



LES CENTRES DE LA JEUNESSE
ET DE LA FAMILLE BATSHAW
BATSHAW YOUTH AND FAMILY CENTRES

POLICIES AND PROCEDURES
CLINICAL PROGRAMS AND SERVICES

TITLE

**POLICY AND PROCEDURES ON PERMANENCY PLANNING
FOR BYFC CHILDREN**

NATURE

POLICY & PROCEDURES

IDENTIFICATION

NO: 4.10.3

Total # of pages: 19

APPROVED BY / DATE

Board of Directors / February 23, 2009

DATE EFFECTIVE

November 17, 2003
Procedures revised January 2005
Procedures revised May 2006
Policy and Procedures revised
January 2009

DIVISIONS RESPONSIBLE

Director of Child and Family Services

ISSUER

Director of Child and Family Services

DISTRIBUTED TO

All

SUB-MANUALS

All

Replaces May 2006 version

KEYWORDS

Permanency Planning

I. INTRODUCTION

The objective of these procedures is for BYFC to be in a position to address issues of permanency with a very vulnerable clientele in a consistent and timely fashion.

Under the law, all children are entitled to permanency and stability. Indeed, section 4 of the YPA reads as follows:

Every decision made under this Act must aim at keeping the child in the family environment.

If, in the interest of the child, it is not possible to keep the child in the family environment, the decision must aim at ensuring that the child benefits, insofar as possible with the persons most important to the child, in particular the grandparents or other members of the extended family, from continuity of care, stable relationships and stable living conditions corresponding to the child's needs and age and as nearly similar to those of a normal family environment as possible. Moreover, the parents' involvement must always be fostered, with a view to encouraging and helping them to exercise their parental responsibilities.

If, in the interest of the child, returning the child to the family is impossible, the decision must aim at ensuring continuity of care, stable relationships and stable living conditions corresponding to the child's needs and age on a permanent basis.

As more fully set out in section 91.1 YPA¹, the expected maximum time frame for the completion of a "Projet de Vie" for children in placement is:

- for children under 2: 12 months
- for children 2-5: 18 months
- for children 6 and over: 24 months

The BYFC Permanency Planning Policy and Procedures are applied for children under the age of 6 and siblings as identified by the permanency planning matrix. This does not preclude the fact that all children are entitled to a permanent plan.

¹ Sec. 91.1 YPA: If the tribunal orders a foster care measure under subparagraph *j* of the first paragraph of section 91, the total period of the foster care may not exceed

- (a) 12 months if the child is under two years of age on the date the order is made,
- (b) 18 months if the child is from two to five years of age on the date the order is made, or
- (c) 24 months if the child is six years of age or over on the date the order is made.

When determining the duration of foster care, the tribunal must take into account the duration of any foster care measure applied to the same situation in an agreement on voluntary measures referred to in subparagraph *j* of the first paragraph of section 54, as well as the duration of any prior foster care measure it ordered under the first paragraph. It may also take into account any prior period during which the child was placed or provided with foster care under this Act.

If the security or development of the child is still in danger at the expiry of the periods specified in the first paragraph, the tribunal must make an order aimed at ensuring continuity of care, stable relationships and stable living conditions corresponding to the child's needs and age on a permanent basis.

However, the tribunal may disregard the periods specified in the first paragraph if it is expected that the child will be returned to his family in the short term, if the interest of the child requires it or for serious reasons, such as failure to provide the services agreed upon.

At any time during a period specified in the first paragraph, if the security or development of the child is still in danger, the tribunal may make an order aimed at ensuring continuity of care, stable relationships and stable living conditions corresponding to the child's needs and age on a permanent basis.

II. STATEMENTS

The Permanency Planning Procedures are supported by the BYFC Mission Statement (revised in April 2006) and by the YPA, and are based on BYFC's commitment to a "child protection family centered approach".

1. Children and youth have a right to live and grow in safe and stable environments.
2. The family constitutes the best hope for nurturance, protection and the development of children and youth.
3. The composition of a family and the roles of its members are defined by the family.
4. Our interventions aim at preserving the family unit and strengthening family ties in consideration of the child's best interest. We support families in the exercise of their rights and responsibilities towards shaping their future and looking after their children.
5. We acknowledge that perceptions, values, behaviours, methods of problem resolution and the image of the family itself differ from culture to culture. We maintain an ethno cultural-religious perspective throughout service delivery and utilize models of practice which are flexible enough to incorporate racial, cultural, linguistic, religious, sexual orientation and other diversities of families in a respectful and supportive manner.
6. To ensure permanency for the child or youth, we plan with the family for family preservation and reunification, kinship care, tutorship, adoption or independent living. To this end, with the family, we evaluate risk, parenting capacity, and attachment, taking into consideration child development and family life cycles.
7. In situations where it is not in the child's best interest to live with his/her family, out-of-home care is provided in a purposeful, planned and timely manner. Depending on the permanency plan for the child, continuity of relationships with the family of origin may be diminished or supported to contribute to the child's development of identity, sense of belonging and emotional development.
8. It is essential to consider grandparents and other extended family members as potential permanent caregivers.

