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**Vancouver Aboriginal Child & Family Services Society**

**ACCESS PRACTICE DIRECTIVE**

**April 20 2018**

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## The Child’s Right to Access

Every child has a right[[1]](#footnote-1) to access[[2]](#footnote-2) that supports safe connections to their parent(s), family, community(ies) and culture(s). Supporting this right is a restorative child welfare practice that can

* Strengthen the child’s sense of belonging, attachments and resilience;
* Support the child’s well-being and adjustment to their placement;
* Honour the child’s cultural identity;
* Enable the child’s parent(s) to learn, practice and demonstrate parenting skills;
* Strengthen parental confidence and capacity to meet the child’s needs;
* Facilitate and strengthen the parent-child relationship; and
* Increase the likelihood and timeliness of reunification.

Access is considered in the context of the Inclusive Foster Care policy and trauma-informed practice, collaboration between all involved VACFSS programs, regular meetings of the child’s circle, and activities to strengthen relationships between the child, their caregivers, and their parent(s) and extended family and community members. The goal is that:

Parents and caregivers teach and support each other to care for the child…Parents and extended family are not visitors. They are [integral] participants in the day-to-day care of their children. They are the acknowledged experts on their children …Caregivers support, encourage and accommodate birth parents as they work on the issues that led to the child coming into care. Caregivers share their knowledge and wisdom, just as a relative would do. When setbacks occur and there are obstacles to overcome, the inclusive care partners help each other to do the best for the child. *(VACFSS Inclusive Foster Care Policy, 2011).*

## Access in the Child’s Best Interests

Access arrangements are safe, non-traumatizing and encourage positive attachments between the child and their parent(s), family, community(ies) and culture(s). Access takes place in the least restrictive environment that is consistent with the child’s safety and well-being and, to the greatest extent possible, access arrangements minimize disruption for the child. Decisions about access are based on an assessment of the child’s unique situation and needs and prioritise the best interests of the child.

Access arrangements are deemed not to be in the best interests of the child when they:

* Present a risk to the child’s safety and well-being that cannot be managed with available resources[[3]](#footnote-3);
* Prevent progress towards the child’s agreed permanency plan; or
* Compromise a criminal investigation related to the child.

When a decision has been made to limit or deny access, the reasons for the decision are documented on the child’s file and the decision is reviewed on a regular basis (see: *Review of Access Arrangements*).

## Access and Conflicting Court Orders

Access arrangements cannot breach a court order[[4]](#footnote-4). When making access arrangements, it is important to ask whether there are any Family Law Act (FLA), Family Relations Act (FRA) or Divorce Act (DA) orders pertaining to the child. These orders must be obeyed until and unless they are set aside or reversed on appeal; the worker cannot counsel a parent to breach a court order regarding custody or parenting time. If compliance raises concerns for the child’s safety or if there is uncertainty about the meaning of these orders:

1. In consultation with the Team Leader, seek immediate legal advice from director’s counsel or Legal Services Branch and document the advice in ICM.
2. Put into place any necessary safety plan, either with the written consent of *both* involved parties, or by taking additional protective steps under the CFCSA.

## Access Orders

While all reasonable efforts are made to negotiate access by agreement, a worker may agree to an Access Order when their Team Leader approves the decision that this is in the best interests of the child and the wording is as below:

* ‘Reasonable access to be supervised at the discretion of the Director’, if the child is to be subject to an Interim or Temporary Custody Order; or
* ‘Reasonable access to be supervised at the discretion of the Director, for so long as such access remains in the best interests of the child’, if the child is to be subject to a Continuing Custody Order.

## Visit Supervision

Unless a Team Leader has determined otherwise, the first access visit after a child comes into care or an out-of-care placement takes place within 48 hours and is supervised by a VACFSS Social Worker, Social Work Assistant or Family Preservation Counselor.

Access thereafter is supervised when this is necessary for:

1. The child’s safety and well-being, or
2. Time-limited assessment or intervention purposes.

The supervision of visits should have a clear purpose that is directly connected to the child’s plan, supports the child’s rights and attachments, and is understood by the visit supervisor and by the person visiting with the child. The child’s worker communicates expectations on the access supervision referral form or directly to the person who is to supervise the visit, and ensures that the supervisor has the information about the child and family that is necessary for the purpose of supervision to be achieved.

