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Individual – Couple – Family Therapist



Family Planning for Grandparent(s): When a grandchild or grandchildren are in need of protection and have been apprehended under the Child and Family Services Act (CFSA, 2007) of Ontario.

There are times when grandparents or a grandparent faces the sorrowful prospect of finding out their beloved grandchild or grandchildren have been apprehended by a child protection agency operating in Ontario. Under the CFSA (2007) a grandparent or grandparents have the right to put forward a plan of care and to make an appeal to take the child that was apprehended into their own care. In these cases grandparents or a grandparent can start out on the journey to becoming foster parents, parents-again, and therapeutic allies to their own extended families.

Before one begins, when you approach the Children's Aid Society (CAS), you should be prepared. You can do this by starting and developing your own grandchild plan of care. This is done with the objective of knowing how you yourself are going to find and implement the appropriate care for your grandchild or grandchildren, and secondly to show the CAS that you mean "business". By approaching the Children's Aid Society in this manner, you will be providing an image of a responsible and dedicated grandparent or grandparents are seeking the best for their grandchild's or grandchildren's personal and social well-being, and promoting the fact that the best caregivers for apprehended children are in fact – FAMILY not strangers!

To prepare for this, you should first develop a list of appropriate professionals who can aid you in this regard and you should acquire (as best as you can) the details surrounding the apprehension and the child's own personal and psychological challenges.

1. Gather your information from the CAS, the child him/herself (if you can arrange to speak to them), any person you know who knows the child, and the parents (your children) themselves.
2. Find the appropriate professionals who have knowledge of the issues at hand, and seek their support. Often you can do this by accessing a mental health professional through a free community based setting and/or a qualified and licensed physician you know and trust.
3. Have the professionals who can, and will, sign a letter of support attesting to the fact that you have sought their consultation on this matter (see template attached).

4. Develop your plan according to the information you have around the seven psycho-social areas for child care.
5. Provide a rough outline of the proposed schedule for the child.
6. Have a registered Social Worker review your plan of care to determine if it is appropriate for the circumstances. Find a Social Worker who can provide a consult who specializes in child and adolescent work. You may also contact me as well with the contact information provided at the end of this document.

Putting the “PLAN” together:

Here is what a good plan of care might look like, feel free to use this as a guide.

- A) Letter of Introduction and Intent addressed to the CAS and the specific child protection worker.
- B) Summary of the issues you have identified and the sources of information willing to collaborate on your proposal.
- C) Home Life Arrangements: includes a home schedule for the child, plan of care, discipline and behavioral management approach as well as your understanding of the child’s issues.
- D) Tabled document of the plan of care.

Remember: Be sure to watch how you write your package for care – sometimes more than one grandchild is being apprehended, and sometimes grandparents are single. Be sure your letters, summaries and plans of care as well as home arrangements reflect these differences. (In other words, do not just copy word for word without ensuring accuracy regarding the particulars of the child or children involved and who is presenting the plan of care.)

SAMPLE PLAN:

A) Letter of Introduction:

Local Children's Aid Society
100 Anywhere Drive
Anytown, Ontario
C5C 6T6

Attention: Ms/Mr Social Worker

Re: Grandchild's Name (DOB: DAY/MONTH/YEAR)

Dear Ms/Mr. Social Worker;

We/I are/am the paternal/maternal grandparent(s) to (name of grandchild or grandchildren). We understand that under the Child and Family Services Act in Ontario. The local Children's Aid Society has found our grandchild in need of protection, and has thus apprehended him and is seeking to make him a temporary Society Ward. We are solely invested in the best interests and well being of our grandchild(ren), and would like to put forward under a Plan of Care, in which the Children's Aid Society must legally consider. We have sought independent professional advice from registered professionals here in TOWN, Ontario regarding the emotional and social well being of our grandchild(ren) and will secure legal counsel if necessary. With this in mind, we are at the most, seeking to preserve a relationship with a child/children that we consider to be very special. It is our intention to work cooperatively with your agency in a way that promotes the well-being, safety and security of our grandchild(ren), and would provide an opportunity for this child/these children to have permanency. We know that family based care with a child's extended family is preferable to group home or foster care placement with strangers, and are thus prepared to work efficiently and productively to help your agency provide our grandchild(ren) with an alternative solution to his/her/their living arrangements.

Sincerely,

Grandparent(s) names.

B) SUMMARY AND COLLATERAL ENDORSEMENT (Example):

SUMMARY: PLAN OF CARE (TBD BASED ON OFFICIAL COURSE OF ACTION)

CHILD NAME: Doe, John

Age: # DOB: DAY MONTH YEAR

Assessment and Diagnosis: ADHD & Oppositional Defiant Disorder (court record source)

Medications: Unknown, CAS will not release information due to legal status.

Current Treatment and Support: None that we are aware of.

Current Status: Apprehended, Temporary Ward Status for three months

Optimal Outcome and Permanency Plan: Every child should be reunited with parents, but we are willing to commit to the lifetime permanency of our grandchild if needed.

Current Location: Anytown, Ontario

Parental Status: Mother and father unable to parent, drug issues, and a lot of family fighting going on, etc.

