PLEASE NOTE: Use only this AAR-C2 form from July 1, 2006 for 16 and 17 year olds.

LOOKING AFTER CHILDREN:
Good parenting, good outcomes
Assessment and Action Record
(Second Canadian Adaptation - AAR-C2)
Ages 16 to 17 years

Note to young people:

* What has happened in the last year or two?

* Have you had the care, guidance, and opportunities you need to give you a good start in adult life?

* What else needs to be done?

This form is meant to help you, your child welfare worker, and caregivers to answer these questions. By now you will want to take a major part in making decisions about your life. We strongly encourage you to fill out this form with your worker and one of your caregivers so that together, you may make future plans and decide who is going to carry them out.

The Assessment and Action Record is confidential once completed. Only authorized persons are allowed access to the document.

Assessment approved by:

Initials of first and last name of supervisor:

Date signed:

Day / Month / Year

Date begun:

Day / Month / Year

Date completed:

Day / Month / Year

If photo is included, please DO NOT photocopy, to safeguard confidentiality.
INTRODUCTION: How to get the best from the Assessment and Action Records (AAR)

This record is in a format that allows it to be read by a computer scanner, for rapid processing. The purposes of the Assessment and Action Record (AAR) are to assess a young person's yearly progress, monitor the quality of care he/she is receiving, and serve as the basis for preparing or revising his/her annual Plan of Care. The AAR covers seven developmental dimensions: health, education, identity, family and social relationships, social presentation, emotional and behavioural development, and lastly, self-care skills and the transition to young adulthood.

It is to be completed by the child welfare worker in a series of conversations in which participate the young person in care and the foster parent (or other adult caregiver) who knows the young person in care best. Some questions are addressed to the young person and foster parent and others to the child welfare worker.

Note to the child welfare worker: During the conversation,

PLEASE DO:

- Think about who is the best person to complete the Assessment and Action Record with the young person. This person should be someone who knows the young person best.

- Try to have conversations about the topics raised by the Records rather than question and answer sessions. Feel free to use a form of speaking which is familiar and comfortable for you and the people you are working with.

- Plan ahead and read through each section before you complete it with the main caregiver and the young person in care. Some questions ask about sensitive issues which need to be thought through in advance.

- Talk to significant others such as teachers and healthcare professionals.

- Check foster parents' (or other adult caregivers') comments by your own direct observation of the young person.

- Make use of the space left available for you on the right hand page to start preparing the plan of care.

- Aim to make the sessions enjoyable for all concerned.

- Use your own judgement and discuss issues more fully when you find the sections do not include details which are important.

- Give an AAR binder to the young person and another to his/her foster parent (or other adult caregiver). This will allow them to follow along easily and permit the conversation to proceed smoothly and quickly.

- Note the details on the right hand page if anyone disagrees with some of the answers.

- Provide a copy of the completed AAR to anyone who wishes to have one.

PLEASE DO NOT:

- Try to complete it all in one sitting.

- Panic if there are gaps or unanswered questions. Be prepared to find out the information or plan action for the future.

- Re-interpret the young person’s or main caregiver’s answers. Please respect his/her opinion.

- Say that you are doing "it" because "they" have told you it has to be done.

- Try to complete the AAR without involving the young person (if appropriate) or the main caregiver.
Looking After Children
Assessment and Action Record
Second Canadian Adaptation (AAR-C2)

Young person's name:
(Note: After photocopying this document, please **white out only the young person's name** before sending the photocopy to the LAC coordinator at the Centre for Research on Community Services, University of Ottawa, 34 Stewart St., Ottawa, Ontario, K1N 6N5. For more information, please contact us at LAC@uottawa.ca.)

- **Note to the child welfare worker:** Please completely fill out the questions on this page. This information is necessary to help us link this AAR conversation with last year's AAR conversation (if there was one). The linking of AARs from one year to the next will allow us to follow the developmental progress of the young person while respecting the confidentiality of all those taking part in the AAR conversations.

<table>
<thead>
<tr>
<th>Young person's initials of first and last name:</th>
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<table>
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<tr>
<th>Young person's official agency file number:</th>
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<tr>
<th>Young person's gender:</th>
<th>Male</th>
<th>Female</th>
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<th>Young person's date of birth:</th>
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<td>Day / Month / Year</td>
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**This assessment was completed by:**

<table>
<thead>
<tr>
<th>Child welfare worker's initials of first and last name:</th>
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<th>ID number (Please leave ID number blank):</th>
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<th>Agency or organization:</th>
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**Main language of AAR conversation:**

- English
- French
- First Nation Language
- Other

The AAR is written in:

- **English**
- French

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<tr>
<th>Age-group of this AAR is:</th>
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<tr>
<td>18-21 years</td>
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<td>12-15 years</td>
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<td>5-9 years</td>
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<td>12-15 years</td>
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<td>10-11 years</td>
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<tr>
<td>3-4 years</td>
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<tr>
<td>0-12 months</td>
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Looking After Children

Province or territory of young person's placement:
- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Québec
- Saskatchewan
- Yukon

Province or territory with legal guardianship of the young person (if different from province or territory of young person's placement):
- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Québec
- Saskatchewan
- Yukon

BACKGROUND INFORMATION

The purpose of this background information section is to gather basic socio-demographic information on three key persons in the Looking After Children approach: the young person in care, the child welfare worker responsible for the young person, and the foster parent (or other adult caregiver) who knows the young person best.

Notes to the child welfare worker:
- In many cases, much of this background information section can probably be completed by you before the AAR conversation with the foster parent and young person.
- For each item, please put only an X (or, as required, a number or letter) in the appropriate box or boxes, so that the computer will be able to scan the questionnaire properly. Please do not put a check mark or any mark other than an X (or a number or letter) in the boxes.
- The symbol of three dots in a row [...] always refers to the young person for whom the AAR is being completed.
- At the beginning of the conversation, please give an AAR binder to the foster parent (or other adult caregiver) and young person. This will allow them to follow along easily and permit the conversation to proceed smoothly and quickly. Only your copy of the AAR is to be filled out.

During the AAR conversation, the CHILD WELFARE WORKER is to answer the following section with assistance, as needed, from the foster parent (or other adult caregiver).

1. BACKGROUND INFORMATION ON THE YOUNG PERSON FOR WHOM THE AAR IS TO BE COMPLETED

BG1A: CURRENT PLACEMENT: Which of the following best describes ...'s current placement? (Mark one only.)

- Kinship foster care
- Foster home operated by child welfare organization
- Group home operated by child welfare organization
- Foster home - outside purchased care
- Group home - outside purchased care
- Children's mental health residential facility
- Regular hospital (short-term)
- Psychiatric facility
- With birth parent(s)
- Adoption probation
- With relatives (not in foster care)
- Custody/Detention facility
- Custodial care (in the case of aboriginal children)
- Other
BG1B: NOTE: IF you answered in question BG1A that the young person's current placement is a FOSTER HOME, THEN please indicate what TYPE of foster home this is: (Mark one only.)

- Provisional foster care (used for a specific young person in care; usually the home of a relative, friend, or neighbour; may or may not evolve into a regular foster home)
- Regular foster care
- Specialized foster care (mainly for a young person with special needs)
- Treatment foster care (therapeutic; for a young person with especially challenging behaviours)
- Other foster care

BG1C: Whom does the current placement serve (whether foster care or another type of placement)?

- Males only
- Females only
- Both genders

BG2: Does ... have his/her own bedroom?

- Yes
- No

BG3: What is the size of the area of residence in which this dwelling is situated?

- Urban, population 500,000 or over
- Urban, population 100,000 to 499,999
- Urban, population 30,000 to 99,999
- Urban, population < 30,000
- Northern remote area
- Rural area
- First Nations reserve

BG4: What is ...'s (e.g., the young person in care) current age?

- Years

BG5: What is ...'s current legal status as a client of the local child welfare agency or organization? (Mark only one.)

- Temporary care agreement
- Society ward
- Crown ward, no access
- Interim care and custody
- Crown ward, with access
- Other

BG6: PRIMARY REASONS FOR CURRENT ADMISSION TO SERVICE: Young person came into care because of: (Mark all that apply.)

- Physical harm (i.e., the young person has been or is at risk of being physically harmed as a result of an act or action by a caregiver [commission] or is at risk of being harmed as a result of the caregiver's failure to take actions to protect him/her [omission].)
- Sexual harm (i.e., the young person has been or is at risk of being sexually harmed as a result of an act or action by a caregiver [commission] or is at risk of being harmed as a result of the caregiver's failure to take actions to protect him/her [omission].)
- Neglect (i.e., the young person has been or is at risk of neglect as a result of the caregiver's failure to provide adequate care for him/her. This may be by commission or omission.)
- Emotional harm (i.e., the young person has been or is at risk of being emotionally harmed as a result of specific behaviours of the caregiver towards him/her [commission] or is at risk of being harmed as a result of the caregiver's failure to take actions to protect him/her [omission].)
- Domestic violence (i.e., the young person has been exposed to domestic violence.)
- Abandonment/separation (i.e., the young person has been abandoned or is at risk of being separated from the family as a result of intentional or unintentional actions of the caregiver.)
- Problematic behaviour (i.e., the young person's behaviour is so problematic that it exceeds the birth family's capacity to care for the young person.)
- Other
Looking After Children

18447

BG7: How old was ... when he/she was placed in out-of-home care for the **very first time** (at this or another child welfare agency)?  
(summary) If less than one year of age indicate age in months.)

☐ ☐ Years ☐ ☐ Months (if less than one year.)

2. INFORMATION ON THE CURRENT PLACEMENT SETTING.

BG8: Total number of adults (aged 18 or older) who usually live in this dwelling.

☐ ☐ Total number of adults

BG9: Total number of these adults who are actively involved in caring for young person in care.

☐ ☐ Total number of adults

BG10: Total number of children or youths (aged 17 or younger) who usually live in this dwelling, **including young person in care**

☐ ☐ Total number of children or youths, including young person in care

BG11: Total number of children or youths in care besides young person in care who usually live in this dwelling.

☐ ☐ Total number of children or youths in care besides young person in care

BG12: Total number of siblings of young person in care who usually live in this dwelling with him/her.

☐ ☐ Total number of siblings

3. BACKGROUND INFORMATION ON THE YOUNG PERSON’S CHILD WELFARE WORKER.

**Note to the child welfare worker:** The following information is necessary to help us link this AAR conversation with last year’s AAR conversation (if there was one). The linking of AARs from one year to the next will allow us to follow the developmental progress of young people while respecting the confidentiality of all those taking part in the AAR conversation.

BG13: Child welfare worker’s gender:

☐ Male ☐ Female

BG14: Total length of time child welfare worker has worked with this young person, not counting interruptions:

☐ Less than 1 year ☐ 1-3 years ☐ 4-9 years ☐ 10 years and over

BG15: Total length of time child welfare worker has worked in child welfare:

☐ Less than 1 year ☐ 1-3 years ☐ 4-9 years ☐ 10 years and over

BG16: The child welfare worker’s team is:

☐ A generic team (i.e., composed of mixed cases including intake, protection/ongoing, children-in-care, permanent wards, adoption, etc.)

☐ A specialized team (i.e., composed of one type of case, that is exclusively intake, or protection/ongoing, or children-in-care, or permanent wards, or adoption, etc.)

BG17: How much formal training has the child welfare worker had in the Looking After Children (LAC) program?

☐ No formal training ☐ 1 day (6 hours) ☐ 3 days or more (12 hours)

☐ Less than 1 full day (less than 6 hours) ☐ 2 days (7-12 hours)

BG18: In general, how often do you discuss information contained in the AAR with your supervisor (e.g., developing and/or reviewing plan of care)?

☐ Very often ☐ Almost never

☐ Sometimes ☐ Not applicable, this is my first AAR
BG19: HIGHEST LEVEL OF EDUCATION: Highest degree, certificate, or diploma the child welfare worker has ever attained in any field:
- ☐ Less than a high school diploma
- ☐ High school diploma
- ☐ Trades certificate - Vocational school - Apprenticeship training
- ☐ Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- ☐ University certificate or diploma below bachelor level
- ☐ Bachelor degree
- ☐ University certificate or diploma above bachelor level
- ☐ Master's degree
- ☐ Doctoral degree

BG20: FIELD OF HIGHEST LEVEL OF EDUCATION: What was the specific field of the child welfare worker's highest degree, certificate, or diploma (i.e., the one identified in BG19)? (Mark one only.)
- ☐ Social work
- ☐ Psychoeducation
- ☐ Child & youth care
- ☐ Other

BG21: LANGUAGE: Does the child welfare worker usually speak with the young person in the young person's primary language?
- ☐ Yes
- ☐ No

4. BACKGROUND INFORMATION ON THE YOUNG PERSON'S FOSTER PARENT OR OTHER ADULT CAREGIVER

Note to the child welfare worker: Here, the term foster parent refers to the adult caregiver who is considered the most knowledgeable about the young person, usually because he/she is the caregiver most actively involved in the young person's care. He/she is to participate in the AAR conversation. (If two or more foster parents know the young person equally well and are equally involved in his/her care, they are asked to nominate one person as the main respondent.)

BG22: Initials of first and last name of main respondent:
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

BG23: Main respondent's gender:
- ☐ Male
- ☐ Female

BG24: If ... is in a foster home, for how many years in total have the foster parents (or other adult caregivers) been providing foster care to children or youths (i.e., including but not limited to ...)?
- ☐ Less than 1 year
- ☐ 1-3 years
- ☐ 4-9 years
- ☐ 10 years and over

BG25: LANGUAGE: What language(s) are spoken most often in the foster parent's (or other adult caregiver's) home? (Mark all that apply.)
- ☐ English
- ☐ French
- ☐ First Nations language
- ☐ Other

BG26: RELIGION(S) / SPIRITUAL AFFILIATION(S): What, if any, is the foster parent's (or other adult caregiver's) religion or spiritual affiliation(s)? (Mark no more than two.)
- ☐ No religion
- ☐ Anglican
- ☐ Baptist
- ☐ Buddhist
- ☐ Eastern Orthodox
- ☐ First Nations
- ☐ Other
- ☐ Hindu
- ☐ Islam (Muslim)
- ☐ Jehovah's Witnesses
- ☐ Jewish
- ☐ Lutheran
- ☐ Mennonite
- ☐ Mormon
- ☐ Pentecostal
- ☐ Presbyterian
- ☐ Roman Catholic
- ☐ United Church
- ☐ Sikh
BG27: Other than on special occasions (such as weddings or funerals), how often did the foster parent (or other adult caregiver) attend religious services or meetings in the past 12 months?

- □ At least once a week
- □ At least 3 or 4 times a year
- □ Not at all
- □ At least once a month
- □ At least once a year

BG28: Is the ethnic/cultural background of at least one foster parent (or other adult caregiver) and that of the young person:

- □ The same?
- □ Similar?
- □ Neither the same nor similar?

BG29: HEALTH: In general, would the foster parent (or other adult caregiver) say that his/her own health is:

- □ Excellent?
- □ Very good?
- □ Good?
- □ Fair?
- □ Poor?

BG30: DISABILITY: Because of a long-term physical or mental condition, or a health problem (lasting or expected to last 6 months or more), is the foster parent (or other adult caregiver) limited in the kind or amount of activity he/she can do at home, in caring for children, or in leisure activities?

- □ Yes
- □ No

BG31: SMOKING: At present, does anyone in the household smoke cigarettes inside the foster home?

