Indian Governments of Saskatchewan

Federation of Saskatchewan Indian Nations

Customary Standards of Care
for
Saskatchewan First Nations Group Home, Assessment and Stabilization, Therapeutic and Treatment Programs

"Culturally relevant quality care.
A positive healthy experience for children, youth and their families."

SEPTEMBER 2014

Section 4: Health

Section 5: File Maintenance

Section 6: Case Management

Section 7: Living Accommodations

Section 8: Training

Section 9: Staffing Levels

ACKNOWLEDGEMENTS

Thank you to the representatives from the Saskatchewan First Nations group home, assessment and stabilization, therapeutic and treatment programs and, to child and family service agencies, their Elders and the youth, who all shared their knowledge and expertise during the review of the "Customary Standards of Care for Saskatchewan First Nations Group Home, Assessment and Stabilization, Therapeutic, and Treatment Programs 2011" from June 2013- September 2014.

Thank you to the many agencies and programs who also shared their policies and procedures to help inform the content of this standards manual.

Thank you to the Saskatchewan First Nations Family and Community Institute and their technical staff for coordinating and facilitating the project.

Thank you to the Federation of Saskatchewan Indian Nations and the Saskatchewan Ministry of Social Services for their contributions to the development and review of the manual.

Many people and organizations were involved throughout the life of this project. Rather than risk anyone being missed, individual names have not been listed.

CUSTOMARY STANDARDS OF CARE
FOR
SASKATCHEWAN FIRST NATIONS GROUP HOME, ASSESSMENT AND STABILIZATION, THERAPEUTIC AND TREATMENT PROGRAMS

"CULTURALLY RELEVANT QUALITY CARE.
A POSITIVE HEALTHY EXPERIENCE FOR CHILDREN, YOUTH AND THEIR FAMILIES."

INTRODUCTION

Customary Standards of Care were developed for Saskatchewan First Nations Group Home, Assessment and Stabilization, Therapeutic, and Treatment Programs to guide the quality of care for children and youth who are in care of a First Nations child and family service agency or provincial ministry providing child welfare services. The standards are intended to ensure that children, youth and their families receive culturally relevant quality care and a positive healthy experience.

The following document reflects the first review of the Customary Standards of Care since its inception September 2011. Although there were minimal changes to the document, the First Nations Group Home Working group have included changes that have reflected their experience applying the standards for the last five years. Throughout the reviewed document, the working group has also emphasised that children and youth in care have the opportunity to participate and be informed in decisions and activities that affect them.

Authority

The Customary Standards of Care are designed to be an expression of Treaty First Nations jurisdiction and authority over child and family services. The *Federation of Saskatchewan Indian Nations Indian Child Welfare and Family Support Act (1994)* amended in 2011 provides authority for the development of standards, policies and procedures that apply to all First Nations affiliated with FSIN while respecting the jurisdiction of each First Nation. The act was deemed equivalent by the Ministry of Social Services in 1993.

The intent of the Customary Standards of Care is to provide guidance to First Nations and their agencies in the development of local policies and procedures to meet their priorities, to benefit from their resources, and to respect their customs to support families and protect children and youth.

In the spring of 2013 the Saskatchewan First Nations Family & Community Institute Inc. and

the First Nations Group Home Network started the process of reviewing the Customary of Standards of Care, 2011. The review was complete in September 2014. As of November 2014, the Saskatchewan First Nations Family & Community Institute has received continued equivalency from the Ministry of Social Services. A letter of equivalency from the Ministry of Social Services is included in the Supporting Documents, located at the end of the document.

The Customary Standards of Care will be amended, as required, to reflect new development or amendments to First Nations legislation and policy.

The Customary Standards of Care has been reviewed to ensure currency and reflect new developments or amendments to First Nations legislation and policy.

Background

The work on First Nations standards of care began with the leadership of the Federation of Saskatchewan Indian Nations (FSIN). A working group consisting of Elders, First Nations child and family service agencies, group homes, and assessment and stabilization program representatives met over many months and developed a draft document titled, "Saskatchewan First Nations Child and Family Services, Group Homes and Community Care Programs, Customary Standards of Care, November 2005" (Customary Standards of Care).

During the development of the Customary Standards of Care, progress was reported to the FSIN Legislative Assembly. Legislative Assembly Resolution, Reference Number 1386, June 8, 2005 stated that First Nations Standards of Care will become effective by resolution of the Chiefs-in-Assembly; shall apply to all First Nations affiliated with the FSIN; and, that the Chiefs-in-Assembly supported the plan to return to the Assembly for the ratification of the standards manual.

In 2007, the Executive Directors of the First Nations Child and Family Services agencies recommended the draft document to the FSIN Health and Social Development Commission, who then recommended it to the FSIN Legislative Assembly. The Chiefs-in-Assembly, by Legislative Assembly Resolution, Reference Number 1512, May 31, 2007, adopted the draft Customary Standards of Care manual in principle with the understanding that further development and refinement was to be done.

The work continued on the Customary Standards of Care document in the summer of 2008, coordinated and facilitated by the Saskatchewan First Nations Family and Community Institute Inc. (SFNFCI). The working group reconvened with the addition of a representative from the Ministry of Social Services. The collaborative and inclusive process used by the working group was key to the successful development of the document. As part of this

process, the working group members sought feedback on a regular basis from their respective organizations. During this time, the document came to be known as, "Staffed Out of Home Care Standards, Criteria and Indicators, September 2009".

The working group finished their work in April 2009. A number of people were then asked to provide feedback: child welfare content experts in April and May 2009, two First Nations youth reference groups in June 2009. The feedback validated the work done to date and shed light on the additional development required. After this work was completed and accepted by the working group, the document was presented, reviewed, and approved by the Board of Directors of the Saskatchewan First Nations Family and Community Institute on August 5, 2009.

To support the FSIN vetting process the SFNFCI presented the document to the FSIN First Nations Child and Family Services Technical Advisory Group (TAG) in October 2009, to as many agency and program boards of directors as possible and, when invited, to their respective chiefs and councils.

Based on their feedback, edits were made to the introduction and references, with no additional edits to the content. The feedback also resulted in a new name more accurately reflecting the purpose of the manual: Customary Standards of Care for Saskatchewan First Nations Group Home, Assessment and Stabilization, Therapeutic, and Treatment Programs *"Culturally sensitive quality care. A positive healthy experience for children, youth and their families",* December 2, 2010.

The Customary Standards of Care were approved by the Legislative Assembly of the Federation of Saskatchewan Indian Nations on February 16, 2011 (Reference Number 1758). A copy of the Resolution is included at the end of this document. The Saskatchewan First Nations Family & Community Institute received a letter of equivalency for the Customary Standards of Care in October 2013 from the Ministry of Social Services.

Framework

The "Federation of Saskatchewan Indian Nations Indian Child Welfare and Family Support Act 1994", and the "United Nations Convention on the Rights of the Child" guided the working group as they developed the standards, criteria and indicators for the care of children and youth. The following statements, taken from the Draft Customary Standards of Care November 2005 (CSC) and the "United Nations Declaration on the Rights of Indigenous Peoples 2007" (UNDRIP), are reflective of Treaty First Nations jurisdiction, authority and worldviews with respect to the care of children, youth, their families and communities.

- "First Nations children, parents and families have a right to a safe, well and harmonious life and are protected and maintained in keeping with Indian values, traditions, culture and beliefs" (CSC).

- "First Nations children and youth have an inherent right to their culture and tradition" (CSC).

- "First Nations families and communities have the primary responsibility to keep their children and youth safe and to nurture them in a healthy environment. Group Homes support families to fulfill their responsibilities and provide services to foster unification" (CSC).

- "Group Home services meet an adequate standard of care, as defined by the community and are consistent with the spirit and intent of the Treaties" (CSC).

- "In the event that alternate care is required, First Nations children will be placed in the care of a First Nations family, in a First Nations environment which supports the use of First Nations language and meaningful participation in cultural ceremonies and activities"(CSC).

- "First Nations may establish structures appropriate to their individual jurisdiction to better facilitate the delivery of child and family services" (CSC).

- "Where the First Nations child has been separated from a parent or custodian and has been kept or removed from First Nations land where the child or youth normally lives, the First Nation may take appropriate action to restore the child to First Nations jurisdiction, and where it is found to be in the child's best interests, restore the child to the parent or guardian" (CSC).

- "Recognizing also the urgent need to respect and promote the rights of indigenous peoples affirmed in treaties, agreements and other constructive arrangements with states" (UNDRIP).

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

- "Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any act of violence, including forcibly removing children of the group to another group" (Article 7, No. 2, UNDRIP).

- "Indigenous individuals, particularly children, have the right to all levels and forms of education of the state without discrimination" (Article 14, No. 2, UNDRIP).

- “States shall, in conjunction with indigenous peoples, take effective measures, in order for indigenous individuals, particularly children, including those living outside their communities, to have access, when possible, to an education in their own culture and provided in their own language” (Article 14, No. 3, UNDRIP).

- “Indigenous peoples have the right to promote, develop and maintain their institutional structures and their distinctive customs, spirituality, traditions, procedures, practices and, in the cases where they exist, juridical systems or customs, in accordance with international human rights standards” (Article 34, UNDRIP).

PHILOSOPHY OF CARE

As First Nations people we are ourselves a whole entity, and we are a link of many circles. All elements of nature are related and form the complete circle of life. Roles in the life cycle are in a constant state of change; have patterns and cycles; and have dimensions of time and space. Change in one role has effects on other relationships. Wholeness also means inclusion, belonging, self-reliance, and sharing. (Draft Customary Standards of Care Manual, November 2005)

The organization, management and operation of all First Nations' staffed out of home care programs operate to promote the following philosophy of care:

> Children and youth are loaned from the Creator and we have a sacred duty to care for them. Their lives and thoughts have special meaning and significance and they are to be nourished, loved, and respected.
>
> Children and youth have a right to express themselves, understand and interact with the world in their own language, to be nurtured by their parents, grandparents, communities, and to the teaching and guidance of the Traditional Advisors.
>
> Children and youth have a right to the full development of their spiritual, physical, emotional, and mental well-being.
>
> Respect all children and youth's beliefs and values and promote the respect of others beliefs and values.
>
> The Traditional Teachings provide the context for standards of caring for children and youth.

The organization, management and operation of all First Nations' staffed out of home care and community care programs operate to promote the following holistic approach to child, family, and community support:

> An affirmation of the family as the best environment to raise children and youth;
>
> A recognition of the traditional way of life of First Nations;
>
> An affirmation of the spirit and intent of First Nations' Treaties with the Crown;
>
> Respect and recognition of First Nations' culture, history, and languages;
>
> Respect for kinship and the extended family.

HOW TO USE THIS DOCUMENT

The document is designed and formatted for easy reference and to illustrate the relationship between policies, standards, criterion and indicators. Each of the nine Policy statements reflects a course of action to be adopted and pursued by each program. The standards (53) provide guidance on how to implement the policies. The criterions describe what needs to be done to meet the standards. The Indicators are evaluative and are the measures by which each program will know that they have achieved the standards. Each program will need to update their local policies and procedures to align with the amended standards.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**PROGRAM CONTINUITY**
STANDARD 1.1:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL CONTINUE TO BE A PLACE OF SAFETY WHEN EMERGENCY OCCURRENCES HAPPEN.

STANDARD CRITERIA:

1.1.1 The staffed out of home care facility shall develop and maintain procedures that ensure the safe operation of the program in the event of emergency giving regard to at least the following:

- Transportation (e.g. through deep snow after a blizzard);
- Maintaining sufficient levels of staff (e.g. in the event of an influenza pandemic or during a winter storm);
- Alternative accommodation;
- Emergency medical response (e.g. during a storm);
- Communication (who shall be contacted and equipment required);
- Back up equipment required and maintained (e.g. flash lights for power outages, cell phones always charged).

1.1.2 All staff shall be trained in orientation in the Program Continuity Plan and shall receive an annual update training thereafter.

INDICATORS:

- The staffed out of home care program has a complete Program Continuity Plan in place.
- Evidence exists that staff have been trained at orientation and annually thereafter.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**EMERGENCY RESPONSE READINESS**
STANDARD 1.2:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL MAINTAIN A STATE OF READINESS TO RESPOND TO EMERGENCY.

STANDARD CRITERIA:

1.2.1 Every staffed out of home care program shall have a written emergency response plan that shall include, but not be limited to having:

- A description of all procedures and specified duties to be followed by the staffed out of home care program workers in the event of an emergency;
- Telephone procedures for calling emergency services and informing key authorities (manager, board chair);
- Procedures for safe shelter within the facility in the event of an extreme weather event;
- Procedures for an emergency evacuation of all of the children and youth and program workers, including the specified exit routes from the staffed out of home care setting, and a gathering place for the children once outside (evacuation means "out of the building" and must include provision of safe, alternative accommodation for the children and youth);
- A means for tracking the whereabouts of children and youth at all times (i.e. on a home visit, on the run, etc.) and ensuring that all of the children and program workers have been accounted for following an evacuation;
- A list of (or procedures for locating) alternative accommodations for the children and youth;
- Procedures for transporting children and youth to an alternate place of safety.

1.2.2 The emergency response plan shall be established in cooperation with, and approved by, the local emergency measures authority and reviewed annually.

1.2.3 All program workers shall receive instruction on the emergency response plan as part of their orientation training, and shall receive annual training updates on the plan and procedures.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

INDICATORS:

- A written emergency response plan that conforms to standard criteria exists.
- Evidence exists to show that the emergency response plan has been established in cooperation with, and approved by, the local emergency measures authority.
- A written record of all staff receiving an orientation training and then annual training for emergency response planning.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**FIRE SAFETY**
STANDARD 1.3:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL MAINTAIN A STATE OF FIRE READINESS.

STANDARD CRITERIA:

1.3.1 The following practice will be maintained by the staffed out of home care facility to maintain a state of readiness:

- The completion of an annual fire inspection;
- Maintaining the facility in compliance with life and fire safety regulations. (available from Fire Authority);
- Fire drills shall be conducted monthly if more than 10 residents, and every 3 months if 10 or less than residents;
- Fire drills recorded and records reviewed;
- Emergency Evacuation Plan approved (reviewed at least annually), by the local Fire Authority (See Appendix S#1);
- Emergency evacuation plan posted and reviewed annually or more frequently if changes made to program or building;
- Evacuation procedures reviewed on admission with each child and youth and every three months thereafter.
- Training held annually for emergency evacuation of all staff and residents

INDICATORS:

- Evidence exists that an Annual Fire Inspection has been completed (certificate).
- Evidence exists that the facility is in compliance with fire safety regulations (certificate).
- A written record showing that fire drills conducted monthly if more than 10 residents, and every 3 months if 10 or less than residents, are maintained.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

- Evidence exists that the Emergency Evacuation Plan is approved (reviewed at least annually with the local Fire Authority) by the local Fire Authority and posted.
- A written record of all staff receiving an annual training for emergency evacuation.
- Case files indicate a review of evacuation procedures upon admission of a resident and every three months thereafter.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**FIRST AID AND SEASONAL TRAVEL KITS**
STANDARD 1.4:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE FIRST AID AND SEASONAL TRAVEL KITS ARE MAINTAINED IN RECOMMENDED LOCATIONS.

STANDARD CRITERIA:

1.4.1 First aid kits shall be located in each vehicle operated by the staffed out of home care program and checked for completeness every three months. (Content standard established by St. John Ambulance and/or provincial Occupational Health and Safety Act.)

1.4.2 First aid kits shall be located in each of the units within the staffed out of home care setting and checked for completeness every three months. (Content standard established by St. John Ambulance and/or provincial Occupational Health and Safety Act.).

1.4.3 Emergency seasonal travel kits shall be located in each of the vehicles. (See Appendix S#2).

1.4.4 Cellular phones shall be made available to staff members when transporting children and youth.

INDICATORS:

- First aid kits are located in each vehicle operated by the staffed out of home care program and evidence exists that they have been checked for completeness every three months. (Content standard established by St. John Ambulance and/or provincial Occupational Health and Safety Act.)

- First aid kits are located in each of the units within the staffed out of home care setting and evidence exists that they have been checked for completeness every three months. (Content standard established by St. John Ambulance and/or provincial Occupational Health and Safety Act.)

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

- A record indicates a seasonal travel kit is located in each of the vehicles.
- A record indicates that cellular phones are available to staff members when transporting children and youth.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**SAFE STORAGE**
STANDARD 1.5:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE HAZARDOUS MATERIALS AND SUBSTANCES ARE KEPT SAFE FROM HARMING OTHERS WHILE NOT IN USE.

STANDARD CRITERIA:

1.5.1 All medication shall be kept in locked storage out of access by residents (including refrigerated medicines).

1.5.2 Knives and other kitchen tools, when not in use, shall be stored in a locked drawer or container.

1.5.3 All housekeeping and cleaning supplies, hazardous products (chemicals, gasoline, etc.) shall be securely stored according to provincial/federal health and safety standards.

1.5.4 All power tools, yard and garden tools, maintenance equipment and tools shall be kept in locked storage areas.

1.5.5 All hazardous equipment used for traditional activities such as hunting and trapping will be kept in locked storage when not in use.

INDICATORS:

- Visual inspection indicates that all medication is kept in locked storage out of access by residents (including refrigerated medicines).
- Visual inspection indicates that knives and other kitchen tools, when not in use, are stored in a locked drawer or container.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

- Visual inspection indicates that all housekeeping and cleaning supplies, hazardous products (chemicals, gasoline, etc.) are securely stored according to provincial/federal health and safety standards. (http://www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/index-eng.php)

- Visual inspection indicates that all power tools, yard and garden tools, maintenance equipment and tools are kept in locked storage areas when not in use.

- Visual inspection indicates that all hazardous equipment used for traditional activities such as hunting and trapping are kept in locked storage when not in use.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**OVERNIGHT OUTDOORS PROGRAM SAFETY**
STANDARD 1.6:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE THE SAFETY OF RESIDENTS PARTICIPATING IN OVERNIGHT OUTDOOR ACTIVITIES.

STANDARD CRITERIA:

1.6.1 A written Overnight Outdoor Activity proposal, approved by the program manager, must precede any camping activity. (See Appendix S#3)
Please Note:

- Any out of province activities, remote camping or high risk activities require approval from the staffed out of home care program's Board of Directors in consultation with the agency director and the Ministry of Social Services Manager of Residential Services and the referring agency. An emergency communication plan shall be developed for all overnight outdoor activities.

Plan should include but not limited to:

Overnight Outdoor Activity proposal shall include:

a) Dates of the camp, location, names of the program staff and children and youth attending, travel arrangements;
b) Plans for ensuring medical consent for residents attending the activity;
c) Plans for ensuring safety both during activities and operating/using equipment;
d) Plans for ensuring adequate supervision of children and youth at all – out of province times, including sleeping arrangements;
e) Procedures to prevent children and youth from becoming lost.
f) Emergency Plan
g) Consent for medical treatment
h) Medical insurance
i) Emergency Communications plan

1.6.2 The staffed out of home care program ensures that each child and youth has the opportunity to provide input into the proposed overnight outdoor activity and provide feedback on their experiences of the overnight outdoor activity. (See Appendix S#3 an example input and feedback form)

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

1.6.3 The staffed out of home care program ensures that overnight outdoors activities are suitable to the developmental needs and capabilities of the children and youth participating in them.

1.6.4 The staffed out of home care program ensures that during an overnight outdoors activity, the staff/resident ratio reflects the staffing model of the home residence and the developmental and supervision needs of the youth.

1.6.5 At least one staff shall be the same gender as the child or youth in the overnight outdoors activity.

1.6.6 Program staff conducting an overnight outdoor activity shall:

- Possess valid CPR (cardiopulmonary resuscitation) and First Aid Certificates;
- Be knowledgeable and experienced in the outdoor activity and have a thorough knowledge of the proper and safe use of all equipment;
- if participating in aquatic activities: be qualified in water safety measures and meet the standards as established by the Lifesaving Society;

1.6.7 First Aid and other safety or survival equipment must be included in any overnight outdoor activity kit.

1.6.8 The staffed out of home care program ensures that all camping supplies and/or equipment that are poisonous, flammable or a hazardous item must be stored securely and inaccessible to children/youth. Medication must be locked and inaccessible to children/youth.

1.6.9 Program activities may be purchased from commercial vendors, including camps operated by third party vendors, provided all governing regulations are adhered to, they are accredited/certified and assure effective safety procedures and safe use of equipment.

INDICATORS:

- Evidence of a written Overnight Outdoor Activity proposal and approval can be provided for all overnight outdoor activities conducted.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

- There is evidence of an emergency communication plan was developed for all overnight outdoor activities.

- Evidence exists that shows children and youth were provided the opportunity to provide input into the overnight outdoor activity and that they also had the opportunity to provide feedback on their experiences of the overnight outdoor activity.

- Evidence exists that shows the overnight outdoor activities are suitable to the developmental needs and capabilities of the children and youth participating in them.

- Documentation exists to show Board and/or referring agency approval for any out of province, remote or high risk events child and youth participated in. (Child permission is included in the admission kits.)

- Evidence exists showing the staff/resident ratio for outdoor activities reflected the staffing model of the home and that at least one staff was of the gender of the youth.

- Evidence exists that shows that at least one staff was the gender of the children and youth participating in the overnight outdoor activity.

- Evidence exists that shows program staff conducting an overnight outdoor activity:
  - Possessed valid CPR (cardiopulmonary resuscitation) and First Aid Certificates;
  - Were qualified in water safety measures and meet the standards as established by the Lifesaving Society, if participating in aquatic activities;
  - Were knowledgeable and experienced in the outdoor activity and had a thorough knowledge of the proper and safe use of all equipment.

- There is evidence that the first aid and other safety or survival equipment has been included in all Overnight Outdoor supplies.

- There is evidence showing that the staff ensured that all camping supplies and/or equipment that are poisonous, flammable or a hazardous item must be stored securely and inaccessible to children/youth. There is evidence showing that the staff ensured that all medication was locked and inaccessible to children/youth.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

Documentation exists to show that any activities purchased from commercial vendors, including camps operated by third party vendors, adhered to all governing regulations, were accredited/certified and assured effective safety procedures and safe use of equipment.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**WATER SAFETY**
STANDARD 1.7:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE SAFETY IN THE MANAGEMENT OF ALL WATER ACTIVITIES.

STANDARD CRITERIA:

1.7.1 Lifesaving Society's standards for aquatic activities shall be the guiding principles where lifeguard supervision is not provided. (See Appendix S#4)

1.7.2 Staff aquatic safety certifications must be current within two years.

1.7.3 The normal supervision ratio for each staffed out of home care program is to be maintained during aquatic activities with a minimum of one aquatic safety certified staff for every twelve residents involved in the water activity.

1.7.4 Where canoes or boats are being used they must be equipped according to Federal regulations (1999) from the Canadian Coast Guard. (See Appendix S#5)

1.7.5 Where an aquatic activity is purchased from a commercial venue such as a hotel, spa, waterslide park, etc. which does not provide lifeguards, an aquatic safety certified staff must accompany the group.

1.7.6 Program workers and children and youth must wear Canadian Coast Guard approved personal floatation devices (PFD's) at all times, while using any water craft and they must be of a suitable size.

1.7.7 Individuals may be hired or used as volunteers for the purpose of providing supervision to residents during aquatic activities.

a) If hired they must be at least 18 years of age and possess a valid National Lifeguard Service Award as approved by the Lifesaving Society;

b) If a volunteer, this person must be at least 18 years of age and possess a valid Bronze Medallion Life Saving Certificate or Occupational Aquatic Safety Training Basic Water Rescue Certificate as approved by the Lifesaving Society.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

INDICATORS:

- Records indicate that staff aquatic safety certifications are on file and current within two years.
- Documentation that a minimum of one aquatic safety certified staff for every twelve residents was always involved in water activities.
- Evidence that the normal supervision ratio for the program was maintained during aquatic activities.
- Evidence that canoes being used for aquatic activities are equipped according to federal regulations (1999) from the Canadian Coast Guard.
- Where an aquatic activity is purchased from a commercial venue such as a hotel, spa, waterslide park, etc. which does not provide lifeguards, evidence that an aquatic safety certified staff accompanied the group.
- Evidence that program workers and children and youth wore correctly fitting, Canadian Coast Guard Approved, personal floatation devices (PFD's) at all times, while using any water craft.
- Where individuals were hired or used as volunteers for the purpose of providing supervision to residents during aquatic activities there is evidence to show they were qualified as per Standard Criteria 1.7.7.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**WATER SAFETY - POWER BOATS**
STANDARD 1.8:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE SAFETY IN THE MANAGEMENT OF ACTIVITIES INVOLVING POWER BOATS.

STANDARD CRITERIA:

1.8.1 Lifesaving Society's standards for aquatic activities shall be the guiding principles where lifeguard supervision is not provided. (see Appendix S#4)

1.8.2 Staffed out of home care program workers and children and youth must wear Canadian Coast Guard Approved personal floatation devices (PFD's) at all times, while using any water craft. This includes being towed (e.g. on a tube).

