

**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**

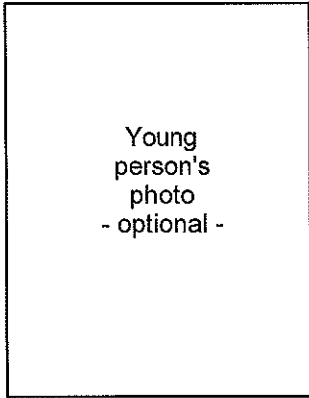
**Assessment and Action Record  
(Second Canadian Adaptation - AAR-C2)  
Ages 16 to 17 years**

**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.



Young person's photo  
- optional -

If photo is included, please **DO NOT** photocopy, to safeguard confidentiality.

**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



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**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.



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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.

Young person's initials of first and last name:

Young person's official agency file number:

Young person's gender:  Male  Female

Young person's date of birth:

/  /

Day Month Year

**This assessment was completed by:**

Child welfare worker's initials of first and last name:

ID number (Please leave ID number blank):

Agency or organization:

Main language of AAR conversation:

English  French  First Nation Language  Other

The AAR is written in:

English  French

Age-group of this AAR is:

18-21 years  12-15 years  5-9 years  1-2 years  
 16-17 years  10-11 years  3-4 years  0-12 months







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**Province or territory of young person's placement:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alberta                   | <input type="checkbox"/> Northwest Territories | <input type="checkbox"/> Prince Edward Island |
| <input type="checkbox"/> British Columbia          | <input type="checkbox"/> Nova Scotia           | <input type="checkbox"/> Québec               |
| <input type="checkbox"/> Manitoba                  | <input type="checkbox"/> Nunavut               | <input type="checkbox"/> Saskatchewan         |
| <input type="checkbox"/> New Brunswick             | <input type="checkbox"/> Ontario               | <input type="checkbox"/> Yukon                |
| <input type="checkbox"/> Newfoundland and Labrador |  |   |

**Province or territory with legal guardianship of the young person (if different from province or territory of young person's placement):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alberta                   | <input type="checkbox"/> Northwest Territories | <input type="checkbox"/> Prince Edward Island |
| <input type="checkbox"/> British Columbia          | <input type="checkbox"/> Nova Scotia           | <input type="checkbox"/> Québec               |
| <input type="checkbox"/> Manitoba                  | <input type="checkbox"/> Nunavut               | <input type="checkbox"/> Saskatchewan         |
| <input type="checkbox"/> New Brunswick             | <input type="checkbox"/> Ontario               | <input type="checkbox"/> Yukon                |
| <input type="checkbox"/> Newfoundland and Labrador |  |   |

**▶ 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.)

- |   |  |
|---|--|
| <input type="checkbox"/> Kinship foster care                                | <input type="checkbox"/> Psychiatric facility                                |
| <input type="checkbox"/> Foster home operated by child welfare organization | <input type="checkbox"/> With birth parent(s)                                |
| <input type="checkbox"/> Group home operated by child welfare organization  | <input type="checkbox"/> Adoption probation                                  |
| <input type="checkbox"/> Foster home - outside purchased care               | <input type="checkbox"/> With relatives (not in foster care)                 |
| <input type="checkbox"/> Group home - outside purchased care                | <input type="checkbox"/> Custody/Detention facility                          |
| <input type="checkbox"/> Children's mental health residential facility      | <input type="checkbox"/> Customary care (in the case of aboriginal children) |
| <input type="checkbox"/> Regular hospital (short-term)                      | <input type="checkbox"/> Other   |



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

**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**



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**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)? (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



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**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
- Child & youth care
- Psychoeducation
- 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.)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No religion      | <input type="checkbox"/> Hindu               | <input type="checkbox"/> Mormon         |
| <input type="checkbox"/> Anglican         | <input type="checkbox"/> Islam (Muslim)      | <input type="checkbox"/> Pentecostal    |
| <input type="checkbox"/> Baptist          | <input type="checkbox"/> Jehovah's Witnesses | <input type="checkbox"/> Presbyterian   |
| <input type="checkbox"/> Buddhist         | <input type="checkbox"/> Jewish              | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Eastern Orthodox | <input type="checkbox"/> Lutheran            | <input type="checkbox"/> United Church  |
| <input type="checkbox"/> First Nations    | <input type="checkbox"/> Mennonite           | <input type="checkbox"/> Sikh           |
| <input type="checkbox"/> Other            |  |   |



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**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





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▶ **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

*These prompts are meant to help the child welfare worker and the foster parent (or other adult caregiver) to answer the various questions posed during the AAR conversation.*

**Index of AAR developmental dimensions****Health****Education****Identity****Family and social relationships****Social presentation****Emotional and behavioural development****Self-care skills.**



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**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.

**H1: GENERAL HEALTH:** In general, would you say your health is:

Excellent?  Very good?  Good?  Fair?  Poor?

**H2: HEIGHT:** How tall are you? (Please estimate if you are not sure.)

Feet and  Inches OR  Metres and  Centimetres

**H3: WEIGHT:** How much do you weigh? (Please estimate if you are not sure.)

Pounds OR  Kilograms

**H4: MEDICAL EXAM:** When did you last have a medical exam?

Less than a year ago  More than a year ago  Never had one (Go to question H6)

**H5:** Has everything the doctor recommended been done?

Yes  No  Uncertain  No recommendation(s)

**H6: DENTAL EXAM:** When did you last visit the dentist?

Less than a year ago  More than a year ago  Never (Go to question H8)

**H7:** Have all treatments the dentist recommended been carried out?

Yes  No  Uncertain  No recommendation(s)

**H8:** Do you have problems with any of the following? (Mark all that apply.)

Seeing  Speaking  Climbing  Using hands and fingers  
 Hearing  Walking  Bending  No problems

**H9:** Are you receiving all the help and resources you require to treat the above health conditions/problems?

None identified  Yes  No

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







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**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
- Having some difficulty

**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:** If ... is taking 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





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**H27: DIET:** Do you have a special diet for health, weight-control, religious, or cultural reasons?