III. DEFINITIONS

Concurrent planning

It is an approach that seeks to eliminate delays in attaining permanency for children. Concurrent planning involves considering all reasonable options for permanency at the earliest possible point {once a case has been identified as one of Permanency Planning} and concurrently pursuing those that will best serve the child's needs. Typically the primary intervention plan is to maintain or to reunify the child with his family of origin (Plan A). In concurrent planning, an alternative permanency goal is pursued at the same time (Plan B).

Personalized transfer

A personalized transfer as per the Batshaw policy 4.10.11 must take place.

Family

The law has a specific and limiting definition of the family which impacts on how and with whom we intervene. BYFC adheres to the following clinical definition of the family except when limited by legislation:

The composition of a family and the roles of its members must be defined by the family. Family members may be related biologically or through marriage, or, they may perceive themselves to belong together as an intimate social group as a result of a shared history of close association. Family members will typically include parent(s) or others in the primary caregiving role; minor and adult children; extended family members, such as grandparents, aunts, uncles, and cousins; and, sometimes, close family friends, honorary aunts, uncles, and godparents. (Rycus and Hughes, (1998), Field Guide to Child Welfare, vol. 1, p. 139)

Entrustment

This is a Youth court order (sec. 91 e) or a Voluntary Measure (sec. 54 (1) e) entrusting a child specifically to a person other than the parents. This person does not have parental authority and can only make routine decisions regarding the child, unless the court order specifies otherwise. This person does not have an obligation of financial support but could receive certain government subsidies. The child must live with the person to whom the court entrusted him/her until the end of the court order or voluntary measures, which cannot go beyond the age of 18.

Tutorship

This is a court order granting the exercise of full parental authority of a child to a person other than the parents or the DYP. Tutorship can be granted by the Youth Court or by the Superior Court. The tutor can make routine as well as non-routine decisions regarding the child. The tutor does not have an obligation of financial support. For tutorship granted by Superior Court, the tutor may apply for federal and provincial family allowances. For tutorship awarded by Youth Court, the tutor is eligible for the provincial tutorship subsidy. The tutor decides on the child's living arrangements. The tutorship court order ends when the child turns 18 (or earlier if the court order is modified).

Custody to a person other than the parent(s)

This is a Superior court order granting custody of a child to a person. This person does not have parental authority and can only make routine decisions regarding the child, unless the court order specifies otherwise. This person does not have an obligation of financial support but could receive certain government subsidies and could also receive support payments from the parents (voluntarily or court-ordered). The person with custody could legally decide on other living arrangements for the child without having to return to court. The custody order ends when the child turns 18 (or earlier if so specified in the order).

Mixed-bank home

Refers to foster homes where the parents “are prospective adoptive parents who agree to act as foster families for a child for whom adoption is the preferred plan, but who cannot be adopted right away although there is a strong probability that he will be adopted eventually.”(Manual on the Adoption of a Child Living in Quebec, ACJQ, July 1999, p. 47)

Orientation Table

An Orientation Table (OT) is a clinical decision making process that involves clients, delegates, cultural consultants and interpreters as needed, and involved service providers when determining the orientation, regime and measures of a case. An Orientation Table is mandated to handle specific types of cases – predominantly those where the proposed case plan recommends the placement or entrustment of a child; permanency planning situations as well as those with complex case planning needs. An Orientation Table is chaired by a Youth Protection Review/OT Manager, who has Art. 32 delegation and remains responsible for any ongoing Youth Protection review of the case.

Youth Protection Review

The review process, as per Sec. 57.1 of the Youth Protection Act and the regulation respecting the review of the situation of the child ensure periodic reviews.

A review can occur through the submission of a report alone, or a report and a meeting with the reviewer and family.

- **Personalized Review:** A personalized review is required as per the mandate and can be requested by the OT/Youth Protection Review manager for cases being followed at Application of Measures, often in cases where there are significant risk issues, intensive interventions (placement; permanency planning) or when families are in disagreement with the plan proposed by the delegate. A personalized review requires the submission of a Review report by the delegate and their participation at a meeting with the client, family and other professionals involved. The Review manager is responsible for chairing and decision making.
- **Paper Review:** A Review report is required to be submitted at established times during the provision of services at Application of Measures. Following receipt and review of the report, the Youth Protection Review manager renders a decision and establishes the next date of review.

Case Conference

A case conference is an opportunity for professionals involved in the service delivery of a specific case to meet to discuss and plan interventions and services. A case conference can occur at the request of a delegate and manager seeking input on a complex case or when a significant incident/change occurs in the client's life. Participants can include persons responsible for providing and/or organizing services; professionals (internal and external to BYFC) with a specific expertise (psychologists; psychiatrists; nurses; reviewers; lawyers) who would contribute to an understanding of the case and assist in future planning. The Case manager remains responsible for organizing and chairing the meeting for clinical decision making and follow-up in line with existing legal measures. If the conference decisions require a change to legal measures, the Case manager would consult with or involve the Review manager in the process.