- □ Daily
- □ Occasionally
- □ Not at all

BG32: CAREGiver TRAINING: How much formal training has the foster parent (or other adult caregiver) had in the Looking After Children (LAC) program?

- □ No formal training
- □ 1 day (6 hours)
- □ 3 days or more (12 hours)
- □ Less than 1 full day (less than 6 hours)
- □ 2 days (7-12 hours)

BG33: Has the foster parent completed or is he/she currently attending one or more of the following foster parent training programs (other than Looking After Children)? (Mark as many as apply.)

- □ PRIDE (Parenting Resources for Information, Development, & Education program)
- □ Agency-specific program
- □ Foster parenting techniques (training offered by a CEGEP or college)
- □ Other program

The following section applies only to young people residing in group homes and is to be answered by the CHILD WELFARE WORKER with assistance, if needed, from the group home worker(s). (If not in a group home, go to question BG36)

BG34: What is the model of the group home?

- □ Parent model (i.e., presence of 1 or 2 main caregivers who define this dwelling as their own primary residence.)
- □ Staff model (i.e., presence of several caregivers who define other dwellings as their own primary residence.)
- □ Other

BG35: If the group home is based on the staff model, who is mainly responsible for the young person?

- □ Not applicable
- □ A team of group home workers
- □ A key group home worker
5. INFORMATION ON THE LAST ASSESSMENT (IF APPLICABLE) OF THIS YOUNG PERSON WITH THE ASSESSMENT AND ACTION RECORD (AAR).

**BG36:** Was the young person previously assessed with the AAR?

- [ ] No (if no, please go to next page.)
- [ ] Yes (if yes, the child welfare worker is to answer questions BG37 to BG40.)

**BG37:** Was the young person living in the same placement at the last AAR assessment as he/she is in this year?

- [ ] Yes
- [ ] No

**BG38:** Did the young person have the same child welfare worker at the last AAR assessment as he/she has this year?

- [ ] Yes
- [ ] No

**BG39:** Did the young person have the same foster parent (or other adult caregiver) at the last AAR assessment as he/she has this year?

- [ ] Yes
- [ ] No

**BG40:** Is it the same foster parent (or other adult caregiver) who was the main respondent at the last AAR assessment and this year's AAR assessment?

- [ ] Yes
- [ ] No
The main principles and values of Looking After Children:

1. The welfare of the young person is paramount.
2. Agencies should aim for standards equivalent to those of a well informed parent with adequate resources.
3. Agencies require a formal system to plan and record what good parents do daily.
4. Agencies with care and responsibility of young people must work in partnership with birth parents, current caregivers, and relevant other professionals.
5. Young people must be consulted and listened to as soon as they are old enough.
6. Each young person is an individual with unique needs.
7. A young person with a disability is firstly a young person who has additional needs.
8. Access should only happen if it is meaningful and beneficial to the young person and doesn't prevent the permanency of placement.
9. Young people have a right to keep in touch with their birth family's cultural traditions.
10. LAC's aim is to promote both well-being and success, and not just to prevent harm.
11. Young people in care may have needs which are more difficult to meet than their peers, but outcome targets should not be set at a lower standard than those for their equals; child welfare workers should act on behalf of the young person to organize resources.
12. LAC focuses on daily experiences that improve young people's prospects for adult life.
13. LAC is a youth-centered developmental way of working and not a bureaucratic system.
14. Assessments should take account of the perspectives of all those involved, paying particular attention to the young person's interests and feelings.
15. Positive action will improve a young person's health and educational performance.
16. Achievable objectives should be collaborated on for all developmental dimensions.
17. All plans of care make it clear who is responsible for what and by when.
18. Positive work is possible even in less than ideal circumstances.

Partnership is built into Looking After Children: Good Parenting, Good Outcomes.

Effective partnerships can be built between people of unequal power, provided that the relationship acknowledges and clarifies this inequality.

Partnership requires:

> Listening to users and carers
> Anti-discriminatory practices
> Agreements and recording of progress
> Providing sufficient information
> Honesty and openness
> Genuine participation
DEVELOPMENTAL DIMENSION 1: HEALTH

This dimension is about the health of the young person in care and the help he/she is getting to be and remain well. The questions in this section are designed to make sure that the young person is getting all necessary preventive medical care, including immunizations, that any health problems or disabilities are being properly treated, and that he/she is learning to stay in shape. This section also asks questions about things that affect the young person's health such as diet and safety issues.

**Note to the child welfare worker:** Please mark an "X" in the box in the left-hand column of the right-hand page for each item on which you judge that further action needs to be taken during the coming year. For each such item, note the action to be taken, the person responsible, and the target date, for inclusion in the updated Individualized Plan of Care.

During the AAR conversation, the **YOUNG PERSON IN CARE** is to answer the following section with assistance, as needed, from the foster parent (or other adult caregiver) or the child welfare worker.

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<tr>
<th>H1: GENERAL HEALTH: In general, would you say your health is:</th>
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<tr>
<td>□ Excellent? □ Very good? □ Good? □ Fair? □ Poor?</td>
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<th>H2: HEIGHT: How tall are you? (Please estimate if you are not sure.)</th>
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<td>□ Feet and □ Inches OR □ Metres and □ Centimetres</td>
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<tr>
<th>H3: WEIGHT: How much do you weigh? (Please estimate if you are not sure.)</th>
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<tbody>
<tr>
<td>□ □ Pounds OR □ □ Kilograms</td>
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<th>H4: MEDICAL EXAM: When did you last have a medical exam?</th>
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<tr>
<td>□ Less than a year ago □ More than a year ago □ Never had one (Go to question H6)</td>
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<th>H5: Has everything the doctor recommended been done?</th>
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<tr>
<td>□ Yes □ No □ Uncertain □ No recommendation(s)</td>
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<th>H6: DENTAL EXAM: When did you last visit the dentist?</th>
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<td>□ Less than a year ago □ More than a year ago □ Never (Go to question H8)</td>
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<th>H7: Have all treatments the dentist recommended been carried out?</th>
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<tr>
<td>□ Yes □ No □ Uncertain □ No recommendation(s)</td>
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<th>H8: Do you have problems with any of the following? (Mark all that apply.)</th>
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<tbody>
<tr>
<td>□ Seeing □ Speaking □ Climbing □ Using hands and fingers</td>
</tr>
<tr>
<td>□ Hearing □ Walking □ Bending □ No problems</td>
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<tr>
<th>H9: Are you receiving all the help and resources you require to treat the above health conditions/problems?</th>
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<tbody>
<tr>
<td>□ None identified □ Yes □ No</td>
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Young people sometimes experience health problems that may or may not be related to stress and may affect other areas in their life. Your answers to the following questions will help build a picture of your general health.

*During the past 6 months, how often have you had or felt the following?*

**H10: Headache**

| □ Seldom/never □ About once a month □ About once a week □ More than once a week □ Most days |

**H11: Stomachache**

| □ Seldom/never □ About once a month □ About once a week □ More than once a week □ Most days |

**H12: Backache**

| □ Seldom/never □ About once a month □ About once a week □ More than once a week □ Most days |

**H13: Difficulties in getting to sleep**

| □ Seldom/never □ About once a month □ About once a week □ More than once a week □ Most days |
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

**DIMENSION 1: HEALTH**

This dimension is about the health of the young person in care and the help he/she is getting to be and remain well.

In *Looking After Children*, health is identified as a key dimension of young people's lives and of parental care. Health is not seen as a stand-alone dimension, but rather as intertwined with and supporting all other dimensions of young people's upbringing and development.

One key task of parents is safeguarding and promoting their young people's health. The *Looking After Children* approach aims to facilitate this important parental task of keeping young people healthy when their care is shared by a number of people.

Child welfare agencies or organizations should arrange regular medical examinations for all young people in their care. The purpose of an examination is to pick up health problems that can be treated and often cured while the young person is in care.
H14: PAIN AND DISCOMFORT: Are you usually free of pain or discomfort?

☐ Yes  ☐ No

H15: MEMORY: How would you describe your usual ability to remember things? (Mark one only.)

☐ Able to remember most things  ☐ Very forgetful

☐ Somewhat forgetful  ☐ Unable to remember anything at all

H16: THINKING: How would you describe your usual ability to think and solve day-to-day problems? (Mark one only.)

☐ Able to think clearly and solve problems  ☐ Having a great deal of difficulty

☐ Having a little difficulty  ☐ Unable to think or solve problems

H17: CAR SAFETY: How often do you use a seat belt when you ride in a car?

☐ Always  ☐ Often  ☐ Sometimes  ☐ Seldom or never  ☐ Usually there is no seatbelt where I sit

H18: BICYCLE SAFETY: How often do you wear a helmet when you ride your bicycle?

☐ Always  ☐ Often  ☐ Sometimes  ☐ Seldom or never  ☐ I do not ride a bicycle

During the AAR conversation, the **FOSTER PARENT OR OTHER ADULT CAREGIVER** is to answer the following section with assistance, as needed, from the child welfare worker or the young person in care.

H19: Is ... taking any psychotropic and/or behaviour altering medication(s) prescribed by a physician (e.g., Ritalin, tranquilizers, anti-convulsants, etc.)?

☐ Yes  ☐ No (Go to question H21)  ☐ Uncertain

H20: Is ... taking any psychotropic and/or behaviour altering medication(s) prescribed by a physician, is this being monitored by an appropriate health care professional?

☐ Yes  ☐ No  ☐ Uncertain

H21: HOSPITALIZATIONS: In the past 12 months, was ... ever an overnight patient in the hospital?

☐ Yes  ☐ No

H22: IMMUNIZATIONS: Are all of ...'s immunizations up-to-date?

☐ Yes  ☐ No

During the AAR conversation, the **YOUNG PERSON IN CARE** is to answer the following section with assistance, as needed, from the foster parent (or other adult caregiver) or the child welfare worker.

**Note to the young person in care:** The following questions will help build a picture of your health-related behaviours.

H23: DISABILITY: Do you have any long-term conditions or health problems which prevent or limit your participation in school, at play, in sports, or in any other activity for a young person of your age?

☐ Yes  ☐ No (Go to question H25)

H24: SPECIAL HELP OR EQUIPMENT: Do you have all the special help or equipment you may need for any long-term conditions or disabilities you may have?

☐ Yes  ☐ No  ☐ No special help or equipment needed

H25: SERIOUS INJURIES: The following questions refer to injuries, such as a broken bone, bad cut or burn, head injury, poisoning, or a sprained ankle, which occurred in the past 12 months, and were serious enough to require medical attention by a doctor, nurse, or dentist. In the past 12 months were you injured?

☐ Yes  ☐ No (Go to question H27)

H26: For the most serious injury, what type of injury did you have? (Mark one only.)

☐ Dental injury  ☐ Sprain or strain  ☐ Poisoning by substance or liquid

☐ Broken or fractured bones  ☐ Multiple injuries  ☐ Internal injury

☐ Burn or scald  ☐ Cut, scrape, or bruise  ☐ Other

☐ Dislocation  ☐ Concussion
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Your doctor will need to know about any problems or treatments you are having. Your child welfare worker should check that illnesses, accidents, injuries, hospital stays, and operations have been noted on your Plan of Care.

Young people need to be given information and opportunities to talk about any disability they may have. Foster parents may also need advice and/or support. Literature and information about support groups both for young people and/or their caregivers can be obtained from organizations which exist to promote an understanding of specific conditions (e.g., Canadian Diabetes Association). Various organizations provide opportunities for young people with medical conditions to take part in activities together. Parks and Recreation Departments may run specialized programs.

Financial assistance for medication, treatment, and special equipment not covered by the provincial health plan is offered by some organizations (e.g., Multiple Sclerosis Society, Trillium Foundation).
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H27: DIET</strong></td>
<td>Do you have a special diet for health, weight-control, religious, or cultural reasons?</td>
</tr>
<tr>
<td></td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td><strong>H28: DIETARY ASSISTANCE</strong></td>
<td>Are you receiving all the help you require to maintain a healthy daily diet, whether special or not?</td>
</tr>
<tr>
<td></td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td><strong>H29: BREAKFAST</strong></td>
<td>During a school week (Monday to Friday), how many days do you normally eat breakfast?</td>
</tr>
<tr>
<td></td>
<td>□ Never □ 1 or 2 days a week □ Most school days</td>
</tr>
<tr>
<td><strong>H30: WEIGHT</strong></td>
<td>Would you say you are...</td>
</tr>
<tr>
<td></td>
<td>□ Trying to lose weight? □ Trying to stay the same weight?</td>
</tr>
<tr>
<td></td>
<td>□ Trying to gain weight? □ Not trying to do anything about your weight?</td>
</tr>
<tr>
<td><strong>H31: PUBERTY</strong></td>
<td>Do you have any concerns related to body changes (e.g., acne, menstruation, voice, hair growth)?</td>
</tr>
<tr>
<td></td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td><strong>H32</strong></td>
<td>Are you getting all the help you need with concerns you may have related to body changes?</td>
</tr>
<tr>
<td></td>
<td>□ No such concerns - no assistance required □ Yes  □ No</td>
</tr>
<tr>
<td><strong>H33: SEXUALITY</strong></td>
<td>Do you have any concerns with issues related to sexuality, such as sexual relations, contraception, pregnancy, HIV, and other sexually transmitted diseases, sexual orientation, or gender identity? (Note what these concerns are on the opposite right-hand page.)</td>
</tr>
<tr>
<td></td>
<td>□ Yes  □ No □ Not sure</td>
</tr>
<tr>
<td><strong>H34</strong></td>
<td>Are you receiving all the help you need with concerns related to sexuality, such as those just mentioned?</td>
</tr>
<tr>
<td></td>
<td>□ No such concerns - no assistance required □ Yes  □ No</td>
</tr>
<tr>
<td><strong>H35: CIGARETTES</strong></td>
<td>At the present time, which of the following best describes your experience with smoking cigarettes?</td>
</tr>
<tr>
<td></td>
<td>□ Daily □ Occasionally □ Not at all</td>
</tr>
<tr>
<td><strong>H36</strong></td>
<td>Are you getting all the help you need to quit smoking?</td>
</tr>
<tr>
<td></td>
<td>□ I do not smoke - no help required □ Yes  □ No □ I smoke but I do not want to quit</td>
</tr>
</tbody>
</table>

**How many of your close friends do the following:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H37: Smoke cigarettes?</strong></td>
<td>□ None □ A few □ Most □ All</td>
</tr>
<tr>
<td><strong>H38: Drink alcohol?</strong></td>
<td>□ None □ A few □ Most □ All</td>
</tr>
<tr>
<td><strong>H39: Break the law by stealing, hurting someone, or damaging property?</strong></td>
<td>□ None □ A few □ Most □ All</td>
</tr>
<tr>
<td><strong>H40: Have tried marijuana?</strong></td>
<td>□ None □ A few □ Most □ All</td>
</tr>
<tr>
<td><strong>H41: Have tried drugs other than marijuana?</strong></td>
<td>□ None □ A few □ Most □ All</td>
</tr>
<tr>
<td><strong>H42: ALCOHOL</strong></td>
<td>Which of the following best describes your experience with drinking alcohol in the past 12 months?</td>
</tr>
<tr>
<td></td>
<td>□ I have never had a drink of alcohol □ At least one drink about once or twice a month</td>
</tr>
<tr>
<td></td>
<td>□ I only tried once or twice but I don't drink alcohol anymore □ At least one drink weekly or more often</td>
</tr>
<tr>
<td></td>
<td>□ At least one drink a few times a year</td>
</tr>
<tr>
<td><strong>H43:</strong> Are you getting all the help you need to quit drinking alcohol?</td>
<td>□ I do not drink alcohol - no help required □ Yes  □ No □ I drink but I do not want to stop</td>
</tr>
</tbody>
</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

It is important that young people in care have a diet that relates to their ethnic background and culture so as to continue being familiar with the customs and daily practices of their birth family.