Recommended Treatment: AACAP (2011) includes individual and family psychotherapeutic approaches, medication and socio-therapy. (American Academy of Child and Adolescent Psychiatry, ODD Practice Parameter, 2011). Doctor M. Smith has recommended a course of treatment to us based on this information. Please see summary below.

C) HOME LIFE ARRANGEMENTS:

HOME LIFE ARRANGEMENTS

Making Home work for our grandchild(ren):

1. Family to have structure and routine in place before child(ren) come(s) home.
2. Family will engage in therapy and treatment to support grandchild(ren) and to reduce interpersonal anxiety as well as to promote enhanced coping skills and in-still a healthy positive-outcome oriented home environment.
3. Supervision 24-7.
4. Safety and Emergency Plan for behavioural interruptions.
5. Respite Care and approved caregiver(s) for grandchild(ren) to give grandparent(s) respite.
6. Recreation and Activities to be in place prior to grandchild(ren)'s reintegration.
7. Home to be cleared of all 'stuff' that would pose a concern or social diversion for grandchild(ren); ie – clutter in home, potential danger to family if grandchild should behave aggressively.
8. Crisis response – emotional regulation and attunement training for family members.
9. Shared Parenting – four approved individuals would likely be Aunt, Uncle, Cousin and Sister.
10. Thinking developmentally; understanding risk factors as children grow and how co-morbid conditions hinder optimal growth and development; family to engage in education and training around this issue.
11. Shared parenting that is tight, cohesive and consistent – no deviation whatsoever.

PROPOSED DAILY SCHEDULE:

Needs: High Supervision; consistent and persistent routine and structure, an interaction that is focused on process and self image modulation/experience.

Considerations: Emergency plan for aggressive behaviour at school; back up arrangements for contact and a plan of action on “what to do” when other help is not available. Focus is on child development, safety and security.

<u>HOUR</u>	<u>ACTIVITY</u>	<u>SUPERVISION</u>
<u>7</u>	Wake up/Bed Made/Get ready for school.	Grandma and/or grandma
<u>8</u>	Drive to school	Grandpa and/or grandma
<u>9</u>	School -	Teachers <u>Contingency Plan:</u> Grandparent as contact during the day/sister as alternate emergency contact/Grandparent as follow up <u>Safety Plan in Place:</u> 1. Physician/Emergency department 2. Activity to help self-regulate. 3. Therapist contact to initiate emergency session.
<u>10</u>	School	
<u>11</u>	School	
<u>12</u>	School	
<u>13</u>	School	
<u>14</u>	School	
<u>15</u>	Drive home from school	Grandpa and/or grandma
<u>16</u>	Structured Recreational Time	Grandparent(s)
<u>17</u>	Supper Family Therapy/Individual Therapy	Grandparent(s)
<u>18</u>	Homework	Grandma and/or grandpa
<u>19</u>	Bedtime and Bedtime Routine	Grandparent(s)

KINSHIP CARE PLAN FOR GRANDPARENTS

<u>20</u>	LIGHTS OUT	
<u>21</u>	LIGHTS OUT	
<u>WEEKEND ROUTINE</u>	Similar but adjusted to provide child with recreation and skill building projects, chores and social networking for an appropriate child development considering his special needs.	Grandparents and sister - along with church activities on Sunday Mornings.

The person designated to do the required routine does not have to be the person named in this sample, and should not be – use those persons, caregivers, extended family relevant to **your** situation.

Discipline and Behavioural Management Approach:

NOTE: the following is a sample approach to describing your behavioural intervention for the child or children for whom you are providing a plan of care. Many communities have free mental health community centers devoted to child and youth mental health. You should consult with them for the appropriate behavioural intervention based on age/development and intellectual capacity. ***Do not copy this intervention for your family and submit as part of the plan of care. Be careful to these details!!! Consultation with a professional is always advised and appropriate.***

Temporary Behavioural modification program for child to assist in the interim:

Focus of Intervention: Impulse Control, Affect Regulation, and Aggression Management.

Structured Form of Behaviour management is best, with a high degree of emotional praise for demonstrated good behaviour. A high reward component for the successful management of conflict related behaviour.

This temporary program is to help the Smith Family have a plan for behavioural expectations in the home – it is meant to be temporary and will be adjusted in light of the child/ren’s therapeutic requirements.

In place when child/ren come(s) through the door when they arrive home: you will have a jar full of buttons or caps or whatever small tokens will serve for this purpose. When the child/ren obey the proposed rule, follows through, does not argue/or stops arguing, does the required chore, gets up on time, eats supper, brushes and washes (basically for everything the child/ren do(es)) – the child/ren gets a button depending on the activity – it could be two.

Repeating or arguing is not helpful. Whilst providing a reward, there also needs to be an emphasis on relaying a “positive sense of self” – and acceptance for not following through with empathy, but not giving in to demands.

I’m sorry you feel that way, I really do. It must feel horrible to not be able toI still required you to clean that...etc. The child should not be permitted to do anything else. You can continue to acknowledge how “difficult/sorry, along with the reminder of the positive outcome”. Once the child does follow through – praise – even if you spend half the night with the child(ren)trying to pick up one pencil you asked him to pick up earlier that day.