1.8.3 A minimum of one aquatic safety certified staff for every twelve residents involved in the water activity. The normal supervision ratio for each staffed out of home care program is to be maintained.

1.8.4 The staffed out of home care program worker operating a power boat must be competent in all aspects of its operation and must abide by all federal and provincial regulations and/or legislation. The operator of the boat must possess a Canada Boating License (http://www.boatinglicense.ca/canada/saskatchewan.aspx)

1.8.5 If a power boat is used to tow a resident who is skiing or on a floatation device, a second program worker must be in the boat to maintain eye contact with this child, and provide information to the operator of the boat.

1.8.6 Children or youth may not operate any power water craft.

INDICATORS:

- Evidence that program workers and children and youth wore Canadian Coast Guard Approved personal floatation devices (PFD's) at all times, while using any water craft, including being towed (e.g. on a tube).

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

- Documentation that a minimum of one aquatic safety certified staff for every twelve residents was always involved in water activities.
- Evidence that any staffed out of home care program worker operating a power boat was competent in all aspects of its operation and holds a valid Canada Boating License.
- Evidence that, if a power boat was used to tow a resident who was skiing or on a floatation device, a second program worker was in the boat to maintain eye contact with the child, and provide information to the operator of the boat.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**TRANSPORTATION OF RESIDENTS**
STANDARD 1.9:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE SAFETY IN THE TRANSPORTATION OF RESIDENTS.

STANDARD CRITERIA:

1.9.1 The staffed out of home care program ensures compliance with the *Residential-service Facilities Regulations* (21 Mar 86 cR-21.2 Reg 1 s25).

1.9.2 The staffed out of home care program provides written procedures to ensure that all program workers operate agency vehicles in a safe, responsible manner. These shall include, but are not limited to:

a) Children and youth should not be left unsupervised in a vehicle;
b) Program workers and children and youth must wear seat belts at all times when the vehicle is being operated;
c) Program workers must ensure that keys are always removed from the ignition, and that vehicles are immediately locked when not in use;
d) Program workers operating an agency vehicle must comply with all traffic regulations and laws as established by civic, provincial and federal statutes.

1.9.3 The staffed out of home care program ensures that vehicles are kept in a "mechanically sound" condition, and that written procedures are provided for regular inspections, required maintenance and reporting damages.

1.9.4 The staffed out of home care program's name is not inscribed on the exterior of any vehicle operated by the program.

1.9.5 The staffed out of home care program ensures that residents who possess a valid driver's license do not operate the agency vehicle or any vehicle in which other residents are passengers.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

INDICATORS:

- Documentation exists to verify procedures for program workers to operate agency vehicles;
- There is written evidence of procedures for the maintenance of agency vehicles;
- There is evidence on staff files that those operating agency vehicles possess a valid driver's license, or on vehicle log books that the staff using the vehicle possess a valid driver's license;
- Local policy exists indicating the restriction of residents to operate agency vehicles.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

Appendix

S#1 The emergency evacuation plan includes the location and operation of fire extinguishers, exit routes, fire alarm boxes, telephone procedures for calling emergency services, a gathering place and relocation arrangements, is posted in several prominent locations in the facility.

S#2 The staffed out of home care program maintains an emergency seasonal travel kit located in each of the vehicles operated by the staffed out of home care program, whenever the vehicle is used for winter travel in rural areas. This kit should contain, but not be limited to:

a) Several heavy blankets;
b) Extra clothing items such as sweaters, mitts, toques, and heavy socks;
c) A source of portable heat such as candles or "camp heat", and a lighter;
d) A flashlight with good working batteries;
e) Emergency food rations such as "power bars" and water in spring, summer and fall;
f) Shovel;
g) Flares;
h) Tow rope.

S#3 Child and Youth Input and Feedback Form

Example of : Child and Youth Input Form

What type of outdoor activities would you like to do?

- Can leave question open, or provide a selection of activities the program is able to provide.

Why would you like to do them?

- Can leave question open, or provide a selection of activities the program is able to provide.

Where would you like to do the activity?

- Can leave question open, or provide a selection of activities the program is able to provide.

Example of : Child and Youth Feedback Form

Did you enjoy the activity? Why or Why not?

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

What would you keep about the activity?

What would you change about the activity?

Would you like to do the activity again?

S#4 Lifesaving Society Saskatchewan Branch
2224 Smith St. Regina, SK, S4P 2P4
Ph. (306) 780-9255
www.lifesavingsociety.sk.ca
email: lifesaving@sasktel.net

S#5

- A properly fitted, approved PFD for each occupant of the canoe.
- A buoyant, heavy line at least 15 meters long used for rescues (Rescue Throw Bag is recommended).
- A bailer or water pump.
- A sound signal such as a whistle (for emergencies).
- A flashlight.
- An extra paddle.

POLICY: SAFETY OF CHILDREN AND YOUTH, STAFF AND THE COMMUNITY WILL BE A GUIDING PRINCIPLE WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

REFERENCES

Ministry of Social Services (MSS), Residential Program Core Standards Checklist. Saskatchewan Community Resources; Children's Services Residential Policy Manual, Child and Family Services Division, May 2007.

Federation of Saskatchewan Indian Nations (FSIN) Customary Standards of Care. Saskatchewan First Nations Child and Family Services Group Homes and Community Care Programs, Consultation Draft November 2005.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**RIGHT OF A CHILD TO UNDERSTAND AND TO BE UNDERSTOOD**
STANDARD 2.1:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE CHILDREN AND YOUTH IN THEIR CARE HAVE OPPORTUNITY TO COMMUNICATE THEIR NEEDS AND INTERESTS AND TO UNDERSTAND THE ACTIONS OF OTHERS, PARTICULARLY THEIR CAREGIVERS.

STANDARD CRITERIA:

2.1.1 The staffed out of home care program shall ensure that, where a child does not speak English or has only a rudimentary understanding of English, they shall be provided with the services of an interpreter.

2.1.2 The staffed out of home care program ensures that where a child or youth has a cognitive and/or physical disability impairing their ability to communicate, for example hearing or vision impaired or developmentally delayed, children and youth have the opportunity to interpreters: human and/or technical aides to assist them.

2.1.3 The staffed out of home care program shall ensure that children and youth have the opportunity to communicate their needs and interests and to understand the actions of others in ways that are suitable to their developmental needs and capabilities.

INDICATORS:

- The staffed out of home care program maintains written procedures providing children and youth with the opportunity to communicate through an interpreter where language presents as a barrier.
- The staffed out of home care program maintains written procedures providing children and youth with the opportunity to access an interpreter: human and/or technical aides where a cognitive and/or physical disability presents a barrier to communication.
- The staffed out of home care program maintains written procedures to ensure children

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

and youth are provided ways to communicate their needs and interests and understand the actions of others in ways that are suitable to their developmental needs and capabilities.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**RIGHT TO BE INFORMED**
STANDARD 2.2:	ALL STAFFED OUT OF HOME CARE RESIDENTS SHALL BE INFORMED OF THEIR RIGHTS.

STANDARD CRITERIA:

2.2.1 The staffed out of home care program ensures that children and youth are informed of their rights within 48 hours of admission.

INDICATORS:

- Local policy exists outlining the rights of children and youth and indicating that children and youth must be made aware of their rights;
- Written procedures exist for informing children and youth, at the time of their admission and yearly thereafter in their residency, of their rights;
- Child and youth program file contains a signed and dated verification that the young person has been informed of their rights.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**RIGHT TO RELIGIOUS, SPIRITUAL AND CULTURAL FREEDOM**
STANDARD 2.3:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL RESPECT THE RIGHTS OF CHILDREN AND YOUTH TO RELIGIOUS, SPIRITUAL AND CULTURAL FREEDOM.

STANDARD CRITERIA:

2.3.1 The staffed out of home care program ensures that children and youth are supported to participate in religious/spiritual and cultural activities.

2.3.2 Access to spiritual and cultural activities will not be denied for reasons of misbehaviour, except where there are concerns for the safety of the child, caregiver, or the community.

INDICATORS:

- Local policies exist indicating that children and youth are supported to participate in religious/spiritual and cultural activities.
- Local policies exist indicating that access to spiritual and cultural activities will not be denied for reasons of misbehaviour, except where there are concerns for the safety of the child, caregiver, or the community.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**RIGHT OF FREEDOM TO COMMUNICATE WITH OTHERS**
STANDARD 2.4:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE THE RIGHTS OF CHILDREN AND YOUTH TO COMMUNICATE FREELY WITH OTHERS.

STANDARD CRITERIA:

2.4.1 The staffed out of home care program ensures that children and youth have the opportunity to communicate privately and freely with people who are able to advise and advocate on their behalf, including but not limited to:

- The child's lawyer;
- Elders or Clergy;
- The Saskatchewan Advocate for Children & Youth;
- A person of sufficient interest and family, as identified in the individual case plan;
- Case worker

(This includes, for example, access to a telephone in a private place, telephone numbers or paper, envelopes and stamps if writing a letter.)

2.4.2 The staffed out of home care program ensures that children and youth have the opportunity to uncensored communication unless there is a reasonable belief that there is harm in doing so for the child or others.

INDICATORS:

- The staffed out of home care program maintains written procedures providing children and youth with the opportunity to communicate privately and freely with people who are able to advise and advocate on their behalf, including but not limited to:
  - The child's lawyer;
  - Elders or Clergy;
  - The Saskatchewan Advocate for Children & Youth
  - A person of sufficient interest and family, as identified in the individual case plan.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

- Case worker

Written procedures ensure that:

- An area is provided to visit or communicate privately with the above individuals;
- A record of any contact is maintained on file, including the date and name of contact;
- Phone numbers are easily available to children and youth.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**RIGHT TO CONFIDENTIALITY AND PRIVACY**
STANDARD 2.5:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL RESPECT THE PRIVACY AND CONFIDENTIALITY OF CHILDREN AND YOUTH.

STANDARD CRITERIA:

2.5.1 The staffed out of home care program ensures children and youth have the opportunity to communicate in private;

2.5.2 The staffed out of home care program provides written procedures ensuring that the release of any information on a child adheres to the confidentiality guidelines as set out in Section 74 of The Child and Family Services Act.

2.5.3 The staffed out of home care program ensures that every child has the right to attend to personal needs in privacy; has a place in which they can feel safe; and the right to have their personal space respected.

2.5.4 The staffed out of home care program provides written procedures ensuring the opportunity to send and receive communications uncensored, unless there exists reasonable cause to believe that this would place the safety of the youth or others at risk. In such a situation a signed written explanation of why communications are being monitored will be placed on the child's file.

2.5.5 The staffed out of home care program maintains local written policies and procedures to ensures that each bedroom and washroom facility is equipped with a door and that whenever possible, each child is provided with a single bedroom.

2.5.6 The staffed out of home care program maintains local written policies and procedures to ensure workers shall knock on a child's bedroom door before entering.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

INDICATORS:

- The staffed out of home care program provides written procedures for external communication, including telephone, computer, written mail and texting.
- Written procedures exist ensuring that the release of any information on a child adheres to the confidentiality guidelines as set out in Section 74 of The Child and Family Services Act.
- Signed written explanations of why communications were monitored are on the file of any child who has communications monitored.
- The staffed out of home care program maintains written procedures to ensure the respect of privacy.
- Local written policies and procedures exist and are followed, to ensure that each bedroom and washroom facility is equipped with a door and that whenever possible, each child is provided with a single bedroom.
- Local written policies and procedures exist and are followed to ensure workers knock on a child's bedroom door before entering.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**RIGHT TO POSSESSION OF PROPERTY**
STANDARD 2.6:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL RESPECT THE RIGHT OF A CHILD AND YOUTH TO HAVE IN THEIR POSSESSION THEIR OWN BELONGINGS.

STANDARD CRITERIA:

2.6.1 The staffed out of home care program shall provide written local policies and procedures to ensure children and youth have the right to their personal possessions;

2.6.2 Some possessions, for reasons of safety, may be prohibited by the staffed out of home care program and some may be restricted;

- Prohibited articles are considered to be contraband and are defined as those items that, when introduced to the program, provide a risk to the safety of residents or program workers or the community or which are illegal.
- Restricted articles are those articles considered to be the right of the youth to possess but which may pose a risk to others unless used under supervision. (An example is eye makeup. If used correctly it is harmless, If shared among others where infections like pink eye exist it is a medium for rapidly spreading infection.)

2.6.3 The staffed out of home care program shall provide written local policies and procedures to ensure the safe keeping of any possessions that are removed from a child's care; (An exception is where an item is illegal - see Section 3.10.6)

2.6.4 The staffed out of home care program ensures children and youth are provided with a lockable area for the safe storage of personal items;

2.6.5 The staffed out of home care program shall provide written local policies respecting lost and stolen property.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

INDICATORS:

- Written local policies and procedures exist and are followed ensuring children and youth have the right to their personal possessions;
- A list of prohibited and restricted possessions exists and is available to staff and youth;
- Written procedures exist and are followed to ensure children and youth are provided with a lockable area for the safe storage of personal items and such storage is evident.
- Written local policies exist respecting lost and stolen property.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**RIGHT TO A MEASURE OF FINANCIAL RESPONSIBILITY**
STANDARD 2.7:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE EACH RESIDENT IS PROVIDED WITH A MEASURE OF FINANCIAL RESPONSIBILITY.

STANDARD CRITERIA:

2.7.1 The staffed out of home care program shall issue a spending allowance to each child;

2.7.2 The staffed out of home care program shall provide written procedures for the retention and distribution of money given to the child or earned by the child; (see Appendix R#3)

2.7.3 Money management shall be included as a part of life skills training;

2.7.4 Where possible youth will be encouraged and supported to work in part time jobs.

INDICATORS:

- There is evidence that spending allowances are issued regularly to each child;
- Written procedures for the retention and distribution of money given to the child or earned by the child exist and there is evidence that they are being followed;
- There is evidence that money management is included as a part of life skills training;
- Youth are working in part time jobs where it is possible to do so.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**RIGHT TO APPEAL THOSE DECISIONS THAT AFFECT THEM**
STANDARD 2.8:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE YOUNG PEOPLE IN THEIR CARE HAVE THE RIGHT TO APPEAL THOSE DECISIONS THAT AFFECT THEM.

STANDARD CRITERIA:

2.8.1 The staffed out of home care program ensures there is an opportunity for youth to be heard without punishment if they wish to challenge a decision or practice they feel is harmful to them.

2.8.2 Children and youth will be provided with instruction on how to appropriately question an action that affects their life. (For example, discussions in group meetings or asking to appeal a decision to a supervisor.)

2.8.3 The staffed out of home care program maintains written procedures for providing children and youth with a process for registering complaints and appeals regarding the programs, policies, procedures, expectations, rules, consequences, or concerns related to their care in the program. (see Appendix R#4)

2.8.4 The staffed out of home care program maintains a written record of complaints and appeals that include the nature of the complaint or appeal, the date, source, process of investigation, conclusions, recommendations and action taken.

INDICATORS:

- Written procedures for providing children and youth with a process for registering complaints and appeals regarding the programs, policies, procedures, expectations, rules, consequences, or concerns related to their care in the program exist and there is evidence that they are being followed;
- There is a written record of complaints and appeals that include the nature of the complaint or appeal, the date, source, process of investigation, conclusions, recommendations and actions taken;

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

- There is evidence that the written appeals procedures are being followed and that children and youth are aware that they are able to question or have input into the decisions that affect them (respectfully) without punishment.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**RIGHT TO HAVE INPUT INTO DECISIONS AND PROGRAMS THAT AFFECT THEM**
STANDARD 2.9:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE CHILDREN AND YOUTH IN THEIR CARE HAVE THE RIGHT TO HAVE INPUT AND FEEDBACK INTO DECISIONS AND PROGRAMS THAT AFFECT THEM.

STANDARD CRITERIA:

2.9.1 The staffed out of home care program shall develop local procedures to ensure there is an opportunity for children and youth to be involved with and have input and provide feedback into decisions and planning they feel is central to them in ways that meet the child and youth's developmental capacity and ability.

2.9.2 The staffed out of home care program shall develop local procedures to ensure children and youth have an opportunity to have input and feedback into programs that are designed to meet their needs. These opportunities for input and feedback will ensure they are child and youth centered, individualised to the needs of the child/youth, and consider the child's developmental capacity and ability; the child's care and treatment plan and other programs the child may be participating in.

2.9.3 Children and youth shall be provided with the means to develop the skills necessary to speak up and express themselves respectfully in ways that are considerate of the child developmental capacity and ability.

INDICATORS:

- Written procedures exist for providing children and youth with a process to be involved with and have input and feedback into decisions and planning they feel is central to them in ways that reflect their developmental needs and capabilities.
- Written procedures exist for providing children and youth with a process, that reflects their developmental needs and capabilities, to be involved with and have

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

input and feedback into programs that are designed to meet their needs.

The staffed out of home care program can demonstrate concrete measures to show how children and youth are assisted to develop the skills necessary for expressing themselves in ways that reflect their developmental needs and capabilities.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

STANDARDS FOR:	**RIGHT TO PERSONAL SAFETY**
STANDARD 2.10:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE CHILDREN AND YOUTH PEOPLE IN THEIR CARE ARE RESPECTED AND ARE KEPT SAFE FROM ALL FORMS OF HARASSMENT AND BULLYING.

STANDARD CRITERIA:

2.10.1 **Definitions**

Harassment is a behavior, by one or more persons towards another, which is insulting, intimidating, humiliating, malicious, degrading or offensive. It may be physical, verbal, emotional or sexual; the victim may feel discomfort, embarrassment or fear for their safety.

Bullying is offensive, cruel, intimidating, insulting or humiliating behaviour, combined with the misuse of power or position. It can be physical or verbal; direct or indirect.
(definitions from Canadian Red Cross Society "Respected Violence and Abuse Prevention Program")

2.10.2 The staffed out of home care program maintains written procedures that outline a process to a) promote a safe and respectful program and b) address incidents or allegations of incidents when they occur.

2.10.3 The staffed out of home care program maintains a written record of incidents and allegations that include the nature of the allegations, the date, source, process of investigation, conclusions, recommendations and action taken.

INDICATORS:

- Written procedures for promoting the development and maintenance of a safe and harassment free program are evident;

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

- Written procedures providing children and youth with a process for disclosing allegations of harassment or bullying exist and there is evidence that they are being followed;

- There is a written record of incidents and allegations of harassment and bullying that includes the nature of the allegations, the date and source, process of investigation, conclusions, recommendations and action taken.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

Appendix

R#2

CONFIDENTIALITY OF INFORMATION

- In Child and Family Services, information is gathered under the mandate of *The Child and Family Services Act* and *The Adoption Act*.
- Section 74 of *The Child and Family Services Act* provides the parameters for the release of information gathered for the purposes of the Act. This includes information that the department is given that had been gathered through other legislative mandates such as Health Information, Criminal Code investigations, etc.

74(1) Notwithstanding Section 18 of *The Department of Social Services Act*, members of the board, members of family review panels, mediators, officers and employees of the department, members of boards of directors of agencies, officers and employees of agencies, foster parents and all other persons who are employed in or assist with the administration of this Act:

(a) shall preserve confidentiality with respect to:
  (i) the name and any other information that may identify a person that comes to their attention pursuant to:
    (A) this Act;
    (B) *The Family Services Act*, not including Part III; or
    (C) *The Child Welfare Act*, not including Part II; and
      (ii) any files, documents, papers or other records dealing with the personal history or record of a person that have come into existence through anything done pursuant to:
        (A) this Act;
        (B) *The Family Services Act*, not including Part III; or
        (C) *The Child Welfare Act*, not including Part II; and

(b) shall not disclose or communicate the information mentioned in clause (a) to any other person except as required to carry out the intent of this Act or as otherwise provided in this section.

(2) The minister, a director or an officer may disclose or communicate information mentioned in subsection (1) relating to a child to:

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

(a) the guardian, parent or foster parent of that child; or
(b) the child to whom the information relates.

(3) On request of a person, the minister or a director may:
(a) disclose; or
(b) authorize an officer to disclose;
Information mentioned in subsection (1) relating to that person in any form that the minister or director considers appropriate.

(4) Notwithstanding subsection (2) or (3), no person shall, except while giving evidence in a protection hearing, disclose to anyone who is not an officer or a peace officer the name of a person who:
(a) makes a report pursuant to section 12; and
(b) requests that his or her name not be disclosed.

(5) Any information that may be disclosed to the person to whom it relates may, with the written consent of the person to whom it relates, be disclosed to any other person.

(5.1) Information mentioned in subsection (1) may be released where, in the opinion of the minister, the benefit of the release of information clearly outweighs any invasion of privacy that could result from the release.

(5.2) The information mentioned in subsection (5.1) may be released in any form that the minister considers appropriate.

(6) Any disclosure of information pursuant to this section does not constitute a waiver of Crown privilege, solicitor-client privilege or any other privilege recognized in law.

- ✓ Release of information gathered under *The Child and Family Services Act* is provided under *The Child and Family Services Act*, not under *The Freedom of Information Act*. Frequent requests for file information under the FOI are made to the department. There is a standard procedure for responding to such requests.
- ✓ Information such as general program information can be shared publicly.
- ✓ If a request for information comes over the telephone, ask the caller to put the request in writing. If the matter is urgent, the request can be faxed using their department/agency letterhead to be assured that the individual is whom they claim to be.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

- ✓ Electronic information, including emails, is part of the client's record and is considered the same as information from other sources. Deleted emails can be recovered and used in court cases.
- ✓ Circumstances under which information can be released:
  - ✓ With the consent of the individual to whom the information relates.
  - ✓ Information can be shared on a need to know basis in order to carry out the intent of the Act - e.g. Doctor may require historical medical information on a child in care in order to make a diagnosis.
  - ✓ In exceptional circumstances with the consent of the minister.

5. Notwithstanding the above information, the Residential Program Manager should direct any requests for the disclosure of information to the child's regional caseworker who will follow established departmental procedures.

R#3

- ❖ Procedures for the retention and distribution of money given to the child or earned by the child include, but are not limited to:
  - Procedures for issuing an allowance, which includes a signed acknowledgment from the child that he/she has received their allowance;
  - Procedures for maintaining records of all money held on behalf of the child;
  - Procedures for holding money owed for restitution or damages;
  - Procedures for the safe keeping of all money;
  - Procedures for auditing and balancing resident accounts;
  - Procedures for establishing a resident trust account.

R#4

- ❖ Procedures for providing children and youth with a process for registering complaints and appeals regarding the programs, policies, procedures, expectations, rules, consequences, or concerns related to their care in the program include, but are not limited to:
  - Procedures for informing children and youth, at the time of their admission, and throughout their residency, of their rights to register a complaint or appeal;

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

- Procedures for how a complaint or appeal can be initiated;
- Procedures for investigating complaints and appeals, including a time frame to respond to the complaint or the appeal;
- Procedures to inform the initiator of the complaint, of the process of the investigation, the conclusions and recommendations;
- Procedures to inform the initiator of the complaint, a mechanism to appeal the findings or recommendations.

POLICY: CHILDREN AND YOUTH SHALL BE CARED FOR, RESPECTED AND PROTECTED WITHIN ALL STAFFED OUT OF HOME CARE PROGRAMS.

REFERENCES

Ministry of Social Services (MSS), Residential Program Core Standards Checklist. Saskatchewan Community Resources; Children's Services Residential Policy Manual, Child and Family Services Division, May 2007.

Federation of Saskatchewan Indian Nations (FSIN) Customary Standards of Care. Saskatchewan First Nations Child and Family Services Group Homes and Community Care Programs, Consultation Draft November 2005.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

STANDARDS FOR:	**THE RIGHTS OF THE CHILD**
STANDARD 3.1:	ALL FORMS OF CRISIS MANAGEMENT SHALL RESPECT THE RIGHTS OF THE CHILD AND NOT DIMINISH THE GROWTH, DEVELOPMENT, OR ENHANCEMENT OF THE CHILD'S SELF-RESPECT.

STANDARD CRITERIA:

3.1.1 The staffed out of home care program ensures that the use of any Crisis Management process will be child centred, individualized to the needs of the child/youth and taken into consideration:

- the safety and best interests of the child;
- the child's care and treatment plan and other programs the child may be participating in;
- the child's developmental capacity and ability;
- the circumstances within which the unsafe behaviour occurs;
- motivation behind the behaviour;
- child's or youth's history of self-harm.

3.1.2 The staffed out of home care program ensures that each child or youth has the right to independently provide their story as part of a critical incident report (See Appendix CrM#1).

INDICATORS:

- There is evidence that the use of the Crisis Management process is child centred, individualized to the needs of the child/youth and takes into consideration factors such as those listed in Standard Criteria 3.1.1.
- There is local policies that guide the staffed out of home care program staff to provide the child/youth with their right to tell their story in a critical incident report.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

STANDARDS FOR:	**CRITICAL INCIDENT RESPONSE - SELF-HARM AND SUICIDAL BEHAVIOUR**
STANDARD 3.2:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE A SAFE AND COMPREHENSIVE APPROACH TO SELF-HARM AND SUICIDAL BEHAVIOURS.