Contact

Contact as per BYFC policy 4.60.4 refers to face-to-face contact between the delegate and the child, family and, when the child is placed, the caregivers. The word caregiver refers to foster parents, person(s) to whom the child is entrusted, or member(s) of the child care team depending on where the child is placed.

Permanency Planning Tracking

Tracking refers to the registering of a client who has been identified as subject to the permanency planning on an administrative tracking ledger; recording dates, outcomes and time frames by which specific case planning activities are to occur.

Permanency Planning Monitoring

Monitoring refers to the clinical over-seeing by a Permanency Planning manager of the overall case plan in terms of compliance with permanency planning procedures.

IV. CLINICAL TOOLS

At BYFC, various tools have been identified as being relevant to the application of the Permanency Planning Procedures. They are:

1. The “Matrix” is a screening tool used to identify children at risk of permanency drift. It is based on Linda Katz’ Concurrent Planning Screening Matrix, 1991. The Screening Matrix must be completed by the end of the “E” (evaluation) by the case worker completing the evaluation, but can be used at any point throughout service delivery. (See Annex A)
2. Dr. Paul Steinhauer’s Toronto Parenting Capacity Assessment Guidelines as adapted by BYFC. The TPCA Guidelines are used to gather and organize information. There are nine guidelines;
 1. The context
 2. The child’s development
 3. The child/caregiver relationship
 4. Current parenting ability
 5. Impulse control
 6. Parental acceptance of responsibility
 7. Adult behaviors affecting parenting
 8. Parent’s relationship to the community
 9. Parent’s use of clinical intervention

The TPCA Guidelines must be applied at the earliest opportunity regardless of the stage of service delivery and must be completed within 3 months after final measures. In support of the application of the TPCA Guidelines, case workers can consult the TPCA Guidelines Core Group.

3. The Nipissing and the Denver II are tools used by nurses as part of The Early Childhood Development Program (ECDP) of Health Services to screen the development of children under the age of 6. The ECDP is of particular relevance to the TPCA Guideline # 2.
4. “Looking After Children” (LAC) is used for children in foster care for a period longer than 6 months. The LAC provides a comprehensive “assessment and action record” (AAR) of the child’s needs and progress. The AAR is divided by 6 age groups and focuses on 7 categories:
 - Health
 - Education
 - Identity
 - Family and social relationships

- Social presentation
- Emotional and behavioural development
- Self-care skill.

There are a number of other clinical tools used by psychologists that can also be relevant in the assessments of children and families subject to Permanency Planning Procedures. External resources can also be sought so as to assist BYFC interveners in assessing child development, attachment, parenting ability and other areas related to permanency planning.

1. PROCESS

All children who have been identified as being subject to the Permanency Planning Procedures will be referred to an Orientation Table/Permanency Planning Conference which will take place within 45 days.

Permanency Planning cases are subject to the following:

1. They are clearly identified as such in PIJ, in the client dossier, in the Orientation Table Review Decision and in the Intervention Plan form.
2. They receive intensive services (increased contact with BYFC interveners which may involve external professionals).
3. They are monitored more closely through a tracking system, increased conferencing and reviews. There is to be an Orientation Table followed by Permanency Planning conferencing reviews held at established intervals. When possible and depending on the length of the court order, these conferences are combined with personalized Youth Protection Reviews. (See flow chart in Annex B). The Intervention Plan is formally reviewed with the family every 3 months. (The review date is entered in PIJ as such).
4. Permanency planning cases identified at E/O will be referred to AM Teams. Cases flagged at AM have access to consultation with the AM Permanency Planning Managers.
5. Transparency is ensured throughout by case workers who will:
 - inform parents about the permanency planning process including concurrent planning and time frames according to the Youth Protection Act and why their situation has been identified as needing to be subject to the Permanency Planning Procedures;
 - promote and encourage parents' active involvement in case conferences and decision making;
 - clarify parents' rights to be involved with their child;
 - clarify for the parents what will be required of them;
 - clarify what BYFC services can be expected and make all necessary accompanied referrals to community partners;
 - when a child is placed in a Mixed-bank home, explain to the parents the significance of such a placement and the nature of that resource. (See Annex C).
6. All transfers between workers are "personalized".
7. A nurse will be assigned to all children tracked under Permanency Planning. See Section 4 of the BYFC Protocol of Collaboration with Community Physicians.
8. The assessment process of the child and family calls for the mandatory use of the TPCA Guidelines. In support of the TPCA Guideline # 2 (the child's development), the child may have access to the BYFC Health Services Early Childhood Development Program.

2. TARGET POPULATION

- All children under 6 years of age in placement, and their sibling(s) whose security and development are deemed compromised

- All children under 6 at home, identified by the Matrix, and their sibling(s) whose security and development are deemed compromised
- All children who were previously tracked under Permanency Planning and whose security and development are again deemed compromised

3. PERMANENCY PLANNING OPTIONS

The first permanent plan to be considered is for the child(ren) to remain with or return to their own family.