Accurate factual knowledge about puberty, sex, and contraception, as well as discussion about the part sex plays in relationships, are important to all young people who are developing into adulthood. If you want more information in confidence, you can talk to your doctor or child welfare worker.

Young people's rights: You can use this as an opportunity to talk about any health problems which may have been worrying you and which you may not have had a chance to discuss before. You can also choose whether you want to see a male or female doctor to talk about these issues or for your health care.
H44: DRUGS: Which of the following best describes your experience with using marijuana and cannabis products (also known as a joint, pot, grass, or hash) during the past 12 months?
- ☐ I have never done it
- ☐ I have done it, but not during the past 12 months
- ☐ I have done it at least once in the past 12 months

H45: Have you ever used any other drugs?
- ☐ Yes (Go to H46) ☐ No (Go to H51)

Questions regarding the young person's experiences with the following drugs are to be asked only if it pertains to this young person. Which of the following best describes your experience with the following drugs during the past 12 months:

H46: Hallucinogens like LSD/acid, magic mushrooms:
- ☐ I have never done it
- ☐ I have done it, but not during the past 12 months
- ☐ I have done it at least once in the past 12 months

H47: Glue, gasoline, hair spray, or other solvents:
- ☐ I have never done it
- ☐ I have done it, but not during the past 12 months
- ☐ I have done it at least once in the past 12 months

H48: Drugs without a prescription or advice from a doctor (e.g., downers, uppers, tranquilizers, Ritalin, etc.):
- ☐ I have never done it
- ☐ I have done it, but not during the past 12 months
- ☐ I have done it at least once in the past 12 months

H49: Other drugs like crack, cocaine, heroin, speed, or ecstasy, etc.
- ☐ I have never done it
- ☐ I have done it, but not during the past 12 months
- ☐ I have done it at least once in the past 12 months

H50: Are you getting all the help you need to quit using other drugs?
- ☐ I do not use drugs - no help required ☐ Yes ☐ No ☐ I use drugs, but I do not want to quit

During the AAR conversation, the FOSTER PARENT OR OTHER ADULT CAREGIVER is to answer the following section with assistance, as needed, from the child welfare worker or the young person in care.

H51: LONG-TERM CONDITIONS: In this question "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more and have been diagnosed by a health professional. Does ... have any of the following long-term conditions? (Mark all that apply.)

- ☐ None
- ☐ Food or digestive allergies
- ☐ Respiratory allergies such as hay fever
- ☐ Any other allergies
- ☐ Asthma
- ☐ Bronchitis
- ☐ Heart condition or disease
- ☐ Epilepsy
- ☐ Diabetes
- ☐ Fetal alcohol spectrum disorder
- ☐ Cerebral palsy
- ☐ Kidney condition or disease
- ☐ Blood disorder (i.e., Von Willebrand, hemophilia, etc.)
- ☐ Developmental disability
- ☐ Learning disability
- ☐ Attention deficit disorder
- ☐ Emotional, psychological, or nervous difficulties
- ☐ Any other long-term condition
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Young people in care are a high risk group for many kinds of health threatening behaviours, such as smoking and drinking, sexually transmitted infections including HIV/AIDS, and for girls, pregnancy at an early age.

If you have difficulty reading what is written on the blackboard at school or if you get headaches when you are watching television, it is a good idea to get your eyes tested, even if you have never needed glasses.

If you do wear glasses or contact lenses, your eyes should be tested by an eye specialist every 6 to 12 months.
18447

Looking After Children

AAR - Health dimension (16-17 yrs) 5

H52: HEALTH SERVICES RECEIVED BY THE YOUNG PERSON IN CARE DURING THE LAST 12 MONTHS:
For each of the service providers listed, please indicate whether the young person has received services from such a provider during the last 12 months:

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family physician</td>
<td></td>
<td></td>
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<tr>
<td>2. Pediatrician</td>
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<td></td>
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<tr>
<td>3. Ophthalmologist</td>
<td></td>
<td></td>
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<tr>
<td>4. Other MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Dentist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Orthodontist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Optometrist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Audiologist</td>
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<td></td>
</tr>
<tr>
<td>10. Speech therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Physiotherapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Occupational therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Other health service provider</td>
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<td></td>
</tr>
</tbody>
</table>

During the AAR conversation, the CHILD WELFARE WORKER is to answer the following section based on the information obtained on the entire developmental dimension of health.

ATTAINMENT OF HEALTH OBJECTIVES OF THE CHILD WELFARE SYSTEM

H53: Objective 1: The young person is normally well.
(Nota: "Unwell" here means ill enough to be in bed or take some time off school.)

- [ ] Normally well (i.e., unwell for 1 week or less in the last 6 months)
- [ ] Sometimes ill (i.e., unwell between 8 and 14 days in the last 6 months)
- [ ] Often ill (i.e., unwell between 15 and 28 days in the last 6 months)
- [ ] Frequently ill (i.e., unwell for more than 28 days in the last 6 months)

H54: Objective 2: The young person's weight is within normal limits for his/her height.

- [ ] Within normal limits
- [ ] Slightly underweight
- [ ] Slightly overweight
- [ ] Seriously underweight

H55: Objective 3: All necessary preventive health measures, including immunizations, are being taken.

- [ ] All
- [ ] Most
- [ ] A few
- [ ] None

H56: Objective 4: All ongoing health conditions and disabilities are being dealt with.

- [ ] No health condition or disability
- [ ] Some being adequately dealt with
- [ ] All being adequately dealt with

H57: Objective 5: The young person does not put his/her health at risk.

- [ ] No risks taken
- [ ] Some risks taken
- [ ] Considerable risks taken
- [ ] Health placed seriously at risk

Note to the child welfare worker: If anyone disagrees with these answers to the Health objectives, please note the details on the right hand page.
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Your child welfare worker should check that all immunizations have been noted on your Plan of Care. If there is no record of what you have had, it may be necessary for your doctor to check through your health records so that the information can be recorded by your child welfare agency or organization. This is important because if you change doctors, it can take a while for health records to catch up and the information may be urgently needed.

Interest in child health has grown enormously in the last decade. Health policy makers nationally and internationally increasingly recognize the importance of young people's health and development for the future.
DEVELOPMENTAL DIMENSION 2: EDUCATION

This dimension is about the young person's experiences at school. The questions in this section are designed to find out if the young person is getting the help he/she needs to make sure that he/she does as well at school as possible and that his/her education is being properly planned. The questions are also meant to find out if the young person has opportunities to learn special skills and to take part in a wide range of activities both in and out of school.

During the AAR conversation, the **FOSTER PARENT OR OTHER ADULT CAREGIVER** is to answer the following section with assistance, as needed, from the child welfare worker or the young person in care.

E1: TYPE OF SCHOOL: What type of school is ... (i.e., the young person in care) currently enrolled in? (Or, if this conversation takes place during the summer, what type of school was ... enrolled in during the last school year?)
- Not currently enrolled in school
- Public school
- Catholic school, publicly funded
- Private school
- Taught in an institution (e.g., hospital, young offender facility, child welfare facility)
- Taught at home (home schooling)
- Other

E2: GRADE: What grade is ... in?
- Not currently enrolled in school
- Grade 9 (Secondary III in QC)
- Grade 10 (Secondary IV in QC)
- Grade 11 (Secondary V in QC)
- Grade 12
- Technical, trade or vocational school (above the high school level)
- Community college, CEGEP, or apprenticeship program
- Private business school or training institute (above the high school level)
- University
- Other
- Ungraded (i.e., special education)

E3: If currently attending high school in a regular grade 9 or 10, the majority of courses taken are in the following stream:
- Not applicable
- Academic (University-bound)
- Applied (College-bound)
- Other (e.g., Special education)

E4: If currently attending high school in a regular grade 11 or 12, the majority of courses taken are in the following stream:
- Not applicable
- Academic (University-bound)
- Applied (College-bound)
- Other (e.g., Special education)
- Work place

E5: What is the highest grade of school that ... has completed?
- Grade 8 (Secondary II in QC)
- Grade 9 (Secondary III in QC)
- Grade 10 (Secondary IV in QC)
- Grade 11 (Secondary V in QC)
- First year of CEGEP or college
- Other

E6: Has ... started the volunteer hours required by the school curriculum?
- Yes
- No
- Not required
- Not applicable

E7: Has ... received a high school diploma or its equivalent?
- Yes
- No, but he/she plans on doing so
- No, and he/she does not plan on doing so

E8: Does the young person have an individual education plan (i.e., Identification and Placement Review Committee)?
- Yes
- No (Go to question E9)

E8A: Is the individual education plan being satisfactorily implemented?
- Yes
- No
- Uncertain

E9: Has ... ever repeated a grade at school (including kindergarten)?
- Yes
- No

E10: LEARNING-RELATED DIFFICULTIES: Has ... been assessed for possible learning-related problems (e.g., attention-deficit and hyperactivity disorder [ADHD]; learning disability; unsatisfactory progress)?
- He/she is currently on a waiting list for an assessment
- Yes
- No
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

DIMENSION 2: EDUCATION

This dimension is about the young person's experience at school.

School performance is the simplest indicator of cognitive functioning for young people. It can be measured as the age to grade ratio, achievement on standardized tests (e.g., Math or English), placement in special education classes, or assessed risk of failure.

A young person has a learning difficulty if he/she finds it much harder to learn than most people of the same age or if he/she has a disability which makes it difficult to use the normal educational facilities in the area.

Details of all courses taken by you including, if applicable, the individual education plan, should be noted carefully in your Plan of Care. In particular, your child welfare worker should make sure that information about an individual education plan, transition plans, and statements of special educational needs have all been noted on your Plan of Care or file. Details about specialized learning materials should also be recorded.

A review of your educational needs should be undertaken regularly to assess your academic progress. This is even more important if you are experiencing some academic difficulties.
E11: Does ... receive special/resource help at school because of a physical, emotional, behavioural, or some other problem that limits the kind or amount of school work he/she can do?

- Yes  
- No  
- Not in school

E12: TRANSPORTATION: Does ... have ready access to transportation (including any special equipment or assistive devices that may be needed) for getting to and from school?

- Yes  
- No  
- Not in school

SCHOOL PERFORMANCE: Based on your knowledge of ...'s school work, including his/her report cards, how is he/she doing in the following areas at school this year (or, during the last school year he/she was enrolled in school)?

<table>
<thead>
<tr>
<th></th>
<th>Very well</th>
<th>Average</th>
<th>Poorly or very poorly</th>
</tr>
</thead>
<tbody>
<tr>
<td>E13: Reading and other language arts (spelling, grammar, composition)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E14: Mathematics?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E15: Science?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E16: Overall?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LEVEL OF DIFFICULTY: The next few questions concern levels of difficulty of different subjects that may be offered at the school currently or last attended by the young person in care. The terms used may not be the same as those used in your community. The advanced/enriched level includes courses targeting those with stronger abilities/performances in their grade and allows them to progress more rapidly. The general level includes courses targeting those with average abilities/performances and allows students to progress normally. The basic level includes courses targeting students with lower abilities/school performance and allows them to accomplish different educational or occupational plans. For each of the following subjects, please indicate the level at which the young person in care is enrolled (or was enrolled during the last year that he/she was enrolled in school):

E17: Reading and other language arts (spelling, grammar, composition)?

- Advanced/Enriched  
- General  
- Basic  
- Does not take it

E18: Mathematics?

- Advanced/Enriched  
- General  
- Basic  
- Does not take it

E19: Science?

- Advanced/Enriched  
- General  
- Basic  
- Does not take it

E20: FOSTER PARENT'S (OR OTHER CAREGIVER'S) EXPECTATIONS: How important is it to you that ... have good grades in school?

- Very important  
- Important  
- Somewhat important  
- Not important at all

E21: How far do you expect ... will go in school?

- Not graduate from high school  
- Community college, CEGEP, or apprenticeship program
- Secondary or high school graduation  
- University degree
- Technical, trade, or vocational school  
- More than one university degree

E21A: EDUCATIONAL SUPPORT: Does ... have an RESP or Canada Learning Bond?

- Yes  
- No  
- Uncertain

E22: Will any of the following factors prevent ... from completing his/her education or going to post-secondary education? (Mark all that apply.)

- None of the following factors will prevent him/her from doing so  
- Health reasons or disability
- His/her financial situation  
- He/she is not interested enough
- No programs available close to home  
- Other reason(s)
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

A Registered Education Savings Plan (RESP) is a special type of account designed to help people save for their child's post-secondary education at university, college or trade school. RESPs can be opened on behalf of a child by their biological parents, foster parents, family members and, as of July 2005, a child welfare agency.

To help people save for the post-secondary education of their children, the Government has introduced two financial supports: the Canada Learning Bond and Canada Education Savings Grant. These financial supports can only be accessed if a child has an RESP opened on their behalf.

The Canada Learning Bond is an initial $500 payment deposited into an RESP for children who were born on or after 1 January, 2004 and who qualify to receive the National Child Benefit (NCB) supplement or the Children’s Special Allowance (CSA). This payment may be followed by subsequent, annual installments of $100 for each year the child remains entitled to receive the NCB supplement or CSA. No outside contributions need to be paid into an RESP for an eligible child to receive the Canada Learning Bond.

The Canada Education Savings Grant has been available since 1998 and is available to all children under the age of 17, including children in care, regardless of when they were born. It is a matching grant on any funds which have been deposited into the child's RESP account.

As of July 2005, children in care who receive the CSA are automatically eligible for a 40% matching grant on the first $500 saved in their RESP each year. On savings over $500 and up to $2000, a 20% matching grant is available.

There is no limit to the number of RESPs a child can have opened on their behalf, although only one RESP can receive the Canada Learning Bond.
E23: How often do you and ... talk about his or her plans for the future?
- Daily
- One or more times a month
- One or more times a week
- Less than once a month or rarely

E24: CHANGES IN SCHOOLS: Other than the natural progression through the school system, how many times (if any) has ... changed schools since birth?
- No changes in school (other than natural progression through the school system)
- 1 or 2 changes
- 3 or 4 changes
- 5-7 changes
- 8 or more changes

E25: ABSENCES FROM SCHOOL: How many days, if any, was ... absent from school during the last 12 months?
- 0 days
- 1-3 days
- 4-6 days
- 7-10 days
- 11-20 days
- More than 20 days
- Not in school during the last 12 months

E26: What was the main reason for... being absent from school? (Mark one only.)
- Illness
- Illness appointments with doctor or dentist
- Appointments with mental health professional
- Meeting with social worker or child welfare worker
- Transportation issue
- Access visits
- Family vacation
- Completing AAR/plan of care
- Problem with the teacher
- Problems with weather
- Problem with children/youths at school
- Fear of school
- Suspension
- Expulsion
- Court appearance
- Other

E27: SUSPENSIONS FROM SCHOOL: During the last 12 months (or during the last year he/she was enrolled in school), how many times, if any, has ... been temporarily suspended from school?
- Never
- Once or twice
- 3 or 4 times
- 5 times or more
- 6 or more times

E28: Was ... permanently suspended from school during the last 12 months (or during the last year he/she was enrolled in school)?
- Yes
- No

During the AAR conversation, the Young Person in Care is to answer the following section with assistance, as needed, from the child welfare worker or the foster parent (or other adult caregiver).