STANDARD CRITERIA:

3.2.1 The staffed out of home care program ensures:

- all program workers have received training from a recognized resource for suicide intervention (and have retained current status in this training);
- that every incident where self-harm has occurred, the program manager or designate will be notified immediately;
- where self-harm occurs, and/or exists as a threat to the safety of the child, a formal suicide intervention will be immediately completed by a qualified program worker (a worker who has been trained in a recognized suicide intervention program);
- where this intervention and review of risk factors confirms that the child is at risk of self-harm and/or suicide, a clinical mental health evaluation will be requested from a mental health professional as soon as is practicable; (The number of risk factors identified in the risk review, and the ability of the program and child's ability to maintain their own safety, shall determine the immediacy of the referral to the mental health professional.)
- if a qualified worker is not available on shift, the program's manager shall make immediate arrangements for the completion of a formal suicide intervention, and this may include transportation of the child to a hospital for a clinical mental health evaluation.

3.2.2 The staffed out of home care program ensures that whenever self-harm occurs and/or exists as a threat to the safety of a child, a written safe plan is developed and reviewed and approved by the on-site supervisor or program's manager.
(See Appendix. CrM#1.)

3.2.3 The staffed out of home care program ensures that where a child is at risk of self-harm or suicide, consultation with a cultural advisor and or Elder would be available to them.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

3.2.4 The staffed out of home care program ensures that where a child, who is at risk of self-harm or suicide, attempts to run away, program workers shall take all reasonable measures to prevent the child from leaving. (See Appendix CrM#2)

3.2.5 The staffed out of home care program ensures that where a child with a history of self harm, or who has recently confirmed thoughts of self-harm, runs away from the program, the local police service will be notified immediately of the running incident and of the risk this child presents to him/herself. The family, FNCFS agency /MSS regional caseworker and other agencies (i.e. local crisis agency) are notified as soon as is practicable.

3.2.6 The staffed out of home care program ensures that an incident report is completed by all workers involved in each incident when a child engages in self-harm and/or suicidal behaviour.

INDICATORS:

- Records exist that indicate all staff are current in Suicide Intervention training;
- Suicide Intervention checklists have been completed and can be reviewed on the child's file where ever a child was struggling with suicidal ideation;
- Safe Plans are being used to help keep children and youth safe and are evident on file;
- Cultural advisors and or Elders had been made available to children and youth with suicidal ideation when or where requested;
- Evidence exists to show that all reasonable measures to prevent the child or youth from leaving are taken where a child or youth, who is at risk of self-harm or suicide, attempts to run away;
- Documentation exists indicating that the standards criteria for notifications in the event of an incident have been followed.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

- Incident Reports are completed in each incident where a child engages in self-harm and/or suicidal behaviour and/or running behaviours and they reflect an application of the principles contained in the standards. (provide examples of incident reports in Appendix)

- Incident reports follow standards developed for completing the report. A critical incident is one where a death or life threatening event has occurred. We call these serious case incidents as per provincial practice. Incident reports are just incidents worthy of/that require note.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

STANDARDS FOR:	**CRITICAL INCIDENT RESPONSE - MANAGEMENT OF SEVERE BEHAVIOUR**
STANDARD 3.3:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE A SAFE AND COMPREHENSIVE APPROACH TO THE MANAGEMENT OF SEVERE BEHAVIOURS.

STANDARD CRITERIA:

3.3.1 The staffed out of home care program may utilize physical interventions as a means of last resort in order:

- To protect a child from causing harm to him/herself or others (including animals, trees, plants, etc.);
- To protect oneself from a physical assault by a child;
- To prevent a child from leaving the residential setting, who is likely to place him/herself at significant risk of harm by their actions;
- To restrict/contain a child who is causing substantial damage to property.

3.3.2 Only methods taught through recognized Crisis Intervention training are sanctioned as methods of physical intervention.

3.3.3 The staffed out of home care program ensures that all program workers have successfully completed training in a recognized Crisis Intervention program, and are recertified within the program's stated time frame. (Currently Crisis Prevention Institute's Non-Violent Crisis Intervention and Life Space Crisis Intervention, Therapeutic Crisis Intervention, are the recognized models for training.)

3.3.4 The staffed out of home care program ensures that physical interventions are never used as punishment and any physical intervention is limited to the least amount of time possible to address the incident and promote safety.

3.3.5 Any use of physical restraint shall be in accordance with Appendix CrM#6.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

3.3.6 No single person restraints shall occur except in life-threatening circumstances as per Section 3.6.2 of this manual. If a single person restraint does occur it shall be recorded and communicated.

INDICATORS:

- Documentation exists to verify all staff are current in a recognized Crisis Intervention method.
- Documentation exists to verify that only "approved training" interventions are used and physical interventions are used only as a last resort in accordance with the situations outlined in the standard criteria.
- Incident reports verify that physical intervention is limited to the least amount of time possible to address the incident and promote safety.
- Any use of a single person restraint is recorded and communicated as per Section 3.6.1.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

STANDARDS FOR:	**CRITICAL INCIDENT RESPONSE - MANAGING A HEALTHY PROGRAM CULTURE**
STANDARD 3.4:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE A SAFE AND COMPREHENSIVE APPROACH TO THE MANAGEMENT OF SEVERE BEHAVIOURS.

STANDARD CRITERIA:

3.4.1 The staffed out of home care program's principles and methods of therapeutic interventions and behaviour management are consistent with the following summary of principles. (see Appendix CM#6 for more detail)

- Teaching children and youth to understand and manage their own behaviour more effectively in ways that reflect their developmental needs and capabilities;
- Providing a positive, respectful, caring and home-like atmosphere;
- Developing strong personal and therapeutic relationships with children and youth;
- Careful individualized, child-focused planning and goal setting;
- Developing reasonable and appropriate rules;
- Structuring time through routines and program activities;
- Applying logical consequences, in ways that reflect their developmental needs and capabilities, for misbehaviour as opposed to punishment;
- Providing encouragement, recognition and support for achievements, strengths and talents;
- Providing a wide range of therapeutic interventions to diffuse problem behaviours.

3.4.2 The staffed out of home care program ensures that all methods of discipline respect the child physically, emotionally, mentally and spiritually and in ways that reflect their developmental needs and capabilities; and hence no method of discipline which demeans or causes physical pain to a child may be used.

INDICATORS:

- Incident reports, other documentation and or verbal accounts of intervention

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

practice verify that interventions are in the best interests of children and youth and conform to standard criteria.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

STANDARDS FOR:	**CRITICAL INCIDENT RESPONSE - CHILDREN AND YOUTH WITH RUNNING AWAY BEHAVIOURS**
STANDARD 3.5:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE A SAFE AND COMPREHENSIVE APPROACH TO THE CARE OF CHILDREN AND YOUTH WITH RUNNING AWAY BEHAVIOURS.

STANDARD CRITERIA:

3.5.1 The staffed out of home care program ensures that all reasonable efforts to prevent the child or youth from leaving will be taken;

3.5.2 The staffed out of home care program ensures that, where a child or youth has been assessed at risk of harm should they run away, all interventions are attempted in order to prevent the child or youth from leaving, including the use of a physical intervention as a last resort.

3.5.3 In any running away incident, where a child is seen as a high risk for self harm, the following will be notified immediately of the incident and of the risk this child presents to him/herself: the local police service, family, agency/regional caseworker. Other agencies (i.e. local crisis agency) are notified as soon as is practicable (Jan. 21, 2009).

3.5.4 If efforts to prevent the child or youth from leaving the program fail, then program workers shall, whenever possible, pursue and return the child to the program, taking into consideration the safety of the child, the program workers, and the community. (See Appendix CrM#6&7)

3.5.5 The program's manager ensures that sufficient numbers of trained program workers are provided for each shift, dependent upon the developmental levels and presenting issues of the children and youth, and the nature of services being provided at that time.

3.5.6 Each individual case plan identifies the risks of harm a child presents to themselves through their actions of running away, taking into consideration, but not limited to

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

the following:

- The age and developmental level and capabilities of the child or youth;
- The emotional and mental state of the child;
- The child's history and reasons for being in care and the risks the child presents to themselves through their actions of running away (i.e. age and size (running away in winter), sexual exploitation, drug use, self-harm or suicidal behaviour, familiarity with the community, unsafe home environment, etc.).

3.5.7 The staffed out of home care program ensures an incident report is completed whenever a child runs away and missing children and youth are reported to the police, parents or legal guardians, and MSS regional/FNCFS agency caseworkers. (See Section 3.6.2 & 3 and Appendix CrM#3)

3.5.8 Each staffed out of home care program shall provide written procedures for notifying the police, and providing a detailed description of the child or youth when the child or youth is reported as missing; (See Resident's Description Outline)

3.5.9 If the program workers are not successful in locating or returning the child or youth to the staffed out of home care setting, the following procedures apply:

- The police should be notified, once authorized to do so by the onsite supervisor and in any event no later than three hours from the time the child went missing;
- The agency caseworker shall also be notified of the circumstances of the missing child as soon as possible;
- Police shall be notified when the child returns.

INDICATORS:

- Written procedures for notifying the police, and providing a detailed description of the child or youth when the child or youth is reported as missing exist and are accessible to all staff.
- Individual Care and Treatment plans are on file and identify the child's or youth's level of risk should they run from the program;

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

- Documentation exists to show interventions are consistent with the child's or youth's level of risk and include safety and running intervention plans where applicable;
- Records are kept of all actions taken by the staffed out of home care program pertaining to incidents are documented through an incident report and are on file;
- A record of the steps taken that resulted in physical interventions is on file and demonstrate they were used only when indicated by level of risk and used as a last resort;
- Evidence exists to show that procedures in Section 3.5.9 were followed when workers were not successful in locating or returning the child or youth to the staffed out of home care setting.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

STANDARDS FOR:	**REPORTING OF INCIDENTS**
STANDARD 3.6:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE SIGNIFICANT OTHERS ARE INFORMED OF CRITICAL INCIDENTS.

STANDARD CRITERIA:

3.6.1 The staffed out of home care program's manager shall report all serious occurrence incidents to the referring case worker, FNCFS agency director or designate, board chairperson for the program, and to the Executive Director of the Child and Family Services Division within 24 hours of the incident and submit a written incident report.

3.6.2 Serious case incidents regarding a child in care include but are not limited to:

- death of a child;
- serious injury of a child;
- suicide attempts;
- high risk running away situations;
- incidents where the community, other residents or staff have been placed at risk;
- allegations of physical or sexual abuse of a child.

3.6.3 The staffed out of home care program's manager submits a written incident report within 7 days to the referring FNCFS agency director or designate on the following:

- The use of any physical intervention of a child;
- A child runs away from the staffed out of home care program;
- Any criminal code violations that resulted in involvement with the police;
- Medical emergencies;
- Self-harm incidents which require medical treatment;
- Any other incident as directed by the agency director or Senior Program Consultant for Residential Services.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

3.6.4 The staffed out of home care program's manager ensures an incident report is also written, remains on the child's file and is retained by the staffed out of home care program, for other circumstances that include but are not limited to:

- Discovery of contraband;
- A child attempts to run away from the staffed out of home care program;
- Adverse affects or reactions to medications;
- Non-serious injuries that do not require the child to be seen by a doctor;
- Threatening statements or behaviours;
- Damage to staffed out of home care property;
- Any other incident as directed by program's manager or designate.

INDICATORS:

- Documentation is kept and identifies that the staffed out of home care program's manager reported all serious case incidents to the FNCFS agency director or designate, board chairperson for the program, and to the Residential Services, Child and Family Services Division within 24 hours of the incident and submits a written incident report.

- Incident reports exist on the children or youth's files documenting all incidents outlined in the standard criteria.

- There is evidence that operational debriefings and other techniques are used to follow up on incidents as learning opportunities.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

STANDARDS FOR:	**CRITICAL INCIDENT RESPONSE - INVESTIGATIONS OF ALLEGATIONS AGAINST STAFF OR OTHER ADULTS ASSOCIATED WITH THE PROGRAM**
STANDARD 3.7:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE IMMEDIATE AND IMPARTIAL INVESTIGATION OF ANY ALLEGATION OF ABUSE OF A RESIDENT OR IMPROPER CONDUCT BY A PROGRAM WORKER OR ANY OTHER ADULTS ASSOCIATED WITH THE PROGRAM.

STANDARD CRITERIA:

3.7.1 The staffed out of home care program ensures that whenever a resident makes a complaint of improper conduct, or an allegation of abuse by a program worker, or other adult associated with the program an immediate investigation is conducted or arranged for by the program's manager.

3.7.2 The staffed out of home care program ensures that if a resident makes an allegation of physical or sexual abuse by a program worker or other adult associated with the program, the program's manager shall report this information to the referring FNCFS agency director or designate and board chairperson or designate, within 24 hours, and submit a written report as directed. A Child Protection Investigator will be assigned by the Ministry of Social Services Manager of Residential Services to investigate the allegation to either substantiate or unsubstantiated. The Child Abuse Protocol (p.7) provides physical and behavioral Indicators for sexual abuse and physical abuse.

3.7.3 The staffed out of home care program ensures that if a resident makes an allegation against a program worker or adult associated with the program, and there is a risk to the child's safety (i.e. accusation of a physical or sexual assault of a child), the program's manager is notified immediately by the on duty supervisor or designate, and a plan is developed to ensure the safety of the child and that there is no contact between the child and the particular program worker.

3.7.4 The staffed out of home care program ensures that if a resident makes an allegation against a program supervisor the complaint will be referred to the program's manager. If against the program's manager it will be referred to their immediate

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

superior. 3.7.5 The staffed out of home care program ensures that if a child requests to phone police or other authority or advocate, to report an allegation of abuse or mistreatment, the child's right to make this phone call is not denied.
INDICATORS: - Local policies and procedures exist (consistent with standard criteria), providing staff direction in the event of allegations made against staff and other adults associated with the program. - There is clear documentation showing that the local policies and procedures are followed. For example, an incident report, contact note….

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

STANDARDS FOR:	**CRITICAL INCIDENT RESPONSE - INVESTIGATION OF INCIDENTS INVOLVING CRIMINAL BEHAVIOUR BY RESIDENTS**
STANDARD 3.8:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL REFER INVESTIGATIONS INVOLVING CRIMINAL MATTERS TO THE LOCAL POLICE SERVICE.

STANDARD CRITERIA:

3.8.1 The staffed out of home care program ensures referrals to the local police agency are mandatory in all instances where the alleged victim specifically requests such action.

3.8.2 The staffed out of home care program shall develop local policies to determine when police would be called.

INDICATORS:

- Documentation exist to show that, where the alleged victim specifically requests, referrals to the local police agency are made and documented;
- Local policies exist outlining when police would be called.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

STANDARDS FOR:	**CRITICAL INCIDENT RESPONSE - REPORTING ALLEGATIONS OF CHILD ABUSE**
STANDARD 3.9:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE ANY ALLEGATION OF CHILD ABUSE IS REPORTED IMMEDIATELY.

STANDARD CRITERIA:

3.9.1 The staffed out of home care program ensures the procedures for reporting allegations of child abuse, include, but are not limited to:

- Obligation to report disclosures of abuse;
- Procedures for initiating the *Provincial Child Abuse Protocol*; http://www.socialservices.gov.sk.ca/child-abuse-protocol.pdf
- Procedures for the documentation of any information disclosed by the child, and actions taken by the program worker.

INDICATORS:

- Local procedures exist to provide direction concerning the reporting of allegations of child abuse. These procedures include the standard criteria as outlined above.
- Documentation exists to indicate local procedures are being followed where reports of abuse have been made.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

STANDARDS FOR:	**CRITICAL INCIDENT RESPONSE - CONTRABAND AND SEARCHES**
STANDARD 3.10:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE A SAFE LIVING ENVIRONMENT AND MAY DEFINE CONTRABAND AND CONDUCT SEARCHES.

STANDARD CRITERIA:

3.10.1 The staffed out of home care program shall define contraband as those items that, when introduced to the program, present a risk to the safety of residents or program workers or the community.

3.10.2 The staffed out of home care program shall take all reasonable measures to prevent the introduction of contraband to the program.

3.10.3 The staffed out of home care program ensures that search procedures adhere to all guidelines. (See Appendix CrM#9)

3.10.4 The staffed out of home care program conducts regular searches of its property.

3.10.5 The staffed out of home care program will develop local operating procedures for the management of contraband.

3.10.6 Confiscated drugs, weapons and other illegal contraband will be given to the RCMP for disposal.

INDICATORS:

- Local policies and procedures are in place to define contraband;
- Local policies and procedures are in place to identify the measures to prevent the introduction of contraband.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

- Documentation exists showing that search procedures adhere to the guidelines set out in Appendix CrM#9.
- There is evidence to show that searches are conducted regularly.
- Local operating procedures for the management of contraband exist and are accessible to all staff.
- Incident reports exist to document policies and procedures are being followed.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

Appendix

CrM#1
Child /Youth INCIDENT REPORT

Incident Report Completed by Youth: yes _____ no _____

Describe the incident:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Youth completing report (print): _____ Date: _____

Manager receiving the report Signature: _____

Date: _____

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

CrM#2
Safe Plans

- The staffed out of home care program ensures that whenever self-harm occurs and/or exists as a threat to the safety of a child, a written safe plan is developed. The safe plan is reviewed and approved by the on-site supervisor or staffed out of home care program manager. The written safe plan shall include any or all of the following:
  - Contracting involves either a verbal contract that is recorded by the program worker, or the use of the written No Self-harm Contract, (see below), by the child.
  - If the child agrees to a contract to keep him/herself safe, program workers must use their knowledge and past experience with this child to determine if the child can fulfill their obligations to the contract.
  - If the child will not participate in the completion of this contract, then program workers must view this child as not being able to commit to a safe plan, and hence at significant risk for self-harm.
  - Contracting cannot be used with a child who requires medical/mental health attention, nor can contracting be used as an independent tool without the application of suicide intervention strategies.

- Safety proofing the environment involves removing all objects from the child's bedroom that could be used to inflict self-harm. If the child will not contract for his/her own safety, then all items are removed from the child's room, and continuous eye contact supervision will be maintained until their condition has stabilized.

- One to one supervision means the assigning of one program worker to the care and safety of the child.
  - One to one supervision will be provided by the staffed out of home care program in situations where, in the opinion of the staffed out of home care program and often in consultation with the mental health professional, the child continues to pose a risk of self-harm.
  - The one to one supervision plan includes detailed information about what the child can be involved in, items that they may or may not possess, the type of supervision required, the areas in which the child may have access (i.e. bedroom only, unit dorm, outside).
  - The supervision plan is directly related to the risk factors as determined during the suicide intervention.
  - All supervision plans will be approved by the onsite supervisor, or designate.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

CrM#2

No Self-harm Contract

I, _____, promise to keep myself safe, no matter

what, for _____ hours/days. If I feel like harming myself, I will contact

_____, or _____.

I will not engage in any self harm or life threatening behaviour. In order to change my thoughts of self-harm, I will:

_____

_____

_____

_____

_____
Signature of child

_____
Signature of supporter

Note: Persons enlisted as supports on contracts, need to be aware of their role and responsibilities.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

CrM#3

INCIDENT REPORT

NAME of Staffed Out of Home Care Program :_____

INCIDENT DATE: _____ **TIME:**_____

Resident(s) Involved	**D.O.B.**	**Legal Status:**	**Charges (if applicable):**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TYPE OF INCIDENT: (please check one)
Assault ___ Injury ___ Damage to Property ___ Self-Harm ___ Threats ___ Verbal Abuse ____
Physical Abuse ___ Use of Physical Intervention ___ Missing Resident ___ Other ____

Brief Summary of Incident*:*

_____
_____
_____
_____
_____

WORKERS INVOLVED (Position):

_____ _____
_____ _____

Notified:	**Contact Name**	**Date**	**Time**	**By Whom**
Police File #_____	**bdg # ___**	_____	_____	_____
Parents/Guardian _____		_____	_____	_____
FNCFS Agency Worker_____		_____	_____	_____
Youth Worker _____		_____	_____	_____
Other _____		_____	_____	_____

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

INCIDENT REPORT

Youth Incident Report Completed: yes _____ no _____

Related incidents:_____

_____

_____

Intervention used, reasons for use, and the duration of the intervention:

_____

_____

_____

Any witnesses to the incident:_____

_____

_____

Preventative actions in the future:_____

_____

_____

Follow up and recommendations:_____

_____

_____

Description and circumstances of incident: _____

_____

_____

_____

_____

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

INCIDENT REPORT

Description and circumstances of incident cont'd:

_____

_____

_____

_____

_____

_____

Worker completing report (print): _____ **Date:** _____

Worker's Signature: _____

Supervisor's Comments: _____

_____

_____

Supervisor: _____ **Manager or Designate:** _____

Date: _____ _____

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

CrM#4

RESPONSE TO RUNNING AWAY BEHAVIOURS

A. Prevention

Individual care and treatment plan.

- At the time of admission, or earlier with planned admissions, an individual care and treatment plan will be developed for each child. This plan needs to be developed in consultation with the agency worker, and based on an assessment of the child's needs taking into consideration the following:
  - The age and developmental level of the child;
  - The emotional and mental state of the child;
  - The background information and the reasons for the referral;
  - The child's level of risk of harm to themselves based on the above factors, their history, current level of functioning and reaction to their placement.
  - The reason for the referral to the program, and their need for supervision, protection, safety and stability.

- The initial individual care and treatment plan will establish:
  - The level of supervision required to keep the child safe;
  - Identify community involvement such as a school placement, participation in community activities and program activities;
  - The level of family involvement such as home visits;
  - Special needs such as drug/alcohol treatment or other treatment services outside of the staffed out of home care program;
  - A plan to establish specific goals to address the reasons for the placement.

- Every staffed out of home care program shall develop procedures to ensure all program workers are familiar with each child's care and treatment plan, and know the level of supervision required for each child.

Safety plans.

- Every staffed out of home care program shall develop safety plans with each child, in the event the child goes missing from the staffed out of home care program. The safety plans should include:
  - The telephone number for the staffed out of home care program, the local police, crisis services, regional/agency worker, and other support services;

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

- Addresses for safe shelters, hospitals, police and other services;
- How to contact the staffed out of home care program (i.e. phoning collect on a pay phone).

CrM#5

RESPONSE TO RUNNING AWAY BEHAVIOURS CONT'D

B. Intervention

Running Intervention Plan

❖ Every staffed out of home care program shall develop interventions to keep children from running away. These may range from verbal interventions, to more intrusive interventions such as a physical restraint, dependent upon the factors contributing to the child's risk to abscond and the risks the child presents to their safety through their actions. These interventions may include, but are not limited to:

- Verbal interventions to develop a plan with the child to address the issues contributing to the child's intent to run away;
- Contracting with the child -- receiving a verbal or written agreement from the child to not run away;
- Utilizing the relationships with a program worker, an elder, a family member or other significant person who may be able to offer support to help stabilize the child (i.e. A child who wants to run to make family contact could be prevented from running by facilitating a phone call and arranging to bring family members to the program);
- Restricting access to the community or specific program activities that would increase the opportunity for the child to abscond;
- Restricting access within the program to a specific location where the child can receive intensive supervision such as "eye-sight" or "arm's length" from program workers;
- Additional program workers assigned for the responsibility of providing intensive supervision of the child who is at risk of running;
- Program workers physically blocking points of exit to prevent the child from leaving;
- The use of a physical intervention by program workers in order to prevent the child from running, and to keep the child safe.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

CrM#5

RESPONSE TO RUNNING AWAY BEHAVIOURS CONT'D

Interventions: preventing the child from leaving.

- In situations where workers discover a child is in the process of attempting to leave the staffed out of home care program without authorization, all reasonable efforts should be attempted in order to prevent the child from leaving.

- Where a child's individual care and treatment plan has identified the risks of harm to this child should they run away, all interventions, including the use of physical restraint as a safety measure, will be used in order to prevent the child from leaving.

- Where program workers discover a child is in the process of attempting to leave the program or their supervision without authorization, they need to quickly communicate to other program workers the urgency of requiring assistance to prevent the child from leaving.

Things to consider prior to pursuit.

- If a child is successful in running from the staffed out of home care setting or the supervision of program workers while away from the staffed out of home care property, prior to pursuing the child, the following factors need to be considered:
  - Each case requires individual assessment as to whether or not pursuit is necessary;
  - Primary consideration must be given to the safety and supervision of children remaining at the staffed out of home care property or the location from which the child is running;
  - If staffing levels are not sufficient to provide adequate supervision of the remaining children, no pursuit will occur;
  - Where staffing levels are a concern, the decision to pursue will be made by the on duty supervisor / designate or senior staff member if the child is running from a location other than the staffed out of home care property.