When it is clear that the family will not be in a position to safely care for and protect the child, and according to maximum duration of placement clauses (YPA section 91.1), an alternative long-term arrangement is sought. Alternatives include:

The child will live in a permanent home with grand-parents or other extended family.

The child will be legally adopted.

The child will be entrusted to a significant third party.

The child will be entrusted to a person who will exercise tutorship.

The child will live with or remain in a foster home that is committed to the child to the age of majority.

The child will move into independent living.

4. PROCEDURAL CLARIFICATIONS BASED ON DIFFERENT SITUATIONS

Different actions are required depending on which service is involved in the Permanency Planning procedures.

From Evaluation/Orientation (E/O) to Application of Measures (AM)

As soon as a child has been identified through the application of the Matrix, as being subject to the Permanency Planning procedures, the following steps are taken:

1. The E/O worker schedules an Orientation Table (OT) to occur within 45 days of the end of “E” via the established e-mail procedures which include sending a cc to the Family Preservation manager (if the case has been assessed and accepted for Family Preservation services), or to the AM Permanency Planning manager (determined by territory) to allow for an AM Permanency Planning worker to participate in the OT, and Health Services. If Family Preservation is providing services, the AM Permanency Planning worker would not be expected to attend the OT, but would participate at the subsequent Permanency Planning/Intervention Plan (IP) review. Access confirms the OT by returning the e-mail request for an OT with a “Reply to All” with history.
2. The E/O worker notifies Health Services so that a nurse can be assigned to the case. See Section 4 of the BYFC Protocol of Collaboration with Community Physicians.
3. The TPCA Guidelines are incorporated at the earliest opportunity in interventions with the family in order to allow for identification of strengths and weaknesses in the family and identify service needs. In the incorporation of the TPCA Guidelines (guideline #2 addressing the child’s development), the worker and the nurse assigned to the case work collaboratively. However, the nurse will take leadership with respect to health needs of the child including child developmental screening. When pertinent, the nurse will book an appointment with the Health Services Early Childhood Development Program (ECDP).

4. When pertinent, the E/O worker can consult the psychologist assigned to Permanency Planning.
5. The E/O worker will present to the family the BYFC Permanency Planning process and philosophy with regard to:
 - securing a permanent plan for the child with specific time frames,
 - the concept of concurrent planning and
 - the family being involved in the decision making process.(Annex C)
6. When the Permanency Planning manager receives the notification that a case has been identified as being subject to the Permanency Planning procedures with the invitation to attend the OT, she immediately identifies an AM case worker on the Permanency Planning team who will receive the case. She also notifies the clerk at AM responsible for the administration of the tracking. From the moment a child has been flagged, the case is monitored until the OT Manager/Reviewer confirms that the permanent plan is achieved.
7. The AM Permanency Planning manager ensures the presence of an AM Permanency Planning team worker at the OT who will become the worker responsible for the case at the conclusion of the orientation (final measures) and notifies the E/O manager of this assignment so that she can be entered as a “collaborateur” in PIJ.

Application of Measures (AM)

Children can be identified as Permanency Planning cases by the AM worker:

- When there are new developments in a case
 - For cases received through inter-Youth Centre transfers.
1. The AM worker identifies a case subject to the PP procedures through consultation with his/her manager and the application of the Matrix.
 2. The AM worker then consults with the AM Permanency Planning manager who will confirm that the case needs to be flagged as subject to Permanency Planning procedures. The AM worker notifies the AM clerk assigned to do the Permanency Planning tracking.
 3. The AM worker books an OT which must take place within 45 days after the initial identification.
 4. The AM worker notifies Health Services so that a nurse can be assigned. See Section 4 of the BYFC Protocol of Collaboration with Community Physicians.
 5. In their ongoing involvement with the family, the AM worker will present to the family the BYFC Permanency Planning process and philosophy with regard to securing a permanent plan for the child with specific time frames, the concept of concurrent planning and that the family will be involved in the decision making process. (Annex C)
 6. In preparation for the Orientation Table/Permanency Planning conference, the AM worker with support from other professionals applies the TPCA Guidelines to identify or up-date strengths and weaknesses in the family, as well as service needs.
 7. In the application of the TPCA Guidelines (Guideline #2 addressing the child’s development), the AM worker and the nurse work collaboratively. However, the nurse will take leadership with

respect to the health needs of the child including developmental screening. When pertinent, the nurse will book an appointment with the Health Services Early Childhood Development Program (ECDP).

8. When pertinent, the AM worker can consult the psychologist assigned to Permanency Planning.
9. Given that all “known” cases will remain with the AM worker and AM team normally assigned, the AM worker attends the OT/Permanency Planning conference and continues work with the family. The AM worker notifies the AM clerk assigned to Permanency Planning tracking of the decision of the OT Manager with respect to whether the case is subject to Permanency Planning Procedures.
10. Whenever an AM Permanency Planning worker is not assigned to the case, the AM Permanency Planning manager will attend the combined OT/Permanency Planning conference.