To determine the most appropriate supervisor, refer to the Supervision Levels Table (Appendix 1) and consider the level of required:

1. Monitoring and intervention:
* Is the supervisor required to be present at all times, even when this might be uncomfortable?
* Are they expected to intervene in the event of particular behaviours or risks?
* Are they required to notice particular details of parent-child interactions, or to be alert for particular issues?
* Are they required to analyse or interpret child/parent interactions?
* Are they required to provide parenting education and coaching?
1. Reporting:
* What are the expectations for verbal reporting?
* What are the expectations for written reporting (e.g. a detailed written assessment, a brief summary, a report only of unusual events or child protection concerns?)
* How soon after the access is a report needed?

As safety is strengthened, access generally moves to a less monitored level of supervision.

When Level 2-4 supervision is required, the worker considers whether and how the child’s caregivers or other members of the child’s circle can safely perform this role. **Any plan for a foster parent to supervise visits must be approved in advance by their Resource Worker** and will often require planned work to support the foster parents and those who will be having access to come into relationship with each other, to understand their shared goals and to appreciate each other’s stories and strengths. When access is supervised by a family/community member this work may also be required. When access is supervised by a family/community member in the family/community member’s home, Prior Contact Check and Criminal Record Check must be completed and approved in advance.

##

## Determining Access Arrangements

Determining access arrangements requires clinical judgment and Team Leader consultation to consider the following:

### How does access affect the child?

This is assessed during the first visit and on an ongoing basis, by assessing the child’s verbal and non-verbal cues and the parent-child interaction, reviewing all available access reports, and seeking the views of the child, parents, caregivers, members of the child’s circle and any access supervisor or relevant specialist.

It is particularly important to discuss the child’s response to the access with the child’s caregivers. It is *normal and healthy* for children and youth to experience some emotional /behavioural disruption or regression as a result of access. Caregivers may need support to understand this and to help the child to express and process the feelings raised by access. When caregivers appear to need extra support with this, the child’s social worker and the Resource Worker/Out-of-Care Options Worker discuss whether a referral for specialised support (e.g. Hollyburn Family Services for foster parents and the Strengthening Relatives Group for Out-of-Care caregivers) may be helpful.

No child should be forced to participate in access against their will or if it appears to be traumatising for them. In these situations, consult the Team Leader to determine:

* How the child’s views about access are to be explored, including their views as to what measures, if any, might help them to feel safe with access;
* The child’s needs for assessment and/or therapeutic intervention;
* Any necessary changes to the access arrangements; and
* How the child’s views about access are to be revisited on a regular basis.

### Are access arrangements consistent with the child’s developmental needs?

Children’s needs regarding access change as they develop. Infants and toddlers typically require frequent visits, preferably every couple of days, in order to sustain attachment, reduce anxiety and support development. However, they also need consistent routine and care, meaning that young children are best served by frequent visits in their own placement environment or, when this is not possible, they can benefit from less frequent longer visits that allow for their natural sleep-wake cycles and decrease travel time and transitions between caregiver and parent. As children develop, they are typically able to maintain their attachments through longer absences, but it becomes more important to them that visits are outside of school hours and enable them to participate in favourite activities.

In addition to facilitating access, members of the child’s circle are expected to work together to support the child’s cultural and relational connections in other developmentally appropriate ways. This might include ensuring that the child has access in placement to family photos, keepsakes, audio or video recordings of family members and resources from their culture(s) and community(ies) (see *VACFSS Inclusive Foster Care Policy*).

### Do access arrangements support the permanency plan?

Access arrangements change according to the plan for the child. When a child first comes into placement an assessment of the child, parent and parent/child interaction is typically required to guide work towards reunification. To inform this assessment, the first visit is supervised by a person who can provide timely information (see *Visit Supervision*). In the early stages, relatively short visits of 1-2 hours can help parents to experience the visits as successful.