Yes  No

**H28: DIETARY ASSISTANCE:** Are you receiving all the help you require to maintain a healthy daily diet, whether special or not?

Yes  No

**H29: BREAKFAST:** During a school week (Monday to Friday), how many days do you normally eat breakfast?

Never  1 or 2 days a week  Most school days

**H30: WEIGHT:** Would you say you are...:

Trying to lose weight?  Trying to stay the same weight?  
 Trying to gain weight?  Not trying to do anything about your weight?

**H31: PUBERTY:** Do you have any concerns related to body changes (e.g., acne, menstruation, voice, hair growth)?

Yes  No

**H32:** Are you getting all the help you need with concerns you may have related to body changes?

No such concerns - no assistance required  Yes  No

**H33: SEXUALITY:** 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.**)

Yes  No  Not sure

**H34:** Are you receiving all the help you need with concerns related to sexuality, such as those just mentioned?

No such concerns - no assistance required  Yes  No

**H35: CIGARETTES:** At the present time, which of the following best describes your experience with smoking cigarettes?

Daily  Occasionally  Not at all

**H36:** Are you getting all the help you need to quit smoking?

I do not smoke - no help required  Yes  No  I smoke but I do not want to quit

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

**H37:** Smoke cigarettes?

None  A few  Most  All

**H38:** Drink alcohol?

None  A few  Most  All

**H39:** Break the law by stealing, hurting someone, or damaging property?

None  A few  Most  All

**H40:** Have tried marijuana?

None  A few  Most  All

**H41:** Have tried drugs other than marijuana?

None  A few  Most  All

**H42: ALCOHOL:** Which of the following best describes your experience with drinking alcohol in the past 12 months?

I have never had a drink of alcohol  At least one drink about once or twice a month  
 I only tried once or twice but I don't drink alcohol anymore  At least one drink weekly or more often  
 At least one drink a few times a year

**H43:** Are you getting all the help you need to quit drinking alcohol?

I do not drink alcohol - no help required  Yes  No  I drink but I do not want to stop

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H27

H28

H29

H30

H31

H32

H33

H34

H35

H36

H37

H38

H39

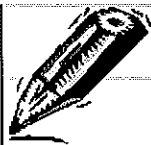
H40

H41

H42

H43

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.*



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**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.)**

- |  |  |
|--|--|
| <input type="checkbox"/> None                                    | <input type="checkbox"/> Fetal alcohol spectrum disorder                         |
| <input type="checkbox"/> Food or digestive allergies             | <input type="checkbox"/> Cerebral palsy  |
| <input type="checkbox"/> Respiratory allergies such as hay fever | <input type="checkbox"/> Kidney condition or disease                             |
| <input type="checkbox"/> Any other allergies                     | <input type="checkbox"/> Blood disorder (i.e., Von Willebrand, hemophilia, etc.) |
| <input type="checkbox"/> Asthma                                  | <input type="checkbox"/> Developmental disability                                |
| <input type="checkbox"/> Bronchitis                              | <input type="checkbox"/> Learning disability                                     |
| <input type="checkbox"/> Heart condition or disease              | <input type="checkbox"/> Attention deficit disorder                              |
| <input type="checkbox"/> Epilepsy                                | <input type="checkbox"/> Emotional, psychological, or nervous difficulties       |
| <input type="checkbox"/> Diabetes                                | <input type="checkbox"/> Any other long-term condition                           |



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H44

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).

H45

H46

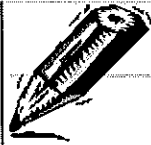
H47

H48

H49

H50

H51

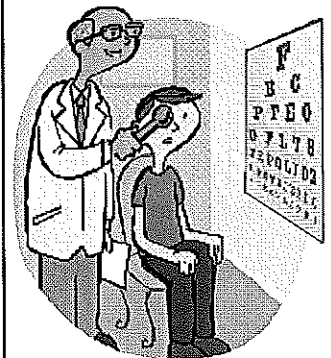


*Young people in care are a high risk group for many kinds of health threatening behaviours, such as smoking and drinking, sexually transmitted infections including HIV/AIDS, and for girls, pregnancy at an early age.*



*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.*



Lined writing area for the Plan of Care draft.





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**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:

**1. Family physician**

Yes  No

**8. Optometrist**

Yes  No

**2. Pediatrician**

Yes  No

**9. Audiologist**

Yes  No

**3. Ophthalmologist**

Yes  No

**10. Speech therapist**

Yes  No

**4. Other MD**

Yes  No

**11. Physiotherapist**

Yes  No

**5. Nurse**

Yes  No

**12. Occupational therapist**

Yes  No

**6. Dentist**

Yes  No

**13. Other health service provider**

Yes  No

**7. Orthodontist**

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 health.

**ATTAINMENT OF HEALTH OBJECTIVES OF THE CHILD WELFARE SYSTEM**

**H53: Objective 1:** The young person is normally well.

(Note: "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 overweight
- Slightly underweight
- Seriously underweight
- Seriously overweight

**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
- All being adequately dealt with
- Some being adequately dealt with
- None being adequately dealt with

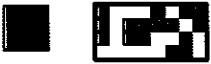
**H57: Objective 5:** The young person does not put his/her health at risk.

- 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.





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H52

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).

1  8

2  9

3  10

4  11

5  12

6  13

7



Lined writing area for the Plan of Care draft.

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.



H53

H54

H55

H56

H57



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**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?)