E/O to Family Preservation to AM

Referrals to Family Preservation:

1. If a family referred to Family Preservation has already been identified by EO or AM as being subject to the Permanency Planning process, this fact must be conveyed to the Family Preservation coordinator at the time of initial referral.
2. When the referring case worker books the OT, she sends a copy of the request for OT to the Family Preservation coordinator, if the case has been referred to or has already been accepted by Family Preservation.
3. Confirmation of the OT is sent to the Family Preservation coordinator. For cases that have been accepted by Family Preservation, the Family Preservation coordinator will ensure the presence at the OT of the caseworker who is already working with the family.
4. The Family Preservation coordinator will request that the referring manager enter the Family Preservation worker into PIJ as a “collaborateur”.
5. After a case is accepted by Family Preservation, a personalized transfer meeting with the referring worker and the family will occur within 5 days. At this meeting (which may occur prior to the OT) the concerns needing to be addressed, as well as the Permanency Planning time frames should be reviewed. The roles of the two caseworkers also need to be clarified.
6. The Family Preservation coordinator will notify the Permanency Planning Manager to ensure AM participation at the Permanency Planning conference.

Transferring from Family Preservation to AM

Cases will be transferred back to AM at the completion of the six month Family Preservation mandate. If the case is still subject to the Permanency Planning procedures, the Family Preservation coordinator sends the transfer to AM cc'd to the AM Permanency Planning managers, according to territory. If it is a case known to AM, it will go back to the original worker.

DRTSA, AM, YOS

In situations when an adolescent mother is a BYFC client with a child who is subject to the Permanency Planning procedures, a conference will be held to decide on the case assignment for the child. Unless contra-indicated, a separate case worker is assigned to the child.

**5. THE ORIENTATION TABLE/ PERMANENCY PLANNING CONFERENCE
(within 45 calendar days)**

Once the case has been flagged for Permanency Planning, an OT/Permanency Planning conference is held within 45 days. During this conference, the following elements are addressed:

1. The OT manager confirms or not the child's situation as being subject to the Permanency Planning procedures. The Permanency Planning managers are responsible for ensuring that the person responsible for tracking Permanency Planning cases is notified.

If the decision is confirmed that the situation is subject to the Permanency Planning procedures:

2. Concurrent planning is central to this process. Taking into account legislated time frames, Plan A is developed while Plan B is explored based on information from the worker's report as well as discussions occurring in the OT/Permanency Planning conference process. Plan A aims to maintain or return a child at home. Objectives with measurable outcomes and time frames are outlined. The parents confirm their motivation and commitment to the plan.
3. a) Commitment of BYFC to services in Plan A is confirmed.
b) Commitment to concurrently explore Plan B options is also confirmed.
4. Generally initial recommended measures are for 9 – 12 months, taking into account the specifics of the case.

6. RE. INTERVENTION PLANNING

1. Coordination of internal and external services is planned.
2. Parental and/or family contacts must be consistent with the plan.
3. The concept of concurrent planning and all the other aspects of permanency and permanency planning will have already been explained and presented to parent(s). Nevertheless, emphasis must be placed on ensuring that parent(s) understand permanency planning, e.g. concurrent planning (Plan A and Plan B), permanency, etc. and their in-put is sought in its formulation. It is essential that while all attempts are made to succeed with Plan A, a Plan B is concurrently explored and developed in order to have a specific, realistic, viable and timely alternative should Plan A fail, taking into account legislated time frames (YPA Sec. 91.1.)

7. RE. TPCA

The application of the TPCA Guidelines are incorporated into interventions to allow for identification of strengths and weaknesses in the family and of service needs.

8. FINAL MEASURES RECEIVED OR INTERIM TRANSFER OF CASES (Court declared SDC with interim measures transferred to AM)

Upon obtaining final measures or SDC, the case is immediately transferred to AM. Permanency Planning cases may not be placed on a waiting list, nor may they be assigned to a student.

A personalized transfer meeting must take place within 5 calendar days and must clarify issues of permanency for all parties.

As per policy, an intervention plan is done within 30 days of the transfer. As much as possible, the plan should be agreed upon by all involved, taking into consideration risk/safety factors and the best interest of the child. Visits should be arranged to facilitate meaningful parent-child interactions. Visits should provide the opportunity to observe parenting skills and attachment between the parents and the child, as well as the commitment and ability of the parents to self-mobilize.

Families must be serviced intensively during this period, with a minimum BYFC intervenor contact (face to face) of once a week.

The TPCA Guidelines must be completed within 3 months of the transfer to AM.

9. THREE MONTH PERMANENCY PLANNING CONFERENCE

The purpose of the Permanency Planning conference is to review the family's progress; the information gathered and organized according to the TPCA Guidelines; the visitation schedule; the child's progress and current needs, on-going concurrent planning as well as the services offered by BYFC. The purpose of this conference is to determine whether the plan is on track, achieved or at risk.