As child safety and relationships amongst the child’s circle are strengthened, access can become more naturalised. Consider whether and how:

* Members of the child’s circle, including the child’s caregivers, can take on roles related to facilitating or supervising access;
* Visits can become more integrated into the child’s normal routine, for instance by moving to the child’s placement or a local park, Friendship Centre or community centre and including attendance at the child’s appointments and cultural, social and leisure activities;
* Visits can include family or community activities, celebrations and events, including visits to the child’s home community (See *Touching the Land of Our Relations* policy).

As a family makes progress towards reunification, longer and/or less restrictive visits enable the child and parents or family members to develop their confidence and competence with each other. Visits in the parental home, building up to overnight visits, become an important way for all involved to prepare for a child’s reunification. The focus of planning for a child who is regularly spending long periods of time and overnights in the parental home should be on facilitating timely reunification, with respite or relief arrangements being used when necessary to support that reunification.

If the plan for reunification is not progressing, access needs to stabilise into an arrangement that meets the child’s developmental needs, facilitates the alternative permanency plan and to which the child’s current and future caregivers can reasonably commit. Plans that require children to regularly travel long distances (for instance to school or to access in the parental home) or that involve very frequent visits or many hours of professional supervision are rarely in the child’s best interests at this stage. Care should be taken to ensure that access decisions continue to be determined in accordance with the child’s best interests and this Practice Directive, and are not unduly influenced by the desire to secure consent to a Continuing Custody Order.

### Are there risks associated with access?

To aid in assessing the risks associated with access, consider whether there is a reasonable concern that the parent or person with whom the child is to have access may:

* Be physically, emotionally or sexually abusive during the visit;
* Be unable to meet the child’s basic needs;
* Be significantly impaired by substance use or untreated mental illness;
* Behave in a way that is confusing or frightening to the child;
* Make unrealistic promises or inappropriate comments that have a negative impact on the child;
* Abduct the child;
* Have intentionally harmed the infant or young child with whom they are to have access, and there is no clear assessment that unsupervised access is likely to be safe for that child.

**Supervision is required if any of these risks is present, or if police have requested that access be supervised during a police investigation.**

In addition, when access is with a person who:

* Has sexually abused, is alleged to have sexually abused, or may sexually abuse the child, refer to *Practice Guidelines for Assessing Whether a Person who has Sexually Abused a Child Can Safely Rejoin a Family* (MCFD, 2015);
* Raises concerns about domestic violence, refer to *Practice Guidelines Domestic Violence: Risk Reintegration of Offending Parents* (MCFD, 2016);
* Has previously been subject to an order restricting their access to a child, gather information about the reasons for the order and consult with the Team Leader.

### Is the parent able to maintain access arrangements?

Parental inconsistency in maintaining access arrangements can have a negative impact on the child. When this is a concern, the child’s worker and Resource Worker discusses with the caregiver(s) how they might help the child to understand and manage inconsistent visits. The child’s worker makes all reasonable attempts to meet with the parents to discuss the issue and, keeping in mind the best interests of the child and need to minimise disruption for the child, considers the following questions:

1. ***Should support for the visits be increased?*** The parent may have fears about visits or face practical difficulties that can be mitigated by increasing supports. They may need help to structure visits or to plan and participate in activities that nurture their attachment to the child. Consider how family members, friends, caregivers, Family Preservation Counsellors, the Strengthening Groups and access supervision services might provide support to:
	* Prepare for visits;
	* Debrief after visits;
	* Strengthen positive interactions during visits; or
	* Support travel to and/or from visits.
2. ***Can visits be arranged differently to minimise disruption for the child?*** Consider whether visits can be moved into or closer to the placement, or to the location of an activity that the child enjoys, or where the child can continue with their daily activities or visit with other family or friends in the event the parents do not arrive. Particularly when parental substance use or mental illness is a barrier, consider strategies like asking the parent to call in advance to advise whether they will be able to attend, or meeting in advance with a person who can assess their capacity to manage the visit that day.
3. ***Should expectations be reduced****?* Difficulty keeping to arrangements may indicate that the parent is not ready to assume the level of parenting responsibilities that the arrangements entail. Consider what this means for the child’s permanency plan, and whether fewer visits or a less demanding form of contact (e.g. phone or webcam calls) may be indicated.