- |   |  |
|---|--|
| <input type="checkbox"/> Not currently enrolled in school | <input type="checkbox"/> Taught in an institution(e.g., hospital, young offender facility, child welfare facility) |
| <input type="checkbox"/> Public school                    | <input type="checkbox"/> Taught at home (home schooling)   |
| <input type="checkbox"/> Catholic school, publicly funded | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Private school                   |  |

**E2: GRADE:** What grade is ... in?

- |   |  |
|---|--|
| <input type="checkbox"/> Not currently enrolled in school | <input type="checkbox"/> Technical, trade or vocational school (above the high school level)         |
| <input type="checkbox"/> Grade 9 (Secondaire III in QC)   | <input type="checkbox"/> Community college, CEGEP, or apprenticeship program                         |
| <input type="checkbox"/> Grade 10 (Secondaire IV in QC)   | <input type="checkbox"/> Private business school or training institute (above the high school level) |
| <input type="checkbox"/> Grade 11 (Secondaire V in QC)    | <input type="checkbox"/> University  |
| <input type="checkbox"/> Grade 12                         | <input type="checkbox"/> Other   |
|   | <input type="checkbox"/> 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     Applied (College-bound)     Other (e.g., Special education)
- Academic (University-bound)     Work place

**E5:** What is the highest grade of school that ... has completed?

- |   |   |
|---|---|
| <input type="checkbox"/> Grade 8 (Secondaire II in QC)  | <input type="checkbox"/> Grade 12                       |
| <input type="checkbox"/> Grade 9 (Secondaire III in QC) | <input type="checkbox"/> First year of CEGEP or college |
| <input type="checkbox"/> Grade 10 (Secondaire IV in QC) | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Grade 11 (Secondaire V in QC)  |   |

**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



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**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)?*

Very well  
or well      Average      Poorly or  
very poorly

**E13:** Reading and other language arts (spelling, grammar, composition)?

**E14:** Mathematics?

**E15:** Science?

**E16:** Overall?

**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/performance in their grade and allows them to progress more rapidly. The **general** level includes courses targeting those with average abilities/performance 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)  
 He/she won't have the requirements



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E11

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).

E12



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.

E13

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.

E14

E15

E16

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.

E17

E18

E19

E20

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.

E21

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.

E21A

E22

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.





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**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  7-10 days  More than 20 days  
 1-3 days  11-20 days  Not in school during the last 12 months  
 4-6 days

**E26:** What was the main reason for... being absent from school? (Mark one only.)

- |   |   |
|---|---|
| <input type="checkbox"/> Illness  | <input type="checkbox"/> Problem with the teacher               |
| <input type="checkbox"/> Illness appointments with doctor or dentist        | <input type="checkbox"/> Problems with weather                  |
| <input type="checkbox"/> Appointments with mental health professional       | <input type="checkbox"/> Problem with children/youths at school |
| <input type="checkbox"/> Meeting with social worker or child welfare worker | <input type="checkbox"/> Fear of school                         |
| <input type="checkbox"/> Transportation issue                               | <input type="checkbox"/> Suspension                             |
| <input type="checkbox"/> Access visits                                      | <input type="checkbox"/> Expulsion                              |
| <input type="checkbox"/> Family vacation                                    | <input type="checkbox"/> Court appearance                       |
| <input type="checkbox"/> Completing AAR/plan of care                        | <input type="checkbox"/> 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

**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

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E23

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).

E24



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.

E25

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.

E26



E27

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.

E28

E29

E30





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**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%       Don't know  
 80% to 89%       55% to 59%       Less than 50%       Not applicable, ungraded  
 70% to 79%

**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?*

Very      Somewhat      Not  
important      important      important

**E36:** Make friends

- 

**E37:** Get good grades

- 

**E38:** Participate in extra-curricular activities

- 

**E39:** Learn new things

- 

**E40:** Always show up for class on time

- 

**E41:** Express your opinion in class

- 

**E42:** Take part in student council or other similar groups

- 

**E43:** Hand in assignments on time

- 

**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





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E31

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.*

E32

E33

E34

E35

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

E36

E37

E38

E39

E40

E41

E42

E43

E44



*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.*

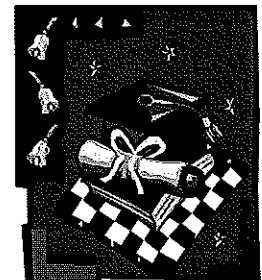
E45

*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.*

E46

E47

E48





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**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  
 A few times a week     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  
 A few times a week     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 english     Yes, I failed another type of course

**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     Some of the time     Never  
 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     Some of the time     Never  
 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     Some of the time     Never  
 Most of the time     Rarely     I never had problems at school



48562

E49

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).

E50

E51

E52

E53

E54

E55

E56

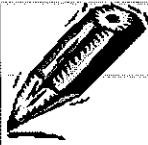
E57

E58

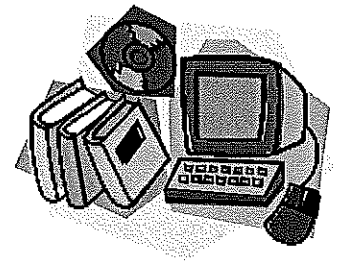
E59

E60

E61



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.

Lined writing area for drafting the Plan of Care



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**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:*

	Yes	No	I don't know
<b>E64:</b> Your sex/gender?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E65:</b> Your race, skin colour, or ethnic group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E66:</b> Your religion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E67:</b> Another reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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





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▶ 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

**6. Volunteer (unpaid) recreation/sports instructor or coach**

Yes  No

**2. Teacher (special ed.)**

Yes  No

**7. Volunteer/paid driver**

Yes  No

**3. Teacher's aide**

Yes  No

**8. Summer camp staff**

Yes  No

**4. Educational tutor**

Yes  No

**9. Other educational or recreational service provider**

Yes  No

**5. Paid recreation/sports instructor or coach**

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



**Note to the child welfare worker:** If anyone disagrees with these answers to the Education objectives, please note the details on the opposite page.



