

Developmental Assets as a Predictor of Resilient Outcomes
Among Aboriginal Young People in Out-of-Home Care

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ABSTRACT

These two mixed method studies are among the first to focus on resilience among Canadian Aboriginal (i.e., First Nations, Métis, and Inuit) youth living in out-of-home care. The first study was quantitative and consisted of cross-sectional and longitudinal components. For the cross-sectional investigation, the participants consisted of 510 First Nations (237 females, 273 males aged 10-16 years), 39 Métis (15 females, 24 males aged 10-16 years), and 10 Inuit young people (2 females, 8 males aged 10-16 years) who were drawn from an ongoing study of young people in out-of-home care in Ontario collected during 2007-2008. The second Canadian adaptation of the Assessment and Action Record (AAR-C2-2006; Flynn, Ghazal, & Legault, 2006) from the ongoing Ontario Looking After Children (OnLAC) project was used to collect data. The criterion variables were the young person's self-esteem, score on a suicidality index, educational performance, pro-social behaviour, and positive emotional and behavioural development. The predictor variables included the young person's gender, ethnicity, age, behavioural difficulties, cognitive impairments, attainment of LAC goals, and number of developmental assets. The longitudinal investigation used the same design as study one, but examined the OnLAC data for year eight (2008-2009) in following 260 young people from the sample in study one. The second study was qualitative and involved interviewing 21 First Nations children and adolescents residing in out-of-home care in northern Ontario to obtain their views about resilience and the factors related to the presence or absence of resilient outcomes. The results provided some support for the hypothesis, in that a greater number of developmental assets were related to more positive outcomes on four of the five criterion variables. The results of the focus groups and in-depth interviews suggested that family members, members of the community (coaches), teachers, and child welfare workers, all play important roles in fostering the youths' success.

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Developmental Assets as a Predictor of Resilient Outcomes

Among Aboriginal Young People in Out-of-Home Care

In Canada, there are some 27,000 Aboriginal children and adolescents in out-of-home care. They comprise approximately 35% of the total in care population (Centre of Excellence for Child Welfare, 2007), even though Aboriginal young people form only 6% of their age group in the Canadian population (Gough, Trocmé, Brown, Knoke, & Blackstock, 2005; Statistics Canada, 2008). According to the 2006 census data, 1,172,790 people identified themselves as Aboriginal, that is, either North American Indian (herein referred to as First Nations people), Métis, or Inuit. Of these, an estimated 698,025 people identified themselves as First Nations, comprising 615 First Nations and 10 language families in Canada (Statistics Canada, 2008).

The two studies comprising the present thesis will be among the first to focus specifically on resilience processes and outcomes in Canadian Aboriginal young people in care. Resilience may be defined as positive adaptation in the face of serious threats to development (Masten, 2001, 2006). Lalonde (2006) has suggested that Aboriginal assimilation policies in Canada have left a legacy of risk factors for Aboriginal people (e.g., school failure, homelessness, mental health difficulties). At the same time, there is encouraging evidence that a good number of young people in out-of-home care experience resilience in early adulthood, such that promoting positive outcomes (Flynn, Dudding, & Barber, 2006) is a feasible goal.

Literature Review

Developmental Assets

In an effort to discern why some people achieve positive adaptation, whereas others do not, resilience research has focused on differential predictors of good and poor outcomes.

Assets or *resources* refer to direct predictors of positive outcomes, and those assets that appear to function under high-risk or high-adversity conditions are called *protective factors*. Some factors can be described as both assets and protective factors (e.g., good parenting), although the presence of protective factors does not necessarily lead to resilience (Masten, 2006; Masten, Best, & Garmezy, 1990).

Developmental assets include individual attributes, self-processes, and ecological supports that have been consistently demonstrated to lessen risk and promote positive developmental outcomes (Scales, 1999; Scales, Benson, Leffert, & Blyth, 2000). Research conducted by the Search Institute (located in Minneapolis, Minnesota) with more than 500,000 sixth-to-twelfth grade students in 213 U.S. communities has helped to identify 40 developmental assets, organized into eight categories. These categories include four types of external assets (i.e., relationships and opportunities that adults provide to youth), namely, Support, Empowerment, Boundaries and Expectations, and Constructive Use of Time. The categories also include four types of internal assets (i.e., values, skills, and competencies that youth develop to assist in self-regulation), that is, Commitment to Learning, Positive Values, Social Competencies, and Positive Identity (Scales, 1999; see Tables 1 and 2).

The Search Institute has discovered that the typical youth in the U.S. population has only 18 (i.e., less than half) of the 40 assets, and that youths have fewer assets as they age. Furthermore, only 8% of youth are asset-rich, with 31-40 assets, whereas one in five youths is asset-poor, with 0-10 assets. Half or more have only 15 assets. The top five in terms of frequency are a positive view of one's personal future, family support, time spent in a religious group, school engagement, and the value of integrity. These five assets are experienced by 64-70% of youth, as opposed to the five least common assets, experienced by

only 19-25% of youth: a caring school, youth being treated as resources, reading for pleasure, the community valuing youth, and time spent in creative activities (Scales, 1999).