Note to the young person: The following section is about your experience of school during the current year (or during the last year you were enrolled in school).

E29: SCHOOL: How do you feel about school?
- I like school very much
- I like school a bit
- I hate school
- I like school quite a bit
- I don't like school very much

E30: How well do you think you are doing in your school work this year?
- Very well
- Well
- Average
- Poorly
- Very poorly
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Unplanned changes are other than those that everyone experiences (e.g., grade to high school). Your child welfare worker should check that all school changes have been noted in your file.

A change of placement may mean that you have moved away from your school. It is important to try not to change schools in the middle of a term. Your child welfare worker may be able to arrange transportation to help you stay at the same school. If you have changed schools in the middle of a term, it may be useful to ask your teacher where you might get some extra help.

Suspensions or expulsions disrupt young people’s learning, social relationships, and school-based activities. It also puts them at higher risk of offending and of drug and alcohol misuse. The child welfare worker or the foster parent need to make arrangements to permit continued learning and participation in important activities.
E31: Overall, what is your average mark this year (or what was it during the last school year or the last year you were in school)?
- [ ] 90% to 100%
- [ ] 60% to 69%
- [ ] 50% to 54%
- [ ] Less than 50%
- [ ] Don't know
- [ ] 70% to 79%
- [ ] 55% to 59%
- [ ] Not applicable, ungraded

**SCHOOL SUBJECTS: How do you like the following subjects:**

**E32: Math**
- [ ] I hate it
- [ ] I don't like it very much
- [ ] I like it a little
- [ ] I like it a lot
- [ ] I don't take it

**E33: English**
- [ ] I hate it
- [ ] I don't like it very much
- [ ] I like it a little
- [ ] I like it a lot
- [ ] I don't take it

**E34: French**
- [ ] I hate it
- [ ] I don't like it very much
- [ ] I like it a little
- [ ] I like it a lot
- [ ] I don't take it

**E35: Science**
- [ ] I hate it
- [ ] I don't like it very much
- [ ] I like it a little
- [ ] I like it a lot
- [ ] I don't take it

**LEVEL OF IMPORTANCE:**

*How important is it to you to do the following in school?*

**E36: Make friends**
- [ ] Very important
- [ ] Somewhat important
- [ ] Not important

**E37: Get good grades**
- [ ] Very important
- [ ] Somewhat important
- [ ] Not important

**E38: Participate in extra-curricular activities**
- [ ] Very important
- [ ] Somewhat important
- [ ] Not important

**E39: Learn new things**
- [ ] Very important
- [ ] Somewhat important
- [ ] Not important

**E40: Always show up for class on time**
- [ ] Very important
- [ ] Somewhat important
- [ ] Not important

**E41: Express your opinion in class**
- [ ] Very important
- [ ] Somewhat important
- [ ] Not important

**E42: Take part in student council or other similar groups**
- [ ] Very important
- [ ] Somewhat important
- [ ] Not important

**E43: Hand in assignments on time**
- [ ] Very important
- [ ] Somewhat important
- [ ] Not important

**E44: Have you participated in any school trips or outings in the last 12 months?**
- [ ] Never
- [ ] Once or twice
- [ ] 3 or 4 times
- [ ] 5 times or more

**YOUTH ACTIVITIES: Outside of school in the last 12 months, how often have you:**

**E45: Played sports or done physical activities without a coach or an instructor (e.g., biking, skate boarding, hiking, skiing, camping, etc.)?**
- [ ] Never
- [ ] Less than once a week
- [ ] 1 to 3 times a week
- [ ] 4 or more times a week

**E46: Played sports or done physical activities with a coach or instructor (e.g., swimming lessons, baseball, hockey, aerobics, etc.)?**
- [ ] Never
- [ ] Less than once a week
- [ ] 1 to 3 times a week
- [ ] 4 or more times a week

**E47: Taken part in dance, gymnastics, karate, or other groups or lessons?**
- [ ] Never
- [ ] Less than once a week
- [ ] 1 to 3 times a week
- [ ] 4 or more times a week

**E48: Taken part in art, drama, or music groups, clubs or lessons?**
- [ ] Never
- [ ] Less than once a week
- [ ] 1 to 3 times a week
- [ ] 4 or more times a week
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Despite the current emphasis on information technology, literacy is still the first requirement of employers. It is also a crucial tool for independent learning and an important leisure skill.

Reading is inexpensive and does not require the cooperation of others or interfere with their activities. It can be pursued anywhere and offers recreation, instruction, and vicarious experience.

Research findings have shown that a learning experience is greatly enhanced with the presence of a caring adult who takes an interest in school achievements.

Just as important for good learning to happen is to have access to a satisfactory place for studying. A good working place has enough space and light and a suitable chair and table. It should not be too noisy, so that someone is able to concentrate and not be interrupted by others.
E49: Taken part in clubs or groups such as Guides or Scouts, Junior Farmers, community, political, church, or other religious groups?

- Never
- Less than once a week
- 1 to 3 times a week
- 4 or more times a week

E50: Done a hobby or craft (drawing, designing computer webpages or games, sewing, working on cars, traditional hunting, trapping, etc.)?

- Never
- Less than once a week
- 1 to 3 times a week
- 4 or more times a week

TEACHERS: The next statements are about teachers and homework during the current year at school (or during the last year that you were enrolled in school).

E51: In general, how often do your teachers treat you fairly?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

E52: How often do your teachers provide extra help if you need it?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

E53: When your teachers give you homework, do you do it?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

E54: How often do your foster parents (or your other adult caregivers) check your homework or provide help with homework?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

E55: How often do you talk to a teacher outside of class about class matters?

- Daily
- A few times a month
- Less than once a month
- Once a month
- Rarely
- Once a week

E56: How often do you talk to a teacher outside of class about social matters?

- Daily
- A few times a month
- Less than once a month
- Once a month
- Rarely
- Once a week

E57: SCHOOL PERFORMANCE: In the last 2 years, have you repeated a grade?

- Yes
- No

E58: In the last 2 years, have you failed a course at school? (Mark all that apply)

- No, I have not failed any courses in the last 2 years
- Yes, I failed french
- Yes, I failed math
- Yes, I failed science
- Yes, I failed another type of course
- Yes, I failed english

E59: CAREGIVER'S ACADEMIC SUPPORT: How often were your foster parent(s) or other caregiver(s) ready to help you if you had problems at school?

- All of the time
- Most of the time
- Rarely
- I never had problems at school

E60: How often do your foster parent(s) or other caregiver(s) encourage you to do well at school?

- All of the time
- Most of the time
- Rarely
- I never had problems at school

E61: How often do you feel that your foster parent(s) or other caregiver(s) expect too much from you with regard to your performance at school?

- All of the time
- Most of the time
- Rarely
- I never had problems at school
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Research findings have shown that school achievement depends on having the conditions necessary for youths to learn such as a ready supply of suitable reading material and of pens, paper, and pencils. These findings underline the importance that foster homes and residential units should have reference books such as dictionaries, atlases, and encyclopedias. If they don't, you may need to ask your child welfare worker about this.

School is a place where young people acquire social and leisure skills, making and keeping friends, negotiating agreements, and relating to a variety of adults.

School is also where sometimes difficult situations arise such as bullying. Bullying can be threats, teasing, taunting, social isolation, and/or hitting. If you are being bullied at school talk to your teacher or child welfare worker. Some school have a policy on anti-racism, bullying, and sexual abuse. Your teacher or child welfare worker should be able to tell you about this.
Looking After Children  AAR - Education dimension (16-17 yrs)  

18447

**E62: CHANGE IN SCHOOLS:** For your most recent change in schools (even if it happened more than 2 years ago), what was the **MAIN** reason for changing? *(Mark all that apply.)*

- [ ] Regular progression through school system
- [ ] You wanted a specific program
- [ ] You changed your place of residence (e.g., you or your foster family moved, etc.)
- [ ] Your marks were too low or you were not progressing well in your previous school
- [ ] You were not getting along with others in your previous school
- [ ] Other

**E63: MY ASPIRATION:** How far do you **expect** you will go in school? *(Mark one only.)*

- [ ] Less than high school graduation
- [ ] High school or secondary school graduation
- [ ] Technical, trade, or vocational school (above high school level)
- [ ] Community college, CEGEP, or apprenticeship program
- [ ] University degree
- [ ] More than one university degree

**FAIR TREATMENT:** _During the past 12 months have you personally been treated unfairly because of:_

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<th>Yes</th>
<th>No</th>
<th>I don't know</th>
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<td>E64: Your sex/gender?</td>
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<td>E65: Your race, skin colour, or ethnic group?</td>
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<td>E66: Your religion?</td>
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<td>E67: Another reason?</td>
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**DIFFICULT SITUATIONS:** _During the last 12 months, how many times did someone..._

**E68:** Say something personal about you that made you feel extremely uncomfortable?  

a) While at school or on a school bus.

- [ ] Never  
- [ ] Once or twice  
- [ ] 3 or 4 times  
- [ ] 5 times or more

b) Elsewhere (including home).

- [ ] Never  
- [ ] Once or twice  
- [ ] 3 or 4 times  
- [ ] 5 times or more

**E69:** Threaten to hurt you but not actually hurt you?  

a) While at school or on a school bus.

- [ ] Never  
- [ ] Once or twice  
- [ ] 3 or 4 times  
- [ ] 5 times or more

b) Elsewhere (including home).

- [ ] Never  
- [ ] Once or twice  
- [ ] 3 or 4 times  
- [ ] 5 times or more
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Research on high achievers who have been in care suggests that a good educational foundation is key to employment and to success in many other dimensions of adult life.

Given these long term positive outcomes, caring adults need to recognise and affirm school achievement (academic, sporting, and creative) if it is to be sustained. One way to affirm the importance of academic achievement is to encourage the young person in care to set realistic yet ambitious educational goals. Significant adults also need to support and help the young person not to lose sight of his/her goals during his/her life experiences in the child welfare system.

If a young person in care decides that he/she wants to study at a particular university, or become a doctor or a professional tennis player, who is to say that this is inappropriate? As a good parent, the job of the child welfare worker is to explain to the young person the necessary steps along the way, do everything possible to help, and encourage and build on his/her aspirations and talents.
During the AAR conversation, the **FOSTER PARENT OR OTHER ADULT CAREGIVER** is to answer the following section with assistance, as needed, from the child welfare worker or the young person in care.

**E70: EDUCATIONAL AND RECREATIONAL SERVICES RECEIVED BY THE YOUNG PERSON IN CARE DURING THE LAST 12 MONTHS:** Has ... received services from the following providers in the last 12 months?

1. Teacher (regular class)  
   - Yes  
   - No

2. Teacher (special ed.)  
   - Yes  
   - No

3. Teacher's aide  
   - Yes  
   - No

4. Educational tutor  
   - Yes  
   - No

5. Paid recreation/sports instructor or coach  
   - Yes  
   - No

6. Volunteer (unpaid) recreation/sports instructor or coach  
   - Yes  
   - No

7. Volunteer/paid driver  
   - Yes  
   - No

8. Summer camp staff  
   - Yes  
   - No

9. Other educational or recreational service provider  
   - Yes  
   - No

During the AAR conversation, the **CHILD WELFARE WORKER** is to answer the following section based on the information obtained on the entire developmental dimension of education.

**ATTAINMENT OF GENERAL EDUCATION OBJECTIVES OF THE CHILD WELFARE SYSTEM**

**E71:** Objective 1: The young person's educational performance matches his/her ability.

- Performance matches ability  
- Performance somewhat below ability  
- Performance seriously below ability

**E72:** Objective 2: The young person is acquiring special skills and interests.

- Many  
- Some  
- Few  
- None

**E73:** Objective 3: Adequate attention is being given to planning the young person's education.

- Satisfactory planning  
- Some planning, but not enough  
- Little or no planning

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**Note to the child welfare worker:** If anyone disagrees with these answers to the Education objectives, please note the details on the opposite page.
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Knowledge of the kind and amount of educational services received by the young person is very important to help all concerned gain a better clinical understanding of the relationship between services received and positive developmental outcomes.

This knowledge will also help the child welfare worker, the foster parents, and the young person review past accomplishments and determine what other services or actions need to be taken to further promote positive schooling experiences and successes.

Education plays a central role in determining the quality of adult life. School successes enhance self-esteem and can offer a channel of escape from disadvantage. Open and regular communications between the student, school, child welfare worker, and foster home is an important means of supporting the young person’s continued academic progress.
DEVELOPMENTAL DIMENSION 3: IDENTITY

This dimension is about the identity of the young person in care. The questions in this section are designed to make sure that the young person knows something about his/her birth family and his/her culture, understands and accepts the reasons why he/she is in care, and is being helped to feel increasingly confident about himself/herself and about the way he/she makes decisions.

During the AAR conversation, the **YOUNG PERSON** in care is to answer this section with assistance, as needed, from the foster parent (or other adult caregiver) or the child welfare worker. If you were adopted as a baby and have had no contact with your birth family since then, questions in this section apply to the adoptive family.

**ID1: BIRTH FAMILY:** How many members of your birth family can you name (including parents, brothers and sisters, grandparents, cousins, aunts and uncles)?

☐ All or most        ☐ Some        ☐ None

**ID2:** Do you want to find out more about your birth family?

☐ Yes        ☐ Uncertain        ☐ No

**ID3:** BEING IN CARE: Do you understand why you are in care?

☐ Yes        ☐ Uncertain        ☐ No

**ID4:** If you feel awkward or uncomfortable when asked personal questions about your birth family, where you live, or why you are in care, are you getting all necessary assistance to deal with such questions in the future?

☐ No assistance required        ☐ Yes        ☐ No

**ID5:** PAST EXPERIENCES: Do you have a personal album, containing photographs and mementos about people and events that were important to you?

☐ Yes        ☐ No

**ID6:** RELIGION(S) / SPIRITUAL AFFILIATION(S): What, if any, is your religion or spiritual affiliation(s)? (Mark no more than two.)

☐ No religion        ☐ First Nations (traditional)  ☐ Jewish  ☐ Presbyterian
☐ Anglican        ☐ First Nations (other)  ☐ Lutheran  ☐ Roman Catholic
☐ Baptist        ☐ Hindu  ☐ Mennonite  ☐ United Church
☐ Buddhist        ☐ Islam (Muslim)  ☐ Mormon  ☐ Sikh
☐ Eastern Orthodox        ☐ Jehovah's Witnesses  ☐ Pentecostal  ☐ Other

**ID7:** Do you have enough opportunities to practice your religion (including religious services, festivals and holidays, prayers, clothing, diet, fasting, traditional sweat lodge, pow wow, drumming)?

☐ No religious affiliation        ☐ Yes        ☐ No

**ID7A:** Other than on special occasions (such as weddings or funerals), how often did you voluntarily attend religious services or meetings in the past 12 months?

☐ About once a week        ☐ About once a month        ☐ 3 or 4 times        ☐ Once        ☐ Never

**ID8:** FIRST LANGUAGE: What is the language that you first learned at home in childhood and can still understand? (If you can no longer understand the first language learned, choose the second language learned.) (Mark all that apply.)

☐ English        ☐ French  ☐ First Nation language  ☐ Other

**ID9:** Overall, do you have enough opportunities to speak your own first language (at home, at school, with friends, etc.)?