- If the child is running from the staffed out of home care property or from the supervision of program workers, the decision whether or not to pursue should consider the following factors:
  - Emotional and mental state of the child;
  - The age and developmental level of the child;

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

CrM#5

RESPONSE TO RUNNING AWAY BEHAVIOURS CONT'D

- Risk of harm the child may cause to him/herself, others, or the community;
- Weather factors versus child's clothing attire, to determine risk of harm to the child;
- The individual case plan and under what circumstances pursuits should occur.

Procedures for pursuits.

- ❖ If the decision to pursue the child is made, the following procedures apply:
  - The program worker discovering the missing child shall immediately notify other program workers;
  - Program workers must have a communication strategy (i.e. cell phone, or two-way radio) that allows them to maintain communication with other workers, or the onsite supervisor upon leaving the staffed out of home care setting;
  - When pursuing the child, program workers must ensure the safety of the child, being aware of vehicle traffic, and respecting the property of others;
  - Program workers must also be cognizant of their own safety;
  - If the program workers apprehend the child, only interventions that are taught in Ministry recognised Crisis Intervention Training, shall be utilized;
  - If the child is unwilling to accompany the workers back to the staffed out of home care program, then the police should be phoned to help return the child to the staffed out of home care setting.

Abandoning a pursuit.

- ❖ Any decision to abandon a pursuit will occur in consultation with the on site supervisor or designate, and take into consideration all of the resident factors previously stated in these procedures.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

CRM#5

RESPONSE TO RUNNING AWAY BEHAVIOURS CONT'D

Discovering a child is missing.

- ❖ Upon discovering a child is missing, where the child was not seen by workers leaving the location, the following procedures should be used:
  - Notification of other program workers including the onsite supervisor or designate;
  - Accounting for all of the remaining children, and ensure their supervision. This may include returning all of the children to the staffed out of home care location;
  - Developing an action plan that may include:
    - ☐ searching of the immediate area;
    - ☐ redeploying other program workers to assist with a search for the child; phoning the police, and requesting their assistance.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

CRM#6

Follow up steps that may occur until such time as the child has been located.

- The staffed out of home care program shall develop a plan with the agency caseworker regarding the follow up steps that may occur until such time as the child has been located. This may include, but is not limited to:
  - providing the police with a recent photo of the child, and identifying pertinent information, including a list of known associates and friends, and places the child may visit or "hang out";
  - determining the frequency of contact with the police to follow up on their efforts to locate the child and when to discuss media support;
  - coordination between various community agencies such as crisis services, community centres, youth group services, schools, and other community groups.

Failure to return from a home visit.

A child who fails to return to the staffed out of home care program from a home visit at the specified time, shall be considered a missing resident. The staffed out of home care program manager, or designate, shall determine the type of follow-up that is required with the family and regional caseworker, which may include reporting the child as missing.

Recognizing a missing child while off duty.

Program workers who are not on shift duty, and recognize a missing child from the staffed out of home care program, should not attempt to apprehend the missing child. It is recommended that the off duty worker should phone the staffed out of home care program or local police service, and provide the necessary information (where the missing child was seen, clothing description, etc.).

Communication upon the return of a child.

- Once a child who has been reported as missing, has returned to the staffed out of home care program, the police, parent(s) or legal guardian(s), and regional caseworker shall be immediately notified of the time and date of the child's return.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

CRM#7

FSIN Customary Standards of Care (Draft, November 2005)

1.1 DISCIPLINE POLICY AND PROCEDURES FOR STAFF AND RESIDENTS

Each therapeutic program will maintain and enforce a disciplinary protocol in observance of the philosophy balance, harmony in relationships, acknowledgement of harm, restoration after harm, healing focus, restoring personal identity and self-esteem, while remaining non-judgmental, non-confronting, and non-punishment oriented.

1.2 HANDLING NON-COMPLIANCE

It is the responsibility of the workers (individually and as a team) to ensure that routines are followed and to assess the reasons for non-compliance on the part of the resident.

The worker's response to non-compliance will be determined by the dynamics of the situation and follow the principles and procedures outlined in Section 7, Control Policy.

Generally, life-space interviews that focus on redefinition of role and expectations are sufficient interventions to gain the co-operation of the residents.

When this fails, other forms of intervention should be employed. Removal from the group or current activity, calling a group meeting, or bringing in the group manager may be necessitated by the circumstances. Chronic and persistent refusal to follow routines may require debriefing with the manger, caseworker and designated team members that should definitely be addressed at the Resident Review and Team Meetings.

1.3 TEACHING RESPONSIBILITIES

Each day presents new opportunities to teach responsible behaviour and the consequences of behaviour that strengthens or stresses relationships. The onus is on the staff to learn the constructive use of authority and methods of guiding a child's behaviours using boundaries without the use of physical restraint or threat.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

Environmental Boundaries

Environmental boundaries are those processes within the environment that provide structure and safety for residents within a warm and accepting surrounding. Rules must be logical and clearly understood by residents, thus providing the basis for learning new role behaviours. Central to environmental boundaries is the therapeutic tone set by staff through the use of positive communication and the "helping" attitude critical to treatment services.

Relationship Boundaries

Relationship boundaries refer to those processes that maintain behaviour with residents as the result of the bonds of affection, committing an individual to the group or staff within the unit. Basic to this concept is the recognition that relationship control results from communication build upon mutual respect, trust, including the willingness to share inner thoughts and feelings, dreams, or problems. Underpinning these concepts are the principles of confidentiality, self-determination, objectivity, self-awareness and the controlled use of self in a variety of situations and relationships.

Teaching Responsibility Through Activities

Group and individual activities such as learning new skills, recreation, sitting with an Elder, camps and special events are designed to meet the specific interests of residents for the purpose of teaching responsible behaviours and maintaining their involvement and interest in the FNCFS staffed out of home care program. Residents who do not respond positively to either environmental boundaries or relationship boundaries can often be stabilized through active participation in sports, hobbies, music, etc. Basic to the activities are the creative endeavours of the resident, leading to feelings of self-worth, positive self-identity, belonging, and achievement.

1.4 SPECIFIC PROGRAM RESPONSES

Group and Individual Discussions

Discussions of an individual or group nature, which focus on roles, limits, authority conflict areas, etc., are a desirable form of control in staffed out of home care programs. The rationale for the use of discussions centres on the recognition that changes in both the internal and environmental pressures impinging upon residents can result through communication. Critical to the success of this control are the principles of "talking with" (as opposed to "talking to") residents, mutual sharing of thoughts and feelings, objective consideration of conflicting positions, and breaking down the problems so that the

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

residents can examine their difficulties one step at a time. Workers must be skilled in the ability to communicate and be clear as to their position and role on subjects under discussion. Properly handled, many group dynamics can be utilized to bring positive peer pressure to bear on specific residents.

Environmental Manipulation

Environmental manipulation refers to the changes that may occur in adjusting to the social environment of residents, through movement of the person within the program, the home, the school, etc. For example, a resident may be in conflict with a group of boys within a home for a variety of reasons (i.e. differing levels of maturity). Movement to another unit may be important in meeting needs and stabilizing the resident. Fundamental to the use of this control is the understanding of the problems within one environment, the positives and negatives within the other environment and the use of objective judgements by the worker in deciding with the resident the desirability of the proposed change.

Role Definition

A clear delineation of a resident's role facilitates his/her ability to adapt his/her behaviour to the expectations of the group. Defined role prescriptions allows the individual to become socialised into a unit, utilizing the concept; "We tend to become what we live". Workers must constantly reinforce positive role changes, encouraging residents to find satisfaction in a new lifestyle, free from delinquent or abnormal patterns of behaviour; i.e. the agency strives towards a normative level of development through clearly defined role behaviour.

Definition of Expectation

Expectations refer to those behaviours and attitudes to which the group and individuals strive in creating a therapeutic environment. Maintenance of household routines, co-operative behaviours, and participation in the over-all operation of the staffed out of home care unit are examples of positive expectations. As expectations become part of the group norm (or group value) they have a tremendous impact on individuals who are, or striving to become group members. Critical to the success of the control is the ability of the unit team to clearly define the nature and purpose of a given expectation, and to communicate clearly the need to maintain certain standards within a group living situation.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

Goal Setting

The development of feasible goals for a unit can be a positive control for the agency. If both staff and residents can mutually agree upon meaningful short and long-term goals, both groups have a legitimate end towards which to strive. For example, admission to school (short-term goal) provides the resident with a sense of achievement and fulfillment, while a planned holiday (long-term goal) can give the total group an end goal that is a stabilizing force. It must be recognized that goals are not fantasies but logically possible within a given setting, and once agreed upon cannot be subverted at the whim of the staff.

Eye-contact

Eye contact refers to placing limits on a resident, requiring the person to remain in close association with staff for a specified period of time. The rationale for this control is that the adults are provided additional opportunity to work with a resident who is experiencing difficulty. Eye contact is a more concrete approach to controls and it is used as a mechanism for developing relationships, communication, and role prescription. Perhaps the most critical aspect of eye contact is the follow-through. If a resident is simply left within the home without additional staff inputs, this control has short-term effectiveness but very limited long-term results.

Natural Consequences

Natural consequences refer to the process of applying a set of duties, chores, etc. that are related to the problem that has resulted. For example, a resident who purposely breaks a window in a fit of anger should be expected to pay for the repairs, within reasonable limits, and participate in fixing the damage. This is a means of having the resident assume a responsibility directly related to the problem. In contrast, to be given additional homework as a result of the broken window has no direct connection to the problem, resulting in more frustration rather than resolution. Staff must be clear in the concept of "working through" problems and aware of punitive feelings that arise during such incidents.

Restraining

Occasionally when the anger of a resident peaks during an incident, it is necessary to physically restrain the person. Holding him/her or physically removing the person from a room is often necessitated by circumstance. Two or more staff must be involved in restraining the resident, allowing for a safe, warm confrontation. It is assumed that staff has sufficient objectivity and self-awareness to go through such an encounter, remaining with the resident until the anger is dissipated. During such episodes, the emotional

drainage of the resident often provides for a lowering of defenses, allowing staff the opportunity to meet needs and develop relationships not evident during more stable periods.

The employees of the FNCFS staffed out of home care program are trained how to safely and therapeutically restrain residents during their initial training sessions, and then through participation in a recognized and certified Crisis Intervention training, which is mandatory for all employees working directly with the residents.

1.5 SPIRIT OF THE POLICY

This policy has been developed in a spirit of mutual collaboration between the Board and staff of the First Nation Child and Family Services. Underpinning this statement are the values of the agency:

1. Respect for the dignity and worth of the residents;
2. The right to personal self-determination according to the residents' ability to exercise responsibility; and
3. The positive use of controls in providing structure and direction for the residents, free form punitive attitudes of staff.

Assumed in this document is a basic maturity for all adults hired in the FNCFS staffed out of home care program, relative to: attitude, personal values and lifestyle, experience, training and self-awareness.

Teaching responsibility and building on the strengths of the residents is the primary responses to the problems of controlling acting-out behaviour in adolescents, providing protection for the resident, worker, administration and the agency.

Monitoring

This policy is a general statement and its interpretation is subject to the spirit of the discussion outlined above. All staff has a responsibility to the residents, and this is best carried out through a process of monitoring involving all levels of the agency, including the Board, administration and workers.

Where abuses or potential abuses of this policy are indicated in the units, the problem must be communicated immediately. If all persons within the FNCFS recognize their responsibility to provide ongoing feedback relative to the abuse of controls, this document can be a useful guide for staff at the agency.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

CRM#8

Saskatchewan Ministry of Social Services
Residential Services Manual

2.0 PROGRAM AND SERVICE DELIVERY
2.5 Therapeutic Interventions and Behaviour Management

Policy

Effective guidance, teaching and direction of children's behaviour shall be considered an essential component of residential programs in order to create a safe and nurturing environment, and provide an opportunity for children and youth to learn and practice responsible behaviours, accountability, and age appropriate social skills.

In the best interests of children and youth in residential programs, all methods of interventions and behaviour management must ensure the rights and dignity of children and youth are respected and valued.

Therapeutic interventions and discipline need to be individualized and take into consideration the unique developmental needs of each child and youth.

2.0 PROGRAM AND SERVICE DELIVERY
2.5 Therapeutic Interventions and Behaviour Management

Standards

1. The principles and methods of therapeutic interventions and behaviour management must be consistent with the residential program's statements of philosophy, values and beliefs, and consistent with the Child Welfare League of America Standards for Residential Centers for Children.
2. The residential program's local policies and procedures with respect to behaviour management should reflect the principles as outlined in this provincial policy.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

2.0 PROGRAM AND SERVICE DELIVERY
2.5 Therapeutic Interventions and Behaviour Management

Introduction

Therapeutic interventions and behaviour management techniques include a wide range of actions and specialized interventions to guide, redirect, modify, or manage behaviour of children and youth. Therapeutic interventions and behaviour management includes a whole spectrum of activities from proactive, preventive, and planned use of the environment, routines, and structure of the particular setting to more specific interventions such as positive reinforcement, verbal interventions, de-escalation techniques, therapeutic activities, and logical consequences. It also includes more restrictive interventions such as time-outs, physical escorts and restraints.

2.0 PROGRAM AND SERVICE DELIVERY
2.5 Therapeutic Interventions and Behaviour Management

Principles

1. Effective therapeutic interventions with children in residential programs requires an emphasis on:
   - a) Maintaining safe and positive behaviour;
   - b) Program workers anticipating and preventing problem behaviour before it occurs;
   - c) Teaching children to understand and manage their own behaviour more effectively;
   - d) Assisting children:
     - i) To recognize behaviour that is inappropriate;
     - ii) To help them gain an acceptance of responsibility for their behaviour;
     - iii) To develop self-awareness of the internal controls they possess;
     - iv) To understand the impact and consequences of personal disabilities, family dysfunction and addictions, neglect, abuse and victimization on their developmental growth, age appropriate social skill development and capacity to cope with hurt and discouragement.
2. Effective therapeutic interventions are facilitated by:
   - a) Developing strong personal and therapeutic relationships with children;
   - b) Careful individualized, child-focused planning and goal setting;
   - c) Developing reasonable and appropriate rules;
   - d) Structuring time through routines and program activities;
   - e) Providing a wide range of therapeutic interventions to diffuse problem

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

behaviours;

f) Applying logical consequences for misbehaviour as opposed to punishment;

g) Providing professional, therapeutic, effective, physical interventions as a last resort for the provision of safety;

h) Providing encouragement, recognition and support for achievements, strengths and talents.

Relationship Building:

A key component in the success of a child or youth's developing the ability to resolve personal issues and manage his/her own behaviour, lies in the quality of the relationships developed with others in the environment, especially the adults. Children emulate what they observe and experience. When the relationships around them are trusting, caring, and respectful, children and youth learn to trust, care and respect. When children form trusting, caring relationships with residential workers, it may be some of their first experiences with committed, positive relationships. The residential worker who is trusted and respected by a child will usually be more effective in assisting a child develop age appropriate social skills and a positive self-image.

It is acknowledged that each residential program worker will have unique skills and abilities in the area of developing relationships and becoming meaningfully involved with children. Residential caregivers will be expected to use their skills at all times to ensure that they are personally involved with and aware of the needs of children for which they are responsible. Variety and creativity in the process of relationship building is expected and highly valued. Differences in style and approach to relationship building should be appreciated and encouraged.

Residential program workers must be able to balance the responsibility to assume authority and control with the importance of being sociable and personally supportive of the child. The therapeutic relationship that the residential caregiver builds with the child must emphasize these roles in a sensitive, caring and consistent manner. Good judgment must be demonstrated by the workers in order to combine these roles in ways that are appropriate to the situation and the individual child.

A Positive, Nurturing Environment:

The environment where children and youth play, work, and live has a powerful impact on their safety and well being and is a critical force in their development of social skills. The environment must contain ample physical space for the number of children and youth served and should reflect a carefully considered therapeutic, educational and recreational

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

residential program. Within this environment, the caring attitudes and beliefs of the staff are as vital to creating a positive atmosphere as the physical space itself.

The environment must provide structure and safety for residents within a respectful, caring and accepting, home-like atmosphere. Rules must be logical and clearly understood by residents which provides the basis for learning new behaviours. Rules are intended to provide a basic set of expectations that are appropriate to the age and life experience of the residents. Rules and their application have a practical group management function, as well as a therapeutic value for children who may not have experienced consistent parenting before. Residential caregivers are responsible to be aware of all rules, and to apply them by reminding youth of expectations, verbal correction of rule violations, or following through with established consequences.

Residential caregivers will demonstrate an attitude of respect for the rules in discussions of their purpose, and must be consistent in applying the rules, in order to create a safe, caring and supportive environment. When positive expectations are established, the children and youth strive to adjust their own attitudes and behaviours to meet these expectations. Residential caregivers must constantly reinforce positive changes, and encourage children to find pride and satisfaction in a new lifestyle which is free from destructive patterns of behaviour.

Goal Setting:

Identifying personal and family-centred goals with the child and making specific plans to achieve them motivates the child into a position of responsibility for achieving what he/she wants by monitoring and improving unproductive or destructive behaviours. Each child will be involved in making plans and setting personal goals with their residential workers, as established through the residential program's case management practices. In addition to these formal methods of setting goals, children will also be involved in individual counselling sessions with their residential workers, other staff, and at times with peers in group meetings. In this manner, the child will be provided with reminders about his/her commitments and feedback regarding his/her progress toward personal goals.

Discussions about goals and means to achieve them should result in specific, measurable goals and precise, well-defined plans for achieving them. Residential caregivers must ensure that goals and plans are realistic and attainable. When behaviour begins to deteriorate, the child is reminded of his/her goals, and effective behaviour management exists when all residential workers are familiar with the child's goals, and are able to help the child learn alternate methods of getting what he/she wants.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

Activities and Routines:
The reactive behaviours of children and youth who are discouraged are often a result of an inability to structure available time, and a lack of positive activities. The residential program attempts to provide a balance between time structuring through routines, schedules and planned activities with scheduled periods of free time. The child needs to learn to manage their free time in order to successfully reintegrate the child into the community. The goal is to help children understand and manage their own behaviour, by structuring their own free time with routines and positive activities.

Children and youth learn to manage their own behaviour by engaging them in a variety of therapeutic activities. When children are engaged in entertaining, productive, enjoyable, planned activities, they are likely to develop the skills and abilities to become more actively involved and learn new methods of managing their own behaviour. Feelings of self-worth, positive self identity and achievement are experienced as a result of being engaged in a variety of activities such as sports, crafts, community or rural outings, camps, etc. The therapeutic activities that are most effective are varied, and capture the interest of, and meet the developmental needs of the children. A child can become meaningfully involved in the planning and execution of the activities, thus allowing them to learn about skills in planning, group cooperation, time and resource management.

Experiential Versus Talk:

During the time in which children are actively engaged in enjoyable, productive activities, children are more at ease and open to discussions with staff members. It is far more effective to engage a child in a conversation while playing a game, doing a craft, or walking on a nature trail, than it is to try and set a formal time aside to attempt individual counselling. In situations where children are enjoying themselves during an activity, they are generally comfortable and interested in the attention they are receiving from an adult. As a result, they will often openly share information about themselves, their thoughts, concerns, or past experiences, that assist workers in gaining an insight into the child's past and present level of functioning. During these moments, children do not view the staff's questions or conversation as a form of information gathering, as they would, if the conversation was occurring from “behind a desk.”

When residential caregivers plan and engage children in meaningful activities, children learn to fulfill many of their unmet needs. A youth paddling a canoe on a pristine lake, is meeting his/her needs for fun, developing a relationship with the worker in the canoe, and is likely engaged in a very productive and worthwhile conversation. The task, setting and relationship all combine to contribute to a sense of well-being for the child. As a result, the child is not only able to manage their behaviour at this moment, but also this activity will be

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

referred to at a future time when this worker is trying to assist the child in managing his/her behaviour during a more challenging or volatile moment. The child will generally recall the activity as enjoyable, and often this recollection will assist the child in responding to the worker's direction.

Children often share that the greatest memories of their residential experience, were the activities that they were involved in and the relationships they developed with some of the staff members.

Use of De-escalation Methods:

The purpose of "de-escalation" as a behaviour intervention is to engage with a potentially aggressive child in such a way, that he/she is assisted in meeting their needs in ways that are not harmful to self or others. To de-escalate is to decrease in intensity, magnitude, or amount. When de-escalation is used appropriately, the goal is to intervene in such a way that the child or youth is able to exercise self-control and stop his/her escalation into aggression or violence.

There are many methods of de-escalation that can be used to minimize the potential for aggressive behaviour. A number of methods can be effective, so long as they conform to the basic principles of respecting the rights of the child, using the least restrictive methods of intervention, and continuing efforts to coach the child into self-control, thus preserving his/her dignity.

De-escalation Methods Include:

- assessing and identifying correctly the level of danger being presented by the child, to be sure staff do not over-react or under-react.
- attempting to identify the "motive" for the child's behaviour: i.e. what need is the child attempting to meet with the behaviour.
- in situations where a child is either not yet threatening dangerous behaviour, or is threatening only minor levels of aggression, using verbal or non-verbal crisis intervention designed to address the assessed reason for the behaviour displayed.
- placing the staff member in proximity to the child.
- using positive, supportive touch.
- providing non-verbal signals designed to help a child regain self-control, paying attention to: posture, gestures, position, voiced quality, speech content, and eye contact.
- offering assistance to a child whose escalation may be due to frustration with, or inability to perform a task.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

- taking care to exercise self-control as the intervening worker (self assessment - "How and what am I feeling right now?")
- keeping communication short and simple, (and paying attention to tone and facial expression) to be sure one can be heard and understood by the child who is in crisis.
- exercising patience and not setting a time line in which a child must regain self-control without the use of more restrictive interventions.
- remaining "spontaneous", so that verbal interventions can be changed to "match" a changing set of motives on the part of the child.
- remaining culturally sensitive to verbal phrases and tones, and physical (non-verbal) gestures and postures that might be misinterpreted by a child and thus provoke further escalation.
- praising children who are doing well.
- maintaining consistency with other staff members.
- utilizing additional staff, and knowing when to retreat/switch in order to de-escalate a power struggle.
- structuring the environment to remove the audience, and ensure the environment is danger free by removing objects that may be used by the child to cause injury to self or others.
- using reflective, supportive listening.
- refrain from making reference to consequences; never threaten to use a restraint.

A. Prompting

Prompts are non-threatening and non-judgmental requests to comply with direction. They should be delivered in a neutral and calm tone. Often, prompts are the initial intervention and can set the tone for the entire interaction between the worker and the child. Prompts can be used proactively to anticipate problems or give the child advance notice of an impending change.

B. Redirection

In redirection, workers shift a child's attention from an undesirable or inappropriate activity or behaviour to a more neutral or positive one. This can be accomplished by finding creative opportunities for positive outlets for children. Redirection is often extremely effective as a tool to help children on the verge of a tantrum to avoid serious consequences.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

C. Planned Ignoring

Residential workers frequently employ this method to stop harmless, non-threatening, attention seeking behaviours. Planned ignoring is a passive intervention and is not always effective. It is crucial for workers using this technique to assess situations carefully. It is important to determine who else the child is engaging in the behaviour and what effects the behaviour is having on the group. The worker needs to have an understanding of the reason for the behaviour in order to employ this technique.

D. Directive Statements

When other interventions have proved ineffective or when a behaviour calls for a more direct approach, caregivers can use directive statements. Clearly communicated statements that inform children what to do are often effective. Directions should be given clearly and said with meaning. Directive statements should sound authoritative and not framed as requests. If possible, directive statements should be used only after other interventions have not resulted in the desired behaviour.

E. Teaching

Residential workers can often de-escalate a situation by demonstrating and providing alternative more positive means for the child to respond to a situation. By offering assistance or demonstrating how to complete a task to a child who is experiencing frustration and is likely to escalate, a worker can often calm the child and turn the situation into an opportunity for praise and positive reinforcement, rather than one of consequences and discipline for the escalated behaviour.

Teaching occurs spontaneously throughout the everyday life of the child. It may involve the teaching of a social skill such as personal hygiene, or a more complex skill such as conflict resolution. There are many opportunities for workers to teach children new skills, and assist them in providing alternative ways of meeting their needs.

F. Time Out

A time out is a procedure in which a child is not given the opportunity to receive positive reinforcement, and participation in the current routine or activity is suspended due to the child's unacceptable behaviours. The length of the time-out interval should be short and based on the child's developmental level, and limited to the period of time necessary for the child to calm down. The criteria for ending the time-out should be communicated to the child.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

Non-exclusionary time-out: Separation of the child from the group or activity in a manner that prevents reinforcement, but still allows the child the opportunity to observe others participating in appropriate behaviour and receiving positive reinforcement. When non-exclusionary time-out is used, the child is not removed from the environment.

Exclusionary time-out: Removal of the child from a reinforcing activity to a specified location where the child is unable to participate or visually observe the activity. The specified location must be an area that does not contain mechanical or physical barriers that prevent an individual from leaving voluntarily.