The case can continue to be subject to the Permanency Planning procedures even when the family is on target with the intervention plan. Even though the family may have made gains, more time is required to ensure that the gains are consolidated and integrated. Consequently, Plan B needs to continue to be developed and remain a viable option should the gains not be sustained.

If the family is not on target with the intervention plan, the concurrent planning options of Plan B will be explored in more depth with the family. This exploration must take into account the cultural and racial needs of the child in question. If an alternative family (identified earlier in the process as part of Plan B) needs to be assessed as a specific foster home or for Youth Court sanctioned tutorship, the case worker sends the referral to Resources for assessment.

Minutes of the Permanency Planning conference are recorded and distributed by the AM Permanency Planning manager to the Reviewer, Case Worker, Case Manager and Resource Manager.

10. SIX (6) MONTH PERMANENCY PLANNING CONFERENCE & PERSONALIZED REVIEW

If Plan A is successfully completed:

- When the child is in placement, reunification of the child with the family occurs or a clear re-integration timeline is established, as authorized by the Youth Protection reviewer.
- Ongoing services are identified and provided for the child to be maintained at home or returned home.

- Services which cannot be provided and which delay permanent plans are identified and this information is brought to the attention of the Permanency Planning coordinator.

If the family did not quite reach the objectives of Plan A, but is well on their way to doing so:

- The duration of plan A can be prolonged provided it does not jeopardize the time frames in the YPA.

If insufficient progress has been made in Plan A,

- Plan B (which had been explored, identified and developed earlier in the process) is implemented.
- At this stage, Caseworkers pursue one of the other Permanency Planning options that were previously identified as part of Plan B or that were previously confirmed through a Permanency Planning Review. A consultation must occur between the YP lawyer, the case worker, the manager and the OT Manager/Reviewer.

In the implementation of Plan B, case workers are to:

- Ensure that the parents are informed, aware of and understand the plan.
- Carefully explore with the parents various venues depending on the options identified in Plan B such as, the voluntary transfer of custody.
- Prepare and assist the child through this process of possible “mourning”. If possible enlist the help of the parent(s).
- Initiate legal proceedings if tutorship is part of Plan B.
- Continue gathering information and ensure clear, factual documentation.

If Plan B is adoption:

- Set deadlines for the completion of adoption assessments and/or up-dates.
- Carefully explore with the parents their willingness to agree to relinquishment.
- Initiate writing of the Declaration of Adoptability (D of A) Report and establish time frames for its submission. In situations of consent, the dossier is transferred to the Adoption Department after 30 days.
- If the plan is for the child is to be adopted by his foster parents, the “Adoption Assessment” is begun by the Adoption Department and is completed by the next Permanency Planning Review.

11. CLOSURE UNDER PERMANENCY PLANNING

Following a YP Review or Permanency Planning conference, the Reviewer has the authority to close a case under Permanency Planning when the permanent plan has been achieved. The Reviewer will notify the worker, who will notify the person responsible for tracking.

In adoption or tutorship situations, cases continue to be tracked and monitored by the Permanency Planning manager(s) with the support of the Adoption manager in the first situation, until the final Adoption or Tutorship order is granted. The cases are then closed in Youth Protection.

12. NINE (9) MONTH YOUTH PROTECTION REVIEW AND PERMANENCY PLANNING CONFERENCE

At this stage, depending on the child's age, as per the Youth Protection Act, two outcomes are possible. Either Plan A is in its final stages or Plan B is implemented. In either case, a permanent plan for the child can be realized.

13. ROLE OF THE PERMANENCY PLANNING COORDINATOR (Reports to the Director of the Division of Child and Family Services)

The role of the Permanency Planning coordinator is:

1. To coordinate the implementation and ongoing functioning of the permanency planning procedures throughout BYFC.
2. To ensure participation of an AM worker in the OT/Permanency Planning Conference/Review process involving identified permanency planning situations.
3. To ensure the tracking and monitoring of Permanency Planning cases in order that Permanency Planning delays (legal, clinical and administrative) are respected.
4. To ensure analysis of cases where the permanency plan may be jeopardized due to systems and/or casework issues and work with the program manager(s) to take necessary action for the permanency plan to remain on track.
5. To promote the continuity of interventions for children and families who are involved in the Permanency Planning process.
6. To participate in the Permanency Planning Advisory Committee.
7. To produce regular reports for the Division Director providing an overview of the Permanency Planning procedures within BYFC.
8. In collaboration with HRSD and DPS, to institute and develop the necessary support for the use of clinical tools pertinent to permanency planning, e.g., the TPCA Guidelines Core Group and PIJ training.

The Permanency Planning coordinator is supported and assisted by the Permanency Planning AM managers in order to meet these responsibilities.