☐ Yes        ☐ No
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

**DIMENSION 3: IDENTITY**

This dimension is about the identity of the young person in care. It is designed to make sure that he/she knows about his/her birth family and culture, that he/she is being helped to understand and accept the reasons why he/she is in care, and that he/she feels increasingly confident about himself/herself.

Even if a personal album is not being kept, it is important that photographs, certificates and mementos be collected and that addresses be noted down. This is particularly valuable if there is a change of placement or child welfare worker, as it may later prove impossible to gather this information.
ID10: ETHNICITY: To which ethnic or cultural group(s) did your ancestors belong? (For example: French, British, Chinese) (Mark all that apply.)

☐ Canadian  ☐ Italian  ☐ Latin American
☐ French    ☐ Jewish    ☐ Portuguese
☐ English   ☐ Ukranian   ☐ African (e.g., Somali, South African)
☐ First Nations ☐ Dutch (Netherlands) ☐ Caribbean (e.g., Haitian, Jamaican)
☐ Inuit ☐ Chinese ☐ South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)
☐ Métis ☐ Filipino ☐ South East Asian (e.g., Cambodian, Indonesian, Lactian, Vietnamese)
☐ German ☐ Japanese ☐ Arab/West Asian (e.g., Armenian, Egyptian, Lebanese, Moroccan)
☐ Irish ☐ Korean ☐ Other
☐ Scottish ☐ Polish

ID11: Overall, do you have enough opportunities to meet people from your own ethnic or cultural background (including, for First Nations young people, people from your own band or community)?

☐ Yes  ☐ No

FIRST NATIONS YOUNG PEOPLE: IF you are a First Nations young person, THEN please answer questions ID12 to ID15. IF not, go to question ID16.

ID12: If your ancestors were members of a "First Nation", to which band, community, or nation did they belong?

__________________________________________________________________________

ID13: Overall, do you have enough opportunities to visit your own First Nation’s community?

☐ Yes  ☐ No

ID14: Overall, do you have enough opportunities to learn about traditional teachings, customs, or ceremonies?

☐ Yes  ☐ No

ID15: Overall, do you have enough opportunities to participate in your own First Nation’s community events, activities, or ceremonies?

☐ Yes  ☐ No

ABOUT ME:
For each of the following statements, choose the answer that best describes how you feel.

ID16: In general, I like the way I am.

☐ True or mostly true  ☐ Sometimes false / Sometimes true  ☐ False or mostly false

ID17: Overall I have a lot to be proud of.

☐ True or mostly true  ☐ Sometimes false / Sometimes true  ☐ False or mostly false

ID18: A lot of things about me are good.

☐ True or mostly true  ☐ Sometimes false / Sometimes true  ☐ False or mostly false

ID19: When I do something, I do it well.

☐ True or mostly true  ☐ Sometimes false / Sometimes true  ☐ False or mostly false

Which answer best describes how you feel?

ID20: In general, I am happy with how things are for me in my life now.

☐ Strongly disagree  ☐ Disagree  ☐ Agree  ☐ Strongly agree

ID21: The next five years look good to me.

☐ Strongly disagree  ☐ Disagree  ☐ Agree  ☐ Strongly agree
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

"Self-esteem" refers to the positive or negative regard in which one holds oneself, either globally, in the sense of an overall judgement, or specifically, in relation to one's different identities.

A young person with a positive view of self will be generally confident in new situations. He/she will take on challenges and expect to succeed. He/she will enjoy meeting new people and expect to be liked.

Most psychological research on the self has been concerned with self-esteem, perhaps because of its great importance to overall well-being. Recently, another aspect of self-evaluation, self-efficacy, has been studied, that is, the sense that one is competent and can solve one's problems.
## QUESTIONS ABOUT YOUR GOALS:
The six sentences below describe how young people think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Choose the answer that describes YOU the best. There are no right or wrong answers.

**ID22:** I think I am doing pretty well.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

**ID23:** I can think of many ways to get the things in life that are most important to me.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

**ID24:** I am doing just as well as other kids my age.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

**ID25:** When I have a problem, I can come up with lots of ways to solve it.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

**ID26:** I think the things I have done in the past will help me in the future.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

**ID27:** Even when others want to quit, I know that I can find ways to solve the problem.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

## HOW YOU DEAL WITH PROBLEMS:
Sometimes young people have problems or feel upset about things. When this happens, they may do different things to solve the problem or to make themselves feel better. For each item, choose the answer that best describes how often you do this to solve your problems or make yourself feel better. There are no right or wrong answers. Just indicate how often YOU do each thing.

### When I have a problem:

**ID28:** I do things to make my problem better.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

**ID29:** I don't do anything that reminds me of my problem.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

**ID30:** I imagine that my problem has gotten better.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

**ID31:** I take action to improve the situation.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

**ID32:** I do something fun to take my mind off my problem.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

**ID33:** I think about possible answers to my problem.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

**ID34:** I stay away from the things that are upsetting me.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never

**ID35:** I try to understand my problem better.
- [ ] Most of the time
- [ ] Often
- [ ] Sometimes
- [ ] Never
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

One important dimension of resilience is the presence of hope. Hope is an overall perception that we will be able to overcome barriers to meet our goals. Young people who are hopeful can imagine and embrace goals associated with success. Furthermore, young people who are hopeful envision different ways to achieve the goals they set and show remarkable determination in attaining their goals when barriers are encountered.

Coping. People respond differently to stressful situations, often using several coping strategies. Research has shown that young people's coping efforts to diminish the effects of negative events have important implications for their mental health (Ayers et al., 1996). Studies have determined that active coping strategies are often associated with greater well-being.
### Attainment of General Identity Objectives of the Child Welfare System

**ID44: Objective 1:** The young person has knowledge of his/her family of origin and current situation.
- [ ] Clear knowledge
- [ ] Some knowledge
- [ ] Little or no knowledge

**ID45: Objective 2:** The young person identifies with and is proud of his/her racial or ethnic background.
- [ ] To a great extent
- [ ] To some extent
- [ ] To little or no extent

**ID46: Objective 3:** The young person has a good level of self-esteem.
- [ ] High self-esteem
- [ ] Moderate self-esteem
- [ ] Low self-esteem

**ID47: Objective 4:** The young person has a clear understanding of his/her current situation.
- [ ] Clear understanding
- [ ] Some understanding
- [ ] Little or no understanding

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*Note to the child welfare worker:* If anyone disagrees with these answers to the identity objectives, please note the details on the opposite page.
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Young people learn how to find ways to achieve their goals and maintain their efforts until their goals are reached through the encouragements of significant persons in their lives (e.g., caregivers, teachers, or friends). With each successful handling of barriers to their goals, hope becomes more firmly part of these young people’s way of thinking in a way similar to the process of immunization (Snyder et al., 1997).
DEVELOPMENTAL DIMENSION 4: FAMILY AND SOCIAL RELATIONSHIPS

This dimension is about the young person's relationship with friends, family, and others. The questions in this section are meant to find out if he/she has a close relationship with a parent or someone who acts as his/her parent, if he/she has a home where he/she is welcomed, and if he/she knows an adult who will help out if something goes wrong.

During the AAR conversation, the **FOSTER PARENT OR OTHER ADULT CAREGIVER** is to answer the following section with assistance, as needed, from the young person in care or the child welfare worker.

**F1:** How long has ... been living with you? (If less than one year indicate months.)

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**F2:** Is this a permanent placement for ... (i.e., until adulthood)?

- [ ] Yes (Go to question F5)
- [ ] Uncertain
- [ ] No

**F3:** Is there a permanency plan for ...?

- [ ] Yes
- [ ] Uncertain
- [ ] No

**F4:** What is the permanency plan for ...? (Please specify.)

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**F5:** How many changes in main caregivers has ... experienced since birth? **Main caregivers consist of persons** that have acted in that capacity for 1 month or more. Try and give an estimate of the number, even if you are not certain. Where care has been shared equally by two people (e.g., mother and father, two foster parents) select one of these as the main caregiver for that period. For further clarification, please read the prompt on the right-hand page.

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**F6:** CHANGES IN PLACE OF RESIDENCE: How many times in ...'s life has he/she moved, that is, changed his/her usual place of residence? (Write in the number of times.)

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**F7:** CONTACT WITH BIRTH FAMILY: What **main** type of contact does ... have with his/her birth mother?

- [ ] Regular visiting, at least once a month
- [ ] Irregular visiting, a few times a year
- [ ] Telephone or letter contact only
- [ ] No contact at all
- [ ] Permanent ward, with no access
- [ ] Deceased

**F8:** What **main** type of contact does ... have with his/her birth father?

- [ ] Regular visiting, at least once a month
- [ ] Irregular visiting, a few times a year
- [ ] Telephone or letter contact only
- [ ] No contact at all
- [ ] Permanent ward, with no access
- [ ] Deceased

**F9:** What **main** type of contact does ... have with any of his/her brother(s) or sister(s)?

- [ ] Regular visiting, at least once a month
- [ ] Irregular visiting, a few times a year
- [ ] Telephone or letter contact only
- [ ] No contact at all
- [ ] Permanent ward, with no access
- [ ] Has no brother(s) or sister(s)
- [ ] Lives with one or more brother(s) or sister(s)
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

<table>
<thead>
<tr>
<th>F1</th>
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<tbody>
<tr>
<td>F2</td>
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<td>F3</td>
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<td>F4</td>
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<td>F5</td>
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<td>F6</td>
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<td>F7</td>
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<tr>
<td>F8</td>
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<tr>
<td>F9</td>
</tr>
</tbody>
</table>

**DIMENSION 4: FAMILY AND SOCIAL RELATIONSHIPS**

This dimension is about the young person's relationship with friends, family, and others. The questions ask about his/her relationships with foster parents or other adult caregivers, contacts with members of his/her birth family, ability to get along well with adults or other young people, and whether he/she has any close friends.

**Changes in Main Caregiver**

The main caregiver is anyone who has looked after the young person on more than a temporary basis. If, for instance, the young person was in a foster placement and moved to a residential unit, this would count as one change of main caregiver. On the other hand, if the young person were being looked after by one parent and a new partner moved in, this would not count as a change. Where care has been shared equally by two people (e.g., mother and father, two foster parents), select one of these as the main caregiver for that period.
Looking After Children

１８４４７

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F10: If ... is not living with all of his/her siblings, is ... receiving all necessary assistance to remain in contact with his/her siblings?

☐ Yes  ☐ No  ☐ Not applicable

F11: What main type of contact does ... have with any other relatives (e.g., aunts, uncles, grandparents)?

☐ Regular visiting, at least once a month  ☐ No contact at all

☐ Irregular visiting, a few times a year  ☐ Permanent ward, with no access

☐ Telephone or letter contact only  ☐ Deceased

F12: Is ... receiving all necessary assistance to remain in contact with his/her birth family?

☐ Yes  ☐ No  ☐ Not applicable

F13: PREVIOUS FOSTER PARENTS or OTHER ADULT CAREGIVERS: What main type of contact does ... have with his/her previous foster parents or other adult caregivers?

☐ Regular visiting  ☐ No contact at all

☐ Irregular visiting, without set pattern  ☐ Has not had any previous foster parents or other adult caregivers

☐ Telephone or letter contact only

F14: Is ... receiving all necessary assistance to remain in contact with his/her previous supportive foster family or other adult caregiver(s)?

☐ Yes  ☐ No  ☐ Not applicable

F15: CURRENT FRIENDSHIPS: About how many days a week does ... do things with friends outside of school hours?

☐ Never  ☐ 1 day a week  ☐ 2-3 days a week  ☐ 4-5 days a week  ☐ 6-7 days a week

F16: When it comes to meeting new young people and making new friends is he/she:

☐ Somewhat shy?  ☐ About average?  ☐ Very outgoing - makes friends easily?

INTERACTIONS WITH YOUTH: The next few questions have to do with the different ways foster parent(s) or other adult caregiver(s) act towards the young person in their care.

Tell me how often, in general, you act in the following ways:

<table>
<thead>
<tr>
<th>F17: I speak to ... in a warm and friendly way.</th>
<th>Often or always</th>
<th>Sometimes</th>
<th>Never or rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>F18: I praise ...’s effort and help in the home.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F19: I encourage ... to talk about his/her feelings.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>F20: I communicate to ... that he/she has specific strengths.</td>
<td></td>
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<tr>
<td>F21: I include ... in celebrations in the home.</td>
<td></td>
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<tr>
<td>F22: I support ...’s involvement in activities outside the home (where possible).</td>
<td></td>
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<tr>
<td>F23: I inform ... about what behaviour is or is not acceptable.</td>
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<tr>
<td>F24: I provide ... with a predictable routine in the home.</td>
<td></td>
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</tbody>
</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Research indicates that continuity in relationships is most likely to happen with relatives such as siblings, grandparents, aunts and uncles, or other significant people.

The importance to preserve contacts with the birth family is underlined by recent research findings suggesting that the majority of young people eventually return home to live with parents or relatives within 2 years of leaving care. It's not surprising then to observe that continued contact with parents or the wider family is a critical determinant of outcomes for young people. In fact, research evidence exists showing that young people who remain in contact with their parents tend to do better in the short and in the long-term than those who grow apart.

Young people may need help in arranging contacts with a supportive adult. This adult could be a birth parent, aunt, uncle, grandparent, a former foster parent or, for First Nations' young people, an adult from their own band or community. To facilitate contact, all names, addresses, and phone numbers of adults who may not be close relatives but who are significant to the young person, should be noted on the Plan of Care.
CONFLICT RESOLUTION: People often disagree with each other. The following sentences describe disagreements.

Tell me how often you and the young person in your care do the following things.

<table>
<thead>
<tr>
<th>Question</th>
<th>Pretty often or almost all the time</th>
<th>Sometimes</th>
<th>A little or not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>F25: We disagree and have arguments.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F26: We make up easily when we have a &quot;fight&quot; (i.e., argue).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F27: We bug each other or get on each other's nerves.</td>
<td></td>
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<tr>
<td>F28: We yell at each other.</td>
<td></td>
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<tr>
<td>F29: When we argue, we stay angry for a very long time.</td>
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<tr>
<td>F30: When we disagree, I refuse to talk to him/her.</td>
<td></td>
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<tr>
<td>F31: When we disagree, he/she stomps out of the room, house, or yard.</td>
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<tr>
<td>F32: When we disagree about something, we solve the problems together.</td>
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</tbody>
</table>

SHARED ACTIVITIES:
Tell me how often per week you do the following activities with the young person in care.

<table>
<thead>
<tr>
<th>Question</th>
<th>Frequency Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>F33: How often do you eat together?</td>
<td>Every day, 3-6 days per week, 1-2 days per week, 1-2 times per month, Rarely or never</td>
</tr>
<tr>
<td>F34: How often do you watch television together?</td>
<td>Every day, 3-6 days per week, 1-2 days per week, 1-2 times per month, Rarely or never</td>
</tr>
<tr>
<td>F35: How often do you play sports together?</td>
<td>Every day, 3-6 days per week, 1-2 days per week, 1-2 times per month, Rarely or never</td>
</tr>
<tr>
<td>F36: How often do you play cards or games together?</td>
<td>Every day, 3-6 days per week, 1-2 days per week, 1-2 times per month, Rarely or never</td>
</tr>
<tr>
<td>F37: How often do you have a discussion together?</td>
<td>Every day, 3-6 days per week, 1-2 days per week, 1-2 times per month, Rarely or never</td>
</tr>
<tr>
<td>F38: How often do you do a family project or family chores together?</td>
<td>Every day, 3-6 days per week, 1-2 days per week, 1-2 times per month, Rarely or never</td>
</tr>
<tr>
<td>F39: How often do you have a family outing/entertainment together?</td>
<td>Every day, 3-6 days per week, 1-2 days per week, 1-2 times per month, Rarely or never</td>
</tr>
</tbody>
</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Family activities: If young people feel settled, their educational chances are enhanced and this, in turn, will boost employment opportunities later. With a sound social network and good family relationships, the development of a secure identity is more likely, with an associated reduction in health problems. In other words, paying attention to the Family and Social Relationships section of the Assessment and Action Records will help with progress on the six other dimensions.
During the AAR conversation, the **YOUNG PERSON IN CARE** is to answer the following sections with assistance, as needed, from the child welfare worker or the foster parent (or other adult caregiver).