Data from the Ontario Looking After Children (OnLAC) project (Flynn, Dudding, et al., 2006) indicate a higher level of developmental assets among young people in out-of-home care, compared with the Search Institute results. Thirty-eight percent of young people in care in the OnLAC project sample were asset-rich, with 31-40 developmental assets (compared to only 8% in the Search Institute sample), and only 1% were asset-poor, with 5 to 10 developmental assets (compared to 1 in 5 youth in the Search Institute sample). Additionally, 42% of youths in the OnLAC project sample had 21-30 assets (Scales, 1999; Vincent, Moffat, Paquet, Flynn, & Marquis, 2008). The OnLAC project, however, used a different measure of developmental assets, namely, the one embedded within the second Canadian adaptation of the Assessment and Action Record (AAR-C2-2006; Flynn, Ghazal, et al., 2006). Also, different rating sources (e.g., child welfare workers in the OnLAC project, vs. young persons themselves in the Search Institute studies), differences in the average quality of the homes (i.e., foster homes vs. typical homes in the community), and possible inflation in the ratings made by the child welfare workers (who are responsible for the young person), may have also contributed to the higher levels of developmental assets found in the OnLAC sample (Vincent et al., 2008). Despite these differences, the AAR-C2-2006 measure of developmental assets has consistently been found to have good predictive validity (Filbert & Flynn, 2010a, 2010b).

Asset-rich young people have been found to be less likely to abuse alcohol or experience violence and more likely to succeed at school and to be physically healthy than their asset-poor or asset-average counterparts (Scales, 1999). Moreover, the positive effects of assets also extend to youths with developmental deficits. Indeed, there seems to be an

association between youth vulnerability and the protective impact of developmental assets: the more vulnerable youth are, the more they seem to benefit from the presence of developmental assets (Scales, 1999). Neither risks nor assets are equally dispersed among young people. For example, boys are at a heightened risk for problem alcohol use, antisocial behaviour, gambling, and violence, while girls are at an increased risk for depression and suicide attempts. Furthermore, girls tend to have somewhat more assets than boys, and older youth tend to have somewhat fewer assets than young adolescents, displaying different risk patterns and thriving behaviours (Scales, 1999).

Developmental assets have also been explored in relation to thriving behaviours (Benson, Leffert, Scales, & Blyth, 1998). The concept of “thriving” refers to positive well-being or developmental outcomes and involves the absence of problem behaviours or other signs of pathology and the presence of healthy developmental indicators. The seven thriving indicators include: (1) school success, (2) leadership, (3) helping others, (4) maintenance of physical health, (5) delay of gratification, (6) valuing diversity, and (7) overcoming adversity. Benson and his colleagues (1998) examined the relationship between developmental assets and thriving outcomes across different racial-ethnic groups, using a sample of 6,000 sixth-to-twelfth grade U.S. students drawn from 213 U.S. communities. The Search Institute survey instrument, Profiles of Student Life: Attitudes and Behaviors (PSL-AB; Benson et al., 1998) was used to assess developmental assets and thriving behaviours. The results indicated that the youths with higher asset levels were more likely to report thriving (e.g., school success, ability to overcome adversity and delay gratification, maintenance of proper eating habits and exercise). With regard to the American Indian youths ($N = 1,000$), the developmental assets explained 47% of the variance in thriving. The specific assets of relationships with other adults, personal power, sense of purpose, caring,

cultural competence, responsibility, valuing diversity, leadership, and school success were particularly important for this cultural group. The researchers concluded that the more positive developmental factors to which any young person is exposed, the more likely he or she will be to report thriving outcomes. Specifically, youths with more developmental assets were significantly more likely than other youths to be resilient, that is, to report success at school, overcome adversity, delay gratification, and maintain physical health. Such youths were also more likely to display leadership, value diversity, and help others (Scales et al., 2000). This combination of developmental assets, involving identity, connection to others, and school-community influences, is similar to the combination of traits, relationships, and opportunities that previous research has found to contribute to resilience (Scales et al., 2000).

Resilience

Asset building is a primary resilience strategy. In behavioural research, *resilience* is inferred from judgments about its two essential components: (a) the quality of an individual's current functioning or development, and (b) his or her exposure to a serious threat to development (Masten, 2001, 2006). Resilience is thus to be distinguished from competence or success: in the absence of serious adversity, an individual may be defined as competent or successful, but not as resilient. Thus, resilience is not something inherent in the person, such as a personality trait or attribute (Luthar, Cicchetti, & Becker, 2000). Because operational criteria for resilience vary (e.g., progress in meeting age-salient developmental tasks, psychological well-being, or mental health), it is important that research, practice, and policy clearly indicate criteria for determining positive outcomes when judgments about resilience are made (Masten, 2006; Masten et al., 1990). It is also important to note that the majority of resilience research is based on a Western conceptualization of resilience which likely does not encompass the unique and vast narrative of Aboriginal culture. Additionally, typical

definitions of resilience often do not consider the vital concept of identification with Aboriginal culture which can impact an individual's resilience. Indeed, the level of an Aboriginal individual's identification with Aboriginal and Western culture can influence their own as well as other individuals' perceptions of their resilience.

There are a number of other constructs that are part of a resilience framework. Resilience research has included several types of risk or adversity, from single, acute events to chronic situations characterized by high cumulative risk (i.e., the sum of several adversities). *Risk factors* (e.g., child abuse) are predictors of undesired outcomes. In contrast, *adversities* or negative life events are a subtype of risk factor, referring to direct negative experiences that range from acute disaster exposure to chronic interparental conflict (Masten, 2006; Masten et al., 1990).

A remarkable consistency exists regarding key predictors of good outcomes for at-risk youth. A list of widely observed predictors of good adaptation or development includes individual, family, and community qualities shown to predict or accompany good adaptation under hazardous conditions (Masten, 2006). For example, many researchers agree that a close relationship with a caring and competent adult is the most important and general protective factor for development (Luthar et al., 2000; Masten, 2006; Masten, Hubbard, Gest, Tellegen, Garmezy, & Ramirez 1999; Masten et al., 1990). Among young people in care, the young person's perception of the quality of his/her relationship with the female caregiver has emerged as a good predictor of positive psychological outcomes (see Table 3 for a short list of factors associated with behavioural resilience in children and youth).