## Reviewing Access Arrangements

Access arrangements are discussed at every Inclusive Foster Care Meeting, Plan of Care Meeting and Collaborative Practice Meeting. In addition, the social worker reviews them with the Team Leader:

* Within a week of the child being placed;
* At least every month while child is served by the Child Protection Team;
* At least every 6 months while the child is served by the Guardianship Team;
* When a contract related to the facilitation or supervision of access is to be renewed[[5]](#footnote-5);
* When a child moves placement; and
* When a Continuing Custody Order is to be sought. The Guardianship Manager or their delegate participates in the review of access arrangements when a Continuing Custody Order is to be sought.

Child Protection Workers use the Access Checklist (Appendix 2) to guide these review discussions. The Access Checklist is attached to any request to renew a supervisor/transportation contract for 40 hours or more.

Resources Workers use the Resources Transportation Requisition (Appendix 3) when considering submitting a referral for contracted transportation services to support a caregiver in meeting access arrangements.

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| --- |
| Appendix 1: Supervision Levels Table |
| **Level of Supervision** | **Use When…** | **Location** | **Appropriate Supervisors** |
| **Level 1**All exchanges between child(ren) and parent(s) are monitored. The supervisor is physically present with the child at all times. | There is a high level of concern for a child’s physical or emotional safety during the visit  | A highly structured environment like an office setting where other professionals are present | Family Preservation CounselorVACFSS Social WorkerVACFSS Social Work AssistantTherapeutic Access SupervisorTherapeutic Access Program Worker e.g. Circle of Friends, Alan Cashmore, Alderwood, Family Day Program |
| **Level 2** The supervisor is physically present with the child at all times, but may not monitor all exchanges e.g. washroom visits.  | There is a moderate level of concern for the child's safety and/or coaching, education, and skill-building are necessary.  | An environment where the child, parent and supervisor can access the support of others e.g. the office or a partner MCFD/DAA office, placement, home of an extended family member, or community setting e.g. Friendship Centre or Family Place  | Family Preservation CounselorVACFSS Social WorkerVACFSS Social Work AssistantTherapeutic Access SupervisorTherapeutic Access Program Worker e.g. Circle of Friends, Alan Cashmore, Alderwood, Family Day ProgramThe child’s caregivers or another member of the child’s circle (only with appropriate preparation and an approved written plan) |
| **Level 3**A supervisor is available at all times, but the parents may spend time alone with the child(ren) e.g. the supervisor monitors other children at the same time, or supervises the visit for 15 mins, leaves the child with the parent(s) for 30 mins and then returns to observe the last 15 mins. | There is a low level of concern for the child's safety but still a need for parental education, coaching, and skill-building. | A natural setting that offers parent(s) the opportunity to develop parenting skills, improve parent-child interactions and manage safety concerns e.g. the placement, home of parent(s) or an extended family member, or community setting e.g. Friendship Centre or Family Place, park or mall | A non-specialist contracted Access Supervisor (e.g. NICSS or PACIFICA) Strengthening Families or Strengthening Fathers The child’s caregivers or another member of the child’s circle |
| **Level 4**The parent(s) are screened by the supervisor, and may check in with the family during the visit, but the parents can visit with the child(ren) unaccompanied by the supervisor e.g. parent(s) pick up the child at a designated location and take the child home for a visit, or supervisor drops the child(ren) off at home or in the community and later picks the child up. | There is a low level of concern for the child’s safety and direct parenting support or coaching is not required. The focus of visits is on strengthening relationships and parental confidence and competence. | A community based or "home-like" setting that offers parent(s) the opportunity to develop parenting skills or improve parent-child interactions. One visit may occur in more than one location. | A non-specialist contracted Access Supervisor (e.g. NICSS or PACIFICA) The child’s caregivers or another member of the child’s circleStrengthening Families and Strengthening Fathers  |
| **Level 5**No supervisor is present during the visit and parents can be alone with their child | Social worker has assessed that no safety concerns exist that prohibit the parent(s) and child from being alone. Typically, this is one of the latter steps before reunification. | Location is determined by parent, in consultation with the child’s caregiver(s)/social worker | No supervisor |