14. ROLE OF THE PERMANENCY PLANNING AM MANAGERS

The role of the AM Permanency Planning managers is:

1. To assume the responsibilities of managing and monitoring their Permanency Planning tracking list.

2. To ensure that an AM worker attends and the assigned nurse is invited in a timely fashion to the OT Permanency Planning conference on Permanency Planning cases.
3. To carry out the Permanency Planning review conferences within their designated territories in cases that do not involve a personalized Youth Protection Review; that is, to schedule, convene, and chair the meeting, as well as to ensure that minutes are taken and distributed.
4. To provide Permanency Planning consultation to their colleagues.
5. To inform the BYFC Permanency Planning coordinator of any difficulties regarding the implementation of the Policy, its procedures or of Permanency Planning/OT Conference decisions.
6. To develop and maintain an expertise in the area of permanency planning.
7. To up-date Permanency Planning information in PIJ.

15. ROLE OF THE E/O LIAISON MANAGER

The designated E/O Liaison manager for Permanency Planning will assume responsibilities for liaison with other departments in BYFC and follow-up on systemic issues related to Permanency Planning activities involving the E/O Department. The liaison manager may also represent the department on the Permanency Planning Operations Committee.

16. ROLE AND COMPOSITION OF THE PERMANENCY PLANNING OPERATIONS COMMITTEE

This committee is comprised of line management representation from the following services: AM Permanency Planning Managers, Family Preservation, E/O, Reviewer, DRTSA, Legal, Adoption, Resources and other involved intervenors. The Permanency Planning Operations Committee focuses on case presentation by the assigned worker and manager, problem solving, and alerts the Permanency Planning Advisory Committee of any systemic /organizational issues or concerns. This committee meets every 6 weeks but may be convened more frequently by the Chair who is a designated AM Manager.

17. PERMANENCY PLANNING ADVISORY COMMITTEE:

The Permanency Planning Advisory Committee is a standing committee under the chairmanship of the Director of Child and Family Services which meets a minimum of twice per year. The purpose of the committee is to monitor the application of, and provide support to permanency planning processes. The committee consists of coordinators from: Legal Services, RTS/EO, Application of Measures, Adoption, Foster Care/Mixed Bank Program, Orientation Tables/Review, Professional Services, Family Preservation, and any other participants identified as relevant by the chair. The mandate of the committee is:

1. To remain informed of ongoing developments in permanency planning at BYFC and in other jurisdictions and propose changes when necessary;
2. To identify system problems which impact negatively on permanency planning and to recommend solutions to the Batshaw Management Committee (BMC).

Permanency Planning Screening Matrix

Client Name: _____ **Benef. #:** _____ **Date:** _____

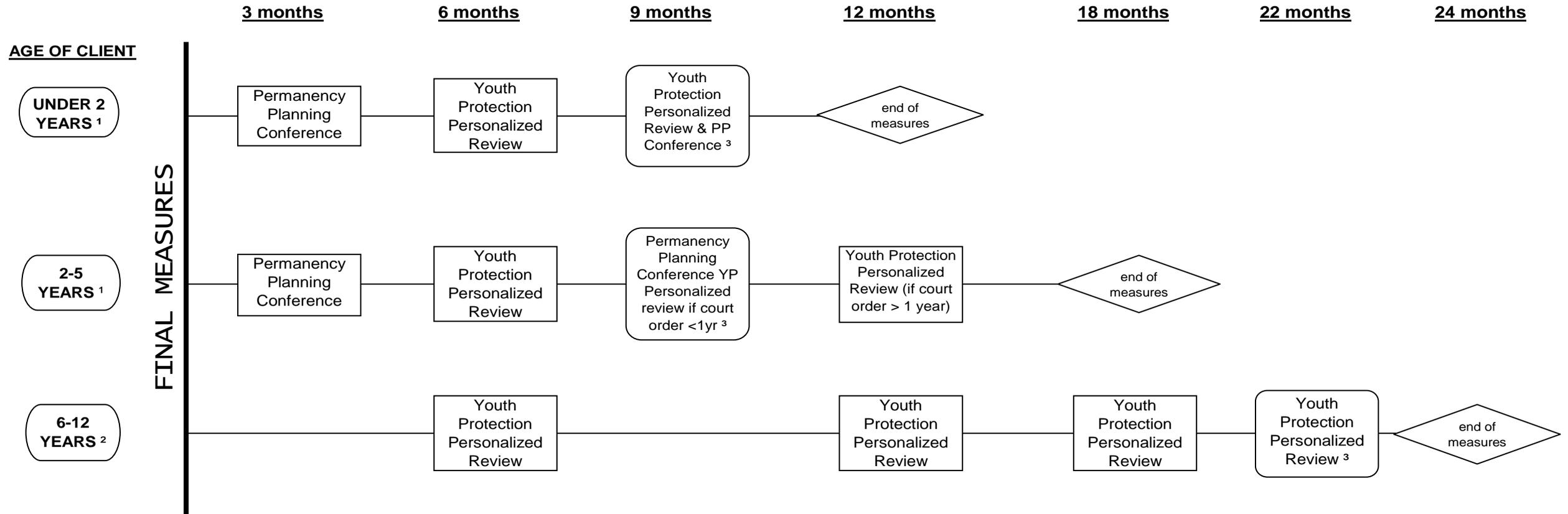
The case is subject to Permanency Planning Procedures when one or more of the following criteria applies:

