2019 Edition

Northwest Territories Foster Family Guide

Foster Family Coalition of the NWT
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NORTHWEST TERRITORIES
Health and Social Services Authority

To Foster Parents,

Welcome to fostering! It takes a very special person to open their home to others in need. Although you will face many challenges in your new role as a foster parent, we trust the rewards and successes will outweigh them.

Children that will be placed in your home are from all walks of life and will come into care for many different reasons. Therefore they will bring with them a variety of challenges resulting from their unique experiences. The stable environment that your home can provide will help calm their fears and anxieties and will make their transition into foster care much easier.

This manual was developed for use in your day-to-day life with the children in your care. Throughout the manual, we emphasize the role of foster parents working together with social workers and birth families as important members of a professional team in helping children achieve permanency.

Foster parenting is a very unique and challenging role and although there are some differences between homes and regions, there are also many similarities. This manual is not intended to replace, change, or override how your local, regional or territorial Department functions; it is meant to assist you. Please never hesitate to connect with your regional social worker.

In this manual, you will find the information you require to carry out your role as a foster parent. We trust it will serve not only the best interest of the foster family and the child's family, but will most importantly serve the best interests of the child.

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Section One: The FFCNWT

The Foster Family Coalition of the Northwest Territories (FFCNWT)

The FFCNWT is an organization that exists to address and meet the needs of foster families across the Northwest Territories. The decision to form this organization was made in June 2001 after the Yellowknife Foster Family Association hosted the Canadian Foster Family Association National Foster Care Symposium. Delegates at the symposium unanimously agreed there was a need for a Territorial organization.

The FFCNWT was formed in June 2002, and on October 2, 2002, it became incorporated under the *Societies Act.*

The FFCNWT became a registered charitable organization on September 5, 2003.

Our Mission Statement:

"The Foster Family Coalition of the NWT is a unified voice dedicated to improving the quality of life for children and youth in care by supporting foster families' well-being."

The goals of our Society are:

i. Advocate for children receiving services under the *Child and Family Services Act,* Department of Health and Social Services, Government of the Northwest Territories, to ensure their physical, mental, emotional, spiritual and cultural needs are met;
ii. Develop standards, policies, procedures and protocol that support foster children and foster families, in partnership with local, regional and Northwest Territorial Boards/Authorities and Departments;
iii. Provide a comprehensive support network for Northwest Territories' foster families; and

iv. Participate in the development and delivery of foster family training, Northwest Territory wide.

Our mission and goals encompass the development of training, policy, support networks and child advocacy, as they pertain to foster care.

The Organization of the Foster Family Coalition of the NWT

The FFCNWT Board has spaces for fourteen (14) members. Each region in the NWT is allotted two (2) spaces on the Board of Directors. Members have to be current or past foster parents. The Board is responsible for the management and affairs of the FFCNWT. The Board of Directors is as follows:

Regional representatives from:

- Northwest Territories Health and Social Service Authority
  - Beaufort-Delta Region
  - Deh Cho Region
  - Fort Smith
  - Sahtu Region
  - Yellowknife Region
- Hay River Health and Social Services Authority
- Tlicho Community Services Agency, and

From these regional representatives, the Board elects an executive committee. The executive committee comprises the President, Vice President, Treasurer and Secretary. The success and direction of the FFCNWT depends on the decisions and actions of the Board and its executive committee. If you are interested in serving on the Board of Directors, please contact the office of the Foster Family Coalition for information.

Membership

Membership in the Foster Family Coalition of the NWT is open to all foster families operating foster homes in the Northwest Territories. A foster family automatically becomes a member upon approval of their home as a regular or a provisional foster home. Each foster family is entitled to one vote in the selection of the directors of the FFCNWT from their region, and to participate in all activities of the FFCNWT.

Canadian Foster Family Association

The Canadian Foster Family Association (CFFA) is a national organization incorporated in 1987 with a mandate to speak as a collective voice for foster families across the country. Its primary goal is to enhance the quality of care provided to children in Canada.

Mission Statement:

- Uniting foster parent organizations in the Provinces and Territories of Canada for the effective resolution of common problems and concerns;
- Providing a central resource for information and communication to and between the member organizations, and social service agencies associated with foster parenting;
- Providing developmental support to member organizations;
- Consulting with Health and Welfare and other departments of Canada and its Provinces and Territories in the enhancement of foster care programs;
- Creating public awareness of the role and contributions of foster families in Canada; and participation as a member of the International Foster Care Organization.

Contact Information

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Child and Family Services Unit
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Government of the Northwest Territories
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Yellowknife, NT X1A 2L9
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Section Two: What is Foster Care?

Foster Care

Foster care is a service provided by Health and Social Services authorities / agencies to ensure that children who are separated from their families are cared for by nurturing families trained to meet the child's needs. Foster care provides an opportunity for children and families to heal, grow and develop.

The primary goal of foster care is to strengthen families so that children can be reunited with families who are able to provide for their needs.

Foster care also provides an opportunity for children and youth to be connected to other families when reunification with parents is not a possibility. In those cases, they would be connected with a family that would be able to make a permanent commitment to them.

Philosophy of Foster Care

The philosophical foundation of foster care is the belief that a family unit with parents is the best environment for child rearing. A foster family acts as a temporary substitute family when the family of origin does not provide, or refuses, or is unavailable or unable to take care of their child or children.

Foster care recognizes and affirms all that is positive between children and their family and attempts to strengthen all that which is tenuous.

The Child and Family Services Act of 1997 (CFSA)

The Government of the Northwest Territories passed this legislation to promote the best interests, protection and well-being of all children in the Territory:

Whereas the family is the basic unit of society and its well-being should be supported and promoted;

And whereas children are entitled to protection from abuse, harm and neglect;

And whereas children are entitled to be informed of their rights and involved in decisions affecting those rights and their lives;

And whereas families are entitled to be informed of their rights and to participate in the decisions affecting those rights;

And whereas it is recognized that decisions concerning children should be made in accordance with the best interest of children, with the recognition that differing cultural values and practices must be respected in those determinations;

And whereas a child's extended family can often provide support in meeting the best interests of the child;

And whereas each community has a role in supporting and promoting the best interest of the children and the well-being of families in the community;

And whereas it is desirable to provide in law for the timely resolution of matters concerning children.

Principles of the Child and Family Services Act (CFSA)

The *Child and Family Services Act* is founded upon the belief in the following basic principles:

a) The paramount objective of the *Act* is to promote the best interests, protection and well being of children;

b) Children are entitled to protection from abuse and harm and from the threat of abuse and harm;

c) Parents should use methods other than force by way of correction towards their children or in the discipline of their children;

d) The family's well-being should be supported and promoted;

e) Parents are responsible to care and provide for and to supervise and protect their children;

f) Measures taken for the protection and well-being of children should, as far as possible, promote family and community integrity and continuity;

g) Communities should be encouraged to provide, wherever possible, their own child and family services;

h) Children, where appropriate, and parents should participate in decisions affecting them;

i) Children, where appropriate, parents, and adult members of the extended family should be given the opportunity to be heard and their opinions should be considered when decisions affecting their own interested are being made;

j) There should be no unreasonable delay in making or carrying out a decisions affecting a child;

k) Services to children and their families should cause the least amount of disruption to the family and should promote the early reunification of the child with the family;

l) Children should be supported within the context of their family and extended family to the greatest extent possible by the Director providing the services or assisting others in providing services on a voluntary basis to support and assist the family;

m) Children removed from their family should be provided with a level of care adequate to meet their needs, within available resources, and consistent with community standards;

n) Consistent with the United Nations Convention on the Rights of the Child, adopted by the General Assembly of the United Nations on November 20, 1989, persons who have attained the age of 16 years but have not attained the age of majority and cannot reside with their parents should be supported in their efforts to care for themselves.

As legislated in the *CFSA*, children 12 years or older must be given the opportunity to participate in all decisions that will affect them.

Objectives of the Child and Family Services Act

The objective of the *Child and Family Services Act* is to ensure the protection of children from abuse, harm, and neglect by:

1. Completing an assessment of all reported child protection concerns;
2. Setting out factors that must be taken into consideration when determining the best interest of the child:
3. Entering into Voluntary Agreement with families prior to the emergence of protection concerns:
4. Developing, where possible, Voluntary Agreements with families that ensures services are provided to meet the child's/family's identified needs;
5. When a child is believed to be in need of protection, working in collaboration with the persons with lawful custody and the community to develop a Plan of Care Agreement that will best meet the needs of the family and the safety of the child;
6. When the Plan of Care Agreement cannot be signed, presenting to the court those children who appear to be in need of protection, and applying for an Order of Custody;
7. Using foster or group homes for children whose interests will be enhanced by such placement or another setting which best meets their individual needs;
8. Entering into Voluntary Agreements with youth 16 to 19 years old who require support services or are deemed unable to live with their family;
9. Supporting and promoting the family as the basic unit of society and its well being;
10. Helping children and their families obtain support services as a means of prevention;
11. Informing all children aged 12 years and older, and the person(s) with lawful custody, of optimum social well being for all members in the community by;
12. Recognizing the different cultural values and practices of people;

13. Attending designated meetings and organizations; and;
14. Promoting the involvement of the community in the provision of services fulfilling the mandate of the *Child and Family Services Act*

Legal Terms and Definitions

Abuse
Abuse as outlined in the *CFSA*, means neglect or emotional, psychological, physical, or sexual abuse.

Affidavit
An affidavit is a written statement sworn to be true before someone legally authorized to administer an oath. In the case of child protection, the Affidavit would describe the situation of the child, and present facts that would support that the child is in need of protection. Affidavits are used in Court proceedings when the Child Protection Worker (Social Worker) is seeking to change the legal status of the child.

Apprehension
Apprehension is the removal of a child from the parent or caregiver in order to protect that child whose safety and well-being is or will be endangered if the child remains where he or she is.

Apprehension Hearing
An Apprehension Hearing is a hearing of an application made under subsection 12.1(1).

Apprehension Order
An Apprehension Order is an order made under section 12.4 confirming the apprehension of a child.

Apprehension Status
Apprehension status is the status a child has upon apprehension prior to a Child Protection court order.

Child and Family Services Act (CFSA)
The *CFSA* is what governs the actions of Health and Social Services, and outlines the legal requirements of Health and Social Services and the Social Worker insert link to CFSA here.

Child

The *CFSA* regards a 'child' as a person who is or in the absence of evidence to the contrary, appears to be under the age of 16, and a person in respect of whom an order has been made under subsection 47(3) or 48(2) of the *CFSA*.

Legal Name of the Child

It is common to have confusion regarding the name of a child. Please consult with the Social Worker to get the child's legal names. This must be on all documentation including school records, medical documentation, etc.

Permanent Custody Status

A child in Permanent Custody Status is a child for whom the Court has ordered to remain under the permanent care of the Director of Child and Family Services, Government of the Northwest Territories, until that child's sixteenth (16th) birthday. This can be extended, up to the child's nineteenth (19th) birthday; providing there is a court approved plan in place (i.e. child is in school or working).

Support Services Agreement

This is an agreement between a person between the ages of 16 and 18 and the Authority/Agency, to provide services to support and assist them in caring for themselves. Examples of support include counseling, in-home support, respite care, parenting programs, services for improving finances and/or housing, drug or alcohol treatment and rehabilitation, and conflict resolution.

Types of Foster Homes

Regular Foster Home
A regular foster home is a family home approved by the authority or agency for the placement of foster children.

Provisional Foster / Extended Family Foster Home
A provisional foster / extended family foster home is one that is providing care for a specific child. The home is closed when the child leaves.

Providing a Healing Home

One of the main goals of fostering is to provide a stable and nurturing environment to promote healing and optimal development of the child in care. Healing homes provide personal space for each child where individual privacy is respected. Personal space means both physical and emotional space, and helps the child to develop in an independent and healthy way.