Arguing is a very difficult situation – you may have to up the reward – but you should also work at somehow instituting praise instead of a token – child might develop thinking that for everything good thing the child/ren do(es), some monetary value is assigned – we want to avoid that.

Then you can put a prize for so many buttons:

- 45 Buttons: 10 dollars/or a toy worth ten dollars.
- 65 Buttons: a trip to MacDonald’s
- 55 Buttons: a day trip to a fun place (have a list of places child/ren can choose to go to – museums, movie theatre or something like that)
- 50 Buttons: a night deciding to play a game with the entire family

Suggested Household Rules:

Rules are structured in anti-violent or anti-aggressive language, providing options and encouraging healthy choices. They should not be commands.

Use your soft voice; explore healthy ways of speaking to others.

Walk instead of running.

Leave your bed made when you get up in the morning.

Start your day by brushing your teeth.

Enjoy a big breakfast before you go to school!

Find a fun way to relax after school.

Try a game instead of the TV, or pick from the rec box a thing to do.

Tell your grandpa and/or grandma what's bothering you when you are angry or sad.

Do a chore to get a button.

Do something nice for someone and tell your grandparents about it.

You can develop your household rules to take into account religious, traditional and/or cultural differences. Make them personal as they will reflect the continuity and level of care that only YOU as the child's family caregiver can provide!!!!

D) PLAN OF CARE

Item of Care:	Proposed Treatment:	Next Steps:
Health:	Family Doctor; Pediatrician Psychiatrist and Treatment Setting	<ol style="list-style-type: none"> 1. Grandma to arrange visit with family doctor and pediatrician. 2. Referral to specialized program by Doctor and by Social Worker. 3. Determine severity of diagnosis; father to obtain assessment report
Education:	School; academic setting that can support child's challenges.	<ol style="list-style-type: none"> 1. Based on assessment, determine type of schooling that will help child to succeed. Possibly section 23 classroom. (OSR to be retrieved) 2. Explore remedial support through private tutoring and learning.
Basic Needs:	Housing; food; clothing and hygiene	<ol style="list-style-type: none"> 1. Home assessed; safety concerns addressed. 2. Financial stability; home is mortgaged? 3. Father to support financially with CTB and family support. FRA called.
Immediate and Extended Family Relationships:	Maintain and Strengthen relationship with Mother; Father and siblings	<ol style="list-style-type: none"> 1. Determine visit/access status with parents. 2. How will CAS help with face to face contact; travel responsibility. 3. Travel and integration during temporary status interim.
Emotional and Psychological Well Being:	Therapeutic Support; Parenting training and information; home visits and personal developmental enhancements; highly structured home and	<ol style="list-style-type: none"> 1. Qualified therapist who specializes in attachment and child & parenting difficulties has been secured – recommend treatment plan grounded in evidence.

	<p>social environment as well as a conflict free atmosphere Family to engage in therapy with child(ren). Child(ren) to engage in individual work with practitioner. Social Skills: SNAP – to control impulse actions Parenting Strategy Program for Parents, including bio father and new partner</p>	<ol style="list-style-type: none"> 2. To enroll in parenting classes; foster training if desired. 3. Undergo home study if required. 4. To have regular home visits if supervised by agency (Local CAS) 5. Child Program Community referral; to enroll in Triple P for parents. Modified of children with ADD and ODD.
Housing:	Stable and Long Term	<ol style="list-style-type: none"> 1. Home is stable, family has been living in home for over (insert number) years – reliable income, etc, access to social support.
Community Involvement – Religious – Cultural or Spiritual Activities:	<p>Recreation, social development and community involvement as appropriate to child’s Needs and as able for him, dependent upon the severity of his diagnosis.</p>	<ol style="list-style-type: none"> 1. Explore recreation for child(ren), community support via grandparents church; youth group and other activities. 2. Home is ## kms outside of major urban center (for example).

Again, be sure to watch what you are writing and that it reflects your home situation – not the sample report.

Sample Endorsement from Collateral:

You can print some of these up, and just have them sign and write a recommendation or two in the box:

Date: Day – Month – Year

Professional's Name:

Credentials and Profession:

Recommendations for child in care:

(Write the recommendations here – bullet point form is fine.)

I have reviewed the plan of care offered by the maternal/paternal grandparent(s) of the child(ren) in this case and approve the approach provided through this proposed plan of care. I will support them and am happy to contribute by providing the following:

(List the service here.)

If you have any questions, please contact me at (Phone) _____.

Sincerely:

Signature:

Date of Signature.

I hope the information I provided helps with your cause. Should you need an independent registered social worker to review your plan and make recommendations, I am happy to do so. You may contact me using the following information:

Dwight Thompson, MSW, RSW
220 Prescott St., Kemptonville, ON
K0A 2T0

613-220-1265 – phone
613-317-1945 – fax

dwight@dthompson.org – email

www.dthompson.org – website.



GROWING FROM CARE.

Dwight E.A. Thompson, RSW
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