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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).

E70

1

6

2

7

3

8

4

9

5

E71

E72

E73



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 enhances 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.





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**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.)

<input type="checkbox"/> No religion	<input type="checkbox"/> First Nations (traditional)	<input type="checkbox"/> Jewish	<input type="checkbox"/> Presbyterian
<input type="checkbox"/> Anglican	<input type="checkbox"/> First Nations (other)	<input type="checkbox"/> Lutheran	<input type="checkbox"/> Roman Catholic
<input type="checkbox"/> Baptist	<input type="checkbox"/> Hindu	<input type="checkbox"/> Mennonite	<input type="checkbox"/> United Church
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Islam (Muslim)	<input type="checkbox"/> Mormon	<input type="checkbox"/> Sikh
<input type="checkbox"/> Eastern Orthodox	<input type="checkbox"/> Jehovah's Witnesses	<input type="checkbox"/> Pentecostal	<input type="checkbox"/> 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





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**ID10: ETHNICITY:** To which ethnic or cultural group(s) did your ancestors belong? (For example: French, British, Chinese) (Mark all that apply.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Canadian      | <input type="checkbox"/> Italian             | <input type="checkbox"/> Latin American  |
| <input type="checkbox"/> French        | <input type="checkbox"/> Jewish              | <input type="checkbox"/> Portugese   |
| <input type="checkbox"/> English       | <input type="checkbox"/> Ukranian            | <input type="checkbox"/> African (e.g., Somalian, South African)                             |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Dutch (Netherlands) | <input type="checkbox"/> Caribbean (e.g., Haitian, Jamaican)                                 |
| <input type="checkbox"/> Inuit         | <input type="checkbox"/> Chinese             | <input type="checkbox"/> South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)     |
| <input type="checkbox"/> Métis         | <input type="checkbox"/> Filipino            | <input type="checkbox"/> South East Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese) |
| <input type="checkbox"/> German        | <input type="checkbox"/> Japanese            | <input type="checkbox"/> Arab/West Asian (e.g., Armenian, Egyptian, Lebanese, Moroccan)      |
| <input type="checkbox"/> Irish         | <input type="checkbox"/> Korean              | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Scottish      | <input type="checkbox"/> 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.

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

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| <b>ID16:</b> In general, I like the way I am.     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>ID17:</b> Overall I have a lot to be proud of. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>ID18:</b> A lot of things about me are good.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>ID19:</b> When I do something, I do it well.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**▶ 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

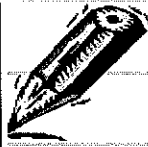
**ID21:** The next five years look good to me.

- Strongly disagree     Disagree     Agree     Strongly agree

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ID10

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.

ID11

ID12

ID13

ID14

ID15

ID16

ID17

ID18

ID19

ID20

ID21



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▶ **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



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ID22

ID23

ID24

ID25

ID26

ID27

ID28

ID29

ID30

ID31

ID32

ID33

ID34

ID35



**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.



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**ID36:** I talk with a friend about my problem to feel better.

- Most of the time
- Often
- Sometimes
- Never

**ID37:** I think about different ways of solving my problem.

- Most of the time
- Often
- Sometimes
- Never

**ID38:** I work off my worries by playing sports, such as running, swimming, or playing soccer.

- Most of the time
- Often
- Sometimes
- Never

**ID39:** I try not to think about my problem.

- Most of the time
- Often
- Sometimes
- Never

**ID40:** I leave the situation that is upsetting me.

- Most of the time
- Often
- Sometimes
- Never

**ID41:** I get advice from a brother, sister, or friend about how to solve my problem.

- Most of the time
- Often
- Sometimes
- Never

**ID42:** I try to learn more about what is causing my problem.

- Most of the time
- Often
- Sometimes
- Never

**ID43:** I do physical activity, such as riding my bicycle, to feel less stressed.

- Most of the time
- Often
- Sometimes
- Never

▶ 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 identity.

**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



**Note to the child welfare worker:** If anyone disagrees with these answers to the Identity objectives, please note the details on the opposite page.