Time out is a valuable therapeutic intervention. It can be used to address any significant inappropriate behaviour. All time outs should be as quick as possible while allowing the child the necessary time to regroup and focus. During the time out or upon its completion, the residential worker and the child should discuss the behaviour leading up to the time out, and should discuss alternatives before the child returns to the group or activity. The emphasis should be on the desired outcome, not the length of the time out.

The time out areas must be safe, well maintained, have adequate light, heat and ventilation, and the environment must be of an appropriate size to accommodate the child comfortably. During the time out, staff must be able to supervise the child and make visual checks on the child, if the child is behind a closed door (i.e. time out in the child's bedroom). The critical factor in determining the frequency of the visual checks would be ensuring the safety of the child. The frequency of the visual checks would depend upon the circumstances of the time out, the time frame of the time out, the knowledge of the history of the child and the presenting behaviors and issues of the child. Some children would require constant visual monitoring during a time out, while others would be able to complete a time out with relative ease. Workers must exercise sound judgment when determining the frequency of checks on a resident who is involved in a time out.

G. Home-like Environment

Workers need to be constantly aware of where specific interventions take place and how the arrangement of the physical space can influence individual and group behaviour. Workers should take into account such issues as space, cleanliness, and size of the group. Generally, a clean, home-like environment, fosters a calm therapeutic atmosphere. Where damages have occurred, repairs should be completed as soon as possible to re-create a home-like atmosphere.

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

2.0 PROGRAM AND SERVICE DELIVERY
2.5 Therapeutic Interventions and Behaviour Management

Standards Review Procedures

1. The staffed out of home program manager shall ensure that the program's local policies and procedures with respect to behaviour management are:

   a) Consistent with the staffed out of home care program's statements of philosophy, values and beliefs;
   b) Consistent with the principles as outlined in the provincial Children's Services Residential Policy Manual;
   c) Consistent with the Child Welfare League of America Standards of Excellence for Residential Services.

REFERENCES:

The Child Welfare League of America's National Task Force on Behaviour Management: Best Practice Guidelines for Behaviour Management, Aug. 8, 2001
Child Welfare League of America Standards for Residential Centers for Children:
Sections: 0.10 Tolerance of deviant behaviour
0.11 Minimizing hazards in group living
3.26 Misbehavior
Child Welfare League of America Standards of Excellence for Residential Services, 2004:
Sections: 3.57 Behaviour Management, philosophy
3.57-3.66 Behaviour support and intervention
3.59 Models

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

APPENDIX CRM#9

Searches

Procedures

1. Children are to be searched (pat down searches and clothing searches) only by program workers of the same gender in an area that ensures privacy.

2. Where program workers of the same gender as the child are not available to conduct the search of the resident, the following options should be utilized:
   - The child should be kept in a location where the program worker can maintain visual supervision in order to prevent the child from distributing contraband to other residents, or hiding the contraband, until such time as a program worker of the same gender is available to conduct the search;
   - The child would be asked to remove their jacket, head wear and foot wear, and to empty their pockets in front of the program worker. Articles such as "back packs", gym bags, purses, luggage, etc. would be secured in an office until these could be searched by a program worker to ensure that these do not contain any contraband or prohibited items.

3. The program worker conducting the search is required to use good judgement and extend courtesy and consideration to the child required to undergo a search.

4. Program workers should make every effort during searches to preserve the dignity of the child and avoid subjecting the child to unnecessary humiliation.

5. Criteria and procedures for conducting personal searches:
   a) Pat Down: This procedure is to be conducted at any time a child is reasonably suspected of concealing on his/her person any contraband (see Policy 4.13, Contraband). A pat down search may also be conducted at the time of admission to the residential program, or upon return from activities outside the residential program (i.e. home visits, school attendance), and where there is reasonable cause for concern that the child may be concealing contraband. A pat down search may also be conducted if a child is suspected of being in possession of any property stolen from other residents.
   b) Clothing Searches: May be conducted when a program worker suspects that a child may have an article on their person that may present a risk to themselves, or others. During a clothing search, the child is required to undress to their underwear. Clothing is closely examined for contraband that may have been concealed. A second program worker **must** be present during a clothing search to maintain visual contact with the program worker

POLICY: CHILDREN AND YOUTH SHALL BE SAFE FROM BEHAVIOURS THAT MAY HARM THEM.

conducting the search. Preferably, the second program worker would be the same gender as the child, but is not essential, as this worker is observing the first program worker and not the child.

6. Every residential program shall develop local procedures for conducting searches of the building and residential property. These procedures will describe the areas to be searched, how often searches will be conducted, the method of searching, and who will carry out the search procedures, and a system of recording the above.

7. During the search of a child's bedroom, the child's clothing and personal property will be arranged in a similar condition in which it was found. The room should be left tidy.

Standards Review Procedures

1. The Residential Program Manager shall ensure that:
   a) Personal searches of children are only conducted for the following reasons:
      - To prevent hazard to health and safety of children and program workers.
      - To prevent the introduction of contraband to the residential program.
      - To locate contraband that may have entered the building.
      - If a child is suspected of being in possession of stolen or dangerous articles.
   b) All program workers receive regular training in search procedures;
   c) Local procedures are developed and maintained to conduct regular searches of the building and residential property.

Ministry of Social Services. Residential Services Manual: 9.5.

REFERENCES

Ministry of Social Services (MSS), Residential Program Core Standards Checklist. Saskatchewan Community Resources; Children's Services Residential Policy Manual, Child and Family Services Division, May 2007.

Federation of Saskatchewan Indian Nations (FSIN) Customary Standards of Care. Saskatchewan First Nations Child and Family Services Group Homes and Community Care Programs, Consultation Draft November 2005.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

STANDARDS FOR:	**PERSONAL HYGIENE AND FACILITY CLEANLINESS**
STANDARD 4.1:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THE PERSONAL HYGIENE OF THE CHILDREN AND YOUTH IS ACCEPTABLY MAINTAINED, FOOD HANDLING IS SAFE AND THAT THE FACILITY IS CLEAN.

STANDARD CRITERIA:

4.1.1 The standard maintained for personal hygiene and building cleanliness shall be consistent with recommendations from local public health authorities.

4.1.2 All kitchen and cooking areas and supplies meet Provincial Health Standards as taught in the Food Safety Course.

4.1.3 The health needs of children and youth shall be provided for in the least intrusive means.

INDICATORS:

- Documentation exists on the maintenance of daily personal hygiene practices for children and youth;
- Documentation exists indicating children and youth's clothing, linen, towels, and other items are laundered regularly and as needed;
- Local policies and procedures exist to define practice around cleaning and all living areas of the staffed out of home care setting are clean;
- Kitchens, cooking areas and food storage areas are inspected by public health authorities at least annually and inspections are documented and on file;
- Adequate supplies of personal health items are on hand and available to children and youth, such as tooth brushes, tooth paste, shampoo, combs and other health items.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

STANDARDS FOR:	**PERSONAL HEALTH SAFETY EDUCATION**
STANDARD 4.2:	THE STAFFED OUT OF HOME CARE PROGRAM WILL ENSURE THAT CHILDREN AND YOUTH IN ITS CARE ARE PROVIDED WITH EDUCATION CONCERNING PERSONAL HEALTH AND SAFETY ISSUES INCLUDING RESPECT FOR SELF AND OTHERS AND FIRST NATIONS CULTURAL PERSPECTIVES AND ACCESS TO PREVENTION.

STANDARD CRITERIA:

4.2.1 Cultural advisors and or Elders shall be provided with the opportunity to educate First Nations children and youth as a component of health safety education by including First Nations cultural teachings in the First Nations traditions of *Respectful Relationships* and *Protecting Themselves and Being Safe*.

4.2.2 The staffed out of home care program ensures that health safety education shall be delivered in a manner that is appropriate to the child's developmental level and maturation.

4.2.3 Health safety education shall be consistent with the standards and agenda of local public health authorities including access to condoms where advised by local health professionals.

4.2.4 The staffed out of home care program ensures that health safety education includes instruction regarding pregnancy prevention, AIDS prevention, and general information about the prevention and treatment of sexually transmitted diseases.

INDICATORS:

- There is evidence that cultural advisors and or Elders are a part of health safety education.
- There is evidence that health safety education is offered as a regular part of the staffed out of home care program either individually to children and youth or as a

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

group and includes issues as outlined in the standards criteria.

- Evidence exists that where advised by health authorities, condoms are available to youth.
- There is evidence that local public health authorities have been a part of the program's development.
- There is evidence that health safety education includes instruction regarding pregnancy prevention, AIDS prevention, and general information about the prevention and treatment of sexually transmitted diseases.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

STANDARDS FOR:	**MAINTAINING A NON SMOKING ENVIRONMENT**
STANDARD 4.3:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL BE MAINTAINED AS SMOKE FREE ENVIRONMENTS.

STANDARD CRITERIA:

4.3.1 Children and youth will not be permitted to smoke cigarettes of any kind while a part of the staffed out of home care program.

4.3.2 Medical help will be provided to help children and youth stop smoking if needed.

4.3.3 Staff may smoke in a designated area outside of program buildings and not in front of children and youth.

4.3.4 Cultural ceremonies are exempt from this policy.

INDICATORS:

- Local polices in place reinforcing that the building and company vehicles are smoke free.
- Documentation exists to show that a smoke free policy is being enforced which:
  - Provides support to any child or youth needing help to stop smoking;
  - Designates an outside area for staff to smoke that is out of view of children and youth;
  - Informs staff that they must not be smoking in front of children and youth.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

STANDARDS FOR:	**MEETING THE NUTRITIONAL HEALTH NEEDS OF ALL CHILDREN AND YOUTH**
STANDARD 4.4:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THAT CHILDREN AND YOUTH ARE PROVIDED WITH HEALTHY MORNING, NOON AND EVENING MEALS AND SNACKS IN ACCORDANCE WITH CANADA'S FOOD GUIDE NUTRITIONAL RECOMMENDATIONS, ANY SPECIAL DIETARY REQUIREMENTS OR FOOD ALLERGIES OF A CHILD ARE ACCOMMODATED.

STANDARD CRITERIA:

4.4.1 The staffed out of home care program ensures:

- A qualified dietician reviews the menu planning, nutrition, food purchase and preparation annually;
- Special dietary requirements are identified in the referral package by a medical practitioner (for example food allergies or diabetic diets);
- Staff members who prepare food shall be certified in an approved Safe Food Handling Course;
- Food is available in sufficient quantity to satisfy the children and youth's nutritional needs.
- All program workers receive education and training for the prevention of food borne communicable diseases;
- Wild meat that is used as a part of the program is safely prepared in accordance with First Nations traditions.

INDICATORS:

- A written record (letter, email, reports, list of suggestions or recommendations, etc.) from a qualified dietician illustrating a nutritional health care review was conducted within the past year.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

- Copies of current food safety certificates are available for all kitchen staff and others who may be involved in food preparation.
- Food is present in sufficient quantity and of sufficient quality and children and youth express satisfaction with the amount of food available to them.
- A written record of all program staff having attended education and training concerning the prevention of food borne communicable diseases on at least one occasion.
- There is evidence that wild meat that is used as a part of the program is safely prepared.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

STANDARDS FOR:	**MEDICAL TREATMENT**
STANDARD 4.5:	THE STAFFED OUT OF HOME CARE PROGRAM ENSURES THAT THE MEDICAL TREATMENT NEEDS OF ALL CHILDREN AND YOUTH ARE MET.

STANDARD CRITERIA:

4.5.1 The staffed out of home care program ensures that:

- all children and youth are scheduled for a complete medical examination by a qualified physician within 2 weeks of admission, with intent to have the child or youth see the doctor within 30 days, and yearly thereafter. (Including a review of all current medications and development of a medical plan as necessary.)
- all children and youth receive a dental examination by a qualified dentist within 30 days of admission and routinely at yearly intervals, unless health records demonstrate that the child had received an examination within one year prior to admission.
- all children and youth have received an optical examination within 30 days of admission by a qualified optometrist and yearly thereafter, unless health records demonstrate that the child had received an examination within one year prior to admission.

4.5.2 The staffed out of home care program ensures that procedures exist that ensure each child or youth in care has the opportunity to participate, be informed and be heard before any decision affecting their health care is made.

4.5.3 The staffed out of home care program ensures that a medical plan for the child is developed by the medical team (doctor, public health nurse, dentist, optometrist, agency staff, program worker and parents), and kept on the resident file.

4.5.4 The staffed out of home care program ensures that medical/dental/optical services are provided to the children and youth through the procedures contained in Appendix H#1.

4.5.5 The staffed out of home care program ensures that a record of all medical, dental,

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

and optical appointments including recommendations and prescriptions will be maintained on the child's file.

4.5.6 The staffed out of home care program ensures that all children and youth receive inoculations as recommended by the Department of Health.

4.5.7 The staffed out of home care program ensures that a Physician's Order is maintained as the basis for the medical treatment of all children and youth including mood/behaviour modifying medication.

4.5.7 The staffed out of home care program shall ensure written procedures exist for the management of communicable diseases. (See Appendix H#2)

INDICATORS:

- The staffed out of home care program adheres to written procedures for the authorization and consent to all medical acts.
- A Health Plan exists on all children and youth's files and authored through partnership with the persons having the legal responsibility for the care of the child.
- There is evidence on file that the staffed out of home care program provided the opportunity for each child or youth in care to participate, be informed and be heard before any decision affecting their health care was made.
- A record of all medical, dental, and optical appointments including recommendations and prescriptions exist on all children and youth's file.
- There is evidence on file that all inoculations recommended by the Community Health Authority have been given.
- There is evidence that all medical treatment of children and youth has been given by a Physician's Order.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

Local procedures exist for the management of contagious illness that conform to the minimum standards as established in the standard criteria.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

STANDARDS FOR:	**EMERGENCY MEDICAL TREATMENT**
STANDARD 4.6:	THE STAFFED OUT OF HOME CARE PROGRAM ENSURES THAT THE EMERGENCY MEDICAL TREATMENT NEEDS OF THE CHILDREN AND YOUTH ARE MET.

STANDARD CRITERIA:

4.6.1 The staffed out of home care program ensures that local procedures exist for:

- actions upon discovering a child who is in need of emergency medical treatment;
- transporting a child to a hospital or other emergency medical facility;
- authorizing consent for medical treatment (Appendix H#1) and that each child or youth in care has the opportunity to participate, be informed and be heard before any decision affecting their health care is made;
- informing parents/caregivers or legal guardians of the child's need of emergency medical services;
- documenting all information pertaining to the medical emergency.

INDICATORS:

Local procedures exist for:

- actions upon discovering a child who is in need of emergency medical treatment;
- transporting a child to a hospital or other emergency medical facility;
- authorizing consent for medical treatment and that each child or youth in care has the opportunity to participate, be informed and be heard before any decision affecting their health care is made;
- informing parents or legal guardian of the child's need of emergency medical services, should be noted in the case plan.
- informing the referring agency case worker (FNCFS or MSS) of the child's need of emergency medical services;

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

- documenting all information pertaining to the medical emergency.

There is evidence to show (e.g. within critical incident reports), that procedures have been followed.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

STANDARDS FOR:	**THE ADMINISTRATION OF MEDICATION**
STANDARD 4.7:	THE STAFFED OUT OF HOME CARE PROGRAM ENSURES THAT ALL MEDICATION IS ADMINISTERED IN ACCORDANCE WITH ALL PROVINCIAL AND FEDERAL LAWS AND REGULATIONS.

STANDARD CRITERIA:

4.7.1 The staffed out of home care program ensures:

- all staff have received training and education in the administration of medication (prescribed and/or over the counter);
- that this training occurs before a new staff begins support of children and youth every three years thereafter;
- training and education is provided by a licensed medical professional (medical doctor, registered nurse, registered psychiatric nurse, pharmacist).

4.7.2 The staffed out of home care program medical service plan will include a list of medicines the child/youth is allowed to have in their possession - this is dependent on age and maturity of the child/youth.

4.7.3 The staffed out of home care program ensures that a sufficient quantity of the prescription medication is supplied to the caregiver responsible for the child during scheduled home visits and the balance of the remaining medication is given to the caregiver at the time of discharge from the staffed out of home care program.

4.7.4 The staffed out of home care program ensures the following medication administration information is provided in writing to the caregiver responsible for the child during the scheduled home visit:

- the mode of administration;
- dosage (the amount to be given);
- the specific times of the day the medication is to be given;
- the desired therapeutic effects;
- the possible side effect(s);

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

- incompatibilities and any known allergies of the child;
- a copy of the *Patient Medication Information* sheet supplied by the pharmacy.

4.7.5 The staffed out of home care program ensures:

- a child or youth continues to receive his/her medication in situations where the child or youth is visiting away from the staffed out of home care program, and where the caregiver has demonstrated an inability to administer the child's medication.

4.7.6 Traditional medicines will be available to children or youth in the staffed out of home care program under the guidance of traditional healers accepted by the local First Nations community and with the permission of the child or youth's family or in the absence of family, the agency director.

4.7.7 Each staffed out of home care program will develop local procedures for managing situations where children or youth refuse to take medication. (See Appendix example H#3)

4.7.8 Except in situations where the health and safety of others is at risk or the life of the young person is in jeopardy, children have the right to refuse treatment.

4.7.9 Each staffed out of home care program will ensure all children and youth in care are fully informed of their health and medical issues, as appropriate to their age and level of understanding.

4.7.10 Each child or youth will have the opportunity to participate and be heard with respect to any decisions made about their care. A child or youth may independently consent to their own medical treatment when he or she has been assessed by a qualified medical practitioner as having the capacity to do so.

INDICATORS:

- There is written confirmation that all staff are current in their training and education of the administration of medication;
- The resident files contain a list of medications the child or youth is permitted to

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

self-administer and keep in their possession.

- Local policies exist and are followed guiding the management of medication while a child is staying outside of the staffed out of home care program and at discharge.
- Local procedures are in place to guide the availability of traditional medicines and there is evidence that they are being followed.
- Evidence exists to show children and youth have been informed of their rights with respect to accepting medical treatment.
- Local procedures guide the staffed out of home care program to ensure all children and youth in care are fully informed of their health and medical issues, as appropriate to their age and level of understanding.
- Evidence exists to show that each child or youth had the opportunity to participate and be heard with respect to any decisions made about their care.
- Evidence exists to show that if a child or youth independently consented to their own medical treatment, that they had been assessed by a qualified medical practitioner as having the capacity to do so.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

Appendix

H#1

General

All new admissions shall have an appointment scheduled for a complete medical examination within two weeks of admission. At that time any medication that they are using shall be reviewed by a nurse-practitioner/physician and mood/behaviour modifying drugs shall be discontinued, under the physician's supervision.

Unused portions of medications are not to be kept in storage, but shall be given to a nurse at the Health Centre for safe disposal. The amount disposed, date and name of the nurse shall be logged.

All medication is to be stored under lock and key. Injectable medication shall be administered only by qualified personnel (i.e. nurse). Insulin is exempt from this restriction.

Medical and Dental Care of Residents

One of the responsibilities of the staffed out of home care program must be to maintain the physical health of the residents. To meet this obligation, and to monitor it, the following procedures shall be followed. It is the responsibility of the manager to ensure that these procedures and routines are maintained. All residents shall have complete medical and dental examinations by qualified doctors, nurse-practitioners and dentists within two weeks of admission, and routinely at yearly intervals.

The residents must maintain the appointments that have been made for them. A staff member, at the direction of the manager, must make all of the appointments, and it is the responsibility of the staff member who made that appointment to ensure that it is fulfilled.

Any medical appointment or dental appointment for the resident must have an adult staff member accompany the patient to the office to provide information of the complaint and to receive and write the directions given by the doctor/nurse-practitioner or dentist to what has been diagnosed and the method of treatment prescribed.

Where a medical or dental examination indicates that treatment is required, it shall be carried out as expediently as possible.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

A complete report of every examination or emergency treatment by a physician or dentist must be submitted so that it may be entered into the resident's file. This statement should include the following:

1. The resident's name.
2. The date of examination or treatment.
3. The reason for examination or treatment.
4. The doctor's name and address.
5. The result of the examination or treatment.
6. Any necessary follow-ups (i.e. type of medication, further appointments, etc.).

All employees are to have available to them at all times a list of the residents in their unit, dates of birth, province or territory of resident and health care number. This must be given to the doctor, clinic or hospital whenever treatment or examination is administered.

The manager, or designate, obtains all prescription drugs through a licensed pharmacy. Prescription drugs are not to be given to the resident, but controlled by the worker and kept under lock and key.

Any accidents or sudden illnesses that might occur and require hospitalization must be reported to the staffed out of home care program's manager and the Executive Director of the referring FNCFS agency who will in turn report this to the staffed out of home care program's board of directors and the Ministry of Social Services respectively. The Consent for Medical Practice form that is required has to be signed by the FNCFS executive director or his/her designate immediately. In an emergency children and youth are to be taken to the nearest hospital or other emergency medical health facility where available. Note 911 emergency response service is available to help with decision making in an emergency.

Eyeglasses And Eye Examinations

1. Staff must present the resident's health care number or treaty number at the time of the appointment. It is wise to check with the Health Care Provider/FNIH for confirmation that the claim will be approved.

2. For residents who are not eligible for coverage under FNIH, confirmation of refund by MSS should be ascertained and a purchase order should be obtained

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

prior to attending the appointment.

3. Residents under 18 years of age are allowed ONE pair of glasses and one examination every year. Residents 18 years and older are allowed ONE pair of glasses and one examination every two years. The glasses can be repaired twice in the year.

4. The allowable cost from FNIH is the total cost of the lens (not including tinting) and a portion of the costs for the frames. Additional costs for the frames will be negotiated with the executive director. Anything that is spent over the negotiated price will have to come from the resident themselves or the staffed out of home care program's budget (i.e. recreation).

5. It is the responsibility of the staff member to pick up the eyeglasses when ready.

Consent To Care

The agreement between staffed out of home care program and the Saskatchewan Ministry of Social Services authorizes the program to:

1. Have regular medical and dental examinations completed on all wards of the Ministry placed at First Nation Child and Family Services;
2. Authorize emergency medical and/or surgical treatment of such wards;
3. administer medications as prescribed and directed by a licensed physician; and
4. Authorize medical treatment of a non-emergency nature (in this latter case, staffed out of home care program will inform the Ministry of such procedures with enough advance notice that any concerns may be communicated).

In the case of non-ward residents, or residents referred from other agencies, an individual Consent to Care Agreement covering the above points is a condition of admission to the program. The resident's legal guardian signs this Consent Agreement.

(FSIN Customary Standards of Care, Draft November 2005, p.83)

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

H#2

Procedures for the management of communicable diseases shall be developed with and approved by the local public health authority and shall include at least the following:

- **UNIVERSAL PRECAUTIONS TO PREVENT TRANSMISSION OF BLOOD-BORNE DISEASES** (Health Canada):

    1. When cleaning up body fluids wear rubber gloves, eye-protection, a mask, and gowns.

    2. Wash your hands with hot soapy water for thirty seconds after contact with blood and other body fluids.

    3. Use disposable absorbent material like paper towels to stop bleeding.

    4. Wear disposable latex gloves when you encounter blood, especially if you have open cuts or chapped skin. Wash your hands as soon as you remove your gloves.

    5. Immediately clean up blood-soiled surfaces and disinfect with a fresh solution of one part bleach and nine parts water.

    6. Discard blood stained material in a sealed plastic bag labeled contaminated including latex gloves that were used, and discard into the waste disposal system of the facility.

    7. Place blood stained laundry into a sealed plastic bag, and machine wash separately with hot soapy water. The person doing the laundry should wear rubber gloves.

    8. Staff persons receiving a bite, or a puncture from a contaminated object, or the splashing of body fluids in their eyes or mouth, shall seek immediate medical attention.

- The use of “Sharps Containers” in places that may see the use of needles.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

- Procedures for staff to receive appropriate inoculations for the prevention of communicable diseases;
- Procedures to ensure that all program workers receive education and training for the prevention of communicable diseases.
- Procedures to ensure safety and program continuity in the event of a contagious out break, for example of Influenza.
- Procedures for the care of a child with an airborne communicable disease.
- Safety procedures to minimize the threat/spread of airborne communicable disease. (E.g. coughing or sneezing into sleeve, isogel alcohol available and used for hands, door knobs and hand rails disinfected daily, sick staff stay home and sick children or youth stay in bed).

H#3

Example Local Policy.

If a child refuses his/her medication, the staffed out of home care worker will initial the Medication Administration Record indicating that the child has refused, for review and follow up by the primary/assigned staffed out of home care worker (the physician should be contacted for refusal on repeated occasions). Or immediately if the refusal of medication poses an immediate risk to the child/youth, and/or others around them.

POLICY: CHILDREN AND YOUTH SHALL HAVE THEIR HEALTH NEEDS MET.

REFERENCES

Ministry of Social Services (MSS), Residential Program Core Standards Checklist. Saskatchewan Community Resources; Children's Services Residential Policy Manual, Child and Family Services Division, May 2007.