## Appendix 2: Access Checklist (Child Protection)

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEEK 1 MONTHLY PLACEMENT MOVE

CONTRACT RENEWAL\* COLLABORATIVE PRACTICE MEETING CCO APPLICATION

(\*Attach to approval requests when contract 40 hours+)

|  |  |  |
| --- | --- | --- |
|   | Yes | No  |
| First access visit supervised by VACFSS SW/SPOA/Family Preservation Counselor (WEEK 1) |  |  |
| It has been established that there is no conflicting court order or criminal investigation  |  |  |
| Access purpose and parameters discussed with child |  |  |
| Access purpose and parameters discussed with each person having access |  |  |
| Access purpose and parameters discussed with access supervisor (if any) |  |  |
| Access purpose and parameters discussed with caregiver(s) |  |  |
| Caregiver(s) understand the importance of access |  |  |
| Caregiver(s) understand and appropriately manage child responses to access |  |  |
| Caregiver(s) have developed relationships with each person having access |  |  |
| Access has been discussed at an Inclusive Foster Care Meeting |  |  |
| Caregiver(s) understand the child(s)/family’s story and impact of colonization  |  |  |
| Caregiver(s) acknowledge family strengths, successes and wisdom |  |  |
| Caregiver(s) and parent(s) share an understanding of the vision and plan for the child |  |  |
| Caregiver(s) and parent(s) share information/photos etc. re the child |  |  |
| Caregiver(s) facilitate telephone/web access, if in the child’s best interests |  |  |
| Caregiver(s), parent(s) or other members of the child’s circle manage transportation for visits |  |  |
| Caregiver(s) host visit(s), if in child’s best interests and approved by Resource SW |  |  |
| Access arrangements are manageable for the child, with appropriate caregiver support |  |  |
| Access arrangements are consistent with the child’s developmental needs |  |  |
| Access arrangements are supported by the child’s clinical team (Dr./Counselor etc.) |  |  |
| Access arrangements support the permanency plan |  |  |
| Risks associated with access are adequately managed |  |  |
| Person having access can maintain the access arrangements |  |  |
| A plan is in place to naturalize access, in line with permanency plan/child needs |  |  |
| If ‘no’ is answered to any of the above, detail the steps that will be taken to address the issue: |

Social Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appendix 3: Resources Transportation Requisition

**Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foster Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foster Caregiver Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trip Details (to/from, reason, frequency):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Can the following do the trip or transport the child?** Consider: car, public transport, taxi | Check when considered | **What additional supports and/or assessment would they need to do the trip or transport the child?**Consider: $$, vehicle, criminal record check, relief caregiver assessment etc. |
| Parent |  |  |
| Family member |  |
| Friend |  |
| Foster caregiver |  |
| Relief caregiver |  |
| Other foster caregiver |  |
| Other relief caregiver |  |
| Friend of caregiver |  |
| VACFSS driver |  |
| Social Worker |  |
| Social Work Assistant |  |
| Taxi driver (only for adult or adult/child) |  |

The following additional supports are approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Transportation is to be requested from In-Home Supports because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T.L./Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Enshrined in the *UN Convention on the Rights of the Child, Aboriginal Operational and Practice Standards and Indicators* and the *Child, Family and Community Services Act.* [↑](#footnote-ref-1)
2. For the purposes of this Practice Directive, access is defined as contact between a child-in-placement and their parent(s), siblings and/or other people who are important to them. This includes face-to-face visits and communication by telephone, webcam, text, email and similar means. [↑](#footnote-ref-2)
3. This includes the risk of traumatizing, or of having a severe adverse effect on, the child. [↑](#footnote-ref-3)
4. See MCFD Practice Directive 2017 – 1 Court Order Compliance: When Orders May Conflict [↑](#footnote-ref-4)
5. Referrals for 40 or more hours of service also require Program Manager approval. [↑](#footnote-ref-5)