Physical space can be a private room, or a section of a room that includes personal shelves or drawers. Emotional space means establishing boundaries such as privacy in the bathroom or respecting that the child may not want to be hugged or touched. Providing personal space to the child is a way of inviting a foster child into your family, while showing respect for their privacy.

Section Three: What to Expect When Children Come into Foster Care

What to expect when Children come into Foster Care

Being a foster parent is much different than parenting your own children. Children are placed in foster care either by order of a court (involuntary) or because their parents are willing to have them cared for temporarily outside of their home (voluntary).

An **involuntary placement** occurs when it has been determined that the child is in need of protection. This can be when a child has been abused or neglected (or may be at risk of being abused or neglected), and therefore cannot live in their own home, or with their extended family. The children may be identified as requiring a placement by the school, health care professionals, neighbors, family members, or the child or family members themselves.

A **voluntary placement** occurs when the parents have decided that they are temporarily unable to care for their child(ren) for reasons other than neglect or abuse. For example, the family is experiencing a serious medical or emotional problem. There may also be instances where a parent may not be able to handle a child's behavior and will ask to have the child placed in foster care. In cases such as these, the parents sign a **Voluntary Support Agreement** that enables the child(ren) and family to receive support services without the parents giving up their legal parental rights.

A 'Voluntary Support Agreement' is a written agreement between a Regional Health Authority/Agency and persons who have legal custody of the child and can include support services such as family counseling, in-home support, respite care, parenting programs, services for improving finances and/or housing, drug or alcohol treatment and rehabilitation, conflict resolution, and support through illness of a child or family member. Children may be placed in short term foster care as part of a Voluntary Support Agreement. Some may be placed in facilities that are better equipped to meet their needs if they have serious mental health or behavioral challenges.

Matching the Child and the Foster Home

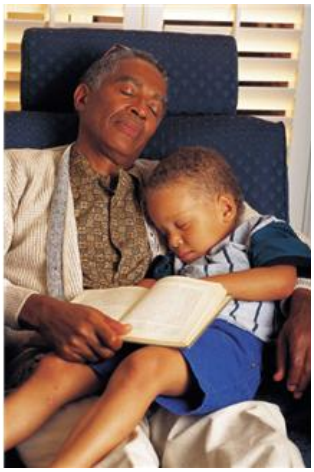
When placing a child / youth in foster care, authority / agency staff tries to find a home that best suits the child's needs. A successful match between the child and the foster home will make all the difference in the child's life during an extremely difficult period.

It may be helpful to you as a foster parent to know what factors are considered when a child is placed in your home:

- **Relatives**: If there are relatives of the child who are willing and able to meet the child's needs, this is the first choice for the child before placing a child in a foster home.

- **Previous foster home:** If the child was previously in foster care and the authority/agency feels that the child would benefit from returning to the previous foster home, and that home has space and is willing to take the child, this will be considered before looking for a new placement.

- **Placing siblings together:** If the child already has brothers or sisters in foster care, the authority/agency will consider placing siblings together, unless it is not in the best interest of any of the children.



- **Culture and race:** If there is a foster home of the same culture/race available, and the foster parents are able to meet the child's overall needs, this will be considered when matching foster children.

- **Religious background:** When it comes to religion, the authority/agency will try and match the child with a foster home that practices the religion that is preferred by the parent. This is considered whenever it is possible and in the

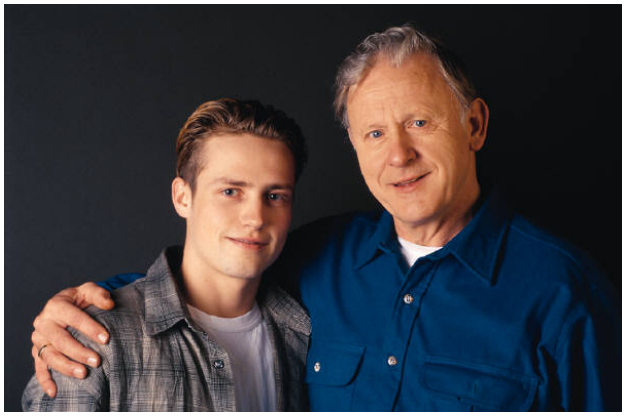
child's best interest. If a home cannot be identified, then other arrangements can be made to meet the child's religious needs.

- **Neighborhood and school:** If there are different schools in the community and the child cannot be placed in a foster home near the school they are already attending, all efforts will be made to provide transportation to and from school, if it is in the best interest of the child to remain in that school.

- **Special needs:** Special needs are definitely considered when finding the best placement for a child. The authority/agency will look at a foster parent's experience and training in areas that would be beneficial to the child.

- **Other children in the home:** The authority/agency will take into consideration the other children in a foster home (foster, adopted or biological) and whether the child will fit in, but you as a foster parent will need to decide for yourself if this child will fit into your family.

There are many things for the authority/agency to consider when placing a child in a foster home. Unfortunately, due to lack of resources, matching does not always happen based on all of these factors. Also, the majority of the time children are brought into care on an emergency basis and very little information about the child is known to the social worker; therefore a home is identified on an emergency basis. As the child's needs become known and more information is gathered, the child might be moved to a foster home that is better equipped to meet their needs.



Being Prepared When a Child is placed in Your Home

The authority/agency will provide you with basic information about each child that is placed in your foster home. Because many children are placed on an emergency basis, a lot of information may not be known at the time of placement by the social worker placing the child.

In an **Emergency Placement,** the information provided by the emergency social worker should be:

- Child's name and health care number;
- Reason for coming into care;
- Child's parents' names;
- Guidelines around parental access;
- Information about siblings if there are any, and where they are located;
- Guidelines around sibling contact;
- Anticipated length of stay;
- Medical information including any health concerns (i.e. allergies, current medications);
- Physical and/or behavioral problems;
- School information;
- Name and contact information of the child's social worker, and;
- When to expect contact from the child's social worker.

With a **Planned Placement,** information should be given to you by the child's social worker in addition to the information provided for an emergency placement. This may include information such as:

- More in depth medical information;
- Record of immunizations;
- Need for medical or dental treatment;
- Goals of the Plan of Care;
- Like and dislikes of the child;
- Access to any assessments the child may have had which will assist you in your role of caring for them;

- Information regarding past counseling or the need for counseling at the present time;
- History of past placements in foster care;
- Educational plan for the child and if there are any special needs regarding education; and
- Information regarding the possibility of working with the child's parents and your role in preparing the child for returning home.

Remember the key to teamwork is sharing information and that giving and receiving information will help ensure all the child's needs are met. Ask your child's worker as many questions as you can think of so you can do the best job possible.

Items to Have on Hand for Emergency Placements

If you are willing to take in emergency placements, it is a good idea to be prepared for the unexpected. Some things that are good to keep on hand are:

- Toothbrush;
- Hairbrush;
- Plastic/rubber mattress cover;
- Night light;
- A few changes of clothing for different ages and sexes;
- Pajamas for different ages and sexes;
- A few toys;
- A plan for childcare if you are working, and
- A list of simple household rules and routines for older children. This can be done by ages, such as setting curfew times for different ages.

Child's Right to Privacy

Children have certain rights to have privacy when living in your foster home. Privacy provides them with a safe environment and the respect that they deserve.

• Mail: A child in care may receive mail through your address. You are not allowed to open mail that is in their name. If you have concerns about what might be in the mail, then consult with the child's social worker.

• Telephone: A child in care has the right to receive or refuse phone calls made during reasonable hours that are set by the foster parent. If the child is having or making phone calls with their family, these should be prearranged by the child's social worker. Only monitor phone calls if you are directed to do so by the child's social worker.

• Access to Social Worker: A child in care has the right to access their social worker at any time. Foster parents need to accommodate and support such contact. If the foster parent is having a conflict with the child, it is appropriate to call the child's worker and inform them of the situation.

• Searches: Searches of a child's property may be made only when there is reasonable cause to suspect that the child has in his or her possession:

- An item belonging to someone else;
- An item that is a crime or offense to possess, such as a weapon, firearm, controlled substance or illegal drugs; or
- An article that may be considered to be dangerous or harmful to the child, other children in the home or the home's physical structure.

A search may include having a child empty out his or her pockets. Foster parents should make every possible effort to have the child present whenever his or her room or possessions are searched. If the child cannot be reached, the foster parent should notify the child as soon as possible.

Personal Property

The personal belongings that children bring to your homes are theirs and may be of particular importance to them. Every child should have a space that is their own and this area, along with their personal possessions, should be respected.

When children leave the foster home, they must be allowed to take their personal belongings, clothing and any things they have acquired while staying in the foster home.

Section Four: Roles and Responsibilities

Roles and Responsibilities

The Child Protection staff and foster family each have their own roles and responsibilities that may overlap at times. ***Communication is the key to success in providing the best care for foster children.*** Communication may include phone-calls, emails, letters and requests for home visits. Foster parents are encouraged to contact their child's social worker with any questions or concerns they may have. As each situation is unique and no statements can cover all the issues, the Child Protection staff and foster family must come to a mutually agreed-upon, unique way of working together.

Being a Member of a Professional Team

As a foster parent, you are part of a "team" working together for the sake of the child and his family. Generally, the team consists of the foster parents, the birth parents (if appropriate), the child, and the social worker. It also may include service providers, health care providers and other family members. This means that you are not alone in caring for the child. You have support. It also means that you may meet with the child's birth family in visits and case conferences, and that you must keep the child's social worker up to date on how the child is doing.

Working as a team member makes sense. If you don't meet the child's parents, you may have an unrealistic picture of them in your mind. They may also feel the same way about you. All of this may have a negative effect on the child. Children will feel better about themselves if they know that their parents and foster parents are talking to one another and trying to help them get back home. There are situations where contact with the child's birth parents is not possible. The child's social worker will be able to give you direction regarding contact.

As fostering can present stressful challenges, sharing knowledge with and receiving support from other foster parents is also important. Sharing feelings and discussing rewarding experiences with other foster parents helps to strengthen the team approach to meeting the child's needs.

Confidentiality

To develop and sustain a positive, trusting relationship that protects the rights, privacy, and dignity of the foster child and their birth family, foster parents must keep the child's and family's history and personal information confidential. Information should only be disclosed and discussed for purposes of treatment and/or decision-making.

Confidential information includes information given to you by the social worker, the child, the child's birth family, or other foster parents. It may concern the family background of the child, the child and/or family's medical history and conditions, and/or the services being provided to the child. These matters cannot be discussed with the foster family's friends or other relatives who are not part of the foster family's household, or with any other person who is not specifically authorized to receive the information.

Information can be shared in limited circumstances with individuals providing services to the child when relevant to the service. For example, a child's medial history should be provided to appropriate medical personnel and educational assessments should be shared with educators who are working directly with the child.

As a foster parent and member of a team, you have agreed to respect the confidentiality of the child and family and to share information only with authorized individuals. People will always be curious when you have a new member added to your family but, if you are asked about their background, it is appropriate to say that you are not allowed to share that information with anyone.

If you are unsure about what you can share about the child or their family, or with whom you can share, please do not hesitate to consult with the child's worker.

Your Role as a Foster Parent

As a foster parent, you are responsible for the temporary care and nurturing of a child who has been placed outside his or her home. During the time of disruption and change, you are giving a child a home. At the same time, your role includes working with the child's social worker and the child's family so that the child can return home safely, when appropriate.

The role of the foster parent is to:

- Provide temporary care for children, giving them a safe, stable, nurturing environment;
- Cooperate with the child's social worker and the child's parents in carrying out a permanency plan;
- Understand the need for, and the goals of, family visits and help out with the visits;
- Help the child cope with the separation from his or her home;
- Provide guidance, discipline, a good example, and as many positive experiences as possible;
- Encourage and supervise school attendance, participate in teacher conferences, and keep the child's social worker informed about any special education needs;
- Work with social services in arranging for the child's regular/or special medical and dental care;
- Work with the child on creating a Life Book; and
- Inform the child's social worker promptly about any problems or concerns so that the needs can be met through available services.