Federation of Saskatchewan Indian Nations (FSIN) Customary Standards of Care. Saskatchewan First Nations Child and Family Services Group Homes and Community Care Programs, Consultation Draft November 2005.

POLICY: THE STAY OF EACH YOUNG PERSON IN A STAFFED OUT OF HOME CARE PROGRAM WILL BE RECORDED THROUGH AN INDIVIDUAL RESIDENT FILE.

STANDARDS FOR:	**FILE SECURITY**
STANDARD 5.1:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE RESIDENT FILES ARE KEPT SECURE.

STANDARD CRITERIA:

5.1.1 The staffed out of home care program ensures the existence of procedures for:

- the daily secure storage of resident files;
- ensuring only persons with confidentiality clearance have access to the resident files;
- the secure storage of files of children and youth who have been discharged from the staffed out of home care program;
- authorizing past and present residents and/or the parents or legal guardians of past or present residents access to information on their files. (See Appendix FM#1)
- authorized persons to access storage records of past residents;
- the management of restricted files;
- the security, retention and destruction of information stored in computerized systems.

5.1.2 The staffed out of home care program ensures resident files are stored in a locked, secure location.

5.1.3 The staffed out of home care program ensures that anytime the contents of a resident's file leave the staffed out of home care program, the program worker shall:

- receive permission from the program manager or designate, prior to removing the contents;
- sign a tracking record indicating the contents removed and the dates in which they were removed and returned;
- ensure the security of the file contents at all times while away from the staffed out of home care program.

POLICY: THE STAY OF EACH YOUNG PERSON IN A STAFFED OUT OF HOME CARE ROGRAM WILL BE RECORDED THROUGH AN INDIVIDUAL RESIDENT FILE.

INDICATORS:

- Local procedures exist and are accessible to program staff that outlines the management of children and youth's program files in compliance with the standards criteria.
- Evidence exists that all children and youth's program files are kept in a locked, secure location.
- Procedures exist and there is evidence that they are being followed to maintain file security when files are removed from the storage area. (see Appendix FM#2)

POLICY: THE STAY OF EACH YOUNG PERSON IN A STAFFED OUT OF HOME CARE PROGRAM WILL BE RECORDED THROUGH AN INDIVIDUAL RESIDENT FILE.

STANDARDS FOR:	**MAINTENANCE OF RESIDENT FILES**
STANDARD 5.2:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL MAINTAIN A FILE ON EACH CHILD ADMITTED TO THE PROGRAM.

STANDARD CRITERIA:

5.2.1 The resident file provides an ongoing record of the child's progress while in the program. (See Appendix FM#3)

5.2.2 Documentation on resident files shall be:

- specific, clear, concise, complete and relevant;
- free of jargon;
- objective, non-judgmental;
- clearly written and legible;
- written in ink, or a printed copy of a computer entry;
- dated and signed in the full name of the staff making the recording;
- recorded in a factual and professional manner.

5.2.3 The staffed out of home care program ensures that resident files are assembled in an organized format and consist of at least the following sections:

- Admission package
- General/Medical Documentation
- Developmental Plans/Education and Work Placement
- Legal Documentation
- Reports: incident, progress, contact
- Clothing and Possessions.

INDICATORS:

- Children and youth's program files are up to date and contain a record of their stay and progress while in the program;

POLICY: THE STAY OF EACH YOUNG PERSON IN A STAFFED OUT OF HOME CARE ROGRAM WILL BE RECORDED THROUGH AN INDIVIDUAL RESIDENT FILE.

- There is evidence that entries in files conform to standards set out in Standard Criteria 5.2.2;
- Files are maintained as per standard criteria both in terms of entries and physical appearance.

POLICY: THE STAY OF EACH YOUNG PERSON IN A STAFFED OUT OF HOME CARE PROGRAM WILL BE RECORDED THROUGH AN INDIVIDUAL RESIDENT FILE.

STANDARDS FOR:	**RETENTION AND DISPOSAL OF RESIDENT FILES (BOTH PAPER AND ELECTRONIC) AND COMMUNICATION LOG BOOKS**
STANDARD 5.3:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ADHERE TO AGENCY/MINISTERIAL PROCEDURES FOR THE RETENTION AND DISPOSAL OF RESIDENT FILES (BOTH PAPER AND ELECTRONIC).

STANDARD CRITERIA:

5.3.1 Permanent and Long Term Ward files are to be retained for 100 years;

5.3.2 All other Children's Services files are to be retained for 50 years;

5.3.3 Files shall remain at the staffed out of home care setting until the child reaches the age of 18 years, and there after the program manager or designate shall make arrangements with the appropriate agency/ministerial representative for the storage of these files.

5.3.4 The staffed out of home care program provides procedures to retain indefinitely, all information that is recorded in a "communication log book", "day book", or similar named communication forms that would identify the names of the children and youth present in a program for any particular day, as well as the names of the program workers that worked each shift for any particular day.

INDICATORS:

- Clear procedures exist to ensure the retention and disposal of resident files (both paper and electronic) and communication log books as per the standard criteria.
- A secure storage area is maintained for the storage of the files of young people no longer in the program.

POLICY: THE STAY OF EACH YOUNG PERSON IN A STAFFED OUT OF HOME CARE ROGRAM WILL BE RECORDED THROUGH AN INDIVIDUAL RESIDENT FILE.

Appendix

FM#1

The Child and Family Services Act, Section 74.3

On the request of a person, the Minister or a director may:

a) Disclose; or
b) Authorize an officer to disclose:

Information mentioned in subsection (1) relating to that person in any form that the minister or director considers appropriate.

FM#2

DEFINITIONS:

Resident files includes all the information provided to the staffed out of home care program from the regional/agency caseworker, and other agencies (i.e. educational information, psychological/psychiatric reports, medical information), and all the information documented by program staff including all written reports, individual treatment plans, daily file recordings, educational reports, medical information, incident reports, and any other forms used by the staffed out of home care program to maintain records.

Authorized persons are persons specifically designated by the staffed out of home care program manager as having access to the resident files in the execution of program audits/reviews or investigations or other matters.

Restricted files are those files in which only designated agency/ministerial staff have access. In non-ministerial programs, the staffed out of home care program manager shall designate the l program workers who shall have access to a restricted file. These confidential files are stored in a secure area separate from other files. (e.g. A file would be restricted for a child of an employee of the agency/ministry.)

POLICY: THE STAY OF EACH YOUNG PERSON IN A STAFFED OUT OF HOME CARE PROGRAM WILL BE RECORDED THROUGH AN INDIVIDUAL RESIDENT FILE.

FM#3

The file should include but not be limited to:

- all the information provided to the staffed out of home care program from the regional/agency caseworker, and other agencies (i.e. educational information, psychological/psychiatric reports, medical information);
- all the information documented by program staff including all written reports, individual treatment plans, daily file recordings, educational reports, medical information, incident reports, picture of the child;
- any other forms used by the staffed out of home care program to maintain records.

POLICY: THE STAY OF EACH YOUNG PERSON IN A STAFFED OUT OF HOME CARE ROGRAM WILL BE RECORDED THROUGH AN INDIVIDUAL RESIDENT FILE.

REFERENCES

Ministry of Social Services (MSS), Residential Program Core Standards Checklist. Saskatchewan Community Resources; Children's Services Residential Policy Manual, Child and Family Services Division, May 2007.

Federation of Saskatchewan Indian Nations (FSIN) Customary Standards of Care. Saskatchewan First Nations Child and Family Services Group Homes and Community Care Programs, Consultation Draft November 2005.

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

STANDARDS FOR:	**DESCRIPTION OF PROGRAMS AND SERVICES**
STANDARD 6.1:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE A WRITTEN DESCRIPTION OF ITS PROGRAMS AND SERVICES.

STANDARD CRITERIA:

6.1.1 A written description of its programs and services shall include:

- location directions and contact information;
- a statement describing those being served including:
  - the age group and gender;
  - the catchment area;
  - number of beds in the program.
- the purpose of the program, for example stabilization and assessment, emergency shelter, long term care, treatment;
- the staffing and delivery model for the program, e.g. own school or community school, own nurse or access community nurse, use of a group model, incorporation of traditional teachings, etc.;
- the length of stay within which the program is designed to operate;
- the types of programs and services provided including those accessed in the local community (for example life skills, education, addiction treatment);
- time frame and how programs and services are provided.

6.1.2 An up to date local policy and procedures manual used in part to orient all staff to the program;

INDICATORS:

- There is evidence that a program description exists and is maintained;
- There is evidence that a local policy and procedures manual exists, is maintained and accessible to all staff;
- There is evidence that all staff receive an orientation to the local policy and procedures manual.

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

STANDARDS FOR:	**ADMISSION**
STANDARD 6.2:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE WRITTEN REFERRAL PROCEDURES FOR USE BY ALL REFERRING AGENCIES.

STANDARD CRITERIA:

6.2.1 The staffed out of home care program ensures that written referral procedures exist and are available to all referring agencies. These shall include:

- The written referral material required by the program when considering a new admission; (Appendix CM#1)
- Time frames for making admission decisions;
- Expectations for transition planning;
- Admission planning circles;
- Alternate placement in the event of a placement break down;
- Discharge planning

6.2.2 The staffed out of home care program ensures that the referral package is included on each file.

6.2.3 The program provides written procedures for the admission of children and youth, including their orientation and makes every effort to have the child or youth feel comfortable. (Appendix CM#2, CM#3)

6.2.4 The staffed out of home care program ensures that at a minimum critical health and medical safety information is provided to the program in times of emergent, unplanned placements.

6.2.5 Sufficient clothing shall be provided to the child upon arrival.

INDICATORS:

- Written referral procedures exist and are followed as evidenced in children and

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

youth's program files.

- Referral packages are present on children and youth's program files.
- Written procedures exist and there is evidence that they are being adhered to for the admission of children and youth.
- Evidence exists to demonstrate that minimum critical health and medical safety information is provided to the program in times of emergent, unplanned placements.

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

STANDARDS FOR:	**CASE MANAGEMENT**
STANDARD 6.3:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THAT THE CASE MANAGEMENT PRINCIPLES AND PRACTICE ARE CONSISTENT WITH THOSE OF FIRST NATIONS CHILD AND FAMILY SERVICES POLICY AND CHILD WELFARE BEST PRACTICE.

STANDARD CRITERIA:

6.3.1 The staffed out of home care program ensures that the case management and treatment plan (service plan) includes, but is not limited to the following:

- Case summary and quarterly reports;
- A description of the child's needs (i.e. strengths, problem areas, and presenting behaviours), that is developed with reference to the findings of current or previous evaluations of the resident;
- A statement of goals/intended outcomes to be achieved, and the plans to achieve these goals with the child;
- A statement of the educational plan for the child;
- A statement of the ways in which parents or legal guardians of the child will be involved in the care and treatment plan, including arrangements for contact between the child and his/her family;
- Details for provision of specialized services (i.e. psychological, psychiatric, drug and alcohol assessments), and the plan by which these specialized services will be accessed and delivered;
- Details of recommendations for the care and treatment plan, plans for discharge, and plans for reviewing the plan;
- A description of the responsibilities of the referring agency and other collateral agencies;
- The risk level for the child and plans for intervening should the child attempt to leave the group home without permission;
- A medical plan for the child;
- A transition plan;
- A life skills plan.

6.3.2 The staffed out of home care program ensures that an admission circle, including

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

the participation of child and family members, agency worker and program staff occurs at the time of admission/within 7 days.

6.3.3 The staffed out of home care program ensures that a written service plan is provided for each child or youth reflecting the specific services provided.

6.3.4 The staffed out of home care program conducts case management planning circles a minimum of every 3 months (6 to 8 weeks in Assessment and Stabilization), and provides a written corresponding service plan report to the referral agency. Agency workers, the child, family members (whenever possible) and a program staff shall attend these planning circles.

6.3.5 The staffed out of home care program ensures that each child is involved, as appropriate to the child's developmental level and capabilities and intellectual capacity, in establishing goals, and participating in all planning conferences.

6.3.6 Staffed out of home care programs providing an assessment and stabilization service shall complete a Child Development Assessment Report and a Child Development Assessment Update Report. (Appendix CM#3)

INDICATORS:

- A case management/service plan exists on each child's program file and conforms to the expectations outlined in the standards criteria.
- Evidence that an admission circle has occurred for each child within 7 days of them being admitted to the staffed out of home care program.
- Evidence that case management planning circles are conducted a minimum of every three months (6 to 8 weeks in Assessment and Stabilization) for each child and planning (updated service plan) is documented on file.
- It is evident through information contained on file and through conversation with children and youth in the program that children and youth have a voice in the planning and other events that affect their lives.
- Child Development Assessment Reports and a Child Development Assessment

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

Update Reports are being completed on all children and youth in Assessment and Stabilization programs and in accordance with Appendix CM#3.

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

STANDARDS FOR:	**DISCHARGE**
STANDARD 6.4:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE WRITTEN PROCEDURES FOR THE DISCHARGE OF CHILDREN AND YOUTH.

STANDARD CRITERIA:

6.4.1 Written procedures for the planned or unplanned discharge of children and youth shall include the following:

- a discharge planning circle to review the service plan, progress made and to determine the most appropriate resource to meet the child's needs;
- If the child is returning home, the development of a specific discharge plan to support the child and family in the transition back to the home and community, including follow up services;
- The provision of a written discharge summary with recommendations to the referring agency;
- Discharge procedures for children and youth who have been absent from the staffed out of home care program for a substantial period of time;
- In circumstances where children and youth have been placed in the staffed out of home care program on an emergency/receiving basis, local procedures will be provided for discharge; (Appendix CM#4)
- All children and youth being discharged from the staffed out of home care program shall have adequate clothing; particularly warm clothing if the discharge is in winter.

INDICATORS:

- Written procedures for the discharge of children and youth exist.
- Written procedures conform to the outline within the standard criteria.
- Written procedures are accessible to all staff.
- Evidence exists from an examination of children's files that the written procedures are being followed.

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

STANDARDS FOR:	**RECREATION**
STANDARD 6.5:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE WRITTEN PROCEDURES TO ENSURE THAT CHILDREN AND YOUTH ARE PROVIDED WITH RECREATIONAL ACTIVITIES.

STANDARD CRITERIA:

6.5.1 Procedures for recreational activities shall ensure:

- sufficient recreational space/equipment, of reasonable quality, is provided and is appropriate to the child's needs, interests, age and abilities;
- recreational time is a daily component of the program;
- a variety of opportunities are available for children and youth to participate in individual and/or group community recreational programs and facilities;
- safety equipment is used during recreational activities (for example bicycle helmets), and that this equipment would be consistent with the standards established by the Saskatchewan Safety Council. (Appendix CM #5)

6.5.2 The staffed out of home care program provides the opportunity for physical activity each day for each child.

6.5.3 The staffed out of home care program ensures that program workers are required, dependent upon their physical limitations, to participate with children and youth in recreational activities.

INDICATORS:

- Written procedures for recreational activities exist and reflect the standard criteria.
- Evidence indicates that children and youth have scheduled physical activity each day.
- Evidence indicates that, where able, program workers do participate with children and youth in recreational activities.

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

STANDARDS FOR:	**EDUCATION**
STANDARD 6.6:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THAT EACH CHILD IS PROVIDED WITH AN EDUCATIONAL PROGRAM THAT IS SUITABLE TO THEIR DEVELOPMENTAL NEEDS, PERSONAL STABILITY AND INTELLECTUAL CAPABILITY.

STANDARD CRITERIA:

6.6.1 The staffed out of home care program ensures a position within the staffed out of home care program is responsible for the coordination of the educational planning with community schools.

6.6.2 The staffed out of home care program works in partnership with local educational programs and school boards to ensure the educational needs of children and youth are served.

6.6.3 The staffed out of home care program ensures all children and youth attend an educational program, until they reach the age of sixteen years.

6.6.4 The staffed out of home care program ensures that an education plan is a component of the case management process and service plan.

6.6.5 The staffed out of home care program shall, whenever possible, utilize community education programs, and that when a child or youth does not have a community placement or temporarily loses the placement, a plan is developed to reintegrate the child to an appropriate community education program, at the earliest possible date.

6.6.6 The staffed out of home care program ensures that any information on a child that is shared with community school personnel adheres to the Confidentiality and Disclosure of Information Standards in the Ministry of Social Services Residential Policy Manual. (Appendix CM#5)

6.6.7 Where possible the staffed out of home care program shall ensure lifeskills are delivered to children and youth. Examples of topics are:

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

- Cooking;
- Grocery shopping;
- Cleaning;
- Laundry;
- Applying for a job;
- Yard care;
- Using small tools for maintenance;
- Conflict resolution;
- Money management.

6.6.8 Where possible school aged youth will be supported to learn basic employment skills and to secure part time jobs to build basic life skills as a part of their service plan.

6.6.9 The staffed out of home care program shall encourage all youth sixteen years of age or older and who are not attending school to secure full time employment as a part of their service plan.

INDICATORS:

- Evidence exists that one position within the staffed out of home care program is assigned the coordination of the educational planning with outside schools.
- Files indicate that all children and youth in the staffed out of home care program are attending school until they are 16.
- School plans are developed and are a part of the child's program file.
- Files indicate that community schools are utilized and processes are evident that support the children and youth in the local school program.
- It is evident from children and youth's files and interviews that confidentiality of children and youth is not being breached.
- It is evident that youth in the staffed out of home care program who are attending school are encouraged to participate in part time work and youth over the age of 16 who are not attending school are encouraged to secure full time work and that this is documented in their service plan.

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

Appendix

CM#1

- ❖ referral package may contain, but is not limited to, the following:
  - Social history and background information, including the reason for referral;
  - Psychological/psychiatric reports on the child;
  - Genogram and ecomap;
  - Current Department file recordings and reports (including reason for family service involvement, and other agency involvement);
  - Relevant family, medical and educational information that may assist the staffed out of home care program in working with the child;
  - A copy of the Authority for Care under the Child and Family Services Act;
  - "Consent Forms" used by the staffed out of home care program that require the signature of the parent/guardian of the child and provide parental permission for the child to participate in various program activities (cultural, recreational, transportation) or other program functions (i.e. medical consent).

NB. The staffed out of home care program ensures that at a minimum critical health and medical safety information is provided to the program in times of emergent, unplanned placements of children and youth.

CM#2

- ❖ an admission package will include, but is not limited to:
  - The completion of a written admission form by the admitting staffed out of home care worker;
  - Procedures for securing all possessions and ensuring all items designated as contraband do not enter the living unit;
  - Procedures for admitting children who are suspected of being under the influence of drugs, or alcohol;
  - Procedures to ensure a photograph of the child is placed on the child's staffed out of home care file;
  - Provision for clean clothing, where required, for emergent admissions, and procedures to ensure adequate seasonal clothing is provided by the referring agency;
  - Where the admission is unplanned, procedures to ensure the parent(s), or

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

legal guardian(s) of the child have been notified of the admission;
- Procedures to orientate the child to the program, including the types of consequences that may result from failure to abide by the program rules. (see Appendix CM#3)

CM#3

Child Development Assessment Report Guideline (MSS May 2007 Residential Policy Manual, Appendix No. 2.1-3)

INITIAL ANALYSIS

Includes:

A. Background Information:
- Brief history and family situation;
- Work previously performed;
- Basic reasons for referral.

B. Initial Observations:
- Observed attitudes and behaviour upon admission;
- Reaction to placement in the residential program;
- Defenses and coping strategies;
- Child's view of reasons for referral and placement;
- Relationship skills with peers and adults;
- School related issues.

C. Further points to consider:
- What is the impact of separation from the family on the child?
  - who does the child blame?
  - who does the child feel cares about him/herself?
  - are there signs of homesickness?
  - how does the child act out these feelings?
- How does the child respond to/accept direction from staff?
- How does the child attempt to make friends?
  - who does the child associate with?
  - what role does the child assume with the group?
  - is the child known by others in the group and in what context?
- Does the child understand the role/function of the residential program?
  - does the child understand the rules and routines?
- How does the child respond to his/her responsibilities?
- What is the child's attitude towards changing his/her behaviour?

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

- will the child attempt new things willingly?
- What are the child's feelings about school?
  - what are the child's strengths and weaknesses?
  - how does the child function in the classroom situation?
- What are the child's interests?
- What are the child's strengths?

PROCESS

Includes:

A. Relationships:

i) With Adults:
- How does the child relate to staff? (attention seeking, friendly discussions, manipulator, negative tone, hostile, etc.)
- Does the child want to please adults?
- Does the child trust adults?
- Is there a pattern of gender specific issues?
- How does the child respond to direction, suggestions, correction, consequences, and discipline?

ii) With Peers:
- What is the child's level of social skills?
- What is the child's influence on the peer group?
- How does the child interact with his/her peers?
- What is the degree of success in joining peers with reference to both genders?
- Is the child aware of/concern for effects of own actions on others?

iii) With Family:
- How does the child relate to the different members of his/her family?
- How does the child function after family contact?
- How does the child feel about different family members?
- Does the child blame the family for his/her problems?
- How does the child think the family members need to change?
- Does the child have a sense of belonging to the family?
- Does the child have any goals for returning to live with his/her family?

B. Personal:
- What is the child's self-image (view of him/herself) ?
- Does the child have a realistic picture of personal strengths and weaknesses?
- Does the child have positive interests, strengths and skills?
- Does the child have concern for health, hygiene, personal or clothing appearance?

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

- How does the child view him/herself compared to others?
- How does the child think others view him/her?
- Does the child exhibit any self destructive behaviours?

C. *School and Community Involvement:*

i) School Information:

- School placement, summarize school contacts, report card information, parent teacher interviews, summarize school related problem areas and strengths, goals of school placement;
- Is school success important to the child?
- What does the child see as the cause of school related problems?
- What are the goals for the school placement, and what is working and what is not working?
- What changes are occurring over time?

ii) Community Involvement:

- Include all information about involvement in community activities such as recreational activities, employment, service clubs, (i.e. cubs, scouts, guides, cadets, etc.) participation in programs such as Alcoholics Anonymous, etc.
- Include the level of supervision the resident requires while participating in community events.

D. *Medical Information:*

- Include all information from any medical appointment (medical, dental, optical).
- Include information on prescriptions and any changes to medications.
- Include information on child's level of responsibility for approaching staff for his/her medication.
- Include information from any professional (psychiatric/psychological) assessments or appointments.

E. *Legal Developments:*

- Include any information on new charges, court appearances, predisposition reports, police involvement, etc.
- Include information on any incidents of running or attempting to run from the residential program.

F. *Child's Written Report:*

- This section is optional for those children who want to complete it.
- This would include a summary of the child's views on their behaviour while in the program, their needs, goals and plans (wants).
- Staff may assist the child in writing this report.

In each of the above sections, major changes should be noted throughout. There should be limited use of examples. The above sections should remain in the order presented here.

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

EVALUATION (Summary)

Includes:

- This is a summary of what interventions and involvement are effective, and what does not work with the child.
- The worker's assessment of the child's needs.
- The prognosis for change based on the assessment.
- Are the goals that were set at the admission conference being met? If not, why? Do they need to be revised?
- Does the child believe the goals are attainable?
- What does the child see as preventing change?
- Does the child think family members see a difference in him/her? Do they?
- What are the child's strengths? Is the child able to identify these strengths?
- Does the report focus on problem resolution for the areas of weakness?
- Is the child's behaviour consistent throughout various aspects of the program (morning, school, evenings, outings, on home visits)? Have these discrepancies been identified and what do they mean?
- What does the child want for the future?

RECOMMENDATIONS

Would include:

- This section describes the suggestions and ideas most appropriate for further work with the child.
- Based on a diagnosis of the child's needs, and what works and what does not work, a description of the type of resource that could meet the identified needs.
- This section should discuss information such as the degree of supervision and/or structure best suited to the child.
- Each recommendation should be geared toward the strengths of the child, and resources that match the specific need.
- If the recommendation is for the child to return home, identifying follow up services, or additional supports the family may require, in order to assist the plan in being successful.

GUIDELINES FOR THE ASSESSMENT UPDATE REPORT

The Assessment Update Report is written 6-8 weeks following each planning conference for the duration of the child's residency. It would follow the same format as outlined in the guidelines for the Behavioural Assessment Report and would include the **Process, Evaluation** and **Recommendations** sections. This report would not be as detailed as the Child Development Assessment Report and would include:

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

- The information should reflect any changes, progress and development in each of the goals established at previous planning conferences.
- Each section of the report should focus on strengths and improvements.
- If progress is not being made, the reasons for this need to be identified.
- Each section should identify what is working and what is not working, and if changes are being made by the child.
- Adjustments to the treatment plan, as a result of unmet goals.

2.0 PROGRAM AND SERVICE DELIVERY
2.1 Case Management Principles and Practice

Appendix No. 2.1-3: Child Development and Assessment Report

REPORT FORMAT

The following report format will serve as a guide for completing the Child Development and Assessment Report and Child Development Assessment Update Report. Residential programs that provide an assessment and stabilization service should use this as a guide for completing these reports. Departmental operated Adolescent Therapeutic Group Homes, CBO Adolescent Group Homes and other residential programs may adapt this report format to meet their program's mandate.