**Note to the young person:** This section is about your relationships with friends, family, and others. The questions ask about your relationship with your foster parent(s) or other adult caregiver(s), your contacts with members of your birth family, your ability to get along well with adults and other young people, and whether you have any close friends.

**The next few questions have to do with friends. Would you say:**

F40: I have many friends.

☐ False or mostly false  ☐ Sometimes true/Sometimes false  ☐ True or mostly true

F41: I get along easily with others my age.

☐ False or mostly false  ☐ Sometimes true/Sometimes false  ☐ True or mostly true

**In this next section, by "close friends", we mean the people that you trust and confide in. They are friends that you see or hang out with at school or outside of school.**

F42: How many close friends do you have?

☐ None

F43: Other than your close friends, do you have anyone else in particular you can talk to about yourself or your problems?

☐ Yes  ☐ No (Go to question F45)

F44: If you have someone else or other people you can talk to, what is their relationship to you? (Mark **every person** that you feel you can talk to about yourself or your problems.)

☐ Foster mother  ☐ Grandparents

☐ Foster father  ☐ Other relative

☐ Birth mother  ☐ Birth parent's partner

☐ Birth father  ☐ A friend of the family or a friend's parent

☐ Brother  ☐ Boyfriend or girlfriend

☐ Sister  ☐ Coach or leader (e.g., Scout, Guide, or church leader)

☐ Teacher

☐ Child welfare worker

☐ Sitter or baby sitter

☐ Other (e.g., family doctor, etc.)

F45: If you don't have anyone like this, would you like to be put in touch with someone who could give you support when you need it?

☐ Yes  ☐ Not sure  ☐ No

**GETTING ALONG WITH OTHERS:**

*During the past 6 months, how well have you gotten along with:*

F46: other young people such as friends or classmates?

☐ No problems or hardly any problems  ☐ Occasional problems  ☐ Frequent or constant problems

F47: your foster mother, or female group worker (or other female caregiver)?

☐ No problems or hardly any problems  ☐ Occasional problems  ☐ Frequent or constant problems

F48: your foster father or male group home worker (or other male caregiver)?

☐ No problems or hardly any problems  ☐ Occasional problems  ☐ Frequent or constant problems

F49: your brother(s) and sister(s) or foster brother(s) and sister(s) living in the same house?

☐ No problems or hardly any problems  ☐ Occasional problems  ☐ Frequent or constant problems
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

**Friends:** While there are some exceptions, young people who remain in touch with relatives and enjoy a stable social network, usually fare better than those who drift apart from home and neighbourhood.

**Getting along with your foster parents:** Research in the 1970s raised questions about the state's ability to parent and highlighted drift and instability for young people away from home. Given the significant risk within substitute care of placement change or disruption (and associated negative consequences which can last well into adulthood) all sources of potential continuity - parents, relatives, schools, and friends - need to be nurtured wherever possible.
INTERACTIONS WITH CAREGIVER: For each of the following statements, select the choice that best describes the way your foster parent(s) in general have acted toward you during the past 6 months.

<table>
<thead>
<tr>
<th>My foster parent(s) (or other caregivers):</th>
<th>Often or always</th>
<th>Sometimes</th>
<th>Never or rarely</th>
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</thead>
<tbody>
<tr>
<td>F50: smile at me.</td>
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<tr>
<td>F51: want to know exactly where I am and what I am doing.</td>
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<tr>
<td>F52: soon forget a rule that they have made.</td>
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<td>F53: praise me.</td>
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<td>F54: let me go out any evening I want.</td>
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<tr>
<td>F55: tell me what time to be home when I go out.</td>
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<tr>
<td>F56: nag me about little things.</td>
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<tr>
<td>F57: listen to my ideas and opinions.</td>
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<tr>
<td>F58: and I solve a problem together whenever we disagree about something.</td>
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<tr>
<td>F59: only keep rules when it suits them.</td>
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<tr>
<td>F60: get angry and yell at me.</td>
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<tr>
<td>F61: make sure I know that I am appreciated.</td>
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<td>F62: threaten punishment more often than they use it.</td>
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<td>F63: speak of the good things that I do.</td>
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<tr>
<td>F64: find out about my misbehaviour.</td>
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<tr>
<td>F65: enforce a rule or do not enforce a rule depending upon their mood.</td>
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<tr>
<td>F66: seem proud of the things I do.</td>
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<tr>
<td>F67: take an interest in where I am going and who I am with.</td>
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</table>

Thinking of your foster mother or your female group home worker (or other female caregiver):  

A great deal | Some | Very little

F68: How well do you feel she understands you?  

F69: How much fairness do you receive from her?  

F70: How much affection do you receive from her?  

F71: Overall, how would you describe your relationship with her?  

[ ] Very close  [ ] Somewhat close  [ ] Not very close
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Parenting is a process which most parents learn as they experience the influence of their own parents and that of relatives, friends, the media, health professionals, and teachers.

Although there are wide variations in parenting practices, there are reliable research findings which show that authoritative parenting - which consists of warmth and acceptance of the young person, appropriate guidance, and limit-setting - achieves the best results.

This knowledge about parenting styles has been incorporated into the Assessment and Action Record, to emphasize the need to show physical affection towards the young person, to find things to praise him/her for, to guide him/her, and to recognize what he/she can do well.
**Thinking of your foster father or your male group home worker (or other male caregiver):**

<table>
<thead>
<tr>
<th>Question</th>
<th>A great deal</th>
<th>Some</th>
<th>Very little</th>
</tr>
</thead>
<tbody>
<tr>
<td>F72: How well do you feel that he understands you?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>F73: How much fairness do you receive from him?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>F74: How much affection do you receive from him?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>F75: Overall, how would you describe your relationship with him?</td>
<td>☐ Very close</td>
<td>☐ Somewhat close</td>
<td>☐ Not very close</td>
</tr>
</tbody>
</table>

**CURRENT PLACEMENT:** The next few questions have to do with your current living situation.

**Would you say that:**

<table>
<thead>
<tr>
<th>Question</th>
<th>A great deal</th>
<th>Some</th>
<th>Very little</th>
</tr>
</thead>
<tbody>
<tr>
<td>F76: You like living here?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>F77: You feel safe living in this home?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>F78: You would be pleased if you were to live here for a long time?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>F79: You are satisfied with the amount of privacy you have here?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>F80: You have a good relationship with other people with whom you are living?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>F81: Overall, you are satisfied with your current living situation here?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>F82: What improvements, if any, in your current living situation would you like to see happen in the coming year? Specif</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

During the AAR conversation, the **CHILD WELFARE WORKER** is to answer the following section with assistance, as needed, from the foster parent (or other adult caregiver) or the young person in care.

**F83: PLACEMENT SETTING(S) IN WHICH THE YOUNG PERSON IN CARE HAS LIVED DURING THE LAST 12 MONTHS:** Please indicate whether ... has lived in one or more of the following placement settings during the last 12 months.

1. Foster care  
   - Yes ☐  No ☐

2. Group home  
   - Yes ☐  No ☐

3. Residential treatment  
   - Yes ☐  No ☐

4. Independent living  
   - Yes ☐  No ☐

5. Respite/relief home (young person leaves foster home)  
   - Yes ☐  No ☐

6. Hospital  
   - Yes ☐  No ☐

7. Custody/detention facility  
   - Yes ☐  No ☐

8. Other residential placement setting  
   - Yes ☐  No ☐
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

The limited number of studies that have examined young people’s satisfaction with their out-of-home placements found that generally young people report being satisfied with their current placement. However, these same young people have gone on to make numerous valid suggestions for improvement.

The Assessment and Action Record was designed to provide young people with an opportunity to voice their recommendations about foster care within a hopefully safe forum. Young people placed in out-of-home care need to be aware that their feelings and suggestions are being taken into account and that steps can be taken to make their current home care placement a positive experience. It is through a shared dialogue between the young person and the adults responsible for his/her care that placement breakdowns may be prevented.

Young people who find continuity of placement and attachments while in care are more likely to achieve stability in adulthood and experience improved educational chances, which in turn boosts employment prospects and the likelihood of later success in life.

In view of the above findings, knowledge of the type and number of placements in which the young person has lived while in care is very important to gain a better clinical understanding of the implications resulting from maintaining versus disrupting a placement.
Looking After Children

F84: SERVICES RECEIVED BY THE YOUNG PERSON IN CARE DURING THE LAST 12 MONTHS: For each of the service providers listed, please indicate whether ... has received services from such a provider in the last 12 months.

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child welfare worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Social worker (not from child welfare agency)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Child &amp; youth care worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Lawyer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Police officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Other child welfare service provider</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

During the AAR conversation, the **CHILD WELFARE WORKER** is to complete the following section based on the information obtained on the entire developmental dimension of family and social relationships.

ATTAINMENT OF GENERAL SOCIAL AND FAMILY RELATIONSHIP OBJECTIVES OF THE CHILD WELFARE SYSTEM:

F85: Objective 1: The young person has had continuity of care.

- [ ] Much continuity of care (i.e., no change of placement in the last 12 months)
- [ ] Some disruptions (i.e., one change of placement in the last 12 months)
- [ ] Serious disruptions (i.e., two or more changes of placement in the last 12 months)

F86: Objective 2: The young person is definitely attached to at least one foster parent (or other adult caregiver).

- [ ] Definitely attached
- [ ] Some attachment
- [ ] Little or no attachment

F87: Objective 3: The young person's contact with his/her birth family strengthens his/her relationship with them.

- [ ] Most contacts are helpful
- [ ] Most contacts are unhelpful
- [ ] No contacts

F88: Objective 4: The young person has had a stable relationship with at least one adult over a number of years.

- [ ] Stable relationship throughout life
- [ ] Fairly long-term relationship (i.e., more than 3 years)
- [ ] Short-term relationship (i.e., 1-3 years)
- [ ] No stable relationship

F89: Objective 5: The young person has a relationship with a person who is prepared to help him/her in times of need.

- [ ] A good relationship with someone he/she can call on regularly
- [ ] A fairly good relationship with someone he/she can call on in times of crisis
- [ ] No support of this kind

F90: Objective 6: The young person is able to make friendships with others of the same age.

- [ ] Several friends
- [ ] Some friends
- [ ] Few friends
- [ ] No friends

F91: Objective 7: All feasible action is being taken to create or maintain a permanent placement for him/her.

- [ ] Yes
- [ ] No

*Note to the child welfare worker:* If anyone disagrees with these answers to the Family and Social Relationships objectives, please note the details on the opposite page.
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Acquiring further knowledge of the kind and amount of child welfare services received by the young person while in care is also important for us to deepen our understanding of the relation between services received and positive developmental outcomes.

Just as importantly, this knowledge may inform decision-makers as to the best means of improving the quality and the relevance of services provided to young people. The urgency of acquiring this knowledge is further underlined by the hard reality of limited monetary resources in the face of increasing demands being placed on child welfare agencies and organizations.

Research evidence in social support clearly indicates a strong relationship between positive adjustment and the presence of at least one person who provides consistent long-term support.
DEVELOPMENTAL DIMENSION 5: SOCIAL PRESENTATION

This dimension is about making sure that the young person in care is being helped to understand what sort of impression he/she makes on other people and how he/she needs to adapt to different situations.

During the AAR conversation, the **FOSTER PARENT OR OTHER ADULT CAREGIVER** is to answer the following section with assistance, as needed, from the young person in care or the child welfare worker.

**P1:** Does ... keep himself/herself clean (i.e., body, hair, teeth)?
- Always
- Often
- Sometimes
- Never/rarely

**P2:** Does... take adequate care of his/her skin?
- Always
- Often
- Sometimes
- Never/rarely

**P3:** Overall, does ...'s personal appearance give people the impression that he/she takes care of himself/herself properly?
- Always
- Often
- Sometimes
- Never/rarely

**P4:** Does ... wear suitable clothes (e.g., at school, home, or parties, etc.)?
- Always
- Often
- Sometimes
- Never/rarely

**P5:** Can people understand what he/she is saying?
- Always
- Often
- Sometimes
- Never/rarely

**P6:** Is ... polite with friends and adults?
- Always
- Often
- Sometimes
- Never/rarely

During the AAR conversation, the **YOUNG PERSON IN CARE** is to answer the following section.

**P7:** I am good looking.
- True
- Mostly true
- Sometimes false/Sometimes true
- Mostly false
- False

**P8:** Other young people think that I am good looking.
- True
- Mostly true
- Sometimes false/Sometimes true
- Mostly false
- False

**P9:** I have a good looking body.
- True
- Mostly true
- Sometimes false/Sometimes true
- Mostly false
- False

During the AAR conversation, the **CHILD WELFARE WORKER** is to answer the following section based on the information obtained on the entire developmental dimension of social presentation.

ATTAINMENT OF SOCIAL PRESENTATION OBJECTIVES OF THE CHILD WELFARE SYSTEM:

**P10:** Objective 1: The young person's appearance is acceptable to young people and adults.
- Usually acceptable to young people and adults
- Usually acceptable to adults only
- Usually acceptable to young people only
- Usually not acceptable to either young people or adults

**P11:** Objective 2: The young person's behaviour is acceptable to young people and adults.
- Usually acceptable to young people and adults
- Usually acceptable to adults only
- Usually acceptable to young people only
- Usually not acceptable to either young people or adults

**P12:** Objective 3: The young person can communicate easily with others.
- Very easily
- Easily
- With some difficulty
- With great difficulty

**P13:** Objective 4: The young person has a positive physical self-image.
- Good physical self-image
- Fair physical self-image
- Poor physical self-image

**Note to the child welfare worker:** If anyone disagrees with these answers to the Social Presentation objectives, please note the details on the opposite page.
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

DIMENSION 5: SOCIAL PRESENTATION

Social presentation can be viewed as a combination of self-presentation and social skills which are learned throughout childhood.

Physical appearance affects how young people, especially adolescents, feel about themselves. They may also be stigmatized or unemployable because of unattractive appearance, unlikeable personal habits, or inappropriate social behaviours.

A reasonable corporate parent will be as concerned about social presentation as about every other aspect of a young person's development.
**DEVELOPMENTAL DIMENSION 6: EMOTIONAL AND BEHAVIOURAL DEVELOPMENT**

This dimension is designed to assess how the young person in care has been feeling and how this may have affected the way he/she behaves.

During the AAR conversation, the **YOUNG PERSON IN CARE** is to answer the following section with assistance, as needed, from the child welfare worker or the foster parent (or other adult caregiver).

The next questions are about your feelings. For each statement, choose the answer that best describes you.