Foster parents need to be patient, and have a sense of humour as difficult situations can, and mostly likely will, occur.

Responsibilities as a Foster Parent

Physical Care

Foster parents must ensure that foster children have physical necessities (i.e. clothing, medical care, a healthy diet), consistent with the norms of the community. A foster parent cannot authorize haircutting, hair dying, body piercing, tattooing or any other physical changes to the body. Please discuss with your foster child's social worker.

Foster parents are responsible for on-going medical and dental check-ups. These appointments need to be arranged with the child's social worker, as the worker may need to attend as well. All children in care are required to have a physical examination yearly.

Emotional, Social and Educational Care

Foster parents need to ensure they provide a home environment that respect, as much as possible, the cultural identity of the child. Further, foster parents have a responsibility to make sure the child has opportunities for social and recreational development, particularly exposure to new experiences. Recreation can include school and community events. Participating in activities can help the child develop skills, build self-esteem, and gain a sense of achievement. Make sure to discuss any financial requirements with the child's social worker prior to registering the child for an activity.

Foster parents must also notify the child's school that the child is in their home, and ensure that the child gets to and from school. Foster parents are expected to monitor of the child's progress in school and to report any concerns to the child's social worker. This includes regular contact with the child's teachers and providing assistance with homework when necessary.

Clothing

The foster parent is responsible for ensuring the child has a basic wardrobe consisting of play, school and dress clothes, as may be required. The child should be dressed appropriately for the weather and, as much as possible, in keeping with current fashions. At the time the child is placed with you, you may receive an initial clothing allowance depending on the child's immediate needs.

After that, a regular clothing allowance will be provided. The child should be allowed to participate in choosing his/her clothes as a way for you to model appropriate choices and budgeting.

Training

Foster parents are strongly encouraged to obtain CPR and First Aid training. This training is normally provided and paid for by the regional Health Authority/Agency.

New foster parents must also attend training in:
- Reducing Risks of Abuse
- Routine Hygiene Precautions
- Roles and Responsibilities of Social Workers and Foster parents.

It is valuable for foster parents to continually build upon their skills.

Visitation

It is important to remember that the foster child cannot have contact with his birth family or extended family unless consent has been received from the child's social worker. Any unauthorized contact should be reported to the social worker.

Ultimately, the goal of fostering is to facilitate the reunion of the child with his natural family, if at all possible. Helping to cultivate the child's love for his family, and to understand the issues surrounding his/her stay in foster care, is very important. The foster parent must also help the child accept any limitations set by the social worker regarding visitation.

Reporting Disclosures

If a child wants to tell you something that is troubling them, this is a good sign and means that the child feels safe with you and can trust you. Make sure to listen without interrupting. Reassure the child that they are not at fault and did the right thing confiding in you. Tell them that you are going to share this information with the child's social worker, and then do so promptly.

Consent Forms

Foster parents are not legal guardians of their foster children; therefore they are not permitted to sign any consent forms for them. All consent forms including school, medical, and dental forms must be signed by the child's social worker or depending on the child's status, sometimes the child's birth parent. If a foster child is sixteen (16) years of age, they can legally sign consent forms for themselves. The foster parents should encourage their foster child to discuss signing consent forms with their social worker.

If the child has signed consent forms without telling the social worker, and the foster parent has knowledge of this, it is their responsibility to tell their foster child they will be informing the social worker. In some cases a foster parent is given a letter giving them permission to sign consent for permanent wards. Check with your child's social worker regarding the children in your home. The Director of Child and Family Services has to provide consent for any surgical procedure, anaesthetic and prescriptions for psychotropic medications along with any changes to them.

Documentation for Foster Parents

It is a good idea for foster parents to keep a daily journal for each foster child in the home. This daily log is a legal record and can be used to protect oneself, and the child, from any unsubstantiated claims that may occur. It can also be reviewed upon request by the child's social worker. It is best to record information in a hard cover book so pages cannot easily go missing. This documentation should also be stored in a locked drawer or cabinet. It might also be helpful to mark all appointments on a calendar for on-going reference.

Things to record in this journal include, but are not limited to:

- ✓ Names of all visitor's who spend time with the child, and the date of the visit
- ✓ Changes in the child's health and/or medication(s)
- ✓ Outcomes of any medical or dental appointments
- ✓ Bruises, scratches, wounds, etc., either by accidental injury or self-inflicted
- ✓ Any serious occurrences such as a household fire, breach of confidentiality, lost child(ren), medical emergencies, etc. Make sure to include details and that any witnesses to the event are noted.

Rights of Foster Parents

Foster parents have the right to:

- Accept or reject a child for placement in their home.
- Limit the number of children placed in their home.
- Receive information on each child who is placed in the foster home as it pertains to the care of the child.
- Expect regular visits from the child's social worker to exchange information, plan together, and discuss any concerns regarding the child.
- Receive notice of court hearings and the permanency plan for the child.
- Participate in and receive a copy of the Plan of Care for each child placed in your home.
- Receive training to better meet the needs of the children placed in your home.
- Have their personal privacy respected.

Roles and Responsibilities of the Child Protection Worker (CPW)

The Child Protection worker is an important link between the foster care program and each individual foster home. They have case management responsibilities for the children in foster care assigned to their caseload. The social worker will also work closely with their Supervisor regarding the families on their caseload. Due to confidentiality reasons, the CPW is only allowed to share information regarding the child's family as it pertains to the care of the child. The majority of the time, children come into care on an emergency basis and sometimes there is very little information known to the worker, about the child. It is their responsibility to provide you with what information they have and update you on the rest when it is available to them.

Duties of the Child Protection worker include:

1) **Before** a child is placed in a foster home, the CPW will:
   - Arrange a pre-placement visit
   - Decide on the placement date
   - Provide the foster parents with information about the child and their family, such as:
     - Child's health care number;
     - Dates of any medical or dental appointments
     - An outline of the child's special needs if any (including any allergies);
     - Reason(s) for the placement, details of any exceptional situations that have occurred, the child's custody status, and any resulting fears or behavioural issues with the child;
     - Plans or schedules for visits/meetings with the child's biological family;
     - CPW's phone number in the event of emergencies; and
     - Details of any Court hearings.

- At the time the child is placed in the home, foster parents will be provided with:
  - Parents legal name including any nicknames
  - Child's normal routine and preferences
  - Details of what the child has been told about being in care.
- Bring the child to their new foster home
- Ensures the child is registered in school and provides school with foster parent contact information

2) **While** the child is in care, the CPW may assist with such things as:
   - Helping the child adapt to his/her new environment
   - Assisting with setting and reviewing goals for the child
   - Attending Court to represent the child in care
   - Giving/withholding approval for parental visits or visits with other family members
   - Maintaining regular contact with the foster family to provide support.

3) Assisting with transitions in placements for the child. The process for the transition depends on where the child is going (i.e. back home, adoptive family, new foster home, etc.). The CPW ensures the case plan for the child is up-dated and coordinates any on-going services the child may need.

Section Five: How Placement Affects Children

Dealing with Separation, Loss and Grief

Children that come into foster care are experiencing loss. They have lost the most important people in their lives – their parents, brothers, sisters, extended family and friends. They have lost all that is familiar to them. They have lost their homes and the places that make up their worlds. As a foster parent, you will need to have patience and understanding when they are first placed in your home.

Children react to separation in many different ways. Their emotional development is interrupted and they often feel abandoned, worthless, helpless and sometimes even responsible for the break-up of their family. They may try to punish themselves and others around them.

There are many factors that might influence how children grieve. They include:

- The nature of the loss – the circumstances around apprehension and what the child witnessed.
- The age of the child at time of loss – you will see different reactions and behaviors based on the developmental ages of the child and what they are able to understand.
- The degree of attachment – children may or may not have a solid attachment to their care giver, whether they are being moved from their birth family, a relative's home or another foster home.
- The ability to understand why they are being moved – older children may be able to understand some of the circumstances around the move and therefore may understand why it was necessary.
- Their degree of emotional strength – some children placed in care have been through and witnessed a lot. If they have poor emotional strength (i.e. inability to trust), they will take the losses much harder.
- Cultural influences – remember that cultures differ in the way they grieve and that these practices will be passed on to their children.
- The number of previous separations – it is important to know the number of previous separations and factors around those losses. This may affect

the child's ability to form new attachments and will also affect their ability to handle

- Help given in the past – if children have been given good tools for dealing with losses in the past, they may draw on these to help deal with the current loss. If they have not been given good tools, it will be your role as a foster parent to help them grieve in positive ways.

Helping the Child Grieve

Foster parents have a moral responsibility to encourage the emotional, intellectual, social and physical development of a child in their care. To do so, they need to understand any issues concerning the child that may be preventing the child from reaching their full potential. Dealing with separation and loss can affect the child's development. It is important to discuss with the child's social worker any trauma that may be influencing the child's behavior and the steps necessary to encourage healing. Trauma can include types of abuse, neglect, effects of a genetic condition, or prenatal factors (i.e. FASD).

Grief is a healing process and has different stages or responses. Not all children experiencing separation and loss go through each of the stages.

1) Shock, Denial and Protest:

During this stage the child may show no emotions. They may not want to eat or have difficulty sleeping. Young children may be unable to accept that there are problems in their family.

Foster parents should encourage the child to express their feelings. Try and explain the situation in a calm manner and reassure the child they are safe. Supervise the child closely through this difficult time and provide a comforting environment (i.e. a night light in the bedroom, stuffed toy in the bed, etc.).

2) Bargaining:

The child may begin to feel they can make the situation 'go away' by bargaining. The child may feel they are to blame for being removed from their home, and act out in the hopes of being sent back.

Foster parents can help the child to understand that returning home is dependent on their birth family's behavior, not theirs. Be truthful when explaining to the child why they are coming into care, and provide constant reminders to the child that they are safe.

3) Anger:

Anger is the most common response to grief. The child may express their anger inward, outward or both. The child may have tantrums or be verbally abusive. Some youth may turn to drugs or alcohol and become withdrawn and depressed.

Foster parents can help the child through this stage by telling them it is OK to feel anger. Guide the child by providing a healthy way for them to release their anger such as participating in sports. Pay close attention to the child who is withdrawing and has a sudden decrease in school performance. The foster parent may need to seek counseling for the child. Discuss any concerns with the child's social worker. Most importantly, provide constant reassurance that the child is loveable and that things will get better in time.

4) Coping:

Once the child can understand what has happened, they can begin to cope with their losses. At this point the child may feel more secure and have hope for the future.

Helping the Child to Cope and Manage Behaviors

How children feel about themselves is usually connected to their sense of belonging, and to their culture and ethnicity. The child's self esteem may be low due to trauma or abuse. Foster parents should ensure the child's culture is respected and developed as much as possible. This includes supporting visits with the child's birth family, providing the child with information about their culture, and encouraging participation in culturally relevant activities.

All children need to feel valued but the foster child may need extra reassurance that they are loveable and worthy. If the child is acting out, something as simple as having the child participate in daily household chores can help them to feel useful and part of the foster family.

The following tips may assist you with helping the child manage their behaviors:

- Praise and reward good behavior and every task done well
- Provide positive reinforcement and reward good behavior
- Teach the child that actions have consequences: privileges will be lost if behavior is inappropriate
- Be a good role model and teach by example
- Hold family meetings to discuss problems and positive solutions.

When the child feels they are truly part of the family, they will be better able to develop good self-esteem and a sense of responsibility.

Discipline

The child who comes into care may have emotional problems. The child may be angry and feel overwhelmingly sad which can lead to acting out behaviors. These problems should be taken into consideration when deciding how to discipline the child. However, the foster parent must set consistent standards for behavior that teaches the child to make decisions and take responsibility for their actions.

Help the child to meet their needs in an acceptable way. Provide the child with routine and structure. Set firm guidelines around curfews, bedtimes, and respect of self and others. The foster parent should discipline the child in the same manner as any birth children in the home.