The literature on developmental assets from the Search Institute has linked developmental assets with a concept that is very closely related, and perhaps identical, to resilience, namely, *thriving*. As previously mentioned, this concept is composed of indicators

of healthy development (e.g., leadership) and the absence of indicators of negative development (e.g., delinquency). Thriving, therefore, is roughly equal to a high level of resilient outcomes. Numerous studies on developmental assets have shown that thriving is generally related to positive outcomes during adolescence and early adulthood. For example, school success is related to a lower level of use of alcohol and other drugs (e.g., Hawkins, Catalano, & Miller, 1992), leadership opportunities are related to positive mental health (e.g., Komro, Perry, Murray, Veblen-Mortensen, Williams, & Astine, 1996), helping others is related to self-esteem (i.e., “the level of global regard that one has for the self as a person”, ranging from negative to positive; Harter, 1993, p. 88) (e.g., Conrad & Hedin, 1981), physical health has been shown to positively affect school performance (U.S. Congress, Office of Technology Assessment, 1991), and valuing diversity and cultural competence are related to peer acceptance (Parkhurst & Asher, 1992) and increased problem-solving ability (Mott & Krane, 1994). The thriving constructs are reflective of some of the developmental tasks of adolescence (e.g., the ability to overcome adversity is closely linked to the concept of resilience). However, most adolescents do not experience the majority of the thriving indicators, with most youths in the Search Institute’s sample experiencing fewer than four (Scales et al., 2000).

Resilience in Out-of-Home Care

Youth in foster care represent a prime example of individuals whose parenting and attachment relationships have been compromised due to the adversity of maltreatment. Extant literature provides compelling support for the relationship between maltreatment and risk across many major childhood developmental tasks, such as the formation of attachment relationships and transition to school. However, research also indicates that some maltreated children exhibit relatively positive adjustment and competent functioning (Haskett, Nears,

Sabourin Ward, & McPherson, 2006). Research has shown, for example, the importance of structured voluntary activities (SVAs) for young people in care, such as after-school activities that involve sports, arts, music, hobbies, or participation in organizations (Flynn, Beaulac, & Vinograd, 2006). The positive effect of involvement in SVAs is believed to derive from three key elements: intrinsic motivation, concerted attention, and evaluation and adjustment of one's strategies over time to reach a goal. Flynn, Beaulac and Vinograd (2006) found that more frequent participation in SVAs positively and significantly (although modestly) predicted better outcomes on self-esteem, pro-social behaviour, and happiness/optimism. These findings are consistent with those of the general resilience literature (e.g., Masten & Reed, 2002).

Due to definitional differences in resilience, wide variability in resilience rates among maltreated youth exists both within and across studies. For example, Kaufman and her colleagues (1994) found that if resilience was defined as the absence of pathology as measured by children's self-reported competence, parent and teacher reports of child adjustment, and standardized achievement scores, 14% of 56 maltreated children met resilience criteria for social competence, 27% met low clinical symptom criteria, 38% met criteria for academic achievement, and 45% were not resilient in any of the three domains. If the definition of resilience had been changed to require a high level of functioning on these domains, only 5% would have met criteria. However, another study (Cicchetti, Rogosch, Lynch, & Holt, 1993) illustrated that maltreated children ($N = 133$) and non-maltreated children ($N = 80$) were equally represented in a high-functioning (resilient) group, although more maltreated children (43%) than non-maltreated children (26%) were in the low-functioning group. Other studies have found significantly higher proportions of maltreated

than non-maltreated children in low-functioning groups, with the reverse found for high-functioning groups (Cicchetti & Rogosch, 1997; Flores, Cicchetti, & Rogosch, 2005).

Research has also examined resilience in maltreated youth longitudinally. Herrenkohl and her colleagues (1994) found that 13% of 191 maltreated youth who were followed from 1976 until 1992 displayed resilient adaptation. Similarly, Bolger and Patterson (2003) collected data annually from 1986-1989 and found that 21% of 107 maltreated children were resilient during at least year one of their study, although only 4% were consistently well-adjusted throughout the study. A recent longitudinal study that followed 52 children and adolescents in long-term foster care between 1997 and 2002 found that a large proportion of maltreated youth had experienced resilience (Schofield & Beek, 2005). Sixty percent of the children were classified as making “good progress”, 27% as making “uncertain progress”, and 13% as “downward spiral” (Schofield & Beek, 2005).

In summary, the percentage of youth identified as resilient varies widely within and across studies. However, a small to moderate number of maltreated youth are typically competent in one or more developmental tasks at at least one point in time. In general, resilient functioning is less common in maltreated children than in those who have experienced other familial adversities, possibly because abuse or neglect often occurs with other risk factors, such as poverty or parental substance abuse (Legault, Anawati, & Flynn, 2006).

Resilience in Aboriginal Youth

Research on resilience in Aboriginal youth is scarce. Many studies of resilience mention a small percentage of minority participants within their samples but do not list specific ethnicities, making it impossible to determine whether Aboriginal participants have been included. One researcher, Lalonde (2006), has advocated for addressing resilience at a

cultural rather than individual level. In examining the relation between rates of children in care and youth suicide, Lalonde (2006) showed how the promotion of Aboriginal culture is associated with increased resilience.

In Canada, Aboriginal youth suicide rates are reportedly higher than that of any other culturally identifiable group in the world (Chandler, Lalonde, Sokol, & Hallett, 2003; Kirmayer, 1994). In Lalonde's (2006) study, suicide rates within 196 First Nations communities (bands), 29 tribal councils, and 16 distinct language groups located in British Columbia were monitored during 1987-2000, using six marker variables: (1) length of history in litigation and political action; (2) degree of success in litigation and political action; (3) control over educational services; (4) control over healthcare services; (5) control over police and fire services; and (6) community construction of a permanent structure devoted to cultural activities. Chandler and his colleagues (2003) hypothesized that the presence of these markers in communities would be associated with lower youth suicide rates, as such communities would have a measure of cultural continuity (i.e., using cultural traditions to build a collective future).