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ID36

ID37

ID38

ID39

ID40

ID41

ID42

ID43

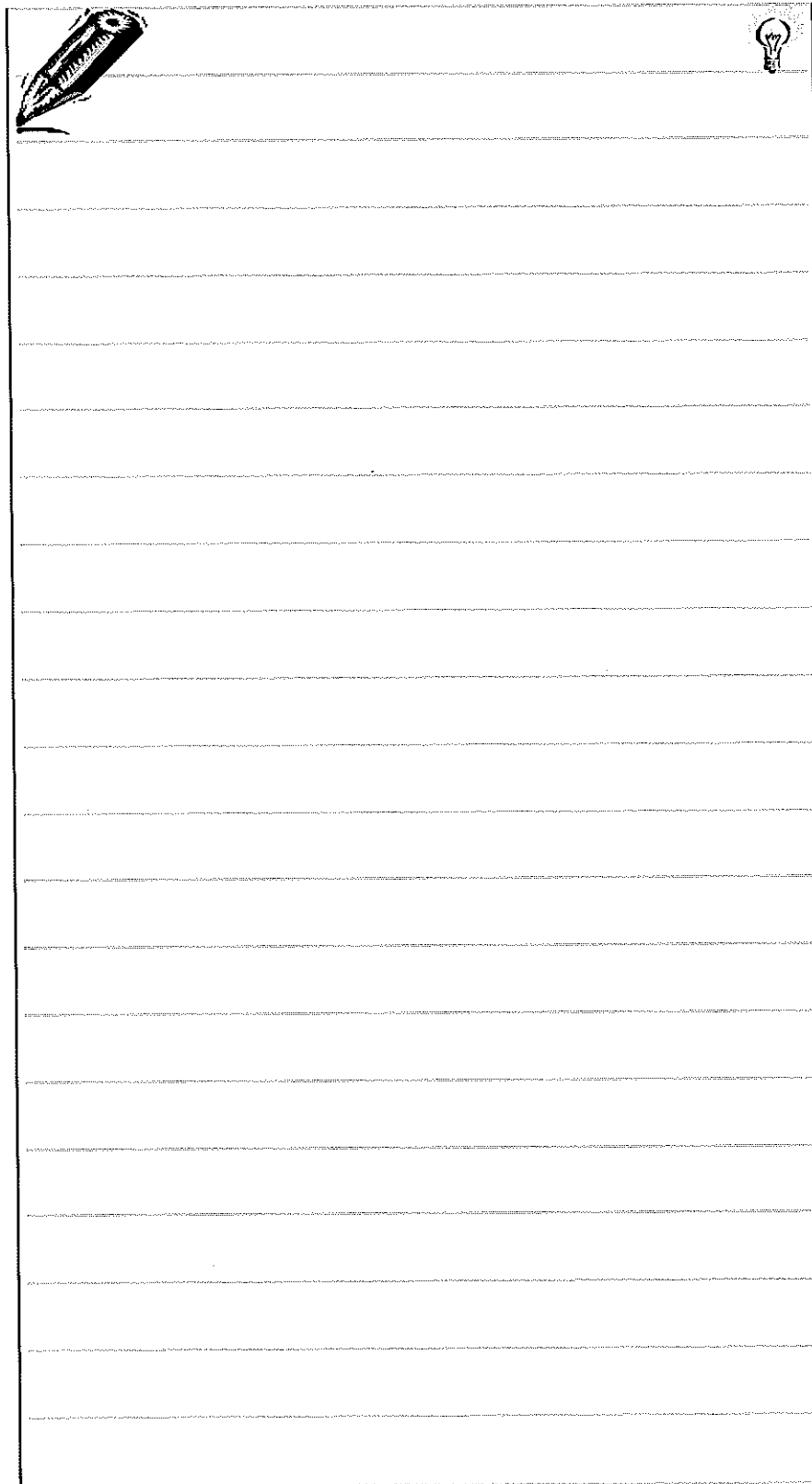
ID44

ID45

ID46

ID47

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).*







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**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.)**

Years      Months (If less than one year.)

**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.**

Changes in main caregiver(s) (write in total number)

**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.)

No. of times (00 = none; 01 = once; 02 = twice; etc.)

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

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

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

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

**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     Permanent ward, with no access  
 Irregular visiting, a few times a year     Has no brother(s) or sister(s)  
 Telephone or letter contact only     Lives with one or more brother(s) or sister(s)  
 No contact at all



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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).



F1

F2

F3

F4

F5

F6

F7

F8

F9

**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.*

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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:*

Often or always    Sometimes    Never or rarely

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| <b>F17:</b> I speak to ... in a warm and friendly way.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F18:</b> I praise ...'s effort and help in the home.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F19:</b> I encourage ... to talk about his/her feelings.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F20:</b> I communicate to ... that he/she has specific strengths.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F21:</b> I include ... in celebrations in the home.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F22:</b> I support ...'s involvement in activities outside the home (where possible). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F23:</b> I inform ... about what behaviour is or is not acceptable.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F24:</b> I provide ... with a predictable routine in the home.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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F10

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).

F11



F12

F13

F14

F15

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F21

F22

F23

F24

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.



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**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.*

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

**SHARED ACTIVITIES:**

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

<b>F33:</b> How often do you eat together?	<input type="checkbox"/> Every day	<input type="checkbox"/> 3-6 days per week	<input type="checkbox"/> 1-2 days per week	<input type="checkbox"/> 1-2 times per month	<input type="checkbox"/> Rarely or never
<b>F34:</b> How often do you watch television together?	<input type="checkbox"/> Every day	<input type="checkbox"/> 3-6 days per week	<input type="checkbox"/> 1-2 days per week	<input type="checkbox"/> 1-2 times per month	<input type="checkbox"/> Rarely or never
<b>F35:</b> How often do you play sports together?	<input type="checkbox"/> Every day	<input type="checkbox"/> 3-6 days per week	<input type="checkbox"/> 1-2 days per week	<input type="checkbox"/> 1-2 times per month	<input type="checkbox"/> Rarely or never
<b>F36:</b> How often do you play cards or games together?	<input type="checkbox"/> Every day	<input type="checkbox"/> 3-6 days per week	<input type="checkbox"/> 1-2 days per week	<input type="checkbox"/> 1-2 times per month	<input type="checkbox"/> Rarely or never
<b>F37:</b> How often do you have a discussion together?	<input type="checkbox"/> Every day	<input type="checkbox"/> 3-6 days per week	<input type="checkbox"/> 1-2 days per week	<input type="checkbox"/> 1-2 times per month	<input type="checkbox"/> Rarely or never
<b>F38:</b> How often do you do a family project or family chores together?	<input type="checkbox"/> Every day	<input type="checkbox"/> 3-6 days per week	<input type="checkbox"/> 1-2 days per week	<input type="checkbox"/> 1-2 times per month	<input type="checkbox"/> Rarely or never
<b>F39:</b> How often do you have a family outing/entertainment together?	<input type="checkbox"/> Every day	<input type="checkbox"/> 3-6 days per week	<input type="checkbox"/> 1-2 days per week	<input type="checkbox"/> 1-2 times per month	<input type="checkbox"/> Rarely or never





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▶ 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?

Number of close friends     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.)