Acceptable Methods of Discipline

- Praise and use of rewards
- Re-directing or distracting
- Verbal disapproval
- Grounding
- Time-outs
- Teaching actions have consequences
- Assisting with problem solving
- Helping child to make better choices
- Granting or taking away privileges

Remember corporal punishment (smacking, hitting, slapping, etc.) is absolutely not acceptable.

Section Six: Helping Plan for Permanency

Helping Plan for Permanency

When children and families get involved with child welfare services, they often do not know what is going to happen from day to day. Children may feel "lost" because they do not know what to expect next. Instilling a sense of permanence requires more than providing the child with a permanent location and caregiver; the child or youth needs to feel a sense of participation and belonging.

As a foster parent, you are a continuing presence in the foster child's life. You become familiar with the child's personality, and emotional and intellectual developments since you care for him/her 24 hours a day, 7 days a week. Therefore, you can contribute valuable information about the child as you work closely with the child's social worker, participate in meetings about the child, and communicate with the child's parents.

Even more important, you are a primary source of support to the child. When you have a positive, healthy relationship with your foster children, you help build their trust in adults. This helps prepare them for changes in their living situation that might be necessary to achieve their permanent goal. As you continue to nurture the child day after day, you are helping to plan for his/her permanency.

There are many different ways foster parents can assist in providing stability for foster children. One important way is to develop a relationship with the child's parents. The child's sense of who they are and growth in self-esteem can be dependent on the continuation of family bonds and relationships.

Building a Positive Relationship with Birth Parents

Foster parents can play an important role in visits between a child and his/her parents. Your role is to help make the visit a good experience for the child and to assist with strengthening the child-parent relationship. Regular, positive visits will help to lessen the child's separation anxiety and teach the child they can trust the adults in their lives.

In most cases, the goal of fostering a child is to successfully reunify the child with his birth family. Meaningful visits with birth parents are crucial to achieving this goal. If the child has siblings in different foster homes, regular contact is recommended. Your child's Social Worker will help you plan visits where appropriate and you may be asked to keep a log of all visits and brief details about each.

Sometimes problems occur around parent-child visits. The foster parent should be aware of possible scenarios that may occur, and how best to handle them:

1) The parent might not show up – inform the Childs' social worker as soon as possible. Do not contact the parent(s) directly.

2) The parent arrives late for visits – the social worker should ask the parent to call if they will be late in future.

3) The parent arrives for an unscheduled visit – this possibility should be talked about with the child's social worker prior to the start of scheduled visits.

4) The parent arrives visibly angry or intoxicated – you must decide whether to proceed with the visit considering the child's safety and your ability to control the situation.

5) The parent upsets the child by saying negative things or by trying to scold the child – stay calm but do intervene. If the situation does not improve, suggest that the visit end. Inform the child's social worker as soon as possible.

6) The parents' call frequently – set up specific times for calls that are suitable for the foster family, and fair to the parent(s) and child.

7) The parent may find it difficult to appreciate your efforts on behalf of their children – understand that the parent may be feeling a sense of failure and that healing is a process.

If the child is upset after a visit, acknowledge their feelings, record details in your daily journal, and try to reassure them by noting when the next visit is scheduled. Don't assume the visit was a mistake as it is normal for the child to have mixed emotions.

Keep in mind children often continue to love their parents regardless of what may have occurred in the home. Answer the child's questions about his family, and why they are in care, simply and honestly. Do not make negative statements about the child's parents: explain inappropriate parental behaviour by telling the child the parent is 'not making good choices' at this time. The child should not be put into a position of taking sides.

If family visits are not possible, explain this to the child. Ask your child's social workers what is appropriate to say. The child may be encouraged to send letters and pictures to help feel connected to his/her family.

Transitioning from a Foster Home to an Adoptive Family Home

At times it will not be possible to reunite the child with their birth family. Sometimes the child will remain in care until they are of age; other times the child will find a permanent adoptive home. Transitioning to an adoptive home can be challenging and emotional for all involved. These two strategies can assist with making the transition as smooth as possible:

a) Foster families and adoptive families can meet and get to know each other. They can plan the transition together and share information about the child's daily routines. The child may feel less threatened or insecure if these meetings occur months in advance of the adoption.

b) In the best interests of the child, foster families and adoptive families may choose to maintain contact after the adoptive has been finalized.

Transitioning from a Foster Home to Another Foster Home

Sometimes it is necessary for a child to be moved to a new foster home. The current foster family may need to relocate, may no longer meet the child's needs, or may be retiring from providing foster care. Regardless of the reason, the child needs to understand and be involved with the transition process. The child and his / her team may benefit from following the strategies noted above, but be sure to check with the child's social worker prior to committing to stay in touch after the child moves. Continuing contact is not a legal right of foster parents.

Whether the child is transitioning to another foster home or an adoptive home, it is the responsibility of the current foster parent to take on a guiding role in providing information to the new caregivers.

Creating a Life book for the Child

Working with your foster child to create a life book may help strengthen the child's sense of self, and provide a certain degree of stability during periods of transition. Collecting mementos of important events in the child's life helps the child feel connected with people he/she has interacted with and is a reminder that good things can and do occur despite challenges they may have faced or be facing.

A life book can be an album, scrapbook or binder that the child can carry and look at whenever they wish. When adding items and photographs to the life book, foster parents should encourage the child to talk freely about the experiences, concentrating on positives such as new friendships and trying new things. Stress to the child that the book is an important record of their lives and is theirs to keep. Working with the child to document their life's journey in turn helps the child to develop secure attachments and a strong personal identity.

Items to include in a Life book include:

- Child's birth certificate, birth weight and length, birth photo
- Pictures of child's birth family
- Names, birth dates and locations of siblings
- Information about extended family
- Pictures of foster family(ies)
- List of foster homes if more than one
- Pictures of foster siblings to whom the child is/was close
- Medical information (immunizations, height/weight changes, timelines of first steps, loosing teeth, illnesses, etc.)
- Names of schools along with pictures of school activities, samples of schoolwork, report cards, etc.
- Photos of the child at various ages
- Stories about the child as told by birth parents, foster parents, case workers
- Certificates, awards, souvenirs important to the child

Section Seven: Safeguarding Children and Foster Families

Complaint Procedures for Foster Parents

There may come a time when the foster parent and the child's social worker disagree in regards to what is in the best interest of the child or about another aspect of fostering, such as monthly compensation. In most instances, the issue can be resolved prior to a formal complaint being filed. If not, the foster parent has the right to present their complaint in writing, to the Health Authority's Manager of Community and Family Services.

If the foster parent is not comfortable with the decision of the Manager, they may file a formal complaint with the Manager of Child and Family Services, Department of Health and Social Services, Government of the Northwest Territories. It is important that the foster parent document all details of their complaint process. For support, it is recommended attending all meetings with a friend or childcare advocate.

Allegations of Abuse

A foster parent may also be subject to allegations that you feel are not justified. These allegations may include issues such as suspected abuse in the foster home or neglect by a foster parent. Sometimes the complaint against the foster parent is filed anonymously.

When Social Services receive a report of abuse or other concern regarding a child in care, an investigation and assessment process is initiated. This process may vary for each region but provides guidelines to the social worker to ensure the investigation takes place in a timely and objective manner. The process also assures foster parents are aware of a pending foster home investigation.

It is important to remember that an investigation of your home does not automatically mean the allegation has been accepted as true. It just means that Social Services have an obligation to the child in care to determine the facts. Every child has a right to be heard, supported and protected.

Investigation and Assessment Process

1) Within 24 hours of receiving a concern or allegation, the on-call social worker will assess the report and decide if an investigation is needed.
2) The social worker will inform the Supervisor about the need for an investigation.
3) The social worker will contact the RCMP if the concern involves allegations of sexual or physical abuse
4) The investigation may include all or some of the following:
   a) Prior to the investigation, advising the foster parent of their right to have a support person present during a home assessment
   b) Interviewing the child(ren) noted in the concern
   c) Interviewing other children living in the foster home
   d) Speaking with any witnesses
   e) Informing the foster parent of their right to legal counsel

Protecting your Family from Allegations of Abuse

Foster parents can protect themselves in the event an allegation of abuse is brought against the family. Many allegations of abuse centre on discipline, or what is thought to be unacceptable methods of discipline.

Foster parents can do their best to prevent allegations from occurring by:

- ✓ Receiving adequate training based on the needs of the child(ren) you will be fostering
- ✓ Understanding the guidelines in the *Child and Family Services Act*
- ✓ Knowing as much as possible about the child's history (i.e. has the child been abused in the past, has the child been known to rebel against the system by falsely claiming abuse, do the birth parents harbor grudges that may lead to a false claim, is the child considered to have emotional, behavioral or mental issues, etc.)
- ✓ Ensuring you receive adequate respite. This can mean speaking to your child's social worker about this at any time. Funding and procedures around respite may vary from region to region.
- ✓ Recognizing when problems with the child are beyond your ability to cope. Discuss concerns with your social worker as treatment options outside the home are available.
- ✓ Keeping a daily log as discussed in Section 4
- ✓ Having regular family meetings that encourage open communication and give everyone a chance to speak and be heard
- ✓ Ensuring alternate caregivers are either approved foster parents or have been approved by the child's social worker. If possible, have the caregiver stay in your home and make sure to consider the child's feelings.
- ✓ Doing your best to be aware of all family dynamics in the home (i.e. noticing changes in behaviors, how members are interacting)
- ✓ Setting and sticking to basic house rules such as:
    - One at a time in the bathroom
    - Bedroom doors cannot be closed when there is more than one child in a bedroom

- Being properly dressed in public areas of the house (i.e. no underwear in the kitchen)

✓ Maintaining a positive relationship with the child's social worker, including participating in all case conferences concerning the foster child

✓ Including the child, where possible, in decision making to help strengthen the family relationships

✓ Keeping a copy of procedures to follow for handling serious incidents such as: death of a foster child, serious injuries to foster child (are they self inflicted, unexplained?), events such as a fire in which the child may have been present, etc.

What to do if you are under investigation?

At first, you may not even be aware an allegation has been made. Reports or concerns may have been made to the Health Authority by a teacher, neighbour, or someone else. Or, the foster child may have expressed concern to a teacher, neighbour, etc. Sometimes an investigation starts before you have been informed.

Once you become aware that you are being investigated, the foster parent should consider seeking legal advice. Do not make any comments to the Health Authority or Department until you have had a chance to calm down and consider any advice received. Do not sign anything until you've spoke with a lawyer. Going through an investigation for alleged abuse affects the whole family. It is important that you seek additional support during this difficult time.

The Foster Family Coalition now offers Legal Defense Insurance. This insurance will provide you with legal defense costs, as well as **unlimited access to legal advice**. Coverage is provided up to an aggregate limit of $100,000 per foster family and extends to provide coverage for you, your spouse, or civil partner, sons, daughters, grandchildren, or grandparents who reside in the same dwelling. The insurance is free and available to all foster parents in the NWT. See the appendix for the form to fill out to apply.

Impacts on Foster Families after an Allegation

There are several outcomes of an investigation of alleged abuse. You may disagree with the assessment but keep in mind the Authority or Department makes the final decision based on what they feel is in the best interests of the child. Outcomes of an investigation can include:

a) The child may be returned to your care if the allegations are unsubstantiated.

b) The child may not be returned to your care. Even if there is not sufficient evidence for a criminal charge, the Department or even the foster family may decide it is best to place the child in another home. It is possible that the Department may not want to place new children in your home. Keep copies of all relevant paperwork about the case in the event that you wish to appeal such a decision.

c) You may be charged and have to go to trial but remember you are innocent until proven guilty. You may be found not guilty or guilty and subject to punishment.

Coping after an Allegation

It may take a while for the foster family to move past the upset of an allegation and investigation, regardless of the outcome. It is natural to feel shocked and overwhelmed. Some foster parents feel angry with their child's social worker, especially if communication is temporarily stopped. Foster parents may feel powerless if they are not given a chance to present their side of the issue.