The results revealed two trends: (1) overall, the suicide rates for First Nations youths were much higher (5-20 times) than for non-Native youths; and (2) however, there was great variability in suicide rates at the community level, with more than half of the communities having no youth suicides at all (Lalonde, 2006). When the communities were grouped into tribal councils, 6 of the 29 councils had no youth suicides, and the remaining 23 councils had rates ranging from below the provincial average to 633 per 100,000. When suicide rates were calculated for the 16 linguistic groups, five groups had youth suicide rates of zero, while the others ranged upward to more than 200 per 100,000. Lastly, categorization of the bands by

geographic location revealed a steady but insignificant increase in rates from remote, to rural, to urban centres (Chandler et al., 2003).

In line with his hypothesis, that the promotion of Aboriginal culture is associated with increased resilience, Lalonde (2006) found that these differences in suicide rates derived from community differences in the maintenance of cultural identity. Specifically, Aboriginal communities that had achieved self-governance had a relative risk of youth suicide that was 85% lower than the relative risk of communities that were not self-governed. Similarly, in communities that controlled child welfare and implemented plans for children in care, the youth suicide rate was 25% lower than in communities that did not exert this control. It is thus through whole communities, rather than individuals, that the power of Aboriginal culture as a protective factor is exercised (Lalonde, 2006).

Resilience in Aboriginal Youth in Out-of-Home Care

Aboriginal youth are more likely than any other cultural group of Canadian young people to be removed from their homes and placed in the child welfare system (Morris, 2007; Trocmé, Knoke, & Blackstock, 2004). Many Aboriginal children and youths are subjected to numerous developmental risk factors, including poverty, poor health care and housing, as well as neglect, physical, emotional, and sexual abuse. Their suicide rate is also 5-6 times higher than that of their non-Aboriginal Canadian counterparts within the same age range (Morris, 2007). As noted by Morris (2007), Aboriginal young people are “the newest generation in a long line of Aboriginal Canadians who have been oppressed, assimilated, apprehended, discriminated against, and excluded from ‘mainstream’ society” (p. 133).

The consequences of these negative experiences are largely centred on the young person’s Aboriginal cultural identity. Indeed, there is a growing recognition of the impact that culture may exert on the developmental outcome of Aboriginal young people (Brown,

George, Sintzel, & St. Arnault, 2009; Wright, Hiebert-Murphy, Mirwaldt, & Muswaggon, 2006). Accordingly, the role of culture may be even more salient for Aboriginal children and adolescents who have been removed from their homes and placed in out-of-home care. For these children, the impact of a possible loss of culture in addition to the adverse circumstances that lead to their placement in care, may contribute to a heightened negative outcome. In working toward the best interests of the child, it would therefore seem beneficial to place the child in a living arrangement where their cultural identity is likely to be nurtured. Indeed, there are many benefits to possessing shared beliefs built on cultural norms and expectations, as well as numerous practical benefits, including commitment to the child in foster care, caregiver familiarity with the child's extended family and support networks, closeness to the child's home community, continued contact with the child's family, and facilitation of communication and understanding of the child (Brown et al., 2009). As suggested in the child welfare research, such a placement may likely entail Aboriginal caregivers. However, despite efforts to recruit and retain Aboriginal foster parents, there is often a shortage of Aboriginal foster placements, necessitating that Aboriginal young people be placed in non-Aboriginal (transracial) homes (Brown et al., 2009).

A recent study examined the perceived benefits of cultural matching among 61 (mostly Aboriginal) foster parents in Manitoba, Canada. The participants were asked: "What are the benefits of fostering children who have the same values, beliefs and traditions as you?" (p. 1020). According to the results, the caregivers described that " 'having similar understandings' to their children made it 'easier to encourage the child to live according to these beliefs' and that shared values 'can enhance and encourage their beliefs' " (p. 1021). Additionally, the culturally-matched foster parents reported less conflict with both immediate and extended birth families and indicated that they appreciated the opportunity to educate the

foster children about their shared culture. Shared beliefs and traditions were also related to the promotion of the child's safety and comfort and were reported to assist with the child's transition. In particular, the foster parents identified geographic proximity of the foster child to their birth family and home community, as well as freedom to conduct spiritual practices without disruption or concern about offending the child or family, as benefits of culturally-matched placements. The foster parents also emphasized the ease of caring for children who shared their culture, as they reported greater facility of understanding the child's motives and interpretation of behaviour, and smoother transition due to common expectations of family member roles and duties. Lastly, having a common language and understanding its nuances were related to more effective communication (Brown et al., 2009).

It is also important to note that placement in an Aboriginal living arrangement does not necessarily translate into positive outcomes, as Aboriginal young people may be placed in kinship care (i.e., "the full time care, nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child"; Wright et al., 2006, p. 2) for reasons unrelated to maintaining cultural and family connections. Indeed, Aboriginal youths may be placed in kinship care for a variety of reasons, including availability of reimbursements for relatives, increasing foster care caseloads, and decreasing foster care placements (Brown et al., 2009; Iglehart, 2004). Accordingly, being placed in a culturally-matched foster placement does not guarantee that the Aboriginal young person will receive guidance and encouragement from their Aboriginal caregivers regarding their Aboriginal identity, as some caregivers may have agreed to placements for monetary reasons.