<input type="checkbox"/> Foster mother	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Teacher
<input type="checkbox"/> Foster father	<input type="checkbox"/> Other relative	<input type="checkbox"/> Child welfare worker
<input type="checkbox"/> Birth mother	<input type="checkbox"/> Birth parent's partner	<input type="checkbox"/> Sitter or baby sitter
<input type="checkbox"/> Birth father	<input type="checkbox"/> A friend of the family or a friend's parent	<input type="checkbox"/> Other (e.g., family doctor, etc.)
<input type="checkbox"/> Brother	<input type="checkbox"/> Boyfriend or girlfriend	
<input type="checkbox"/> Sister	<input type="checkbox"/> Coach or leader (e.g., Scout, Guide, or church leader)	

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:

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

F46: other young people such as friends or classmates?

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

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

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



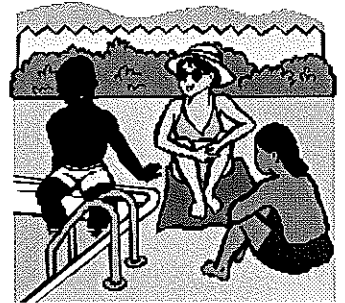


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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



**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.



F40

F41

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F49



18447

**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.

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

**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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F69: How much fairness do you receive from her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F70: How much affection do you receive from her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F71: Overall, how would you describe your relationship with her?	<input type="checkbox"/> Very close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Not very close		





18447

Thinking of your foster father or your male group home worker (or other male caregiver):

	A great deal	Some	Very little
F72: How well do you feel that he understands you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F73: How much fairness do you receive from him?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F74: How much affection do you receive from him?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F75: Overall, how would you describe your relationship with him?			
<input type="checkbox"/> Very close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Not very close			

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

Would you say that:

	A great deal	Some	Very little
F76: You like living here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F77: You feel safe living in this home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F78: You would be pleased if you were to live here for a long time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F79: You are satisfied with the amount of privacy you have here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F80: You have a good relationship with other people with whom you are living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F81: Overall, you are satisfied with your current living situation here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F82: What improvements, if any, in your current living situation would you like to see happen in the coming year?

Specify:

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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 <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Respite/relief home (young person leaves foster home) <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Group home <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Residential treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Custody/detention facility <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Independent living <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Other residential placement setting <input type="checkbox"/> Yes <input type="checkbox"/> No

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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).

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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.



18447

**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.

**1. Child welfare worker**

Yes  No

**4. Lawyer**

Yes  No

**2. Social worker (not from child welfare agency)**

Yes  No

**5. Police officer**

Yes  No

**3. Child & youth care worker**

Yes  No

**6. Other child welfare service provider**

Yes  No

▶ 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.

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F84

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).

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F91



*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.*

Lined writing area for the Plan of Care draft.





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**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.





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**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)?****B1:** I did not feel like eating, my appetite was poor.

- |   |  |
|---|--|
| <input type="checkbox"/> Rarely or none of the time (less than 1 day) | <input type="checkbox"/> Occasionally or a moderate amount of the time (3 to 4 days) |
| <input type="checkbox"/> Some or a little of the time (1 to 2 days)   | <input type="checkbox"/> Most or all of the time (5 to 7 days)                       |

**B2:** I felt I could not shake off the blues even with help from my family or friends.

- |   |  |
|---|--|
| <input type="checkbox"/> Rarely or none of the time (less than 1 day) | <input type="checkbox"/> Occasionally or a moderate amount of the time (3 to 4 days) |
| <input type="checkbox"/> Some or a little of the time (1 to 2 days)   | <input type="checkbox"/> Most or all of the time (5 to 7 days)                       |

**B3:** I had trouble keeping my mind on what I was doing.

- |   |  |
|---|--|
| <input type="checkbox"/> Rarely or none of the time (less than 1 day) | <input type="checkbox"/> Occasionally or a moderate amount of the time (3 to 4 days) |
| <input type="checkbox"/> Some or a little of the time (1 to 2 days)   | <input type="checkbox"/> Most or all of the time (5 to 7 days)                       |

**B4:** I felt depressed.

- |   |  |
|---|--|
| <input type="checkbox"/> Rarely or none of the time (less than 1 day) | <input type="checkbox"/> Occasionally or a moderate amount of the time (3 to 4 days) |
| <input type="checkbox"/> Some or a little of the time (1 to 2 days)   | <input type="checkbox"/> Most or all of the time (5 to 7 days)                       |

**B5:** I felt that everything I did was an effort.

- |   |  |
|---|--|
| <input type="checkbox"/> Rarely or none of the time (less than 1 day) | <input type="checkbox"/> Occasionally or a moderate amount of the time (3 to 4 days) |
| <input type="checkbox"/> Some or a little of the time (1 to 2 days)   | <input type="checkbox"/> Most or all of the time (5 to 7 days)                       |

**B6:** I felt hopeful about the future.

- |   |  |
|---|--|
| <input type="checkbox"/> Rarely or none of the time (less than 1 day) | <input type="checkbox"/> Occasionally or a moderate amount of the time (3 to 4 days) |
| <input type="checkbox"/> Some or a little of the time (1 to 2 days)   | <input type="checkbox"/> Most or all of the time (5 to 7 days)                       |

**B7:** My sleep was restless.

- |   |  |
|---|--|
| <input type="checkbox"/> Rarely or none of the time (less than 1 day) | <input type="checkbox"/> Occasionally or a moderate amount of the time (3 to 4 days) |
| <input type="checkbox"/> Some or a little of the time (1 to 2 days)   | <input type="checkbox"/> Most or all of the time (5 to 7 days)                       |

**B8:** I was happy.

- |   |  |
|---|--|
| <input type="checkbox"/> Rarely or none of the time (less than 1 day) | <input type="checkbox"/> Occasionally or a moderate amount of the time (3 to 4 days) |
| <input type="checkbox"/> Some or a little of the time (1 to 2 days)   | <input type="checkbox"/> Most or all of the time (5 to 7 days)                       |

**B9:** I felt lonely.

- |   |  |
|---|--|
| <input type="checkbox"/> Rarely or none of the time (less than 1 day) | <input type="checkbox"/> Occasionally or a moderate amount of the time (3 to 4 days) |
| <input type="checkbox"/> Some or a little of the time (1 to 2 days)   | <input type="checkbox"/> Most or all of the time (5 to 7 days)                       |

**B10:** I enjoyed life.

- |   |  |
|---|--|
| <input type="checkbox"/> Rarely or none of the time (less than 1 day) | <input type="checkbox"/> Occasionally or a moderate amount of the time (3 to 4 days) |
| <input type="checkbox"/> Some or a little of the time (1 to 2 days)   | <input type="checkbox"/> Most or all of the time (5 to 7 days)                       |





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**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.