Foster families may chose to enter into family counselling to deal with issues that have resulted from the allegation process. Issues can include:

- Marital struggles
- Acting out behaviours in both natural and foster children
- Feelings of depression
- High levels of anxiety lasting more than a couple of weeks
- Decreased self-esteem
- Financial strain due to legal fees
- Damaged relationships with the Authority and/or social worker
- Loss of credibility with friends, etc.

Section Eight: Financial Support

Financial Support

Foster parent recruitment and retention continues to be a challenge in some NWT communities. It is essential that foster children be provided the services they require while continuing to recognize the importance of family, community and culture in their lives. A major way to ensure continued support is to provide a foster care rate system that recognizes regional 'cost of living' differentials across the NWT, and allows for equitable compensation.

What Financial Support is Covered

Your Health and Social Services Authority provide basic maintenance foster care rates. This is intended to cover expenses such as food, personal care items, household costs and other maintenance items. In addition to this basic rate, a per diem rate is provided for children, based on their age, and a monthly clothing rate is provided for each child.

Other expenses that may be *reimbursed* include education and recreation expenses, childcare, sports equipment and travel costs. Please note prior approval and submission of receipts to the regional Authority is required to receive reimbursement for out of pocket expenses. The Authority will also cover health expenses not covered by Territorial Health Insurance.

Special Foster Care Rates

Foster parents caring for children with special needs are compensated for the additional time, effort, and skills that are required to provide services. Special needs can be physical, mental, or emotional. A social worker will undertake an assessment with the foster parent to determine the level of special care that is required, and the applicable rate. The special rate is calculated based on 10 categories. Once the Supervisor has approved the worker's assessment, the special rate is *added* to the child's basic maintenance rate. Please ask your child's worker for a copy of the *Assessment Tool*.

A special per diem rate will also apply if the child is placed in a home on an emergency basis.

How Support is Distributed

Payments to foster parents across the Territories are released once a month however the date varies by region. The method of distributing payments to foster parents varies by community as well. In some communities cheques are picked up at the area Social Services office; in others, a direct deposit is made into the foster parents' account. If neither option above is suitable, cheques are mailed. Discuss methods of payment with your worker prior to the arrival of the foster child in your home.

It is important for new foster families to be prepared for the additional expenses for the first month, before financial support is provided.

Reimbursable Expenses

- Children in care are entitled to have decent and appropriate **clothing**. When the child first comes into care, the social worker has the responsibility of assessing clothing in the child's possession. If the clothing is not adequate (i.e. doesn't fit properly, is not warm enough, etc.), foster parents will be provided with funds to purchase the needed items. Foster children are allowed an annual clothing allowance for new clothing. This money is normally disbursed seasonally.
- **Childcare expenses** will be covered for young foster children when the foster parents are at work. Discuss reimbursement procedures for daycare with your child's worker as childcare providers must be approved by the Authority.
- Funding for **respite care** varies widely across the NWT and is not automatically provided. Foster parents must submit a request to the child's worker for a paid 'break' from their foster child(ren). Reasons for respite can include personal travel, a planned activity alone with birth children, or simply needing a break from the daily routine.
- Foster parents will receive a set allowance for **school supplies**, which will vary by region and the child's grade. Supplies include classroom items such as notebooks and pencils, gym shoes, etc. Other costs such as school trips and school photos may be covered but must be pre-approved by the Supervisor.
- Health Authorities will provide funding for the foster child to participate in at least one community **recreational activity** per year. Discuss costs with your child's worker prior to enrolment as the amount covered varies from region to region. Foster parents are also encouraged to seek funding from Territorial organizations such as Sport North, to access funding for applicable sports in their communities.
- In regards to **travel**, permission must be received from the child's social worker for any travel *within* Canada involving a foster child. For travel *outside* of Canada, the Director of Child and Family Services, Government of the NWT must authorize the trip. In most cases, foster

parents will be provided with a letter of authorization that they must travel with.

Regardless of the location, contact your worker well in advance of any planned travel. A criminal records check may be required for other people travelling with the foster family. Different rates of compensation are provided for air and ground travel, and again, these rates will vary by region. Your worker will inform you of the travel receipts required for reimbursement.

Section Nine: Safety

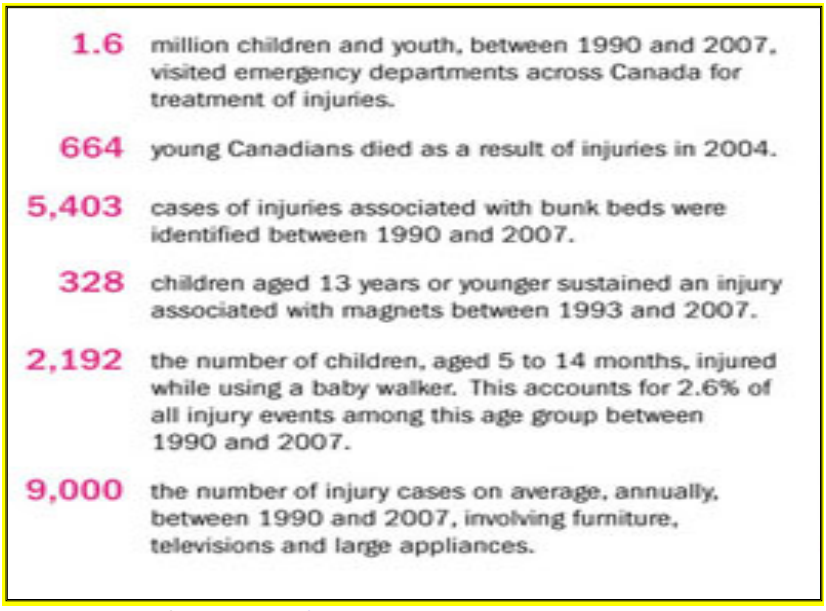
Safeguarding your Home

Ideally, your home should be a safe place for foster children to learn and grow. Unfortunately, most injuries to young children do occur in their homes. Spaces and structures are built for adult use and comfort, often creating dangers for children. Each year, more than 20,000 children are seen in emergency departments across Canada with injuries that occurred at home.

Preventing Accidents

Injuries in the home are most often caused by falls, burns, poisoning, choking, strangulation or drowning.

- **Falls** account for more than half of all the injuries and most often children fall from furniture and stairs, in addition to falling through windows.
- **Burns** are usually caused by hot liquids and tap water that is too hot. Scald burns can lead to longer hospitalizations and lifelong treatment.
- **Poisoning** is most often from medication, household cleaning products and personal care products.
- **Choking** is typically caused when eating food, while strangulation of toddlers and preschoolers is most often caused by entanglement in window blind cords.
- **Drowning** frequently occurs in bathtubs and home swimming pools.



from www.safekidscanada.ca, March 2011

Falls

Falls can be prevented by ensuring simple precautions are followed:

- Always keep one hand on a baby while changing their diaper on a change table or counter. Babies can roll off so easily.
- Never place a baby seat with a child in it on the counter top, dryer, etc. Babies wiggle and the seat may topple off.
- Make sure to bolt all toddler safety gates to the wall at both the top and bottom of the stairs. Use only gates that are safety approved and follow all installation instructions properly. Remember once your child's chin is in line with the top of the gate or when he/she is two years old, the gate is no longer effective.
- Do not place cribs, beds or any other furniture next to windows. Install window guards on any window above the second floor. Make sure to purchase window guards that have a release mechanism so they can be fully opened in case of an emergency. Keep all doors to balconies locked at all times.

Burns

As adults, we all know how painful **burns** can be. Children are particularly vulnerable to burns because their skin is thinner than an adult's skin. A child's skin burns 4 times more quickly and deeply than an adult's at the same temperature. Due to their rapid physical growth, children are particularly susceptible to scarring and contracting of the skin and underlying tissue as they heal. Simple steps can prevent the children in your home from being burned:

- Always install safety gates around the fireplace or at doorways to the room where the fireplace is located. Young children, under five years of age, and especially those under two years, are most at risk. When young children are first beginning to walk, they often fall. Hands and fingers can be burned on glass or metal parts of fire doors as young children put out their arms to stop their fall. Also, young children are attracted to the flames and want to touch it.

- Burns from scalding (hot liquids or steam) can be as bad as burns from a fire.

- Always check the **temperature of the bath** before putting the child into the water. Water from the hot water tap by itself is just too hot: add cold water and stir the water to get rid of hot spots.

- Lower the temperature setting on your home's **hot water tank**. The temperature is normally set at 60c but this is hot enough to burn a child if they happen to place their hands under the hot water tap. Turn the temperature setting to 49c.

- Prevent any access to **hot liquids and hot appliances**. Children can be scalded by pulling pots of hot water or other hot liquids, or food onto themselves. Try to use the back burners if possible. Make sure to turn pot handles to the back or sides. Keep cords to kettles out of reach and make sure high chairs are well back from the stove. Do not let young children in the kitchen while cooking. If this is not possible, ensure they stay seated at the table.

- Flame burns account for the deaths of approximately 40 children every year in Canada. Another 34% of children under 14 are hospitalized due to serious injuries from fires. The following tips can help protect your child from fire burns:

- Install **smoke detectors** on every level of the home and in each sleeping area. Make sure all smoke detectors in your home have the ULC stamp of approval on the product. SMOKE DETECTORS SAVE LIVES. Canadian stats indicate the risk of fire-related deaths is three times higher in homes without smoke detectors than those with smoke detectors. Alarms should be tested every month and batteries changed annually.

-Make sure **lighters and matches** out of sight and out of reach. Do not leave lighters on your dresser or coffee table. To be extra safe, use child-resistant lighters.

- Make sure you have several **fire extinguishers** in your home and have them serviced annually. Make sure you know how to operate the fire extinguishers you have, and what type of fire they are designed for (grease, paper, chemical, etc.).

Poisoning

Children under the age of five are at the highest risk of accidental **poisoning.** Children come into closer contact with their environment than adults. They crawl on the floor and the ground; put their fingers in their mouths, and touch and taste things without knowing if they are harmful. They may also be more sensitive to some harmful substances because of their stage of development.

- Foster parents are urged to keep chemicals, medications, cleaning supplies and art supplies not meant for younger children safely stored in a *locked* cabinet or box, out of the reach of children. Household chemical containers, even if sealed or empty, can be dangerous. Never let children play with them. Teach children what the warning symbols on the labels of different household products mean so they can stay safe.

- Children can also be unintentionally poisoned by **house plants** or plants and shrubs outside your home. To help prevent a plant poisoning, follow these guidelines:
  - Keep all plants, berries, seeds, and bulbs out of reach of young children. This may not always be possible so teach your children to stay away from plants and not to eat anything that is not food.
  - Make sure you know the names of all plants and trees inside and outside your home, just in case. Leave tags on plants bought at the store or the nursery.
  - Do not assume that a plant is safe for people just because birds or wildlife eat it.
  - Cactus plants can cause skin to be irritated and should be kept away from children.
  - Remember that a young child may choke on any plant whether it is poisonous or not.
  - Plants not harmful to people may be to pets. Ask your Veterinarian for a list of plants harmful for animals.
  - Remove and throw away all mushrooms growing near your home. Check your lawn for mushrooms before children go outdoors to play, especially after a rainfall.

List of Poisonous Plants

This is list of some common poisonous plants, for more information go to: http://www.blankees.com/house/plants/poisonous.htm

Aloe Plant
Amaryllis
Chrysanthemums
Mums
Croton
Cyclamen
Poinsettia
English Ivy
Hydrangea
Philodendron
Azalea

If your child seems **unwell**, you should:

- Look for pieces of the plant in the mouth.
- Give small sips of water.
- *Do not* try to make your child throw up.
- Call the Poison Control Centre at the number listed below.

If your child **touches** a poisonous plant, this may cause skin irritation, itching, a rash or blisters

- Wash the skin immediately with lots of soap and lukewarm water.
- Call the Poison Control Centre at the number listed below.