There is very limited research on the practice of kinship care in Canadian Aboriginal communities. The research regarding outcomes in kinship versus non-kinship care is

inconclusive and based on self-reports of small samples of questionable generalizability (Cuddeback, 2004). A recent program evaluation conducted by a northern Manitoba child welfare agency sought to address this gap in the research and examined the factors that contribute to positive outcomes in kinship care (Wright et al., 2006). The participants consisted of children and youths ($n = 18$, 13 females, 5 males aged 8-18 yrs), staff ($n = 22$), a community stakeholder ($n = 1$), and kinship foster parents ($n = 15$). The results indicated that the children and youths reported a general satisfaction with kinship care and identified a nurturing relationship with the caregiver as what they enjoyed about kinship care. They also highlighted the importance of being placed with their siblings in care and most of the youths reported placement stability. The children and youths also reported that they were doing well in school, felt very happy in the foster home, were adjusting well to foster care and displayed fewer problem behaviours. Feelings of anger or hurt also reportedly decreased, and most of the youths reported using their Cree language. The foster parents reported overwhelming support for providing kinship care to their families and communities, and many reported that kinship care provided a link to their culture and traditions and that they had experienced kinship care. They also reported a decrease in the child's acting out behaviour, better school performance, and facilitation of knowledge exchange between biological and kinship parents because they reported that kinship care was easier for the biological parents to accept. Other benefits involved the maintenance of the child in the community, and the love, security, and stability provided by kinship care. The child welfare staff also reported overwhelming support for kinship care and noted that the pre-existing relationship between the foster parent and the child was related to decreased apprehension for the child and an increased sense of belonging. Kinship care was also reportedly related to increased placement stability, fewer child acting out behaviours, improved child school performance, a perception of less need for

foster home support, and the promotion of community resilience. In terms of challenges, the children and youths identified a lure to larger urban centers. The foster parents reported difficult child behaviours, an absence of information about children's needs, lack of agency support for training, worker contact, and finances, suboptimal community support, and conflict with biological parents. The child welfare staff reported similar challenges to the foster parents, including limited agency resources, interference from biological parents, low degrees of community support, foster parent burn-out and staff differences in the definition of kinship care (Wright et al., 2006).

Limitations of the Research

It is important to note that the reviewed research is fraught with several limitations which necessitate exploration within future studies. As noted previously, because the research on resilience in Aboriginal individuals is scarce, rigorously-controlled studies are not the norm. Therefore, caution should be exercised when drawing conclusions and generalizations deriving from this research. Additionally, many studies were limited by their small sample sizes and inclusion of mostly female caregivers, limiting their power and generalizability to male caregivers. Questions regarding cultural identification were also largely absent from the research protocols, precluding the formation of hypotheses regarding the youths' and caregivers' level of cultural affiliation. Furthermore, in regard to the research on culturally-matched out-of-home care living arrangements, without an indication of cultural affiliation, a comparison of Aboriginal and non-Aboriginal culturally-matched and transracial placements was not possible. Future research should incorporate a non-Aboriginal comparison group in order to examine any differences between Aboriginal and non-Aboriginal culturally-matched versus transracial placements. A lack of information on cultural affiliation also prevents comparison of foster parent perceptions according to their

Aboriginal status (i.e., First Nations, Métis, Inuit), as perceptions may vary according to these groups. Furthermore, Brown and colleagues' (2009) reported that at the time of their study child welfare services were transferring to Aboriginal community authorities. Therefore, the results of their study may have been affected by this change of jurisdiction. As such, future studies should examine the same Aboriginal community to determine whether any differences in foster parent perceptions exist after this change in authority. Despite these limitations, the reviewed research provides preliminary support for the importance of Aboriginal communities and competent caregivers in helping to promote positive developmental outcomes.

Purpose of Two Studies Comprising the Present Thesis

Missing from the literature on resilience in out-of-home care are studies examining exclusively Aboriginal samples. This is unfortunate, given that, as was already noted, Aboriginal children and adolescents comprise approximately 35% of young people in out-of-home care in Canada (Centre of Excellence for Child Welfare, 2007) and that several risk factors are present within this population (Lalonde, 2006). The purpose of the two studies is to examine resilience-promoting factors (Masten, 2006) on the child, family, and community levels among Aboriginal young people in care. Defining resilience in terms of positive mental health and educational outcomes, the working hypothesis in these studies is that developmental assets, which have been linked to resilient outcomes in the research previously reviewed, will predict a range of positive outcomes among Aboriginal young people in out-of-home care.

A mixed methodology will be used consisting of a quantitative investigation with cross-sectional and longitudinal components, as well as a qualitative investigation, involving a series of focus groups and in-depth interviews. For the cross-sectional component of the

first, quantitative study, the participants consisted of a total of 559 Aboriginal young people in care: 510 First Nations young people (237 females, 273 males aged 10-16 years), 39 Métis young people (15 females, 24 males aged 10-16 years), and 10 Inuit young people (2 females, 8 males aged 10-16 years) who were participants in an ongoing study of young people in out-of-home care in Ontario. The second Canadian adaptation of the Assessment and Action Record (AAR-C2-2006; Flynn, Ghazal, et al., 2006) from Looking After Children was used to collect data on the variables of interest in the cross-sectional and longitudinal investigations. The criterion variables were the young person's self-esteem, score on a suicidality index, educational performance, pro-social behaviour, and positive emotional and behavioural development. The predictor variables included the young person's gender, ethnicity, age, behavioural difficulties, cognitive impairments, attainment of LAC goals, and number of developmental assets. The longitudinal investigation used the same predictor and outcome variables as the cross-sectional design. It used the predictor variables from the year seven (2007-2008) sample of Aboriginal young people from the Ontario Looking After Children project to predict the outcomes of those who were assessed again in year eight (2008-2009).