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B11

B12

B13

B14

B15

B16

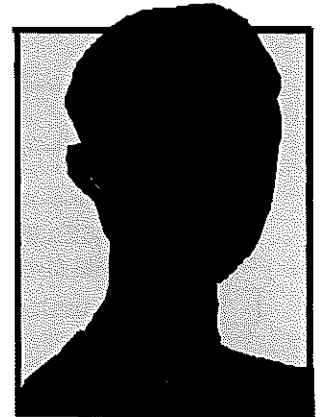
B17

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.*

Lined writing area for the Plan of Care draft.



18447

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:**

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**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.)

- |  |   |
|--|---|
| <input type="checkbox"/> Death of birth parent                           | <input type="checkbox"/> Birth father's abuse of drugs or alcohol |
| <input type="checkbox"/> Death of brother or sister                      | <input type="checkbox"/> Violence between birth parents           |
| <input type="checkbox"/> Death of relative or close friend               | <input type="checkbox"/> Birth mother spent time in jail          |
| <input type="checkbox"/> Divorce or separation of birth parents          | <input type="checkbox"/> Birth father spent time in jail          |
| <input type="checkbox"/> Serious physical illness of birth mother        | <input type="checkbox"/> Severe poverty                           |
| <input type="checkbox"/> Serious physical illness of birth father        | <input type="checkbox"/> Physical abuse                           |
| <input type="checkbox"/> Serious psychiatric disturbance of birth mother | <input type="checkbox"/> Sexual abuse                             |
| <input type="checkbox"/> Serious psychiatric disturbance of birth father | <input type="checkbox"/> Emotional abuse                          |
| <input type="checkbox"/> Birth mother's abuse of drugs or alcohol        | <input type="checkbox"/> 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:**

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**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.

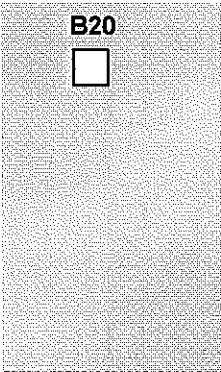


The list of positive events outlined on the left page reflect the various life experiences identified by young people in care that have contributed to their positive development. Among the many types of positive life events reported by young people, the main themes involved close interpersonnal relationships (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).

B18

B19

B20





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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.

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomachaches, or sickness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other youth, for example books, games, food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often loses temper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Would rather be alone than with other youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally well behaved, usually does what adults request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries or often seems worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset, or feeling ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other youth or bullies them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, depressed, or tearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous in new situations, easily loses confidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kind to younger children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often lies or cheats.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Picked on or bullied by other youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often offers to help others (parents, teachers, youth).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Thinks things out before acting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Steals from home, school, or elsewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gets along better with adults than with other youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Many fears, easily scared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Good attention span, sees work through to the end.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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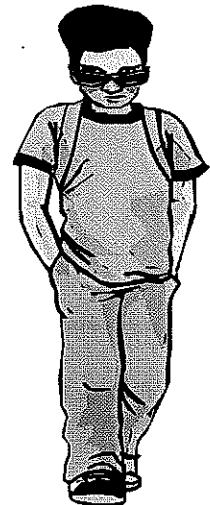
B21



*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 these 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.*





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▶ 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

**3. Psychologist/counsellor**

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.





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## 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:

Yes No

S1: Research information?  Yes  No

S2: Give a presentation?  Yes  No

S3: Meet project deadlines?  Yes  No

S4: Work with other people on projects?  Yes  No

S5: Lead others in a project or task?  Yes  No

S6: Write a report, essay, or business letter?  Yes  No

S7: Talk with people you don't know at all?  Yes  No

S8: Help others with their concerns or problems?  Yes  No

S9: Write a resumé or a summary of your job qualifications?  Yes  No

S10: Prepare yourself for a job interview?  Yes  No

S11: Find out what kinds of jobs are available for people your age?  Yes  No

S12: Find information on different types of jobs you may be interested in when you have completed your post-secondary education?  Yes  No

S13: Prepare a budget?  Yes  No

S14: Search for a suitable apartment?  Yes  No

S15: Negotiate a lease for an apartment?  Yes  No

S16: Apply for a passport, expired health card, social insurance card, birth certificate, etc.?  Yes  No

S17: Apply for post-secondary education/training (i.e., college, university, trade school)?  Yes  No

### ▶ Do you have:

Yes No

S18: A valid driver's license?  Yes  No

S19: A valid health card?  Yes  No

S20: A valid social insurance card?  Yes  No

S21: A valid birth certificate?  Yes  No

▶ **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.)?

Yes  No

S23: Fundraising (for example, for a charity)?

Yes  No



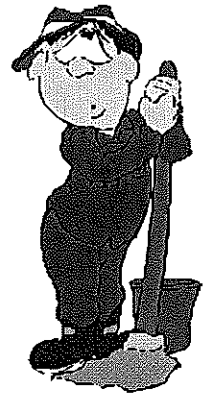
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**DIMENSION 7: SELF-CARE SKILLS AND TRANSITION TO YOUNG ADULTHOOD:**

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.