CHILD DEVELOPMENT ASSESSMENT REPORT

Name:

DOB:

Health Card Number:

Client No.

Treaty No. (if applicable): Band (if applicable):

Admission Date:

Primary Worker:

Regional Worker: Region:

Legal Status: (Section 9, Apprehended, Court Order)

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

PART - A INTAKE REPORT: *(To be completed within 7 days of admission)*

DATE REPORT WRITTEN:

1. **REASON FOR REFERRAL** *(Point form, 2-3 main reasons)*

2. **FAMILY AND PLACEMENT HISTORY** *(members of family , names, ages, including number of previous placements in care, and a brief history with department)*

3. **MEDICAL/HEALTH HISTORY** *(Point form summary of medical factors, including current medication, include names of doctor, dentist, optometrist, psychiatrist, psychologist and counselor)*

4. **OVERVIEW OF BEHAVIORAL OBSERVATIONS:**
   (A) Information From Last Placement *(Positive and problematic behaviors)*

   (B) Initial Observations *(Positive and problematic behaviors, indicate known precipitating factors, skills used in interactions with others, suggestions of how to best respond)*

5. **SPECIAL INSTRUCTIONS** *(Suicide risk, AWOL risk, need for restraint, legal involvement)*

PART B - FULL ASSESSMENT

DATE REPORT WRITTEN:
(To be completed for planning conference, 6 -8 weeks from placement date. Questions 7-16 will be completed throughout the first 6-8 weeks and will be considered the 6-8 week assessment. This area of the report should focus on strengths and positive change.)

6. **OVERVIEW OF BEHAVIORS** *(Brief description of behavior from admission to date. Summarize general progress in 2-3 paragraphs)*

7. **RELATIONSHIPS:** *(With mother, father, foster parents, siblings, other adults, staff, authority figures, peers/co-residents, schoolmates, friends. Include direct observations by staff and others as to quality of interactions)*

   a) With family
   - *type, frequency and nature of contact*
   - *any significant family members, nature of relationship*
   - *area of conflict and strength*

   b) With adults
   - *response to discipline, rules, correction*
   - *requests for/response to positive adult attention*
   - *pattern of gender-specific responses, if noted*

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

c) With peers

- awareness of/concern for effects of own actions on others
- degree of success in joining peer group with reference to both genders, with specific observations regarding effectiveness of youth's strategies.

8. PERSONAL

- self-image and strengths as seen by youth
- what are their likes and interests
- what is the youth's understanding of why she/he is residing in the residential program
- how does the youth view him/herself compared to others
- what area(s) does the youth want help with; what does she/he want in regard to future placement
- who does the youth have for support
- does the youth exhibit any self destructive behaviours

9. EDUCATIONAL ASSESSMENTS OVERVIEW

- grade, academic performance, type of school placement
- attitude toward school, attendance
- summarize school contacts, report card information, parent teacher interviews
- summarize school related problem areas and strengths, goals of school placement
- cognitive/social ability and level
- is special or modified programming needed
- if the school has completed a report, this should be attached to the assessment

10. COMMUNITY AND RECREATION

- interest in and use of community resources
- include the level of supervision the youth requires while participating in community events

11. LEGAL INVOLVEMENT

- state any criminal charges and court dates.
- indicate if youth is on an undertaking/probation order and how youth responds to charges
- state whether youth has been exploited or suspected of being exploited through the child sex trade
- state whether youth has been exploited or suspected of being exploited through gang involvement.
- where involvement is suspected, document reasons for same and indicate clearly that this is only a suspicion at this time.

12. MEDICAL/MENTAL HEALTH

- summarize physical health, doctor's name, address and phone number, height and weight, and percentile rank
- past medical appointments and results, and upcoming appointments
- medications and reasons for same
- summarize dental and optometrist health, doctor's names, addresses and phone numbers
- past appointments and results and upcoming appointments
- summarize mental health involvement with psychiatrist and/or counselor
- medications and reasons for same

13. SPIRITUAL/CULTURAL INTERVENTIONS

- if a youth has been involved in cultural/spiritual activities, provide an overview of this involvement and

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

the benefits to the youth

14. EVALUATION:

- this is a summary of what interventions and involvement are effective, and what does not work with the child.
- the worker's assessment of the child's needs.
- the prognosis for change based on the assessment.
- are the goals that were set at the admission conference being met? If not, why? Do they need to be revised?
- does the child believe the goals are attainable?
- what does the child see as preventing change?
- does the child think family members see a difference in him/her? Do they?
- what are the child's strengths? Is the child able to identify these strengths?
- does the report focus on problem resolution for the areas of weakness?
- is the child's behaviour consistent throughout various aspects of the program (morning, school, evenings, outings, on home visits)? Have these discrepancies been identified and what do they mean?
- what does the child want for the future?

15. PLAN/RECOMMENDATIONS

- this section describes the suggestions and ideas most appropriate for further work with the child.
- based on a diagnosis of the child's needs, and what works and what does not work, a description of the type of resource that could meet the identified needs.
- this section should discuss information such as the degree of supervision and/or structure best suited to the child.
- each recommendation should be geared toward the strengths of the child, and resources that match the specific need.
- if the recommendation is for the child to return home, identifying follow up services, or additional supports the family may require, in order to assist the plan in being successful.

Recommendations:

- list one or two options for placement and the reasons why

PART C CHILD DEVELOPMENT ASSESSMENT UPDATE REPORT:

(to be completed for every 6-8 week interval, following the full assessment (Part B)

DATE REPORT WRITTEN *- begin with the statement that this report will include the time frame of _____ to _____.*

13. PROGRESS AND CHANGES

- The information should reflect any changes, progress and development in each of the goals established at previous planning conferences.
- Each section of the report should focus on strengths and improvements.
- If progress is not being made, the reasons for this need to be identified.
- Each section should identify what is working and what is not working, and if changes are being made by the child.

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

- Adjustments to the treatment plan, as a result of unmet goals.

_____	_____
Primary Worker	**Date**
_____	_____
Supervisor	**Date**

EXAMPLE

ORIENTATION CHECK LIST

Depending on the time of admission, within 24 hours, the following need to be reviewed with the child:

- Introduction of child to other residents and staff.
- Tour of the staffed out of home care setting.
- Bedroom assignment.
- Property and clothing list completed.
- Program rules explained.
- Daily routines explained.
- Daily chores and responsibilities.
- Telephone and mail procedures and expectations.
- Dress code and personal hygiene.
- Meals, snacks and kitchen access.

Within 24-48 hours of admission, the following need to be explained to the child:

- Visiting procedures and seek to have a visitor list approved.
- Laundry procedures.
- Role of assigned/primary workers.

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

- A description of the programs and services provided by the staffed out of home care program.
- Child's rights, responsibilities, complaints and appeal procedures.
- The role of the Saskatchewan Advocate for Children and Youth, the child's right to contact the Saskatchewan Advocate for Children and Youth, and the telephone number of the Saskatchewan Advocate for Children and Youth.
- Involvement with family, cultural and spiritual activities.
- Involvement with school and or work.
- An explanation of the case management process, including admission and planning circles, circle participants, and discharge planning.
- Privilege system if utilized by the staffed out of home care program.
- Group meeting procedures.
- Behavioural and program expectations, and disciplinary approaches.
- Personal possessions, contraband, and searches.
- Medical, dental, and eye care procedures.
- Administration of medications.
- Fire alarm and evacuation procedures.

I have received the above staffed out of home care program orientation, and have had the opportunity to discuss and ask questions, about each of the above areas.

_____ _____

Date Resident

_____

Staff

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

CM#4

- Discharge plans should include:
  - the reasons for the discharge;
  - the name of the receiving resource for the child;
  - the date and time of discharge;
  - specific arrangements that would include to whom the resident is being discharged, the method of transportation, arrangements for personal property, and involvement of parent(s) or legal guardian(s).
  - With the exception of emergency placements, it is strongly recommended that transition planning be a component of the discharge plan. This would include, whenever practical, pre-placement visits to the new resource,
  - including the child's home.

CM#5

*www.sask**safety**.org*

445 Hoffer Drive
Regina, SK S4N 6E2
(306) 757-3197

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

CM#5

Confidentiality and Disclosure of Information
Standards

1. The staffed out of home care program's manager shall ensure that all employees sign an Oath of Confidentiality or an Oath of Office, at the commencement of their employment, and that this signed document shall be maintained on the personnel file of the employee. The Oath of Confidentiality or Oath of Office should state, in part, that the employee *"will not, without due authority, disclose or make known any matter or thing which comes to his/her knowledge by reason of such employment"*, or similar wording to this affect.

2. The staffed out of home care program's manager shall ensure that all employees comprehend that any breach of the Oath of Confidentiality or Oath of Office or misuse of client information is considered a breach of confidentiality and could result in disciplinary action up to and including termination.

3. The staffed out of home care program's manager, or designate, shall ensure that all program workers receive instruction respecting confidentiality and the disclosure of information as part of their orientation training.

4. The following information has been summarized from the Ministry of Social Services, Family-Centred Services Policy and Procedures Manual, March 2004, Chapter 10, Section 6: "Confidentiality of Information and Disclosure of Information". It should be noted that this information applies to all residential programs both government operated and non government operated, and their employees.

A. CONFIDENTIALITY OF INFORMATION

- In Child and Family Services, information is gathered under the mandate of *The Indian Child Welfare and Family Support Act, the Child and Family Services Act* and *The Adoption Act*.

- Section 74 of *The Child and Family Services Act* provides the parameters for the release of information gathered for the purposes of the Act. This includes information that the department is given that had been gathered through other legislative mandates such as Health Information, Criminal Code investigations, etc.

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

CM#5 cont'd

74(1) Notwithstanding Section 18 of *The Department of Social Services Act*, members of the board, members of family review panels, mediators, officers and employees of the department, members of boards of directors of agencies, officers and employees of agencies, foster parents and all other persons who are employed in or assist with the administration of this Act:

(a) shall preserve confidentiality with respect to:
(i) the name and any other information that may identify a person that comes to their attention pursuant to:
(A) this Act;
(B) *The Family Services Act*, not including Part III; or
(C) *The Child Welfare Act*, not including Part II; and
(ii) any files, documents, papers or other records dealing with the personal history or record of a person that have come into existence through anything done pursuant to:
(A) this Act
(B) *The Family Services Act*, not including Part III; or
(C) *The Child Welfare Act*, not including Part II; and
(b) shall not disclose or communicate the information mentioned in clause (a) to any other person except as required to carry out the intent of this Act or as otherwise provided in this section.

(2) The minister, a director or an officer may disclose or communicate information mentioned in subsection (1) relating to a child to:
(a) the guardian, parent or foster parent of that child; or
(b) the child to whom the information relates.

(3) On request of a person, the minister or a director may:
(a) disclose; or
(b) authorize an officer to disclose:
Information mentioned in subsection (1) relating to that person in any form that the minister or director considers appropriate.

(4) Notwithstanding subsection (2) or (3), no person shall, except while giving evidence in a protection hearing, disclose to anyone who is not an officer or a peace officer the name of a person who:

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

CM#5 cont'd

(a) makes a report pursuant to section 12; and

(b) requests that his or her name not be disclosed.

(5) Any information that may be disclosed to the person to whom it relates may, with the written consent of the person to whom it relates, be disclosed to any other person.

(5.1) Information mentioned in subsection (1) may be released where, in the opinion of the minister, the benefit of the release of information clearly outweighs any invasion of privacy that could result from the release.

(5.2) The information mentioned in subsection (5.1) may be released in any form that the minister considers appropriate.

(6) Any disclosure of information pursuant to this section does not constitute a waiver of Crown privilege, solicitor-client privilege or any other privilege recognized in law.

- Release of information gathered under *The Child and Family Services Act* is provided under *The Child and Family Services Act*, not under *The Freedom of Information Act*. Frequent requests for file information under the FOI are made to the department. There is a standard procedure for responding to such requests.
- Information such as general program information can be shared publicly.
- If a request for information comes over the telephone, ask the caller to put the request in writing. If the matter is urgent, the request can be faxed using their department/agency letterhead to be assured that the individual is whom they claim to be.
- Electronic information, including emails, is part of the client's record and is considered the same as information from other sources. Deleted emails can be recovered and used in court cases.
- Circumstances under which information can be released:
  - With the consent of the individual to whom the information relates.

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

CM#5 cont'd

- Information can be shared on a need to know basis in order to carry out the intent of the Act - e.g. Doctor may require historical medical information on a child in care in order to make a diagnosis.
- In exceptional circumstances with the consent of the minister.

- Notwithstanding the above information, the staffed out of home care program's manager should direct any requests for the disclosure of information to the child's agency caseworker who will follow established Agency/Ministry procedures.

REFERENCES:

Saskatchewan Public Service Commission:
Section 18, The Public Service Act, Oath of Office
Department of Community Resources and Employment:
The Child and Family Services Act, Section 74
Family-Centred Services Policy and Procedures Manual, March 2004
Chapter 10, Sec. 6 Confidentiality of Information and Disclosure of Information
Department of Justice:
Freedom of Information and Protection of Privacy Act, Section 29
Child Welfare League of America Standards of Excellence for Residential Group Care Services, 1991:
Section 5.20

POLICY: INDIVIDUALIZED CHILD AND YOUTH CENTRED CASE MANAGEMENT PRACTICE SHALL PROVIDE THE FOUNDATION FOR THE DELIVERY OF CARE TO CHILDREN AND YOUTH.

REFERENCES

Ministry of Social Services (MSS), Residential Program Core Standards Checklist. Saskatchewan Community Resources; Children's Services Residential Policy Manual, Child and Family Services Division, May 2007.

Federation of Saskatchewan Indian Nations (FSIN) Customary Standards of Care. Saskatchewan First Nations Child and Family Services Group Homes and Community Care Programs, Consultation Draft November 2005.

POLICY: CHILDREN AND YOUTH SHALL BE AFFORDED LIVING ACCOMMODATIONS THAT ARE COMFORTABLE AND SAFE.

STANDARDS FOR:	**LIVING AREAS**
STANDARD 7.1:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE SAFE AND COMFORTABLE LIVING AREAS.

STANDARD CRITERIA:

7.1.1 The staffed out of home care program shall contain designated areas for living, dining, studying and recreation, and these shall be as comfortable and homelike as possible.

7.1.2 Living areas shall comply with First Nations building codes (for on reserve programs) and the physical standards provisions contained in *The Residential Services Act* and *The Residential-service Facilities Regulations.* (See Appendix LA#1)

7.1.3 The staffed out of home care program's living room shall be pleasant, attractive, and home-like containing comfortable, practical furnishings. It is available for children and youth and families to gather for relaxation, entertainment, or visiting.

7.1.4 Whenever possible space will be made available for family overnight visits.

7.1.5 The staffed out of home care program's dining area shall be arranged and equipped so children and youth and program workers can have their meals together and mealtime is observed as an enjoyable experience for children and youth.

INDICATORS:

- There are designated areas for living, dining and recreation, and these are comfortable and homelike.
- There is evidence that all living areas comply with First Nations building codes (for on reserve programs) and the physical standards provisions contained in *The Residential Services Act* and *The Residential-service Facilities Regulations*. (See Appendix LA#1)

POLICY: CHILDREN AND YOUTH SHALL BE AFFORDED LIVING ACCOMMODATIONS THAT ARE COMFORTABLE AND SAFE.

- The living room is available for children and youth and families to gather for relaxation, entertainment, or visiting and is pleasant, attractive, and home-like containing comfortable, practical furnishings.

- The dining area is arranged and equipped so children and youth and program workers can have their meals together and mealtime is observed as an enjoyable experience for children and youth.

POLICY: CHILDREN AND YOUTH SHALL BE AFFORDED LIVING ACCOMMODATIONS THAT ARE COMFORTABLE AND SAFE.

STANDARDS FOR:	**SLEEPING ACCOMMODATIONS**
STANDARD 7.2:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE SAFE AND COMFORTABLE SLEEPING ACCOMMODATIONS FOR CHILDREN AND YOUTH.

STANDARD CRITERIA:

7.2.1 Sleeping accommodations comply with First Nation's building codes (for on Reserve staffed out of home care programs) and according to the information contained in the in *The Residential Services Act* and *The Residential-service Facilities Regulations.* (See Appendix LA#2)

7.2.2 The staffed out of home care program provides, whenever possible, single bedrooms for children and youth.

7.2.3 The staffed out of home care program ensures children and youth with known and/or suspected histories of sexually inappropriate behaviour are provided with a single bedroom.

7.2.4 The staffed out of home care program ensures each bedroom has at least one outside window, and has adequate ventilation, lighting and heating.

7.2.5 The staffed out of home care program provides each bedroom with an unlocked door to ensure a child's right to privacy is respected and ensures staffed out of home care program workers knock before entering a child's room.

7.2.6 The staffed out of home care program ensures that no child shall share a bedroom with another child of the opposite gender.

7.2.7 In order to enhance each child's individuality, sense of self-worth, and belonging, the staffed out of home care program will provide bedroom furnishings to each child for storage of clothing and other personal items, and these are of reasonable quality as compared with the standards of other housing accommodation in the community.

7.2.8 The staffed out of home care program shall provide accessible lockable space for each child/youth for personal items.

POLICY: CHILDREN AND YOUTH SHALL BE AFFORDED LIVING ACCOMMODATIONS THAT ARE COMFORTABLE AND SAFE.

INDICATORS:

- Sleeping accommodations comply with First Nation's building codes (for on Reserve staffed out of home care programs) and according to the information contained in the *Residential-service Facilities Regulations* and single bedrooms are used where possible.
- Whenever possible, single bedrooms are provided for children and youth.
- Evidence exists on file that if children or youth with known and/or suspected histories of sexually inappropriate behaviour are provided with a single bedroom.
- Visual inspection indicates that each bedroom has at least one outside window, adequate ventilation, lighting and heating, has an unlocked door and is respected as a place of privacy for the occupant.
- Children and youth of opposite genders do not share bedrooms.
- Visual inspection indicates that bedrooms are furnished with storage for clothing and other personal items, and these are of reasonable quality as compared with the standards of other housing accommodation in the community.
- There is evidence that each child has lockable space available for their personal items.

POLICY: CHILDREN AND YOUTH SHALL BE AFFORDED LIVING ACCOMMODATIONS THAT ARE COMFORTABLE AND SAFE.

STANDARDS FOR:	**BATHING AND TOILET AREAS**
STANDARD 7.3:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE ADEQUATE BATHING AND TOILET AREAS FOR CHILDREN AND YOUTH.

STANDARD CRITERIA:

7.3.1 Bathing and toilet areas for children and youth shall comply with First Nation's building codes (for on Reserve staffed out of home care programs) and according to the information contained in the *Residential-service Facilities Regulations* (21 Mar 86 cR-21.2 Reg 1 s12). (see Appendix LA#3)

7.3.2 The staffed out of home care program ensures each bathroom facility is equipped with a door to respect a child's right to privacy; and where there is more than one toilet, bath or shower, in any one room, each shall have a separate compartment to allow for privacy.

7.3.3 Where there is more than one toilet, bath or shower, in any one room, the staffed out of home care program provides procedures to ensure that only one child may use the bathing and toilet facilities at one time.

7.3.4 The staffed out of home care program provides procedures to ensure that all bathing and toilet facilities are maintained in a hygienic condition.

INDICATORS:

- Documentation exists that bathing and toilet areas for children and youth comply with First Nation's building codes (for on Reserve staffed out of home care programs) and according to the information contained in the *Residential-service Facilities Regulations*.
- Each bathroom facility is equipped with a door and where there is more than one toilet, bath or shower, in any one room, each has a separate compartment to allow

POLICY: CHILDREN AND YOUTH SHALL BE AFFORDED LIVING ACCOMMODATIONS THAT ARE COMFORTABLE AND SAFE.

for privacy.

- Procedures exist to ensure that only one child/youth may use the bathing and toilet facilities at one time in those areas where there is more than one toilet, bath or shower, in a room.

- Documentation exists to indicate that all bathing and toilet facilities are maintained in a hygienic condition.

POLICY: CHILDREN AND YOUTH SHALL BE AFFORDED LIVING ACCOMMODATIONS THAT ARE COMFORTABLE AND SAFE.

STANDARDS FOR:	**RECREATION SPACE**
STANDARD 7.4:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THAT AREAS WITHIN AND OUTSIDE THE FACILITIES ARE PROVIDED FOR THE PURPOSE OF RECREATION.

STANDARD CRITERIA:

7.4.1 The staffed out of home care program ensures that recreation areas comply with First Nation's building codes (for on Reserve staffed out of home care programs) and according to the information contained in the *Residential-service Facilities Regulations.* (See Appendix LA#3)

7.4.2 The staffed out of home care program demonstrates compliance with the following standard from the Child Welfare League of America, Standards of Excellence for Residential Group Care Services: "The area for recreation and leisure should be adapted to the needs of the children. Materials for art, hobbies, and crafts should suit the cultural, educational, and personal interests of the residents and be easily accessible to them. Storage space should be provided for these materials and sports equipment".

7.4.3 The staffed out of home care program provides procedures to ensure that all recreation areas and equipment, both inside and outside the staffed out of home care setting, are maintained in a safe and sanitary condition.

INDICATORS:

- Recreation areas comply with First Nation's building codes (for on Reserve staffed out of home care programs) and according to the information contained in the *Residential-service Facilities Regulations*.
- The area for recreation and leisure is adapted to the needs of the children and youth.

POLICY: CHILDREN AND YOUTH SHALL BE AFFORDED LIVING ACCOMMODATIONS THAT ARE COMFORTABLE AND SAFE.

- All recreation areas and equipment, both inside and outside the staffed out of home care setting, are maintained in a safe and sanitary condition and are of reasonable quality.

POLICY: CHILDREN AND YOUTH SHALL BE AFFORDED LIVING ACCOMMODATIONS THAT ARE COMFORTABLE AND SAFE.

Appendix

LA#1

Living Areas

1. According to the provisions of the *Residential-service Facilities Regulations:*

    a) The areas of the residential program designated in the application for a license as areas for lounging, dining, indoor recreation, sleeping, bathing, food preparation and storage are to be used only for those purposes unless otherwise approved by the minister. (21 Mar. 86 cR-21.2 Reg 1 s 11)

    b) Each residential program should have a day-room for lounging of not less than 13.5 square metres with approximately 1.86 square metres of floor space per resident where the residents may play table games, watch television and enjoy a social life. (21 Mar. 86 cR-21.2 Reg 1 s 20)

    c) Each residential program that provides a program of study is to provide adequate facilities for the purposes of study by the residents involved in the program. (21 Mar 86 cR-21.2 Reg 1 s 21)

2. According to the Child Welfare League of America Standards of Excellence for Residential Group Care Services: "Each residential program should have adequate space for all phases of daily living, including recreation, privacy, group activities, and visits for family members. The design of the building should take into consideration the age and developmental needs of the children and youth served, and requirements for supervision and safety, as well as those with special needs".

3. The grounds of the residential program should be conducive to local neighbourhood standards.

4. The residential program's living room should be pleasant, attractive, and home-like. It should contain comfortable, practical furnishings. It should be available for children and families to gather for relaxation, entertainment, or visiting.

5. The residential program's dining area should be arranged and equipped so children and residential program workers can have their meals together and mealtime can be an enjoyable experience.

POLICY: CHILDREN AND YOUTH SHALL BE AFFORDED LIVING ACCOMMODATIONS THAT ARE COMFORTABLE AND SAFE.

LA#2

Sleeping Accommodations

1. Every residential program shall provide sleeping accommodations for children according to the information contained in the *Residential-service Facilities Regulations* which is as follows: (21 Mar 86 cR-21.2 Reg 1 s 12)

    a) Each bedroom floor is to be not more than 1.22 metres below the level of the ground surrounding the main or ground floor level;
    b) No basement is to be used for sleeping accommodation except if, in the opinion of the local fire and health departments, using the basement for sleeping accommodation would not constitute a fire or health hazard;
    c) Each bedroom is to have a minimum of seven square metres per child or, where more than one child is accommodated in a bedroom, 4.6 square metres per child;
    d) Each child is to have his/her own bed of a size and type suitable to his/her age, with a clean mattress and with bedding appropriate to the weather conditions and climate;
    e) If any child has serious difficulty negotiating stairways, he/she is not to be placed in a bedroom above or below the ground floor level.

2. Whenever possible, single bedrooms should be provided for children.

3. Children with suspected and known histories of sexually inappropriate behaviour will be provided with a single bedroom.

4. Each bedroom is to have at least one outside window, and have adequate ventilation, lighting and heating.

5. Each bedroom will be equipped with an unlocked door to ensure a child's right to privacy is respected. Residential program workers are required to knock before entering a child's room.