**How often have you felt or behaved this way during the past week (7 days)?**

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<tbody>
<tr>
<td>A1</td>
<td>I did not feel like eating: my appetite was poor.</td>
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<td></td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Occasionally or a moderate amount of the time (3 to 4 days)</td>
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<td></td>
<td>Some or a little of the time (1 to 2 days)</td>
<td>Most or all of the time (5 to 7 days)</td>
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<td>A2</td>
<td>I felt I could not shake off the blues even with help from my family or friends.</td>
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<td></td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Occasionally or a moderate amount of the time (3 to 4 days)</td>
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<td></td>
<td>Some or a little of the time (1 to 2 days)</td>
<td>Most or all of the time (5 to 7 days)</td>
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<td>A3</td>
<td>I had trouble keeping my mind on what I was doing.</td>
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<td>Rarely or none of the time (less than 1 day)</td>
<td>Occasionally or a moderate amount of the time (3 to 4 days)</td>
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<td>Some or a little of the time (1 to 2 days)</td>
<td>Most or all of the time (5 to 7 days)</td>
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<td>A4</td>
<td>I felt depressed.</td>
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<td></td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Occasionally or a moderate amount of the time (3 to 4 days)</td>
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<td></td>
<td>Some or a little of the time (1 to 2 days)</td>
<td>Most or all of the time (5 to 7 days)</td>
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<td>A5</td>
<td>I felt that everything I did was an effort.</td>
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<td></td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Occasionally or a moderate amount of the time (3 to 4 days)</td>
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<td></td>
<td>Some or a little of the time (1 to 2 days)</td>
<td>Most or all of the time (5 to 7 days)</td>
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<tr>
<td>A6</td>
<td>I felt hopeful about the future.</td>
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<td></td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Occasionally or a moderate amount of the time (3 to 4 days)</td>
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<td></td>
<td>Some or a little of the time (1 to 2 days)</td>
<td>Most or all of the time (5 to 7 days)</td>
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<tr>
<td>A7</td>
<td>My sleep was restless.</td>
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<td></td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Occasionally or a moderate amount of the time (3 to 4 days)</td>
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<td></td>
<td>Some or a little of the time (1 to 2 days)</td>
<td>Most or all of the time (5 to 7 days)</td>
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<tr>
<td>A8</td>
<td>I was happy.</td>
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<td></td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Occasionally or a moderate amount of the time (3 to 4 days)</td>
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<td></td>
<td>Some or a little of the time (1 to 2 days)</td>
<td>Most or all of the time (5 to 7 days)</td>
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<tr>
<td>A9</td>
<td>I felt lonely.</td>
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<td></td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Occasionally or a moderate amount of the time (3 to 4 days)</td>
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<td></td>
<td>Some or a little of the time (1 to 2 days)</td>
<td>Most or all of the time (5 to 7 days)</td>
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<tr>
<td>A10</td>
<td>I enjoyed life.</td>
<td></td>
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<tr>
<td></td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Occasionally or a moderate amount of the time (3 to 4 days)</td>
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<td></td>
<td>Some or a little of the time (1 to 2 days)</td>
<td>Most or all of the time (5 to 7 days)</td>
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</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

**DIMENSION 6: EMOTIONAL AND BEHAVIOURAL DEVELOPMENT.**

This dimension is designed to draw attention to how the young person in care has been feeling and how this has affected the way he/she behaves.

Emotional and behavioural problems in adolescence are quite common, but only a small number of young people will need the help of a specialist. However, young people in care are somewhat more likely than others to have some problems of this kind because they have often had more stressful life experiences. It is important to consider whether the feelings or behaviours that trouble young people or their foster parents would benefit from specialized assessment and help. Certain types of disorders (e.g., post traumatic stress disorder, anorexia nervosa, bulimia, obsessive compulsive disorders, depression, or suicide attempts) need specific types of help. Any self-harm behaviour should always be treated seriously and appropriate help sought.
Looking After Children  AAR - Emotional and behavioural development (16-17 yrs) 26

18447

How often have you felt or behaved this way during the past week (7 days)?

B11: I had crying spells.
☐ Rarely or none of the time (less than 1 day) ☐ Occasionally or a moderate amount of the time (3 to 4 days)
☐ Some or a little of the time (1 to 2 days) ☐ Most or all of the time (5 to 7 days)

B12: I felt people disliked me.
☐ Rarely or none of the time (less than 1 day) ☐ Occasionally or a moderate amount of the time (3 to 4 days)
☐ Some or a little of the time (1 to 2 days) ☐ Most or all of the time (5 to 7 days)

Now, we have a few questions to ask you (i.e., the YOUNG PERSON in care) about suicide. Some of them might be hard for you to answer, but please answer them as well as you can. If you feel you need support, please talk to your foster parent (or other adult caregiver), your child welfare worker, or your family doctor.

B13: Has anyone in your school or someone else you know ever committed suicide?
☐ Yes, within the last year ☐ Yes, more than a year ago ☐ No, never ☐ I don’t know

B14: During the past 12 months have you ever attempted to hurt yourself?
☐ Yes ☐ No

B15: During the past 12 months, did you seriously consider attempting suicide?
☐ Yes ☐ No

B16: If you attempted suicide during the past 12 months, did you have to be treated by a doctor, nurse, or other health professional (for a physical injury or counseling)?
☐ I did not attempt suicide within the past 12 months ☐ Yes ☐ No

B17: POSITIVE LIFE EXPERIENCES: Which of the following positive experiences have you had during the past year or two? (Mark as many as apply.)

☐ I have realized my foster parents (or other adult caregivers) care about me.

☐ I have had someone in my life who really listens to me.

☐ I have had enough stability in my living arrangements since coming into care.

☐ I have been included in my foster family (or other adult caregiver) activities and outings.

☐ I have enjoyed the fact that my foster parents (or other adult caregivers) have spent time with me.

☐ I have felt trusted by my foster parents (or other adult caregivers).

☐ I have had a strong relationship with a supportive adult other than my foster parent (or other adult caregiver).

☐ I have had a say in things that affect my life.

☐ I have had a comforting sense of routine in my life (for example, supper time, bed time, etc.).

☐ I have made new friends at school or elsewhere.

☐ I have kept in touch with friends who live elsewhere.

☐ I have had good contact with my birth mother (if applicable).

☐ I have had good contact with my birth father (if applicable).

☐ I have had good contact with my birth sibling(s) (if applicable).

☐ I have enjoyed participating in a school or community club, or sports team.
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Sometimes people who have been physically or sexually harmed by others respond by hurting other people. If you are frightened you might do this, tell someone you trust, as it is possible to arrange some help for you.

You can get further confidential advice from Kids Help Phone at 1-800-668-6868.

The Canadianized Assessment and Action Record includes many standardized measures of young people's behaviour included in the National Longitudinal Survey of Children and Youth. Using the Assessment and Action Record on a yearly basis allows the child welfare worker, the foster parents (or other adult caregiver) and the young person to assess the progress of the young person in care over time and compare the development of youths in care with that of their age peers in the general population.
Which of the following positive experiences have you had during the past year or two?

☐ I have gone to a fun summer or weekend camp.
☐ I have gone on a trip.
☐ I have received a medal, trophy, or certificate (for example, sports, music, scouts, guides, etc.).
☐ I have had good grades in school.
☐ I have enjoyed school.
☐ I have had good teachers at school.
☐ I have learned a new skill (for example, guitar, hobby, language, etc.).

B18: POSITIVE LIFE EXPERIENCES: What are the most positive life experiences you have had during the last 12 months? Specify:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B19: ADVERSE LIFE EXPERIENCES: Which of the following adverse life experiences have you ever had since birth, to the best of your knowledge? (Mark all of which you are quite certain.)

☐ Death of birth parent
☐ Death of brother or sister
☐ Death of relative or close friend
☐ Divorce or separation of birth parents
☐ Serious physical illness of birth mother
☐ Serious physical illness of birth father
☐ Serious psychiatric disturbance of birth mother
☐ Serious psychiatric disturbance of birth father
☐ Birth mother’s abuse of drugs or alcohol
☐ Birth father’s abuse of drugs or alcohol
☐ Violence between birth parents
☐ Birth mother spent time in jail
☐ Birth father spent time in jail
☐ Severe poverty
☐ Physical abuse
☐ Sexual abuse
☐ Emotional abuse
☐ Neglect

B20: OTHER ADVERSE LIFE EXPERIENCES: Have you ever experienced any other event or situation that caused you, or continues to cause you, a great amount of worry or unhappiness? Specify:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Resilience is about successful adaptation, positive functioning, and competence development in the face of adversity or risk.

The most striking conclusion arising from the research on resilience is that the extraordinary recovery power of young people comes from basic human protective systems. These systems include attachment and close relationships, spirituality, motivation to learn and develop new skills, community and family.

The list of positive events outlined on the left page reflect the various life experiences identified by young people in care that have contributed to their positive development. Among the many types of positive life events reported by young people, the main themes involved close interpersonal relationships (for example, reunited with an older brother), being part of activities and events (for example, going on a trip with the foster or biological family) and the in-care experience (for example, having a longterm stable foster home) (Legault & Moffat, 2006).
During the AAR conversation, the **FOSTER PARENT OR OTHER ADULT CAREGIVER** is to answer the following section with assistance, as needed, from the young person in care or the child welfare worker.

**B21: STRENGTHS AND DIFFICULTIES QUESTIONNAIRE:** For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behaviour over the last six months or this school year.

<table>
<thead>
<tr>
<th></th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
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<tbody>
<tr>
<td>1. Considerate of other people's feelings.</td>
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<tr>
<td>2. Restless, overactive, cannot stay still for long</td>
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<td>3. Often complains of headaches, stomachaches, or sickness.</td>
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<td>4. Shares readily with other youth, for example books, games, food.</td>
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<td>5. Often loses temper.</td>
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<td>6. Would rather be alone than with other youth.</td>
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<td>7. Generally well behaved, usually does what adults request.</td>
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<tr>
<td>8. Many worries or often seems worried.</td>
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<tr>
<td>9. Helpful if someone is hurt, upset, or feeling ill.</td>
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<tr>
<td>10. Constantly fidgeting or squirming.</td>
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<tr>
<td>11. Has at least one good friend.</td>
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<tr>
<td>12. Often fights with other youth or bullies them.</td>
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<td>13. Often unhappy, depressed, or tearful.</td>
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<tr>
<td>14. Generally liked by other youth.</td>
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<tr>
<td>15. Easily distracted, concentration wanders.</td>
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<td>17. Kind to younger children.</td>
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<td>18. Often lies or cheats.</td>
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<td>19. Picked on or bullied by other youth.</td>
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<tr>
<td>20. Often offers to help others (parents, teachers, youth).</td>
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<tr>
<td>21. Thinks things out before acting.</td>
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<tr>
<td>22. Steals from home, school, or elsewhere.</td>
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<tr>
<td>23. Gets along better with adults than with other youth.</td>
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<tr>
<td>24. Many fears, easily scared.</td>
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<tr>
<td>25. Good attention span, sees work through to the end.</td>
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</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

A single positive experience such as the impact of a sports coach, foster parent, or teacher can redirect a child towards positive development.

Moreover, as noted by author Tony Newman (2002, p. 17), "[a] key protective factor for children who have experienced severe adversities is the ability to recognize any benefits that may have accrued, rather than focusing solely on negative effects, and using these insights as a platform for affirmation and growth".

Practitioners must pay close attention to those events, also known as turning points, in order to improve planning and promote positive development. All these experiences, both positive and negative, have the potential of raising self-esteem, exposing young people to new opportunities for positive growth, and favoring a chain of protective thinking.
During the AAR conversation, the **CHILD WELFARE WORKER** is to answer the following section with assistance, as needed, from the foster parent (or other adult caregiver) or the young person in care.

**B22: MENTAL HEALTH SERVICES RECEIVED BY THE YOUNG PERSON IN CARE DURING THE LAST 12 MONTHS**: For each of the service providers listed, please indicate whether ... has received services from such a provider during the last 12 months:

1. Psychiatrist
   - Yes
   - No

2. Other mental health service provider
   - Yes
   - No

During the AAR conversation, the **CHILD WELFARE WORKER** is to answer the following section based on the information obtained on the entire developmental dimension of emotional and behavioural development.

**ATTAINMENT OF EMOTIONAL AND BEHAVIOURAL DEVELOPMENT OBJECTIVES OF CHILD WELFARE SYSTEM**:

**B23: Objective 1**: The young person is free of serious emotional and behavioural problems.
- No problems
- Problems exist that need remedial action
- Minor problems
- Serious problems exist which need specialized assistance

**B24: Objective 2**: The young person is receiving effective treatment for all persistent problems.
- Does not need treatment
- Is receiving some treatment
- Is receiving effective treatment
- Is not receiving effective treatment

**B25: Objective 3**: The young person displays behaviours appropriate to his/her age in a range of situations.
- Always
- Most of the time
- Sometimes
- Infrequently

**B26: Objective 4**: The young person displays emotional reactions appropriate to his/her age in a range of situations.
- Always
- Most of the time
- Sometimes
- Infrequently

*Note to the child welfare worker*: If anyone disagrees with these answers to the Emotional and Behavioural Development objectives, please note the details on the opposite page.
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Adopting a resilience focus is a positive approach which identifies an individual's strengths in regards to his experiences and builds positive life events for young people in care while empowering them.

The Assessment and Action Record from the Looking After Children approach is a particularly promising vehicle for improving child protection practice because it adopts a resilience framework to assess needs, identify resilience promoting processes, and identify resilience-focused interventions.
DEVELOPMENTAL DIMENSION 7: SELF-CARE SKILLS & TRANSITION TO YOUNG ADULTHOOD

The questions in this dimension are designed to find out whether the young person is learning to care for himself/herself at a level appropriate to his/her age, whether s/he is gaining the experience of volunteer or paid work, and whether s/he is getting prepared to make the transition to young adulthood.

This section is to be answered by the YOUNG PERSON with assistance, as needed, from the child welfare worker or the foster parent (or other adult caregiver).

Do you know how to:

S1: Research information?  
S2: Give a presentation?  
S3: Meet project deadlines?  
S4: Work with other people on projects?  
S5: Lead others in a project or task?  
S6: Write a report, essay, or business letter?  
S7: Talk with people you don't know at all?  
S8: Help others with their concerns or problems?  
S9: Write a résumé or a summary of your job qualifications?  
S10: Prepare yourself for a job interview?  
S11: Find out what kinds of jobs are available for people your age?  
S12: Find information on different types of jobs you may be interested in when you have completed your post-secondary education?  
S13: Prepare a budget?  
S14: Search for a suitable apartment?  
S15: Negotiate a lease for an apartment?  
S16: Apply for a passport, expired health card, social insurance card, birth certificate, etc.?  
S17: Apply for post-secondary education/training (i.e., college, university, trade school)?

Do you have:

S18: A valid driver's license?  
S19: A valid health card?  
S20: A valid social insurance card?  
S21: A valid birth certificate?

COMMUNITY INVOLVEMENT: The following questions ask about your community involvement.

In the past 12 months, have you volunteered or helped without pay (excluding chores around the house) by:

S22: Supporting a cause (such as a food bank, environmental group, political group, etc.)?  
S23: Fundraising (for example, for a charity)?
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

**DIMENSION 7: SELF-CARE SKILLS AND TRANSITION TO YOUNG ADULTHOOD:**

The questions in this dimension are designed to find out if the young person in care is learning to care for himself/herself at a level appropriate to his/her age and ability, when given the necessary resources and support.