S1

S2

S3

S4

S5

S6

S7

S8

S9

S10

S11

S12

S13

S14

S15

S16

S17

S18

S19

S20

S21

S22

S23

S23





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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



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S24

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).

S25

S26

S27

S28

S29

S30

S31

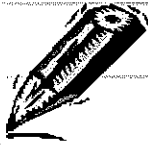
S32

S33

S34

S35

S36



Large lined area for drafting the Plan of Care.



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**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?

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**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)?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Less than \$1000 | <input type="checkbox"/> \$7500 to \$9999   | <input type="checkbox"/> \$25000 to \$29999 |
| <input type="checkbox"/> \$1000 to \$2499 | <input type="checkbox"/> \$10000 to \$14999 | <input type="checkbox"/> \$30000 to \$34999 |
| <input type="checkbox"/> \$2500 to \$4999 | <input type="checkbox"/> \$15000 to \$19999 | <input type="checkbox"/> \$35000 to \$39999 |
| <input type="checkbox"/> \$5000 to \$7499 | <input type="checkbox"/> \$20000 to \$24999 | <input type="checkbox"/> \$40000 or more    |



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S37

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).

S38



S39

S40

S41

Lined writing area for the Plan of Care draft.



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**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?

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▶ 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.



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S42

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.



S43

S44

S45

S46

S47

S48

Lined writing area for the Plan of Care draft.



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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**

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

**EMPOWERMENT**

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

**BOUNDARIES AND EXPECTATIONS**

	Yes	Uncertain	No
<b>A11: Caregiver boundaries:</b> Caregivers have clear rules and consequences, and monitor the young person's whereabouts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A12: School boundaries:</b> School provides clear rules and consequences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A13: Neighbourhood boundaries:</b> Neighbours take responsibility for monitoring young person's behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A14: Adult role models:</b> Caregivers and other adults model positive, responsible behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A15: Positive peer observations:</b> Young person's best friends model responsible behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A16: High expectations:</b> Both caregivers and teachers encourage young person to do well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CONSTRUCTIVE USE OF TIME**

	Yes	Uncertain	No
<b>A17: Creative activities:</b> Young person spends time regularly in lessons or practice in music, theater, or other arts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A18: Youth programs:</b> Young person spends time regularly in sports, clubs, or organizations at school and/or in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A19: Religious or spiritual community:</b> Young person spends time regularly in religious or spiritual activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A20: Time at home:</b> Young person is out with friends "with nothing special to do" two or fewer nights per week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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A1 - A6

A7 - A10

A11 - A16

A17 - A20



**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).



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**COMMITMENT TO LEARNING**

Yes Uncertain No

**A21: Achievement motivation:** Young person is motivated to do well in school.  Yes  Uncertain  No

**A22: School engagement:** Young person is actively engaged in learning.  Yes  Uncertain  No

**A23: Homework:** Young person reports doing homework regularly.  Yes  Uncertain  No

**A24: Bonding to school:** Young person cares about his/her school.  Yes  Uncertain  No

**A25: Reading for pleasure:** Young person reads for pleasure regularly.  Yes  Uncertain  No

**POSITIVE VALUES**

Yes Uncertain No

**A26: Caring:** Young person places high value on helping other people.  Yes  Uncertain  No

**A27: Equality and social justice:** Young person places high value on promoting equality and reducing hunger and poverty.  Yes  Uncertain  No

**A28: Integrity:** Young person acts on convictions and stands up for his/her beliefs.  Yes  Uncertain  No

**A29: Honesty:** Young person "tells the truth even when it is not easy".  Yes  Uncertain  No

**A30: Responsibility:** Young person accepts and takes personal responsibility.  Yes  Uncertain  No

**A31: Restraint:** Young person believes it is important not to be sexually active or to use alcohol, or other drugs.  Yes  Uncertain  No

**SOCIAL COMPETENCIES**

Yes Uncertain No

**A32: Planning and decision making:** Young person knows how to plan ahead and make choices.  Yes  Uncertain  No

**A33: Interpersonal competence:** Young person has empathy, sensitivity, and friendship skills.  Yes  Uncertain  No

**A34: Cultural competence:** Young person has knowledge and comfort with people of different cultural, racial, and/or ethnic backgrounds.  Yes  Uncertain  No

**A35: Resistance skills:** Young person can resist negative peer pressure and dangerous situations.  Yes  Uncertain  No

**A36: Peaceful conflict resolution:** Young person seeks to resolve conflict nonviolently.  Yes  Uncertain  No

**POSITIVE IDENTITY**

Yes Uncertain No

**A37: Personal power:** Young person feels that he/she has control over "things that happen to me".  Yes  Uncertain  No

**A38: Self-esteem:** Young person reports having high self-esteem.  Yes  Uncertain  No

**A39: Sense of purpose:** Young person reports that "my life has a purpose".  Yes  Uncertain  No

**A40: Positive view of personal future:** Young person is optimistic about personal future.  Yes  Uncertain  No



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A21 - A25

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).

A26 - A31

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, "[r]aising 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).

A32 - A36

A37 - A40





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▶ **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.)

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

▶ **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.)

- |  |  |
|--|--|
| <input type="checkbox"/> Young adult for whom AAR is being completed | <input type="checkbox"/> One adult caregiver other than a foster parent  |
| <input type="checkbox"/> Child welfare worker of young adult         | <input type="checkbox"/> Two adult caregivers other than a foster parent |
| <input type="checkbox"/> One foster parent                           | <input type="checkbox"/> One birth parent                                |
| <input type="checkbox"/> Two foster parents                          | <input type="checkbox"/> Two birth parents                               |
| <input type="checkbox"/> First Nations band representative           | <input type="checkbox"/> Other   |
| <input type="checkbox"/> 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





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**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!**



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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).

Q5

Q6



Large vertical rectangular area for writing the Plan of Care draft.







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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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