6. No child shall share a bedroom with another child of the opposite gender.

POLICY: CHILDREN AND YOUTH SHALL BE AFFORDED LIVING ACCOMMODATIONS THAT ARE COMFORTABLE AND SAFE.

REFERENCES:

Government of Saskatchewan, *The Residential-service Facilities Regulations, Chapter R-21.2 Reg 1*
Sections: 12 and 13, Sleeping accommodations, and Bedroom furnishings.

Child Welfare League of America, Standards of Excellence for Residential Services, 2004
Section: 5.14 Bedrooms

Council on Accreditation, Residential Treatment Services,
Section: RTX 12 Privacy Provisions

POLICY: CHILDREN AND YOUTH SHALL BE AFFORDED LIVING ACCOMMODATIONS THAT ARE COMFORTABLE AND SAFE.

LA#3

Recreation Space

1. According to the *Residential-service Facilities Regulations* (21 Mar 86 cR-21.2 Reg 1 s20):

    a) Each residential-service facility is to have a day room for lounging of not less than 13.5 square metres with approximately 1.86 square metres of floor space per resident where the residents may play table games, watch television and enjoy a social life;

    b) Each residential-service facility is to provide some outside yard or lawn space with appropriate seating. (21 Mar 86 cR-21.2 Reg 1 s22)

2. According to the Child Welfare League of America, Standards of Excellence for Residential Group Care Services: "The area for recreation and leisure should be adapted to the needs of the children. Materials for art, hobbies, and crafts should suit the cultural, educational, and personal interests of the residents and be easily accessible to them. Storage space should be provided for these materials and sports equipment".

3. Each residential program shall develop procedures to ensure that all recreation areas and equipment, both inside and outside the residential setting, are maintained in a safe and sanitary condition.

4. If adequate outdoor recreational space is not available at the residential setting, then arrangements should be made to access a nearby park or community recreation centre.

REFERENCES:

Government of Saskatchewan*, The Residential-service Facilities Regulations, Chapter R-21.2 Reg 1 Sections: 20 and 22*

Child Welfare League of America Standards of Excellence for Residential Group Care Services, 1991 Section: 6.12 Recreation Space

POLICY: ALL STAFF WORKING IN STAFFED OUT OF HOME CARE PROGRAMS SHALL HAVE A MINIMUM AMOUNT OF TRAINING THAT INSURES THE SAFETY AND BEST INTERESTS OF CHILDREN AND YOUTH.

STANDARDS FOR:	**ORIENTATION TRAINING**
STANDARD 8.1:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THAT ALL STAFF RECEIVE AN ORIENTATION TRAINING BEFORE WORKING IN THE PROGRAM.

STANDARD CRITERIA:

8.1.1 Part I mandatory training. All staff will have at least the following training before they begin to care for children and youth in the staffed out of home care program:

- An orientation to the program:
  - Program's mission, mandate, philosophy, values and beliefs;
  - Organization of the program;
  - Expectations of the position/job description;
  - Customary Standards of Care;
  - Local policies and procedures;
  - Daily routine for the children and youth;
  - Fire safety and evacuation procedures;
  - Awareness of the needs and rights of children and youth including the right to have their personal circumstances kept confidential as per the Oath of Confidentiality taken by all staff;
  - The importance of staff as role models, not just at work but also in the community;
  - The role of the Saskatchewan Advocate for Children and Youth.

8.1.2 Part II mandatory training. Within 6 months of their start date new employees shall be given the remainder of their orientation which shall include:

- Current First Aid and CPR Certificates (recertification every three years);
- Crisis Intervention (TCI or CPI, recertification);
- Suicide Intervention (recertification);
- Adolescent Development;
- Administration of Medications;
- Cultural Awareness Training;
- Universal body fluid precautions;

POLICY: ALL STAFF WORKING IN STAFFED OUT OF HOME CARE PROGRAMS SHALL HAVE A MINIMUM AMOUNT OF TRAINING THAT INSURES THE SAFETY AND BEST INTERESTS OF CHILDREN AND YOUTH.

- Documentation;
- Child protection overview;
- Basic Individual Counselling.

8.1.3 Staff needs to be fully trained in order to work by themselves; a staff who has only been trained in part I of training cannot work by themselves.

8.1.4 A written record of staff attendance at training will be maintained.

INDICATORS:

- Documentation exists to verify all staff have received the orientation training;
- Where training is time sensitive and must be renewed, documentation shows all staff are current;
- Documentation exists that indicates no one is working without part 1 training and the part 1 trained worker is not working by themselves;
- Documentation exists to verify that new employees have received Part II mandatory training within 6 months of their start date;
- A written record of staff attendance at training has been maintained.

POLICY: ALL STAFF WORKING IN STAFFED OUT OF HOME CARE PROGRAMS SHALL HAVE A MINIMUM AMOUNT OF TRAINING THAT INSURES THE SAFETY AND BEST INTERESTS OF CHILDREN AND YOUTH.

STANDARDS FOR:	**ONGOING TRAINING NEEDS OF STAFF WORKING WITH CHILDREN AND YOUTH IN STAFFED OUT OF HOME CARE PROGRAMS**
STANDARD 8.2:	THE STAFFED OUT OF HOME CARE PROGRAM WILL ENSURE THAT STAFF RECEIVE OPPORTUNITIES TO REMAIN CURRENT IN ALL TIME SENSITIVE TRAINING AND TO A CONTINUOUS TRAINING PROCESS THAT KEEPS THEM UP TO DATE WITH THE NEEDS OF CHILDREN AND YOUTH WITHIN CHILD WELFARE PROGRAMS AND CURRENT SERVICE MODELS.

STANDARD CRITERIA:

8.2.1 Staff shall receive a minimum of forty hours of training each fiscal year to remain current with mandatory certifications and in areas relevant to their work in Child Welfare. Examples are:

- Case Management;
- Cultural Awareness Training;
- Reality Therapy;
- Documentation and record keeping;
- Psychiatric/psychological conditions (FASD, AD/HD, Conduct Disorder, Attachment Disorder, Oppositional Defiance Disorder, and other mental health or behavioural conditions);
- Management of intoxicated children and youth;
- Children and youth's Rights;
- Play Therapy;
- Sexual Assault training;
- Water safety training;
- Team work and organizational wellness;
- A review of the Indian Child Welfare and Family Support Act and the Saskatchewan Child and Family Services Act.

8.2.2 A central file is maintained documenting all training provided and staff attendance.

POLICY: ALL STAFF WORKING IN STAFFED OUT OF HOME CARE PROGRAMS SHALL HAVE A MINIMUM AMOUNT OF TRAINING THAT INSURES THE SAFETY AND BEST INTERESTS OF CHILDREN AND YOUTH.

INDICATORS:

- Documentation exists to show that 40 hours of training are offered each year;
- Staff participation in training is recorded.

References

Ministry of Social Services (MSS) Saskatchewan Community Resources, Children's Services Residential policy Manual, Child and Services Division, Residential Program Core Standards Checklist, May 2007.

Federation of Saskatchewan Indian Nations (FSIN) Saskatchewan First Nations Child and Family Services, Group Homes and Community Care Programs, Customary Standards of Care, Consultation Draft, Nov. 2005.

POLICY: ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE THAT STAFFING LEVELS ARE SUFFICIENT TO MEET THE DEVELOPMENTAL AND SAFETY NEEDS OF THE RESIDENTS.

STANDARDS FOR:	**STAFF/RESIDENT RATIO**
STANDARD 9.1:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THAT STAFF/RESIDENT RATIOS ARE SUFFICIENT TO MEET THE DEVELOPMENTAL AND SAFETY NEEDS OF CHILDREN AND YOUTH.

STANDARD CRITERIA:

9.1.1 Staff to resident ratios shall be sufficient to meet the presenting issues of children and youth being cared for, deliver the services being provided and to ensure safety for all and the maintenance of all staffed out of home care standards.

9.1.2 Procedures are established to guide practice when higher staff/resident ratios are required to maintain the safety and well being of the child, other children, program workers or the community. Such procedures would include:

- Examples of what situations require additional staff (e.g. a child threatening self harm or to harm others);
- Delegation of authority to call in extra staff in emergent situations.

INDICATORS:

- Documentation of staff to resident ratios, for example shift schedules;
- Written procedures exist as described in 9.2.2 of the Standard Criteria.

POLICY: ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE THAT STAFFING LEVELS ARE SUFFICIENT TO MEET THE DEVELOPMENTAL AND SAFETY NEEDS OF THE RESIDENTS.

STANDARDS FOR:	**NIGHT DUTY STAFF**
STANDARD 9.2:	THE STAFFED OUT OF HOME CARE PROGRAM WILL ENSURE THAT A SUFFICIENT NUMBER OF NIGHT STAFF ARE ON DUTY TO MAINTAIN THE PHYSICAL AND PSYCHOLOGICAL SAFETY AND CARE OF THE CHILDREN AND YOUTH.

STANDARD CRITERIA:

9.2.1 All night staff shall remain awake while on duty, unless the position has been duly authorized to permit staff to sleep;

9.2.2 Night duty staff shall follow all written procedures for emergency situations such as a fire or evacuation and procedures to request assistance during their shift;

9.2.3 The staffed out of home care program shall maintain procedures outlining the frequency of bedroom checks and safety inspections of all other rooms and equipment, for example furnace rooms and kitchen area;

9.2.4 The staffed out of home care program shall maintain procedures for emergent admissions of children (if the program provides this service), or for the return of a child or youth who has been absent from the program.

INDICATORS:

- Signed nightshift monitor logs;
- Evidence that written responsibilities for night duty staff positions exist and are made available to all night duty staff;
- Evidence exists there are procedures for emergent admissions and return of children and youth as outlined in the standards criteria;
- Documentation exists that indicate that emergency procedures have been followed, eg: incident reports.

POLICY: ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE THAT STAFFING LEVELS ARE SUFFICIENT TO MEET THE DEVELOPMENTAL AND SAFETY NEEDS OF THE RESIDENTS.

References

Ministry of Social Services (MSS) Saskatchewan Community Resources, Children's Services Residential policy Manual, Child and Services Division, Residential Program Core Standards Checklist, May 2007.

Federation of Saskatchewan Indian Nations (FSIN) Saskatchewan First Nations Child and Family Services, Group Homes and Community Care Programs, Customary Standards of Care, Consultation Draft, Nov. 2005.

TERMS AND DEFINITIONS

Advocacy: Speaking or writing in support of the best interests of a child. Residential caregivers, given their therapeutic relationship, daily living contact, and expertise, are in a unique position to be able to clearly understand and define the presenting needs, issues and problems faced by a child and family. Residential caregiver's responsibilities include preparation of recommendations for service, resource, family involvement and treatment requirements to address the child's current developmental needs and continuity of care. **(Residential Policy Manual, MSS, 2007)**

Agency: means a First Nations Child and Family Services agency operated by a First Nations Board of Directors. **(FSIN Customary Standards of Care, Draft November 2005, Definitions)**

Assessment: Comprehensive assessment of the developmental needs, strengths and interests, risk factors, capabilities of the child, understanding of personal problem areas and family-based dynamics, and an awareness of a child's history of abuse, neglect and victimization leads to the development of a sound strength-based case management strategy to assist the child and the family. **(Residential Policy Manual, MSS, 2007)**

Band or **Indian Nation:** means any Band forming a political unit in the Federation of Saskatchewan Indian Nations. **(Indian Child Welfare and Family Support Act ,FSIN, 1994)**

Band Member: means an Indian who is defined as a Band Member by Band legislation and in accordance with Band custom. **(Indian Child Welfare and Family Support Act ,FSIN, 1994)**

Care: Attendance to the daily living needs of the child, such as safety, supervision, health care, food, clothing, school attendance, recreation, specialized treatment, financial support, and cultural activities which are appropriate to the developmental level of the child. **(Residential Policy Manual, MSS, 2007)**

Case Conference Committee: means the referring worker, Group Home Youth Worker, and any other relevant service providers. **(FSIN Customary Standards of Care, Draft November 2005, Definitions)**

Child and Youth Care Workers: refers to the Group Home Youth Workers and Parental Care Supervisors. **(FSIN Customary Standards of Care, Draft November 2005, Definitions)**

Child: means any Indian child under the age of 18; and this includes a child born in or out of wedlock as well as a child who has been adopted by either band custom or legal procedure. **(Indian Child Welfare and Family Support Act ,FSIN, 1994)**

Child Protection Services: means those services provided to protect a child who may be in need of protection.

TERMS AND DEFINITIONS

Convention Act: means the Federation of Saskatchewan Indian Nations Convention Act of 1985. **(Indian Child Welfare and Family Support Act ,FSIN, 1994)**

Counselling: a therapeutic relationship established between a child and a caregiver creates the opportunity to counsel or, in other words, promote a mutual exchange of ideas, feelings, and opinions which leads to improved awareness of issues and the development of mutually acceptable strategies, goals and plans to resolve problems. **(Residential Policy Manual, MSS, 2007)**

Criteria: a rule or principle for evaluating or testing something.

Critical Incident Report: is a written description of any critical incident that is to be submitted to the Group Home General Manager. **(FSIN Customary Standards of Care, Draft November 2005, Definitions)**

Cultural Support: Identity, self-esteem, uniqueness, and pride are rooted in children by knowing, respecting and appreciating one's cultural heritage. For Aboriginal children, cultural activities within First Nation and Metis communities provide an important opportunity to learn and appreciate the spiritual heritage of First Nation people. **(Residential Policy Manual, MSS, 2007)**

Custody: means a parent or guardian who has the authority to care for a child as recognized by Band custom, Indian law, or the laws of Saskatchewan or Canada. **(Indian Child Welfare and Family Support Act ,FSIN, 1994)**

Elder: an Elder is any person recognized by a First Nations' community as having knowledge and understanding of the traditional culture of the community, including the physical manifestation of the culture of the people their spiritual and social traditions. Knowledge and wisdom, coupled with the recognition and respect of the people of the community, are the essential defining characteristics of an Elder. Some Elders have additional attributes, such as those of traditional healer.(http://www.sicc.sk.ca/elders.html)

F.S.I.N.: means the Federation of Saskatchewan Indian Nations. **(Indian Child Welfare and Family Support Act ,FSIN, 1994)**

Goals: ideally involves establishing specific, measurable and time-targeted objectives. Work on the theory of goal-setting suggests that it can serve as an effective tool for making progress by ensuring that participants have a clear awareness of what they must do to achieve or help achieve an objective.

Group Home: means the First Nation's staffed out of home care programs ranging from stabilization and assessment through more traditional group homes to peer based homes. **(FSIN Customary Standards of Care, Draft November 2005, Definitions)**

TERMS AND DEFINITIONS

Group Home Manager/Executive Director: means the immediate supervisor of staff at the Group Home **(FSIN Customary Standards of Care, Draft November 2005, Definitions)**

Group Home Staff: means all employees of the Group Home. **(FSIN Customary Standards of Care, Draft November 2005, Definitions)**

Guardian: means a person who is not the natural parent of a child and who is responsible for the care of the child.

Guidelines: a statement or other indication of policy or procedure by which to determine a course of action: *guidelines for the completion of an incident report.*

Indian Government: means the Chief and Council of a Band as so defined and operated by the Band. **(Indian Child Welfare and Family Support Act ,FSIN, 1994)**

Indian Nations Government: means any other form of Indian Government, whether it is at the Band, Tribal, District, Agency, Territorial, Provincial, National or International level. **(Indian Child Welfare and Family Support Act ,FSIN, 1994)**

Indicator: a statement that describes the measureable activities associated with an identified practice criteria.

Minimum: the least amount possible, allowable.

Objective: something that one's efforts or actions are intended to attain or accomplish

Parent: means the mother or father of a child. **(Indian Child Welfare and Family Support Act ,FSIN, 1994)**

Planning Circle: This activity brings together the people who are contributing to the care plan of the child or youth. In most circumstances the planning circle would include the child or youth. **(Residential Policy Manual, MSS, 2007)**

Play and Recreation: Self-image is nurtured through acquiring new skills and having fun with peers and adults. Improved self-esteem is a key outcome of working with high needs and discouraged children. Daily opportunities for active play with peers and adult caregivers are an important component of residential care. **(Residential Policy Manual, MSS, 2007)**

Policy: a course of action adopted and pursued by a government

Program: a plan or schedule of activities, curriculum, procedures, etc., to be followed

Procedure: a particular course or mode of action

TERMS AND DEFINITIONS

Referring Agency: means either the Ministry of Social Services or from a First Nations Child and Family Services Agency. **(FSIN Customary Standards of Care, Draft November 2005, Definitions)**

Referring Worker: means either a Social Worker from the Ministry of Social Services from a First Nations Child and Family Services Agency. **(FSIN Customary Standards of Care, Draft November 2005, Definitions)**

Relationship: Development and maintenance of a genuine, mutually respectful and nurturing relationship with the child. The personal and parenting relationship between caregiver and a child in care is recognized as the foundation for achieving positive change, growth, and successful resolution of problem areas. Initiating and maintaining a therapeutic relationship with a child is a primary goal in casework. From a family-centred case management perspective, the need for a strong helping partnership extends the relationship between caregivers and the parent(s)/guardian(s) of the child. **(Residential Policy Manual, MSS, 2007)**

Resident: a child or youth who has been referred by a referring agency to the Group Home who is in need of receiving treatment and services. **(FSIN Customary Standards of Care, Draft November 2005, Definitions)**

Stabilization and Assessment Program: is a group living program that is intended for shorter lengths of stay for youth ages 12-17 of either or both genders who have been assessed as requiring a period of time in a well defined environment that provides structure, comfort, predictability, security, and caring in a culturally competent environment. **(FSIN Customary Standards of Care, Draft November 2005, Definitions)**

Teaching and Guidance: Age appropriate social skills, responsibility, cultural identity and positive relationships are learned through mature role modeling, mentoring interpersonal relationships, and teaching from adult caregivers, authority figures, Elders and family. New skills, abilities, accomplishments, and recognition from peers and adults improve a child's feeling of self-worth. . **(Residential Policy Manual, MSS, 2007)**

Teamwork: For a child placed in residential programs, parenting is provided by more than one person and effective teamwork and consistency amongst caregivers is a critical element for success. Family-centred care requires the inclusion of parenting contributions from parent(s)/guardian(s), extended family, and other important people in the lives of the child. **(Residential Policy Manual, MSS, 2007)**

Wholistic: emphasizing the importance of the whole and the interdependence of its parts.

TERMS AND DEFINITIONS

REFERENCES

Ministry of Social Services (MSS), Residential Program Core Standards Checklist, Saskatchewan Community Resources; Children's Services Residential Policy Manual, Child and Family Services Division, May 2007.

Federation of Saskatchewan Indian Nations (FSIN) Customary Standards of Care, Saskatchewan First Nations Child and Family Services Group Homes and Community Care Programs, Consultation Draft, November 2005.

SUPPORTING DOCUMENTS

Minister of Social Services
Minister Responsible for the
Status of Women
Minister Responsible for ASD/FASD

SASKATCHEWAN

Legislative Building
Regina, Saskatchewan S4S 0B3

OCT 3 0 2013

Ms. Tischa Stefanowski, Executive Director
Saskatchewan First Nations Family and
Community Institute Inc.
211-2553 Grasswood Road East
SASKATOON SK S7T 1C8

Dear Ms. Stefanowski:

I am pleased to advise that we have had the opportunity to review the Customary Standards of Care which was completed by the Saskatchewan First Nation Family and Community Institute, and ratified by the All Chiefs Assembly in February 2011. I am providing you with this letter as recognition of equivalency for the Customary Standards of Care as ratified by the All Chiefs Assembly in February 2011.

We understand the standards contained in the Customary Standards of Care to be standards for which First Nation out-of-home care facility providers will provide care to youth. We further understand that each First Nation out-of-home care facility will develop local policies and procedures to meet the new standards. We further understand that reviews of the First Nation out of home care facilities will be based on the Customary Standards of Care.

Saskatchewan Social Services agrees that the First Nations Customary Standards of Care (September 2013) are consistent with the provincial Residential Services Standards and therefore are equivalent to our standards. We also recognize the need to review the standards on a periodic basis to ensure alignment and on-going equivalency between the First Nations Customary Standards of Care and the provincial Residential Services Standards as time evolves. We believe that these standards have been developed with the best interests of First Nation children in mind.

We commend the Saskatchewan First Nations Family and Community Institute, the First Nations group home managers and First Nations Child and Family Services agency directors for the hard work and dedication in completing the Customary Standards of Care.

Sincerely,

June Draude

SUPPORTING DOCUMENTS

Government of Saskatchewan

Child and Family Programs

Ministry of Social Services
Child and Family Programs
10th Floor, 1920 Broad Street
REGINA SK S4P 3V6

Phone: (306) 787-2245
Fax: (306) 798-8775

November 12, 2014

Tischa Stefanowski
211 - 2553 Grasswood Road E.
SASKATOON SK S7T 1C8

Dear Ms. Stefanowski:

RE: Ministry Review of Customary Standards of Care Edits

Thank you for the work the Saskatchewan First Nations Family and Community Institute completed on updating the *Customary Standards of Care for Saskatchewan First Nations Group Homes*. We have reviewed the edits attached to your correspondence dated October 22, 2014, and there are no concerns from the Ministry.

If you have any questions, please contact Shannon Huber at (306) 787-0008.

Sincerely,

Natalie Huber
Executive Director

cc: Marlene Bugler, Board Chair Saskatchewan First Nations Family & Community Institute
Shannon Huber, Director Child and Family Programs, Program Design and Policy

SUPPORTING DOCUMENTS

Indian Governments of Saskatchewan

Federation of Saskatchewan Indian Nations

LEGISLATIVE ASSEMBLY RESOLUTION

February 16, 2011 **REFERENCE NUMBER: 1758**

"CUSTOMARY STANDARDS OF CARE FOR SASKATCHEWAN FIRST NATIONS GROUP HOME, ASSESSMENT AND STABILIZATION, THERAPEUTIC, AND TREATMENT PROGRAMS MANUAL, DECEMBER 2010"

WHEREAS on January 25, 2011 the Health and Social Development Commission approved the *Customary Standards of Care for Saskatchewan First Nations Group Home, Assessment and Stabilization, Therapeutic, and Treatment Programs Manual.*

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly approve the *Customary Standards of Care for Saskatchewan First Nations Group Home, Assessment and Stabilization, Therapeutic, and Treatment Programs Manual; and*

BE IT FURTHER RESOLVED that the Chiefs-in-Assembly direct the Executive Member with responsibility for the health and social development portfolio to secure resources to implement the customary standards of care.

MOVED BY: Acting Chief Rex Lumberjack, Kinistin First Nation

SECONDED BY: Chief Lynn Acoose, Sakimay First Nation

CARRIED

It is HEREBY CERTIFIED by the undersigned that the foregoing is a true copy of a resolution unanimously passed by the Chiefs of the Legislative Assembly at a meeting duly called and regularly held on the 16th day of February, 2011, and the said resolution is now in full force and effect.

CLERK OF THE LEGISLATIVE ASSEMBLY

SUPPORTING DOCUMENTS

The following documents are referenced throughout the document to support the Customary Standards of Care standards, criteria, and indicators.

CARF International, Child and Youth Services Standards Manual, 2013.

Child Rights Impact Assessment, Article 3, Convention on the Rights of the Child, 2010.

Convention on the Rights of the Child, 1990.

Federation of Saskatchewan Indian Nations, Indian Child Welfare and Family Support Act, 1994

Provincial Child Abuse Protocol 2006, Updated February 2010 (Saskatchewan) http://www.socialservices.gov.sk.ca/child-abuse-protocol.pdf

The Child and Family Services Act of Saskatchewan http://www.qp.gov.sk.ca/documents/english/statutes/statutes/C7-2.PDF

The Adoption Act Saskatchewan http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/a5-2.pdf

Child Welfare League of America http://www.cwla.org/

St. Johns Ambulance Canada http://www.sja.ca/Pages/default.aspx

Saskatchewan Occupational Health and Safety http://www.labour.gov.sk.ca/ohs

Boat Operator Accredited Training http://www.lifesavingsociety.sk.ca/pco-card.html

Residential Services Facilities Regulations http://www.canlii.org/en/sk/laws/regu/rrs-c-r-21.2-reg-1/latest/rrs-c-r-21.2-reg-1.html

Life Saving Society Saskatchewan http://www.lifesavingsociety.sk.ca/

Ministry of Social Services, Residential Services Manual, 2010.

Ministry of Social Services Children's Services Manual, 2001.

National Building Codes http://www.fedpubs.com/subject/housing/natbuilding.htm

United Nations Declaration on the Rights of Indigenous peoples, 2007. United Nations Declaration on the Rights of Indigenous Peoples for Indigenous Adolescents, 2013.

The development of this document was coordinated and facilitated by the
Saskatchewan First Nations Family and Community Institute Inc.
English River Reserve 192J
#211 - 2553 Grasswood Road East, Saskatoon SK S7T 1C8
Phone: 306-373-2874 Fax: 306-373-2876