If some of the life skills enumerated on the left page have yet to be learned, it is important that the young person be given the opportunity to practice and acquire these skills.
Looking After Children AAR - Self-care skills & transition to adulthood (16-17 yrs) 31

S24: Helping in your community (for example, hospital volunteering, work in a community organization, or coaching)?
- Yes
- No

S25: Helping neighbours or relatives (for example, cutting grass, babysitting, or shovelling snow)?
- Yes
- No

S26: Doing another volunteer activity?
- Yes
- No

S27: During the past 12 months, how often have you volunteered or helped without pay?
- Everyday
- A few times a month
- Less than once a month
- A few times a week
- Once a month
- Never
- Once a week

EMPLOYMENT: The next questions are about jobs or employment. These questions are about all types of work, paid or unpaid, full-time or part-time.

S28: Did you work at a job or business for pay at any time in the past 12 months (for example, at a store or a restaurant)?
- Yes
- No

S29: Did you do any odd jobs (or jobs on the side) for pay (for example, babysitting, mowing a neighbour's lawn, or delivering flyers)?
- Yes
- No

S30: Did you do any work as part of a co-op program or work placement organized by your school in the past 12 months?
- Yes
- No

S31: How many weeks did you work in the past 12 months?

No. of total weeks

Thinking about all of the jobs you have had during the last 12 months, how many hours did you usually work per week?

S32: When you were in school:

Hours per week

S33: When you were not in school (for example, during the summer):

Hours per week

S34: Do you have a job at the present time?
- Yes
- No

S35: If you have a job at present, how many hours a week do you usually work?

Hours per week

I do not have a job at the present time

S36: If you have a job at the present time, does working cause you to do less school work than you would like?
- Not applicable - I do not have a job at present, or I am not in school
- Yes, somewhat less
- Yes, a great deal less
- No, not at all less
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).
S37: Considering all aspects of the paid or unpaid jobs you have had in the last 12 MONTHS, would you say you were:

- [ ] Very satisfied?
- [ ] Very dissatisfied?
- [ ] Satisfied?
- [ ] Not applicable - I haven't had any paid or unpaid jobs in the past 12 months
- [ ] Dissatisfied?

The next questions are about plans you might have for your career or work.

S38: Have you done any of the following things to find out about future careers or work? (Mark all that apply.)

- [ ] Talked to a guidance counsellor at school?
- [ ] Talked to someone working in a job you might like?
- [ ] Completed a questionnaire to find out about your interests and abilities?
- [ ] Read information about different types of work or careers?
- [ ] Attended an organized visit to a workplace?
- [ ] Taken a school course where you spent time with an employer (such as a co-op program)?
- [ ] Attended a presentation by people working in different types of jobs?
- [ ] Volunteered in an area you are interested in?
- [ ] None of the above?

S39: CAREER GOALS: What kind of career or work would you be most interested in having when you are about 30 years old?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

S40: What is the minimum level of education you think is needed for this type of work?

- [ ] Less than high school graduation
- [ ] High school diploma or graduation equivalency
- [ ] Trade/vocational certificate, diploma, or an apprenticeship
- [ ] College or CEGEP (Quebec) certificate or diploma
- [ ] One university degree (for example, Bachelor's)
- [ ] More than one university degree (Master's, PhD, more than 1 Bachelor's)
- [ ] Don't know

S41: During the past 12 months, what was your total income (before deductions) from all sources (including income from odd jobs; income from employers, an allowance from the Children's Aid Society, money from your family or caregivers, or any income from other sources)?

- [ ] Less than $1000
- [ ] $1000 to $2499
- [ ] $2500 to $4999
- [ ] $5000 to $7499
- [ ] $7500 to $9999
- [ ] $10000 to $14999
- [ ] $15000 to $19999
- [ ] $20000 to $24999
- [ ] $25000 to $29999
- [ ] $30000 to $34999
- [ ] $35000 to $39999
- [ ] $40000 or more
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).
S42: Is there anything standing in your way of going as far in school as you WOULD LIKE to go? (Mark up to 3 answers.)

☐ No (Go to question S43)
☐ Your financial situation (for example, you would need to work or it would cost too much)
☐ You are not interested enough or lack the necessary motivation
☐ You would like to stay close to home
☐ It would take too long
☐ You would like to work (for pay)
☐ You need to care for your own children
☐ Your health
☐ You are not sure what you would like to do later on in life
☐ Other

S43: Each month, how much of the money that you receive (from all sources) do you save?

☐ None  ☐ Less than half  ☐ About half  ☐ More than half  ☐ Almost all

S44: Of the money that you save, is some of it for your education after high school?

☐ I don’t save any  ☐ Yes  ☐ No

S45: DAILY LIVING PROGRAM: Are you following a formal daily living program that teaches independent living skills?

☐ Yes  ☐ No

S46: Are you receiving all the assistance you need to learn to live independently?

☐ Yes  ☐ No

S47: What kind of help do you need most, at the present time, to prepare to live independently?

During the AAR conversation the CHILD WELFARE WORKER is to answer the following section based on the information obtained on the entire developmental dimension of self-care skills.

ATTAINMENT OF SELF-CARE OBJECTIVES OF THE CHILD WELFARE SYSTEM:

S48: Objective 1: The young person is learning to care for himself/herself at a level appropriate to his/her age and ability when given the necessary resources and support.

☐ Already competent  ☐ Learning to care for himself/herself  ☐ Not learning to care for himself/herself

Note to the child welfare worker: If anyone disagrees with these answers to the Self-Care Skills objectives, please note the details on the opposite page.
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Daily living programs are specifically designed for young people with disabilities. They cover areas such as independent living skills, mobility skills, personal care skills, and continence management.
During the AAR conversation, the **CHILD WELFARE WORKER** is to answer the following sections based on the information obtained from the entire Assessment and Action Record.

**YOUNG PERSON'S ASSET PROFILE.** The Search Institute has identified the following assets as the building blocks that help young people grow up healthy, caring, and responsible.

### Asset Category, Name, and Definition:

#### SUPPORT

<table>
<thead>
<tr>
<th>A1: Caregiver support: Caregivers provide high levels of love and support.</th>
<th>Yes</th>
<th>Uncertain</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2: Positive communication: Young person and caregivers communicate positively, and young person is willing to seek advice and counsel from caregivers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A3: Other adult relationships: Young person receives support from other adults besides caregivers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4: Caring neighbourhood: Young person experiences caring neighbours.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A5: Caring school environment: School provides a caring, encouraging environment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A6: Caregiver Involvement: Caregivers are actively involved in helping the young person succeed in school.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### EMPOWERMENT

<table>
<thead>
<tr>
<th>A7: Community values youth: Young person perceives that adults in the community value youth.</th>
<th>Yes</th>
<th>Uncertain</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A8: Youth as resources: Young person is given useful roles in the community.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9: Service to others: Young person serves others in the community on a regular basis.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A10: Safety: Young person feels safe at home, school, and in neighbourhood.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### BOUNDARIES AND EXPECTATIONS

<table>
<thead>
<tr>
<th>A11: Caregiver boundaries: Caregivers have clear rules and consequences, and monitor the young person's whereabouts.</th>
<th>Yes</th>
<th>Uncertain</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A12: School boundaries: School provides clear rules and consequences.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A14: Adult role models: Caregivers and other adults model positive, responsible behaviour.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A15: Positive peer observations: Young person's best friends model responsible behaviour.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A16: High expectations: Both caregivers and teachers encourage young person to do well.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### CONSTRUCTIVE USE OF TIME

<table>
<thead>
<tr>
<th>A17: Creative activities: Young person spends time regularly in lessons or practice in music, theater, or other arts.</th>
<th>Yes</th>
<th>Uncertain</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A18: Youth programs: Young person spends time regularly in sports, clubs, or organizations at school and/or in the community.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A19: Religious or spiritual community: Young person spends time regularly in religious or spiritual activities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A20: Time at home: Young person is out with friends &quot;with nothing special to do&quot; two or fewer nights per week.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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Resilience: Research findings have shown that young people who demonstrate resilience utilize various personal characteristics (e.g., cognitive capabilities and personality traits) and available resources (e.g., adult mentors and prosocial organizations) to foster their positive development (Masten & Reed, 2002). These young people use what they are provided with to make some sense of their lives.

In other words, resilience goes beyond simple adaptation to include resources found in basic human adaptational systems (e.g., attachment relationships and parenting system; pleasure-in-mastery and motivational system; self-regulation of emotion, arousal, and behaviour; families; formal educational and community systems; cultural belief systems; and religious organizations; Masten & Reed, 2002, p. 82).

Within each of these systems are numerous protective factors identified in past research such as nurturing parents (Luthar & Zelazo, 2003; Masten, 2001), self-esteem (Cicchetti & Rogosch, 1997; Cicchetti et al., 1993), and access to good schools (Masten & Reed, 2002).
<table>
<thead>
<tr>
<th>COMMITMENT TO LEARNING</th>
<th>Yes</th>
<th>Uncertain</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A21: <em>Achievement motivation:</em> Young person is motivated to do well in school</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A22: <em>School engagement:</em> Young person is actively engaged in learning.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A23: <em>Homework:</em> Young person reports doing homework regularly.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A24: <em>Bonding to school:</em> Young person cares about his/her school.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A25: <em>Reading for pleasure:</em> Young person reads for pleasure regularly.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POSITIVE VALUES</th>
<th>Yes</th>
<th>Uncertain</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A26: <em>Caring:</em> Young person places high value on helping other people.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A27: <em>Equality and social justice:</em> Young person places high value on promoting equality and reducing hunger and poverty.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A28: <em>Integrity:</em> Young person acts on convictions and stands up for his/her beliefs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A29: <em>Honesty:</em> Young person &quot;tells the truth even when it is not easy&quot;.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A30: <em>Responsibility:</em> Young person accepts and takes personal responsibility.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A31: <em>Restraint:</em> Young person believes it is important not to be sexually active or to use alcohol, or other drugs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL COMPETENCIES</th>
<th>Yes</th>
<th>Uncertain</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A32: <em>Planning and decision making:</em> Young person knows how to plan ahead and make choices.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A33: <em>Interpersonal competence:</em> Young person has empathy, sensitivity, and friendship skills.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A34: <em>Cultural competence:</em> Young person has knowledge and comfort with people of different cultural, racial, and/or ethnic backgrounds.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A35: <em>Resistance skills:</em> Young person can resist negative peer pressure and dangerous situations.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A36: <em>Peaceful conflict resolution:</em> Young person seeks to resolve conflict nonviolently.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POSITIVE IDENTITY</th>
<th>Yes</th>
<th>Uncertain</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A37: <em>Personal power:</em> Young person feels that he/she has control over &quot;things that happen to me&quot;.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A38: <em>Self-esteem:</em> Young person reports having high self-esteem.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A39: <em>Sense of purpose:</em> Young person reports that &quot;my life has a purpose&quot;.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A40: <em>Positive view of personal future:</em> Young person is optimistic about personal future.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Basic human adaptational systems (defined on the preceding page) play a central role in the development and presence of assets characterizing young people who demonstrate resilience. Interestingly, these systems are also well established resources associated with well-being and development in general (i.e., under low adversity conditions).

Research findings consistently show the most crucial asset for a young person is to have a strong bond with a competent and caring adult (who need not be the biological parent). For a caring and competent adult, "Raising children...is vastly more than fixing what is wrong with them. It is about identifying and nurturing their strongest qualities, what they own and are best at, and helping them find niches in which they can best live out these strengths" (Seligman & Csikszentmihalyi, 2000, p. 6).
ATTAINMENT OF THE GOALS OF LOOKING AFTER CHILDREN: Overall, in working with this particular young person and his/her caregivers, how successful do you think you have been up to now in attaining the following goals of Looking After Children? (Please answer each item as honestly and frankly as possible.)

<table>
<thead>
<tr>
<th>Goal</th>
<th>Very successful</th>
<th>Somewhat successful</th>
<th>Not very successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1: Helping the young person develop his/her potential to a maximum rather than a minimum level.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>T2: Focussing on the young person's successes, not just on his/her problems.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>T3: Planning according to the young person's individualized needs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>T4: Believing your work with the young person can bring about positive change, even in less than ideal circumstances.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>T5: Achieving ambitious but feasible objectives in all major areas of the young person's development.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

COMPLETION OF THE AAR:

Q1: How many conversations did it take to complete this AAR (including the Background Information Section)?
☐ 1 session  ☐ 2 sessions  ☐ 3 sessions  ☐ 4 or more sessions

Q2: How long did it take to complete this AAR (including the Background Information section)?
☐☐ hours and ☐☐ minutes

Q3: Who took part in the AAR conversation? (Mark as many as apply.)
☐ Young adult for whom AAR is being completed  ☐ One adult caregiver other than a foster parent
☐ Child welfare worker of young adult  ☐ Two adult caregivers other than a foster parent
☐ One foster parent  ☐ One birth parent
☐ Two foster parents  ☐ Two birth parents
☐ First Nations band representative  ☐ Other
☐ Family worker

Q4: The young person for whom the AAR is being completed:
☐ Participated in the entire AAR conversation
☐ Participated in only part of the AAR conversation
☐ Participated in only part of the AAR conversation because of refusal
☐ Participated in only part of the AAR conversation because of lack of capacity
☐ Participated in none of the AAR conversation because of refusal
☐ Participated in none of the AAR conversation because of lack of capacity
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

**Partnership is built into Looking After Children:**
**Good Parenting, Good Outcomes.**

Effective partnerships can be built between people of unequal power, provided that the relationship acknowledges and clarifies this inequality.

**Partnership requires:**

- Listening to users and carers
- Anti-discriminatory practices
- Agreements and recording of progress
- Providing sufficient information
- Honesty and openness
- Genuine participation
Q5: If a First Nations band representative took part in the AAR conversations, is s/he familiar with the Looking After Children approach?

☐ Yes  ☐ No  ☐ Uncertain

Q6: The AAR is intended to be completed in face-to-face conversations, unless for some reason this is impossible. How was this AAR conversation completed? (Mark as many as apply.)

☐ In a face-to-face conversation conducted by the child welfare worker

☐ In a telephone conversation conducted by the child welfare worker

☐ Through self-administration by the foster parent (or other adult caregiver)

☐ Through self-administration by the young person

☐ Other

Thank you for your participation!
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).
The second Canadian adaptation was prepared by Robert Flynn, Hayat Ghazal, and Louise Legault (Centre for Research on Community Services (CRCS), University of Ottawa).

This latest version of the second Canadian adaptation, completed in March, 2006, was carried out by an AAR Revisions Subcommittee of the Ontario Looking After Children (OnLAC) Council. The members of the Subcommittee were Lynn Desjardins, Chair (Ottawa Children’s Aid Society [CAS]), Françoise Crosby (CAS of Stormont, Dundas, & Glengarry), Beverly Ann Byrne, Eric Plante, and Suzie Leroux (Prescott-Russell Services to Children and Adults), and Robert Flynn (CRCS, University of Ottawa). The translation into French of this latest version was done by Louise Legault (GAP Santé, Institute of Population Health, University of Ottawa), and formatting in TELEform was carried out by Shaye Moffat (CRCS, University of Ottawa).

Many individuals, from a large range of organizations, contributed to earlier versions of the second Canadian adaptation, including Daniel Moore (Grey CAS and the Ontario Ministry of Children and Youth Services), Sandy Moshenko, Liane Westlake, Gail Vandermeulen, and Susan Petrick (Ontario Association of Children’s Aid Societies), Beverly Byrne, Francine Groulx, and Raymond Lemay (Prescott-Russell Services to Children and Adults), and Wendy James, Peter Dudding, Shannon Balla, and Victoria Norgaard (Child Welfare League of Canada).

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