If you suspect that your child has swallowed a household chemical or ingested any other dangerous or poisonous substance, call the **Poison Control Centre** immediately and then seek medical attention. In the **NWT**, the number to call is **1-888-255-1010.**

Choking

Breathing emergencies, such as **suffocation, strangulation, choking, and entrapment** are also a leading cause of injury-related death to Canadian children. Children who survive may suffer brain damage because they have been deprived of oxygen for a period of time. Major threats to breathing for young children include choking on food and small objects, strangulation by items such as ropes or blind cords, and suffocating in cribs or beds.

- Young children should not eat nuts, raw carrots, popcorn or hotdogs.
- Blind or curtain cords should be cut short and tied out of reach. Do not place the child's crib or bed close to any cords.
- Young children should sleep in **cribs or cradles or bassinets** that were built *after* 1986. Sadly, more babies die each year from accidents involving cribs, than from any other nursery product. Drop-side cribs that have not been properly installed are particularly dangerous to children and pose risks of suffocation and strangulation. Be sure that the space between crib bars is no more than six cm or 2 3/8 inches apart. The part supporting the mattress should be attached permanently to the crib frame. The crib should not have any corner posts that could catch on your child's clothing. The sleeping area should be free of soft bedding that could suffocate a child, such as comforters, pillows, crib bumpers, and stuffed animals. Make sure the crib mattress fits tightly within the crib. The mattress in the crib needs to be firm and be no more than 15 cm (six inches) thick. The mattress must fit tightly against all four sides of the crib. Always place infants and toddlers on their backs when going to sleep.

Drowning

Swimming, bath time, and water play can be a lot of fun for children. However **drowning** is the second leading cause of injury-related death for Canadian children. Every year almost 60 children drown, and each year another 140 children must stay in the hospital because they nearly drowned. Near drowning can result in long-term health effects. It can affect the way a child thinks, learns, and plays.

All children are at risk for drowning, but young children *under five* years of age are at special risk because:

- They are attracted to water but cannot understand the danger
- They can walk but they cannot swim
- Their lungs are smaller than adults' and fill quickly with water
- They can drown in as little as 2.5 cm (one inch) of water.
- Even the bathtub is unsafe if young children are left unattended. DO NOT LEAVE A CHILD UNDER THE AGE OF TWO UNATTENDED WHILE IN THE TUB.
- Many people do not realize that toilets are a drowning hazard in the home. Toddlers can climb up and then topple in headfirst. INSTALL A TOILET LOCK ON ALL TOILETS IN THE HOME.
- Many parents and caregivers may not realize the danger buckets pose. Of all buckets, the 5-gallon size presents the greatest hazard to young children because of its tall, straight sides. That, combined with the stability of these buckets, makes it nearly impossible for top-heavy infants and toddlers to free themselves when they fall into the bucket headfirst.

Children *five to 14* years of age are at risk because:

- They may overestimate their own skills
- They may underestimate the depth of the water or strength of the current
- They may be tempted to respond to a dare or challenge from a friend.

Note: Children of all ages who suffer from epilepsy or other seizure disorders have a higher risk of drowning. Extra supervision is required for these children.

Follow these simple tips to prevent drowning:

~ Stay within sight and reach of your child when in, on or around water

- ~ If you don't know how to swim, make sure an experienced adult swimmer supervises your children in and around a pool
- ~ Learn First Aid and CPR including infant/child CPR
- ~ Know your local emergency number(s) and keep posted on the fridge or beside phone
- ~ If you have a pool in your backyard, even an inflatable one, install a 1.2 m (4 ft.) high four-sided fence with a self-closing, self-latching gate
- ~ Put young children and weak swimmers in lifejackets, when in, on, or around water
- ~ In a boat, ensure everyone is *wearing* a lifejacket
- ~ Teach your children the pool rules
- ~ Keep safety equipment by the pool
- ~ Put your children in swimming lessons

It is important to remember that even a good swimmer can get into trouble, especially in unfamiliar water or environments.

With our short northern summers, many of us enjoy extra time spent outdoors, especially our children. Bike riding and playing at the local playground are inexpensive and fun ways to enjoy the fresh air and sunshine. Following basic safety precautions will keep your children safe while allowing them to be active and independent.

Bike Safety

Cycling is accessible to most families due to the relatively low cost of purchasing a bike. However biking injuries to children and youth do occur due to lack of experience in controlling a bike, travelling too fast, and because children are not wearing helmets and other protective gear (i.e. elbow and knee pads). Teaching your child(ren) basic bike safety can prevent most accidents from taking place.

As young children are still developing motor skills, they are more susceptible to falls while learning how to handle their bikes, particularly while making turns. Under the age of 10, children are more impulsive and easily distracted, and are less able to process all that is required to properly coordinate riding.

Children 10 to 14 years of age experience periods of rapid growth and development. As they have mastered the basics of many other physical skills, they feel confident to attempt high-speed tricks and complicated manoeuvres on bikes. However, they may not be fully aware of their current body size and shape and the consequences of risk taking behaviour.

Toddler Bicycle Seats

Infant and toddler bike seats can be mounted on the front or back of an adult bicycle, and are best suited to toddlers under 3 years old. Children under the age of 1 should never ride in an infant bike seat. Their muscles are not strong enough to hold them upright and their necks not strong enough to support the weight of a helmet.

Front mounted child seats are becoming more popular as it is easier for the rider to keep an eye on the child, and to get the child in and out. Also, having the additional weight over the front tire makes the bike more stable.

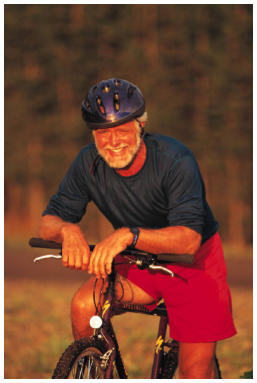
Without exception, all children and infants who ride in bike seats should wear a properly fitted helmet. A child's head is in danger of hitting the ground if the bike falls. Follow product guidelines for your infant seat very carefully. A child who's too small for the seat can easily slip out, while a child who is too tall can get his/her legs caught in the spokes of the bike wheels.

Helmets for Everyone

The most severe biking injuries involve the head and brain and even seemingly minor head injuries may cause permanent brain damage. In Canada, eight per cent of all injuries to children related to cycling result in a brain injury.

The human skull is approximately one cm thick and can be shattered by an impact of only 7 to 10 km/h. Young cyclists tend ride at speeds averaging 11 to 16 km/h. A properly fitted helmet helps protect the head by absorbing the force from a crash or a fall, significantly decreasing the risk of serious head and brain injury.

Cycling safety is not just for children and youth. Parents can provide a positive role model for their children. Research has shown that if a parent wears a bike helmet when riding with their child, their child is more likely to wear a helmet even when the parent is not around. Encourage everyone in the home who rides to wear a helmet that is certified by CSA (Canadian Standards Association), CPSC (Consumer Product Safety Commission), Snell, or ASTM (American Society for Testing and Materials).



Playground Safety

Community playgrounds are popular places for youth to play, and adults to socialize while supervising younger children. Parents and caregivers can follow simple precautions to make sure the play area is safe, and reduce the risk of accidents.

First of all check the play area for broken glass and garbage, and sharp edges and bolts that may stick out from playground equipment. Pick up any glass or garbage before your child plays. If the ground covering is not soft and deep, keep your child on equipment that is closer to the ground. The surface of the play area (soil, sand, soft gravel, wood chips, etc.) should be 15 to 30 cm deep especially at the base of slides and directly under swings or climbers. Keep your child off any equipment that is *higher than* 1.5 meters.

Before you let your child use any piece of equipment, make sure it has sturdy handrails, barriers and railings to prevent falls. Check for places where your child's head could get stuck. 'Safe spacing' between pieces of equipment (i.e. steps, railings, etc.) is ideally less than 9 cm or more than 22.5 cm.

Playgrounds often have equipment for two different age groups: children younger than five years of age, and children from five to 12 years of age. If your child cannot reach a piece of equipment, then he/she should not use it. It is meant for older children.

For children less than five years of age, stand right beside your child when he/she is climbing, swinging in a swing, or playing on equipment above the ground. You should be able to reach your child easily at all times to help prevent falls.

Teach your child the following playground rules:

- Wait your turn.
- Always slide down the slide feet first, on your bottom.
- Don't go up the ladder to the slide until the other person has gone down the slide.
- Always hold on to railings.

- Stay seated on swings – don't stand up in them.
- Keep away from moving swings and the bottom of slides.
- **Before using the playground, take off your children's helmets, scarves, and coats that have drawstrings.** Remove anything that could strangle your child. Take out any strings or drawstrings on your child's clothing. In winter, use clips instead of strings to hold mittens to clothing. Your child can wear a neck warmer instead of a scarf.
- Skip ropes do not belong on playground equipment.

Playgrounds near Water

Playgrounds can be located close to natural water sources like ponds, lakes and streams. Down south, playgrounds may also have man-made water features like fountains, splash pads and wading pools. Some home playground sets may also include soft-sided wading pools. It is important to remember that whenever a water feature is present, there is a drowning risk.

Although older children are also susceptible to drowning, research indicates that young children under the age of five are most at risk because:

- They can drown in as little as 1 inch (2.5 cm) of water
- They are attracted to water, but cannot understand the inherent risks
- They lack balance and coordination which increases their risk of falling into bodies of water

To help decrease this risk, adult supervision (staying both within sight and reach) is strongly recommended for children under five years of age. For older children, staying within sight and reach also helps to reduce drowning risks.

In addition to constant supervision, the following tips will help prevent drowning and other injuries from occurring on splash pads, in wading pools and around home water features:

~ Don't run in the water areas
~ Take turns with the sprayers, faucets and squirt toys
~ Wear water shoes, sandals with rubber bottoms or other non-slip shoes to prevent cuts and scrapes on the feet
~ As with in-ground swimming pools, if your backyard has a wading pool or pond, enclose your property with fencing at least 1.2 m (4 foot) high
~ Empty all toddler pools after each use

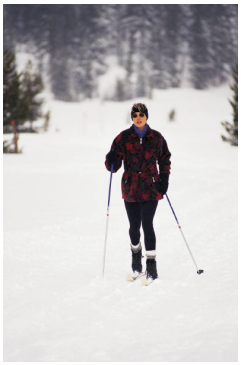
Staying Safe and Warm during an NWT Winter

Living in an area which experiences 6 months or more of winter, with wind chill warnings frequently in the extreme range, extra precautions are needed to prevent hypothermia and frostbite.

Avoiding frostbite and hypothermia

Whether you are participating in outdoor winter activities, walking down the street or traveling by car, snow mobile or dog sled, it is important to be prepared and know what to do if something does go wrong. Taking the time to dress properly and pack appropriate supplies can prevent severe discomfort or injury from occurring.

- Wear a hat and clothing made of fabrics such as wool, thinsulate® or gortex® which trap warm air against your body, yet let moisture out.
- Wearing several layers of light clothing protects better than one heavy thick garment.
- Keep vulnerable areas such as fingers, toes, ears and nose covered at all times.
- Drink lots of warm liquids to help the body maintain its temperature. Limit your consumption of caffeine and alcohol as they interfere with your body's ability to produce heat and may actually cause your core temperature to drop.
-Take frequent breaks from the cold and/or wind to let your body warm up.



Signs, symptoms and remedies for frostbite

Skin that has been exposed to bitter cold and/or high winds can easily become frostbitten. The first signs of frostbite include numbness in the area, tingling and even pain and swelling. If the exposure to the cold continues, the exposed skin may lose all sensation, become pale and then begin to turn blue. In severe cases, the skin may look burnt.

If you suspect or are certain that someone's skin is frostbitten, cover the affected area right away. DO NOT rub the skin as this can cause further damage. As soon as possible, dip the frostbitten area into warm water or other warm liquid. Keep the skin in the warm liquid until it feels warm and turns red. Bandage the area and seek medical attention right away.