The second study was qualitative in nature. It involved focus groups and individual in-depth interviews with 21 First Nations children and adolescents residing in out-of-home care in a medium-sized city in northern Ontario and their caregivers and child welfare workers. The purpose was to obtain the young people's views regarding their degree of resilience and of the factors contributing to their achieving or not achieving resilient (positive) outcomes.

Study 1: Quantitative

Method

Participants

The cross-sectional and longitudinal components of study 1 used data collected annually in the Ontario Looking After Children (OnLAC) project (Flynn, Ghazal, et al., 2006) from all young people in Ontario in out-of-home care for a year or more. The OnLAC project is resilience-based (Flynn, Dudding, et al., 2006), aiming to enhance the quality of substitute parenting experienced by young people in out-of-home care and thereby improve their short-term and long-term developmental outcomes. Drawn from a larger year 7 OnLAC sample (2007-2008) of young people in care aged 10-16, the Aboriginal sample in the cross-sectional design consisted of a total of 559 Aboriginal young people, including 510 First Nations (237 females, 273 males aged 10-16 years) children and adolescents in care. The Métis sample consisted of 39 (15 females, 24 males aged 10-16 years) children and adolescents in care, and the Inuit sample consisted of 10 (2 females, 8 males aged 10-16 years) children and adolescents in care.

The longitudinal component was based on the 260 members of the year 7 (2007-2008) OnLAC sample who were also in the year 8 (2008-2009) OnLAC data base. These individuals were thus drawn from the total year 7 Aboriginal OnLAC sample of 640 young people in care, including 352 First Nations youths in care (123 females and 157 males aged 10-15 years and 41 females and 31 males aged 16-17), 31 Métis youths in care (10 females and 11 males aged 10-15 years and 7 females and 3 males aged 16-17), and 11 Inuit young people in care (3 females and 7 males aged 10-15 years and 1 female aged 16-17). The year 8 longitudinal sample was composed of 234 First Nations (74 females and 80 males aged 11-15 years and 36 females and 44 males aged 16-17), 20 Métis (3 females and 5 males aged

11-15 years and 3 females and 9 males aged 16-17) and 6 Inuit (1 female and 4 males aged 11-15 years and 1 male aged 16-17 years) participants. The youths in the longitudinal sample were similarly represented to those in the cross-sectional study in terms of gender and placement type. Due to missing data on several of the predictor and criterion variables, the number of participants who comprise the longitudinal analyses were low.

Power. Using the *G*Power 3.0.10* program, for multiple regression (special R^2 increase) with ten predictors, the sample sizes of 559 and 260 are sufficient to detect a medium effect size (i.e., $r = 0.25$), chosen based upon similar past research (e.g., Legault et al., 2006), with power of 0.95 and an alpha of 0.05 (Cohen, 1992).

Instrument and Measures

Assessment and Action Record (second Canadian adaptation-AAR-C2-2006).

The second Canadian adaptation of the Assessment and Action Record (AAR-C2-2006; Flynn, Ghazal, et al., 2006; see Appendices A-C) from Looking After Children was used to collect the study data. In 2006, the AAR-C2 was mandated by the Ontario Ministry of Children and Youth Services for use every year with all young people who have been in foster care for a year or more (Flynn, Ghazal, et al., 2006). The AAR-C2-2006 is a family of single-item and multi-item measures and covers seven outcome domains: health, education, identity, family and social relationships, social presentation, emotional and behavioural development, and self-care skills, as well as a developmental-asset profile. These domains are assessed with eight age-appropriate forms. The administration of the AAR-C2-2006 involves a conversational interview in which the young person (if aged 10 or over), foster parent or group home worker, and child welfare worker participate.

Measures of predictor variables. The key predictors used in the quantitative study were chosen based on research that has consistently identified them to be associated with

resilience (e.g., Lalonde, 2006; Luthar et al., 2000; Masten, 2006; Masten et al., 1999; Masten et al., 1990). They are on the level of the child (e.g., cognitive impairments), child and family (e.g., developmental assets), and community (e.g., placement type; see Tables 4 and 5 for mean or percentage, standard deviation, Cronbach's alpha, range, and skewness for each study variable for the cross-sectional and longitudinal Aboriginal samples, respectively). *Gender* (1 = "female"; 0 = "male"), *ethnicity* (1 = "First Nations"; 0 = "Métis or Inuit"), and *age*, first of all, were control variables. In the cross-sectional design, there were 305 male and 254 female Aboriginal youths. In the longitudinal design, there were 143 male and 117 female Aboriginal youths. The *gender* variable was selected based on research that has found different patterns of risk factors and developmental assets according to gender. As mentioned previously, research suggests that boys are at a heightened risk for problem alcohol use, antisocial behaviour, gambling, and violence, while girls are at an increased risk for depression and suicide attempts. Furthermore, girls tend to have somewhat more assets than boys (Scales, 1999). Additionally, research has found different patterns of self-esteem according to gender, such that males tend to score slightly higher on standard measures of global self-esteem than females, particularly in late adolescence (Kling, Hyde, Showers, & Buswell, 1999).

The variable of *ethnicity* was selected to determine whether different profiles of risks and assets existed according to Aboriginal group, as research has shown different profiles in First Nations, Métis, and Inuit populations (Statistics Canada, 2008).

The variable of *age* was selected based on research that has found that older youths tend to display less developmental assets and behavioural difficulties. Furthermore, cumulative risk (i.e., the total number of adversities [out of a maximum of 18] that the young person had experienced since birth, such as the death of a birth parent, severe poverty, or

neglect) has been negatively associated with the young person's age. Conversely, a positive association between age and educational performance has been found (Filbert & Flynn, 2010a; Scales, 1999).

