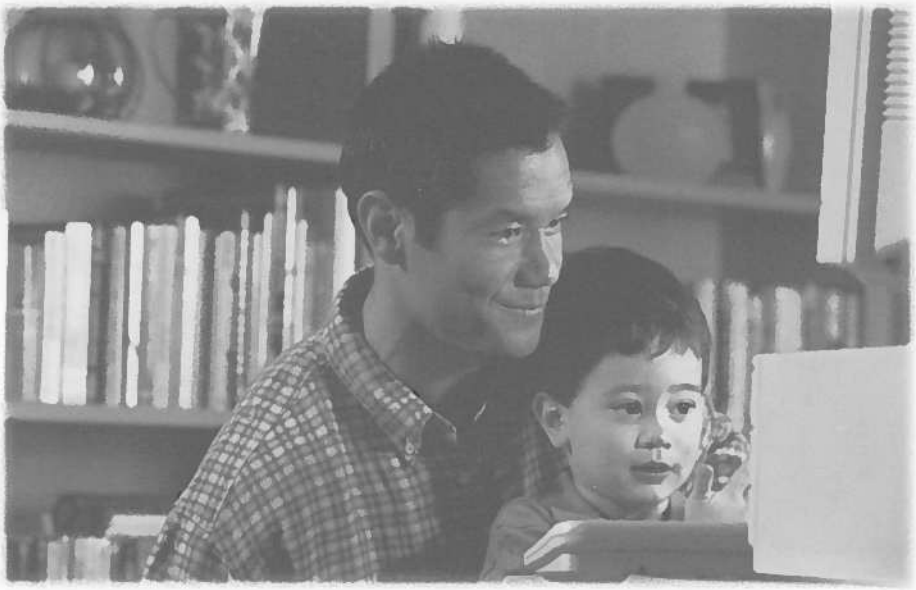
Note: Counsel for minor children where charges are actually laid is available either through the normal Legal Aid program or by virtue of Section 11 of The Young Offenders Act.

How Services May be Accessed

- When it is determined that one of the above noted situations exists, the agency resource coordinator will provide the foster family with two letters.
- The first letter will describe the foster family's entitlement to legal services, the agency's responsibility when an allegation is received or if a name is to be listed on the Provincial Child Abuse Registry without a criminal conviction, and how the legal services can be accessed.
- The second letter verifies the families' eligibility for legal services through Legal Aid and is to be presented to the lawyer that the foster family chooses.

Legal Aid 24-Hour On-Call Service

- If you are arrested by the police and want to speak to a lawyer, Legal Aid offers a 24-hour on-call service. In Winnipeg, phone 985-8570.
- Outside of Winnipeg, you can ask the police for the name and number of a Legal Aid lawyer who can help you. The RCMP has a complete list of names and numbers and is required by law to tell you how you can reach a lawyer.



In August, 2000, the Manitoba Provincial Government reinstated funding for a province-wide association for foster parents. This supported the formation of the Manitoba Foster Family Network (MFFN). The Board of Directors is comprised of foster parent representatives from across the province, which is divided into three regions; the North Region, the South Region, and the Winnipeg Region. Each region has five Board Members who are elected by the foster families in that region. All foster parents are members of the MFFN; there is no membership fee.

"The mission of the Manitoba Foster Family Network (MFFN) is to encourage, promote and assist in the development of healthy foster homes to improve the quality of life for children in care."

The goals of the MFFN are to:

- Become an association that is recognized for working in the best interests of foster families and children in Manitoba.
- Establish strong and co-operative working relationships between foster families, mandated agencies, the government, other agencies and professionals providing service to foster children.
- Assist in the development and delivery of a Province-wide comprehensive competency based training program for foster parents.
- Support foster parents who are involved in a dispute, disagreement or conflict with an agency.
- Create mechanisms through which foster parents can have regular and meaningful communication with each other including an annual conference and a regular newsletter.
- Provide developmental opportunities for foster parents who wish to acquire new knowledge and upgrade their skills beyond what is available in the competency based training program.
- Work cooperatively with agencies to provide an orientation and participate in activities to welcome new foster parents into their role.
- Empower foster parents to advocate for themselves by providing information and support services.
- Encourage the development of foster parent communities by helping to organize and support local associations that will, in turn, provide opportunities for foster parents to discuss issues of concern or mutual interest.
- Provide a confidential, empathetic non-judgemental service to support foster parents to talk about difficult issues related to foster care.