Signs, symptoms and remedies for hypothermia

In the early stages of hypothermia, a person feels cold and then begins to shiver. Surprisingly, the shivering stops as the hypothermia becomes worse. The next stage is slurred speech, pale skin and bluish lips. Some people experience mood swings. Hypothermia becomes very dangerous when the person becomes confused. Unclear thinking can progress to the person becoming totally disoriented. While disoriented, people have been known to feel hot and take off their protective clothing, become lost or even feel so tired they lay down in the snow. If they fall unconscious, hypothermia can kill if the core temperature of the body drops too low.

If you suspect hypothermia is setting in, act quickly. Take off clothes that are wet or cold if possible, and wrap the person in dry warm blankets or clothing. DO NOT rub the person's body in an attempt to warm them up as this may cause further damage if the skin is frostbitten. If you have access to hot water bottles or heating pads use to warm the person but make sure to place a towel, blanket or piece of clothing between the person's bare skin and the heat source. If the person is conscious, give them something warm to drink other than coffee or alcohol. DO NOT immerse the person in warm water. The heart can be damaged if the body temperature is raised too quickly.

Safe driving in winter weather

Before you set out to drive in winter weather, take the time to be properly prepared. Clear the snow and ice from the windows, hood, headlights lights, and roof. Keep your vehicle clean to help you be more visible to others. Vehicle maintenance is always important, but even more so in weather extremes. Be sure all these systems are in good working order—ignition system, fuel system, belts, hoses, fluids, brakes, exhaust system, wiper blades and operation, heater and defroster, cooling system, battery, and lights. Make sure you have winter-grade oil in the crankcase. Keep the fuel tank full—don't let it get below half before filling up. Add gasoline antifreeze if necessary.

Review the following tips for safe winter driving:

- You should have at least 1/8-inch tire tread depth and proper inflation. Cold temperatures have a lowering effect on tire pressures - check frequently to maintain proper inflation. Carry a shovel in the trunk and some sand bags. Also travel with a jack, lug bolt wrench and a spare tire in good condition. Have your brakes serviced so they do not pull to one side.
- Get last minute information on weather and road conditions.
- First, buckle up.
- Reduce your speed according to the conditions. Reduce speed by 30% in rain, 50% in snow. If the road is icy, reduce more than that. Keep a light touch on the controls.
- When driving in snow and ice, smoothness is the key. Sudden moves will almost certainly result in loss of traction on slippery roads, and at that point you are just a passenger - you go wherever the car goes!
- Brake early, brake slowly, and brake smoothly. If your wheels lock, you lose control, so keep them rolling. Don't be overconfident because your vehicle has 4WD – four-wheel drive does not provide any advantage in braking. It will take just as long as any other vehicle to get it stopped. If you lose traction and the vehicle begins to skid, gradually let up from the accelerator but do not touch the brakes.

- Think ahead and leave room for stopping or manoeuvring before the vehicle begins to respond to conditions. You need at least 8 to 10

seconds of following distance in winter conditions, and MORE if the road might be icy.

Keep in Mind:

- Don't start your car in an enclosed area to prevent carbon monoxide from reaching dangerous levels
- Remember that driving in poor conditions is tiring - leave plenty of time for rest stops and don't push it if you are feeling tired and sleepy
- If you get stuck, generally, the best thing is to stay in your vehicle and keep warm while you wait for help. Again, be careful about carbon monoxide, and check your exhaust pipe. Clear away snow, ice, or anything that might be blocking it.
- Don't take short cuts in winter - keep to the main roads.
- **Let someone know where you are going and when you plan to arrive.**

Recommended Equipment for a Winter Road Trip:

- Cell phone
- Scraper and brush
- Folding shovel
- Jumper cables
- Tow rope
- Sand or cat litter (for traction)
- Flares
- Blankets
- Cold weather clothing (like insulated coveralls)
- A good flashlight (cold kills batteries, make sure they're fresh and carry spares)
- Safety candles
- High-energy food
- Drinking water (don't pack water in trunk as it will freeze)
- Medications for longer trips
- A can of lock de-icer (don't use hot water on glass or locks—it will only make things worse)

Section Ten: Fostering a Special Needs Child

The children in the NWT that require foster care, like any children, may have a variety of special needs. This section provides basic tips on how to plan and support any special needs that children in your care may have.

Children with Special Needs

Children who have special needs are children first, they have the same interests, feelings, and dreams as their peers and they have the right to be treated like everybody else. The only difference is that they need extra support in certain areas. 'Special needs' can include a physical, an emotional, an intellectual or a learning disability, or any combination of these. Whether your special needs foster child has a visible disability like Cerebral Palsy or Down syndrome, or an 'invisible' disability like Fetal Alcohol Spectrum Disorder, Autism or Asperger's, you will need to learn as much as possible about the disability, and seek support to keep from feeling overwhelmed. Providing a home for a special needs child is a big responsibility but can be tremendously rewarding.

Getting Started:

- Keep a record of all evaluations of your foster child as well as any meetings and treatments.
- Take an active role in forming a school team that understands a child's special needs and wants to help. You can request input at these meetings from others that understand these needs such as your child's physician, and the nurse or guidance counsellor from the school. A thorough understanding of your child's strengths and weaknesses and how any disabilities affect him/her will help you and the members of this team to go on to develop an appropriate and effective program that takes into account the special needs.
- Become your child's best advocate. You may have to represent or protect your child's best interest in school situations, both academic and behavioural. Become an active part of the team that determines what services and placements your child receives in an Individualized Education Plan (IEP).

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a type of mental disability, a disorder of the brain. It runs in some families so it may be inherited. It is a disorder that can last a lifetime, and anyone can have it. Some people have mild ADHD with only a few symptoms or problems. Others have more serious ADHD with more or worse symptoms. In children, ADHD can cause problems in school and in the home, and with family and other relationships.

Some Symptoms and Behaviours of ADHD

ADHD - Predominantly Inattentive Type

- Fails to give close attention to details or makes careless mistakes.
- Has difficulty sustaining attention.
- Does not appear to listen.
- Struggles to follow through on instructions.
- Has difficulty with organization.
- Avoids or dislikes tasks requiring sustained mental effort.
- Loses things.
- Is easily distracted.
- Is forgetful in daily activities.

ADHD - Predominantly Hyperactive/Impulsive Type

- Fidgets with hands or feet or squirms in chair.
- Has difficulty remaining seated.
- Runs about or climbs excessively.
- Difficulty engaging in activities quietly.
- Acts as if driven by a motor.
- Talks excessively.
- Blurts out answers before questions have been completed.
- Difficulty waiting or taking turns.
- Interrupts or intrudes upon others.

AD/HD - Combined Type

Individual meets both sets of inattention and hyperactive/impulsive criteria.

Parenting a Child with ADHD

Although life with an ADHD child may at times seem challenging, it is important to remember that children with ADHD can and do succeed. As a foster parent, you can help create home and school environments that improve your child's chances for success. The earlier you address your child's problems, the more likely you will be able to prevent school and social failure and associated problems such as underachievement and poor self-esteem that may lead to delinquency or drug and alcohol abuse. Early intervention holds the key to positive outcomes for your child.

- ADHD is the result of dysfunction in certain areas of the brain and in the majority of cases is inherited. Poor parenting or a chaotic home environment does not cause ADHD, although the home environment can make the symptoms worse.
- Learn all you can about ADHD. There is a great deal of information available on the diagnosis and treatment of ADHD. Currently, there is no cure for ADHD, but you can take positive steps to decrease its impact.
- Make sure your foster child has had a comprehensive assessment that includes medical, educational, and psychological evaluations and that other disorders that either mimic or commonly occur with ADHD have been considered and ruled out.

Life with a child with ADHD can be frustrating and overwhelming, but as a parent there is actually a lot you can do. The symptoms of ADHD can be controlled and reduced. You have the power to help your child meet his or her daily challenges and channel his or her energy into positive arenas while at the same time, bringing greater calm and order to your family home.

Children with ADHD are more likely to succeed in completing tasks when the tasks occur in predictable patterns and in predictable places. Your job is to create and sustain structure in your home, so that your child knows what to expect and what they are expected to do.

Helping your foster child with ADHD stay focused and organized

- **Follow a routine**. It is important to set a time and a place for everything to help the child with ADHD understand and meet expectations. Establish simple and predictable rituals for meals, homework, play, and bed.
- **Use clocks and timers**. Consider placing clocks throughout the house, with a big one in your child's bedroom. Allow enough time for what your child needs to do, such as homework or getting ready in the morning. Use a timer for homework.

- **Simplify your child's schedule**. For kids with ADD/ADHD, idle time may worsen their symptoms and create chaos in your home. It is important to keep a child with ADD/ADHD busy without piling on so many activities that the child becomes overwhelmed. Sign your child up for a sport, art class, or music. At home, organize simple activities that fill up your child's time. These can be tasks like helping you cook, playing a board game with a sibling, or drawing a picture. Try not to use the TV or computer/video games as time-fillers as they tend to be violent and may worsen your child's symptoms.
- **Create a quiet place**. Make sure your child has a quiet, private space of his or her own. A porch or bedroom can work well too, as long as it's not the same place as the child goes for a time-out.
- **Do your best to be neat and organized.** Set up your home in an organized way. Make sure your child knows that everything has its place. Role model neatness and organization as much as possible.

As you establish consistency in your home, keep in mind that children with ADHD often receive criticism. Be on the lookout for good behaviour, and praise it. Praise is especially important for children who have ADHD because they typically get so little of it. These children receive correction, remediation, and complaints about their behaviour, but little positive reinforcement.

A smile, positive comment, or other reward from you can improve the attention, concentration and impulse control of your foster child with ADHD. Do your best to focus on giving positive praise for appropriate behaviour and task

completion, while giving as few negative responses as possible to inappropriate behaviour or poor task performance. Reward your child for small achievements that you might take for granted in another child.

For more advice on dealing with an ADHD child, see www.helpguide.org.

Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term for a range of disabilities caused by drinking alcohol during pregnancy. There is a set of mental, physical and behavioral disabilities present from birth that are a direct result of alcohol use during pregnancy. These signs may go unnoticed at first that is why it's often called an '**invisible disability'.**

FASD is a term that includes three specific medical diagnoses: Fetal Alcohol Syndrome (FAS), partial Fetal Alcohol Syndrome (pFAS), and Alcohol Related Neurodevelopment Disorder (ARND). Drinking during pregnancy can cause behavioral and physical disabilities, including malformed bones, muscles, vital organs and permanent brain damage.

Only a small number of affected children have identifiable facial features. Most children's impairments are invisible, but they are profoundly challenged, especially in areas of social skills and common sense. Children born with fetal alcohol spectrum disorder face challenges in the way they learn and play for the rest of their lives.

The only known 'safe amount' of alcohol during pregnancy is **NONE AT ALL. No safe type. No safe amount. No safe time to drink.**

Understanding FASD

It is extremely important to have your child assessed if FASD is suspected. If the diagnosis is FASD, knowing this will aid in treatment planning, and understanding how to assist the child with reaching their fullest potential.

Early involvement is critical in determining the best outcome for a child with FASD. The earlier in the child's life that medical, clinical and educational interventions can be provided, the better. Stable, structured, nurturing environments are necessary to support the child's growth and development.

Special needs pre-school programs that are center-based and enrol *parent* (including foster parent) and child can provide the most enriched experience. During the early years, the focus of treatment should be on establishing healthy parent/child relationships, motor and language development and sensory processing development. Medical and nutritional needs should be monitored as well. Parent education and support is essential to maintaining positive parent/child relationships and stability in the home setting. These services must be available to birth parents as well as the foster and adoptive parents.

Children with a diagnosis of FASD have difficulty processing sensory information, and then developing an appropriate social response. Some sensory channels (hearing, taste) may be overly sensitive to input, while others (i.e. smell) may be under-responsive to input. Sensory processing problems can result in emotional instability, hyperactivity, behavioural disorganization and learning problems. An evaluation by an Occupational Therapist who has knowledge and experience in treating sensory processing issues can be very beneficial.