<u>Criteria</u>	<u>YES</u>	<u>NO</u>
Parent or partner has killed or seriously harmed another child through abuse or neglect and no significant change or treatment has occurred.	_____	_____
Child has experienced serious physical or sexual abuse by the parents or parents have allowed conditions for a third party to abuse the child.	_____	_____
There is a chronic pattern of abuse or severe neglect that has not responded to services.	_____	_____
The child had been under a previous permanent plan or the child’s sibling is currently under a permanent plan	_____	_____
Parental rights to another child have been involuntarily terminated following a period of service delivery to the parents and no significant change has occurred since.	_____	_____
Child or siblings have been in out-of-home care on at least one other occasion for a period of 6 months or more or have had two prior placements with DYP intervention.	_____	_____
Parents present with (suspected or diagnosed) with mental health issues and have not responded to previously delivered mental health services. Symptoms continue which significantly limit parental capacity to protect and to nurture.	_____	_____
Parents have a history of substance abuse or are chemically dependant and have not acknowledged or taken steps to address the issue, have a history of treatment failures; or the infant tested positive for substances at birth	_____	_____
Child has been abandoned outside the home; after being placed in care, parents/tutor do not visit of their own volition. Parents disappear or appear rarely.	_____	_____
Parents are intellectually impaired, have shown significant deficits in caring for their child and have no significant support system to support their parenting.	_____	_____
There is a pattern of domestic/conjugal violence which is not acknowledged or addressed by parents.	_____	_____
Parent is an active DYP client (under 18 years of age)	_____	_____
Parent has recently asked to relinquish the child following initial intervention.	_____	_____
There are serious concerns about the emotional development of the child (e.g. <i>isolation, rejection, observed attachment/bonding concerns</i>) due to the inability of the parent to consistently protect and nurture the child or siblings.	_____	_____
The child is under age 6 and is in placement	_____	_____

When and how to use the screening matrix:

- All children under the age of 6 in placement (including entrustment) are subject to permanency planning – placement being one of the criteria on the matrix;
- All children under 6 years of age (and siblings), identified by the matrix are subject to permanency planning;
- While the criteria of the permanency planning may provide an indication of “risk of instability or permanency drift”, it is important to take into consideration the specific case dynamics, history, interactions and capacities that exist within the immediate and extended family when assessing risk of instability.

PERMANENCY PLANNING CONFERENCING YOUTH PROTECTION REVIEW TIMELINES



¹ Permanency Planning Cases for 0-5 years as designated by Permanency Planning Matrix = Placement or Entrustment or Risk Non-Placement Situations.

² Permanency Planning Cases for 6-12 years = Placement or Risk Situations designated as Permanency Planning.

³ While the new law requires Youth Protection Review every 6 months, the final Youth Protection Review will occur 3 months prior to the end of measures to ensure sufficient time for worker's preparation and court process.

n.b. BYFC Permanency Planning Procedures require PP conferencing for identified PP clients 0-5 years of age in addition to mandatory YP reviews. For permanency planning clients 6-12 years of age mandatory YP reviews will occur to establish and monitor the permanent plan.

GUIDELINES FOR DISCLOSURE TO FAMILIES OF BYFC PERMANENCY PLANNING PROGRAM

WHEN:

The identification of a permanency planning case occurs through the application of the Matrix following an SDC conclusion of a Youth Protection evaluation or during the orientation stage. Exceptionally, a case will be identified by the Orientation Table/Review manager.

The disclosure to the family by the YP delegate of the Permanency Planning program and process occurs between the time of identification and prior to the Orientation Table.

HOW:

Parents need to be informed in a respectful, straightforward manner and with words that the family can understand. The information needs to be presented at a time and place when parents are emotionally available to hear what is being presented and have their questions answered.

WHAT:

The disclosure is guided by Family Centered Practice standards:

- The parents right to be informed and involved in the decision making process;
- The child's right to a nurturing permanent home in a safe environment;
- The importance of time frames that are established based on the child's best interests;
- Clear identification of what changes need to occur within the family and what services and supports can be expect from the agency;
- A statement of the consequences of not complying with measures

The family needs to be informed of the following by the delegate:

- The childhood effects of multiple separations and the importance of time with respect to a child's attachment and development.
- The reasons for which the case has been identified as "permanency planning".
- That the Permanency planning program involves the existence of conferencing processes that they can participate in: intensive case reviews; monitoring processes and time limited services which will occur within an 18 month period.
- That concurrent planning is a permanency planning practice that emphasizes the attachment needs of children and that works towards maintaining families together or promoting family re-unification, while at the same time developing an alternative permanency plan such as kinship care; tutorship; legal guardianship or adoption.
- That BYFC's first option for permanency is with the biological family and that in exploring a concurrent plan, that extended family (biological and culturally defined) will be explored.