Placement type refers to the out-of-home care living arrangement in which the child was placed. For the cross-sectional design, there were 359 children living in foster care, 51 living in kinship care and 101 youths living in group homes. In the longitudinal design, there were 169 children living in foster care, 25 living in kinship care and 52 youths living in group homes. This variable was selected based on research that has linked kinship care to several positive outcomes, such as increased placement stability, fewer child acting out behaviours, improved child school performance, a perception of less need for foster home support, and the promotion of community resilience (Wright et al., 2006).

The *First Nations Cultural Index* was selected as a measure of the youths' identification with their First Nations culture. The First Nations Cultural Index is a three-item index constructed from the following AAR-C2-2006 questions, for which 2 = "No" and 1 = "Yes" recoded into 1 = "Yes" and 0 = "No": "Overall, do you have enough opportunities to visit your own First Nation's community?"; "Overall, do you have enough opportunities to learn about traditional teachings, customs, or ceremonies?"; and "Overall, do you have enough opportunities to participate in your own First Nation's community events, activities, or ceremonies?" All index items were answered by the young people, with assistance by the foster parent, other adult caregiver, or child welfare worker if required. The internal consistency of this scale was 0.78 in the cross-sectional First Nations ($N = 381$) sample (see Appendix D for First Nations cultural index item description). This variable was selected based on preliminary research that found positive correlations between the young person's total number of developmental assets and the First Nations cultural index. Negative

correlations between the First Nations cultural index and the young person's total number of behavioral difficulties have also been found (Filbert & Flynn, 2010a). However, preliminary analyses revealed a significant relationship between the First Nations cultural index and only one of the criterion variables (Educational Performance), possibly due to the low number of participants for First Nations cultural index variable as well as the similarity in the wording of the items which may have contributed to some misunderstanding of the item content; this variable was thus not included as a predictor in the regression models.

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) *Total Difficulties Score* was used to predict negative mental health (or its relative absence). This variable was rated by the foster parent or other adult caregiver and was selected from the emotional and behavioural development dimension of the AAR-C2-2006. It was measured using a 20-item scale (e.g., "Restless, overactive, cannot stay still for long."), using the same three response items as the SDQ *Pro-social* scale (3 = "True"; 2 = "Somewhat true"; 1 = "Not true"). Four items were reverse-scored (e.g., "Generally well behaved, usually does what adults request."). The internal consistency of the scale was 0.88 for 10-17 year-olds in the overall OnLAC sample (Flynn, Ghazal, Legault, Vandermeulen, & Petrick, 2004). The internal consistency of this scale was 0.87 in the cross-sectional Aboriginal sample ($N = 513$) (see Appendix E for SDQ total difficulties scale item description). This variable was selected as a measure of risk as research has found a negative association between the young person's difficulties and their cultural assets (Filbert & Flynn, 2010a).

The *Cognitive Impairment Index* was constructed to predict negative mental health (or its relative absence). This variable was rated by the foster parent or other adult caregiver and was selected from the health dimension of the AAR-C2-2006. It was measured using a 5-item scale that assessed whether the youth had any of the following long-term mental

conditions that lasted or were expected to last six or more months and had been diagnosed by a health professional: developmental disability, learning disability, attention deficit disorder, emotional, psychological or nervous difficulties, and fetal alcohol spectrum disorder. The response items were 1 = “Yes” and 0 = “No”. The internal consistency of this scale in the cross-sectional Aboriginal sample was 0.53 ($N = 532$) (see Appendix F for cognitive impairment index item description). This variable was selected based on research that has linked cognitive difficulties with negative outcome (e.g., Palfrey, Foley, & Sharma, 2008).

LAC Goals Attainment was used to predict accomplishment of the goals identified by the LAC project. This 5-item scale was rated by the child welfare worker (e.g., “Helping the young person develop his/her potential to a maximum rather than a minimum level.”). The items were rated using a 3-point response scale (2 = “Very successful”; 1 = “Somewhat successful”; 0 = “Not very successful”). The internal consistency of this scale was 0.85 in the cross-sectional Aboriginal sample ($N = 539$) (see Appendix G for LAC goals attainment scale item description).

Developmental Assets was assessed by summing the 40 external and internal assets in the AAR-C2-2006, as rated by the child welfare worker (e.g., caregiver support; school engagement; integrity). The item responses were recoded from “No”, “Uncertain” and “Yes” to 1 = “Yes” and 0 = “No” or “Uncertain”. The internal consistency of this scale was 0.89 in the cross-sectional Aboriginal sample ($N = 553$) (see Appendix H for developmental assets item description). This variable was selected based on the reviewed research as well as on a preliminary investigation which found that a greater number of developmental assets predicted a higher level of pro-social behavior, general self-esteem, and educational performance, and a lower level of behavioral difficulties in a sample of First Nations young people living in care (Filbert & Flynn, 2010a).