Understanding the Strengths and Weaknesses of the FASD Child

Typical problem areas in children and youth with a diagnosis of FASD include:

- Problems storing and retrieving information
- On and off days
- Can be rash, sidetracked, disorganized
- Can repeat instructions, but problems putting into action
- Problems with non concrete ideas like math, money management, time
- May think more slowly
- May only understand every third word of normally paced conversation
- May act younger than chronological age
- Unable to predict outcomes or understand consequences

Many children with a diagnosis of FASD have strengths, which mask their cognitive challenges:

- Highly verbal
- Bright in some areas
- Artistic, musical, mechanical
- Athletic
- Friendly, outgoing, affectionate
- Determined, persistent
- Willing
- Helpful
- Generous
- Good with younger children

Yes, your foster child with FASD can be successful in school

While there is no one recommended method to working with children and youth with a diagnosis of FASD, there are different approaches that work. The following guidelines have been found to be successful:

1. Children and youth with a diagnosis of FASD do well when everyone talks in specific terms, and doesn't use words with double meanings. As their social-emotional understanding can be far below their chronological age, it helps to think 'younger' when providing assistance or giving instructions, to FASD students.

2. Children and youth with a diagnosis of FASD do best in an environment with few changes. Teachers and parents can coordinate with each other to use the same words for key phases and oral directions. Consistency is the key here.

3. Children and youth with a diagnosis of FASD have chronic short term memory problems; they forget things they want to remember as well as information that has been learned and retained for a period of time. In order for something to make it to long-term memory, it may simply need to be re-taught and re-taught.

4. Stable routines that don't change from day to day will make it easier for children and youth with a diagnosis of FASD to know what to expect next and decrease their anxiety, helping them to learn.

5. Children and youth with a diagnosis of FASD are easily over-stimulated, leading to shutdown at which point no more information can be assimilated. Therefore, a simple environment is the foundation for an effective school program.

6. Children and youth with a diagnosis of FASD have difficulty with abstractions, generalization, and not being able to fill in the blanks when given a direction. Tell them step-by-step what to do, to aid in developing appropriate habit patterns.

7. Structure is the glue that makes the world make sense for children and youth with a diagnosis of FASD. Children and youth with a diagnosis of FASD can be successful if their world provides the appropriate structure as a permanent foundation.

8.Because of their cognitive challenges, children and youth with a diagnosis of FASD bring certain innocence to daily life situations. They need constant supervision to develop habit patterns of appropriate behavior.

> When a situation with a child or youth with a diagnosis of FASD becomes too confusing or frustrating for them, stop and observe. Listen carefully to find out where he/she is stuck: ask what they are having trouble with or what would help.

Attachment Disorders

Attachment disorders are the psychological result of negative experiences with family or caregivers, usually since birth, that disrupt the unique relationship between children and their primary caregiver(s).

Many children experience the loss of primary caregivers, either because they are physically separated from them or because the caregiver is incapable of providing adequate care. Removal from primary caregivers can cause serious problems by breaking primary attachments, even if alternate caregivers are competent.

Reactive Attachment Disorder (RAD)

Reactive attachment disorder (RAD) results in a child who has been severely deprived of care or who has had successive multiple caregivers. There are two types of RAD:

- *Inhibited RAD*: Young children, especially babies who are exposed to multiple caregivers at one time, or one after the other have trouble experiencing a sense of security normally formed in exclusive, long-standing relationships (i.e. in a stable family environment). These children have not been able to trust one person consistently because all their relationships were interrupted, disrupted, or unreliable. Many experts feel that this lack of development of a sense of security can affect all the child's future relationships and can lead to insecurity for the rest of the child's life. *Inhibited RAD* can result from:
    - Gross neglect
    - Gross insensitivity in the caregiver
    - Abandonment by caregiver at the peak of attachment needs (end of first year of life)
    - Repeated abandonment by caregiver

In *Inhibited RAD*, the child does not initiate and respond to social interactions in a developmentally appropriate manner. A child with *Inhibited RAD* may have the following behaviours or characteristics:

- Failure to thrive
- Poor hygiene
- Underdevelopment of motor skills
- May appear bewildered, unfocused, and under stimulated
- Blank expression, with eyes lacking the lustre and joy that is usually observed
- No evidence of the usual responses to interpersonal exchanges
    - Appearance of not knowing body language
    - Does not pursue, initiate, or follow up on cues for an exchange or interaction
    - No exploration of another person's face or facial expression
    - Does not approach or withdraw from another person
    - May avoid eye contact and protest or fuss if a person comes too close or attempts to touch or hold them (have developed avoidant behaviours because they do not expect interaction and have learned not to interact when an adult approaches)

• *Disinhibited RAD*, also known as 'promiscuous attachment disorder', is the opposite of inhibited attachment disorders. Many children with this condition have been placed in multiple foster homes or have lived with different relatives; their parents have been unable to create a sense of permanency and/or stability in their lives. *Disinhibited RAD* can result from:

- Multiple caregivers sequentially or concurrently
- Multiple disruptions in attachment relationships
- Several changes in foster home placement

Children and youth with *Disinhibited RAD* cannot discriminate socially and may show excessive familiarity with strangers. These children have repeatedly lost attachment figures or have had multiple caregivers, and never had the chance to develop a continuous and consistent attachment to at least one caregiver. Normal anxiety and concern with strangers is not present, and the child superficially accepts anyone as a caregiver (as though people were interchangeable) and acts as if the relationship had been intimate and life-long.

Children with *Disinhibited RAD* resort to psychological defence mechanisms (i.e. relying only on themselves and not expecting to be soothed, cared for, or consoled by adults) to survive. Instead of relying on one person, any sense of fear or loneliness is inhibited and the children develop a pseudo comfort with whoever is available.

A child with *Disinhibited RAD* may have the following behaviours or characteristics:

- Instead of caution, excessive familiarity or psychological promiscuousness with unknown persons
- Can give hugs to anyone who approaches them and go with that person if asked
- May approach a complete stranger for comfort, food, to be picked up, or to receive a toy

Understanding your RAD Foster Child

If your foster child has trouble taking direction and often displays aggressive behavior, RAD may be the cause. This child doesn't need discipline as much as he needs your support.

You will need to do extensive research to understand the foster child with a reactive attachment disorder. Many of these children have suffered some form of abuse. They abuse themselves and others, thinking that's the way to get their needs met. Speak with a counselor trained in attachment therapy is possible. Check online resources, and speak with other foster parents who may be dealing with an RAD child. Understand that even after the child or teen has worked through an attachment disorder, there may still be issues, such as depression and/or post traumatic stress disorder.

These are only a few challenges that children and youth in foster care might struggle with. As their primary caregiver, you are responsible for educating yourself on each child that is placed in your home so that you can meet their needs to the best of your ability. Education is the key to making sure that your

foster children are well cared for. If you need any assistance in finding information on specific needs of your foster children, do not hesitate to contact the FFC-NWT office for assistance.

Section Eleven: Regional Insert

Health and Social Services

The Northwest Territories is covered by three Health and Social Services Authorities, which are in charge of the foster care system in their respective regions.

Contact information found below is correct as of March 2019.

1) Hay River Health and Social Services Authority

Deb Mageean – 867 874 7213
Social Programs Secretary

Sarah Poitras - 867 874 7217
Community Social Service Worker

Debra Buggins - 867 874 7221
Community Social Service Worker

2) Tli cho Health and Social Services Authority

Sheila Bishop - 867-392-3000
Administrative Assistant

Kailee MacDonald - 867 392 3025
Supervisor / Social Worker

3) Northwest Territories Health and Social Services Authority (NTHSSA)

The NTHSSA is divided into five regions.

a) Beaufort Delta

Darlene Koe - 867 777 8184
Child, Youth & Family Placement Coordinator

b) Dehcho

Fawna Erasmus - 867 695 3815
Administrative Assistant

Toll Free - 1 888 660 6414

c) Fort Smith

Diana Porter
Regional Manager, Child and Family Services

Call main office - 867 872 6300

d) Sahtu

867 587 3665
Regional Manager, Child, Family and Community Wellness

Regional Office - 867 587 3650

e) Yellowknife

Yellowknife
Rajiya Duggar - 867 767 9122 ext 41172
Administrative Officer

Lutsel K'e
Evelyn Marlowe - 867 370 3212
Administrative Officer

Deninu Kue
Cara-Lynn Bailey - 867 394 5010
Administrative Officer

Appendices

Interested in Fostering or Adopting in the Northwest Territories? We're here to support you!

"The Foster Family Coalition of the NWT is a unified voice dedicated to improving the quality of life for children and youth in care by supporting foster families' well-being."

The FFC-NWT exists for foster and adoptive parents and has many wonderful resources, supports and programs. The FFC is a non- profit, charitable organization that was formed in 2002 that consists of volunteer board members from across the territory.

Our Yellowknife office is staffed by a full-time Executive Director and Executive Assistant offering:

- ✓ **One-on-one, customized support**
- ✓ **Northwest Territories Foster Family Guide**
- ✓ Toll-free **phone support line**
- ✓ **Online support** and discussion groups (private)
- ✓ Legal Defense **Insurance** (liability insurance for foster parents)
- ✓ Quarterly **Newsletters**
- ✓ **Training** (online, private and group)
- ✓ **Stay in School Awards** (up to $350/year)
- ✓ **Comfort Kits** *(Essential and supportive items for children who come into care)*
- ✓ Helping Children Soar **Scholarship Program**
- ✓ **Car Seat Installation Clinics**
- ✓ Camp Connections **Summer Camp**

We are here to ensure that your transition to becoming and succeeding as a foster parent is well supported. WELCOME!

Consent to Release Contact Information

By signing this form you are consenting to:

- Sharing your contact information with the FFC-NWT so that they can offer you ***support and information***. *(You will not be asked to buy anything and you can choose the method of contact the FFC-NWT has with you)*
- Sharing your contact information with the ***Legal Defense Insurance Fund*** for your liability insurance policy for foster parents only.

If you have any questions about the services of the FFC-NWT or what it means to sign this form, please do not hesitate to contact the FFC-NWT, toll-free at 1-866-233-0136.

I, _____ herby consent to the release of my contact information to the Foster Family Coalition.

Phone Number	Mailing Address	Email Address
_____	_____	_____
	_____	

Signature _____ Date_____

Please return form to us either by fax, email or drop it off at our office. Thankyou!

Foster Family Coalition of the NWT / 5125-50th Street / P.O. Box 2022 / Yellowknife, NT X1A 2P5
Toll Free 1.866.233.0136 / P: 867.766.3326 / F: 867.766.3401 / info@ffcnwt.com
www.ffcnwt.com

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2. P.R.I.D.E Training Manual: Module 1 – The Foundation for Meeting Developmental Needs of Children at Risk

3. NYS Foster Parent Manual, New York State Office of Children and Family Services, January 2007

4. Hay River Foster Family Manual - 1st Edition, Hay River Health and Social Services Authority, August 2005

5. Inuvik Foster Care Manual, Foster Care Program, Beaufort Delta Health and Social Services Authority, 2001 to 2006

6. Safeguarding Children and Foster Families: Preventing Abuse and False Allegations through Knowledge and Guidelines, Canadian Foster Family Association, 1993

7. Yellowknife Foster Family Association Foster Family Manual: Policy, Procedures and Practice, Fall 2008 Edition

8. Child and Family Services: Standards and Procedures Manual, Department of Health and Social Services, Government of the NWT

9. There are No Wizards: The Child Welfare Conundrum, Sparrow Lake Alliance Children in Limbo Task Force, June 2010

Resources

1. www.help4adhd.org
2. www.helpguide.org
3. www.helpkeepkidssafe.org
4. www.safekidscanada.ca
5. www.kidshealth.org
6. https://www.specialneedscanada.com/
7. www.canadianparents.com
8. www.ccsd.ca