For more information on the services offered by the MFFN or to find out how to become involved with the MFFN, contact:

The Manitoba Foster Family Association
#1- 202 Provencher Boulevard
Winnipeg, Manitoba
R2H 0G3
(204) 940-1280 (telephone)
1-866-458-5650 (toll free)
(204) 940-1283 (facsimile)
manfost@mts.net (email)
www.mffn.ca (website)

Begun in August 2000, the Aboriginal Justice Inquiry – Child Welfare Initiative (AJI-CWI) is a three-year process through which Aboriginal organizations and the Province of Manitoba will work together to restructure the child and family services system in the province. The Aboriginal parties to the AJI-CWI are:

- Manitoba Metis Federation (MMF);
- Assembly of Manitoba Chiefs (AMC); and
- Manitoba Keewatinowi Okimakinak (MKO.

The AJI-CWI followed the Province of Manitoba's 1999 commitment to address the recommendations of the Aboriginal Justice Inquiry. The Aboriginal Justice Inquiry had been commissioned in 1988 to examine the relationship between the Aboriginal peoples of Manitoba and the justice system. This included an examination of the historical treatment of Aboriginal people by the child and family services system. The 1991 report of the Aboriginal Justice Inquiry documented many serious problems with the child and family services system and made recommendations for significant change.

The major goals of the AJI-CWI are to:

- Recognize a province-wide First Nations right and authority to control and deliver child and family services to their community members by extending and expanding off-reserve jurisdiction;
- Recognize a province-wide Metis right and authority to control and deliver child and family services to their community members; and
- Restructure the existing child and family services system through legislative and other changes.

The AJI-CWI has adopted a schedule with five separate stages to guide its work:

Phase 1: September 2000 to December 2000 – Establishment of Working Groups to develop proposals and recommendations for the draft plan for restructuring the system.

Phase 2: January 2001 to July 2001 – Preparation of a consolidated conceptual plan for restructuring the system based on Working Groups proposals and recommendations.

Phase 3: August 2001 to December 2001 – Completion of a process to be secure public feedback on the conceptual plan and development of a detailed implementation plan for the restructuring.

Phase 4: January 2002 to March 2003 – Implementation of the planned change.

Phase 5: April 2003 to October 2003 – Stabilization of changes implemented.

Please note that the time lines for the phases will be adjusted as required by the AJI-CWI.

Additional information may be obtained by calling the Central Information Line:

- In Winnipeg call: 945-1183
- Outside of Winnipeg call toll-free: 1-866-300-7503

You may also visit the AJI-CWI Web Site at: http://www.aji-cwi.mb.ca

For more information on the AJI-CWI, call the initiative's central information line at 945-1183 (toll-free at 1-866-300-7503) or call one of the four parties directly.

Manitoba Metis Federation
3rd Floor – 150 Henry Street
Winnipeg, Manitoba R3B 0J7
(204) 586-8474

Assembly of Manitoba Chiefs
2nd Floor – 260 St. Mary Avenue
Winnipeg, Manitoba R3C 0M6
(204) 956-0610

Manitoba Keewatinowi Okimakanak
200 – 701 Thompson Drive
Thompson, Manitoba R8N 2A0
(204) 677-1600

Province of Manitoba
Family Services and Housing, Child and Family Services Division
216 – 114 Garry Street
Winnipeg, Manitoba R3C 4V6
(204) 945-6964

The AJI-CWI also has a web site that contains background information on the initiative and updates on its progress. The web site address is: www.aji-cwi.mb.ca.