Measures of criterion variables (resilient outcomes). The AAR-C2-2006 General and Physical Self-Esteem scales were combined to form a single measure of *Self-Esteem* which was used to assess a positive mental health outcome. Considered a component of the developmental dimension of identity in the Looking After Children framework, *general self-esteem* was assessed using a 4-item scale selected from the identity and self-care skills dimensions of the AAR-C2-2006. The scale items (e.g., “In general, I like the way I am.”) were rated by the young people in terms of how closely they felt the items described themselves, using a 3-point scale which, after recoding, was as follows: 2 = “True or mostly true”; 1 = “Sometimes false/Sometimes true”; 0 = “False or mostly false”. *Physical self-esteem* comprised 3 items from the identity and self-care skills dimensions of the AAR-C2-2006. The scale items (e.g., “I am good looking.”) were rated by the young people in terms of how closely they felt the items described themselves, using the same 3-point scale. Because of extreme skewness, which was not resolved after performing square-root and logarithmic transformations, both 5-point scales were recoded into a 3-point scale (2 = “True or mostly true”; 1 = “Sometimes false/Sometimes true”; 0 = “False or mostly false”). MacCullum and his colleagues (2002) have suggested that in situations in which a variable is highly skewed, dichotomization may be justified. The internal consistency of the 7-item scale was 0.83 for 10-17 year-olds in the OnLAC sample and 10-15 year-olds in a sample of non-in care youths (Flynn et al., 2004). The internal consistency of this scale was 0.83 in the cross-sectional Aboriginal sample ($N = 549$) and 0.85 in the longitudinal Aboriginal sample ($N = 247$) (see Appendix I Self-Esteem scale item description). This variable was selected based on research that has found that a greater number of developmental assets predicted a higher level of general self-esteem in a sample of First Nations young people in care (Filbert & Flynn, 2010a).

The *Suicidality Index* was used to measure negative mental health outcome (or its relative absence). This measure had two components, one which assessed self-harm and suicidal ideation and one which assessed suicide attempts. The self-harm and suicidal ideation component consisted of two items (e.g., “During the past 12 months have you ever attempted to hurt yourself?”) that were rated by the young people in terms of how closely they felt the items described themselves, using a 2-point scale (2 = “No”; 1 = “Yes”). Because of extreme skewness which was not resolved after performing square-root and logarithmic transformations, this scale was recoded into a 2-point scale (1 = “Yes”; 0 = “No”). The suicide attempts component was composed of one item (“Attempted suicide in past 12 months.”) and was recoded from a 3-point response scale (3 = “I did not attempt suicide within the past 12 months”; 2 = “No”; 1 = “Yes”) to a 2-point response scale (1 = “Yes, attempted suicide in last 12 months”; 0 = “No, did not attempt suicide in last 12 months”). This scale is part of the emotional and behavioural development domain of the AAR-C2-2006. The internal consistency of the final 3-item Suicidality Index in the cross-sectional Aboriginal sample was 0.71 ($N = 406$) and 0.65 in the longitudinal Aboriginal sample ($N = 204$) (see Appendix J for Suicidality Index item description). This variable was selected based on research that has found that a greater number of developmental assets predicted a lower level of behavioural difficulties in a sample of First Nations young people in care (Filbert & Flynn, 2010a).

The AAR-C2-2006 *Educational Performance* scale consisted of three items on which the foster parent or other adult caregiver rated the young person as performing in school “Very well” (6), “Average” (3) or “Poorly or very poorly” (7) in reading and language arts, mathematics, and overall. These response items were recoded into a 3-item response scale:

2 = “Very well or well”; 1 = “Average”; 0 = “Poorly or very poorly”. This rating was based on knowledge of the young person’s school work, including his/her report cards and was selected from the education dimension of the AAR-C2-2006. Flynn and colleagues’ (2004) study found the internal consistency of this scale to be 0.91 in an in care sample and 0.88 in a general-population sample. The internal consistency of this scale was 0.89 in the cross-sectional Aboriginal sample ($N = 394$) and 0.87 in the longitudinal Aboriginal sample ($N = 223$) (see Appendix K for Educational Performance scale item description). This variable was selected based on research that has found that a greater number of developmental assets predicted a higher level of educational performance in a sample of First Nations young people in care (Filbert & Flynn, 2010a).

The *Pro-social* scale of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) was chosen as a second measure of positive mental health. The SDQ has five scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and pro-social behaviour. Defined as helpfulness or consideration towards peers who are not necessarily the young person’s friends, pro-social behaviour was selected from the emotional and behavioural development dimension of the AAR-C2-2006. This dimension was rated by the foster parent or other adult caregiver on a 5-item scale (e.g., “Considerate of other people’s feelings.”), with three possible response options (3 = “True”; 2 = “Somewhat true”; 1 = “Not true”). These response options were recoded to a 3-point scale (2 = “True”; 1 “Somewhat true”; 0 = “Not true”). The internal consistency of the scale was 0.82 for 10-17 year-olds in the OnLAC sample (Flynn et al., 2004). The internal consistency of this scale was 0.74 in the cross-sectional Aboriginal sample ($N = 526$) and 0.81 in the longitudinal Aboriginal sample ($N = 235$) (see Appendix L for SDQ Pro-social Behaviour scale item description). This variable was selected based on research that has

found that a greater number of developmental assets predicted a higher level of pro-social behaviour in a sample of First Nations young people in care (Filbert & Flynn, 2010a).

Positive Emotional and Behavioural Development was used as a third measure of positive mental health outcome. Three items encompassing the absence of serious emotional and behavioural problems and the presence of age-appropriate emotional and behavioural reactions were combined to form a measure of positive emotional and behavioural development, as rated by the child welfare worker. One item (i.e., “The young person is free of serious emotional and behavioural problems.”) was rated using a 4-point scale (4 = “Serious problems exist which need specialized assistance”; 3 = “Problems exist that need remedial action”; 2 = “Minor problems”; 1 = “No problems”). The other two items were rated using a 4-point scale (4 = “Infrequently”; 3 = “Sometimes”; 2 = “Most of the time”; 1 = “Always”). Both of these response scales were recoded into a 4-point scale (3 = “Always”; 2 = “Most of the time”; 1 = “Sometimes”; 0 = “Infrequently”). This scale is part of the emotional and behavioural development domain of the AAR-C2-2006. The internal consistency of this scale was 0.84 in the cross-sectional Aboriginal sample ($N = 553$) and 0.82 in the longitudinal Aboriginal sample ($N = 252$) (see Appendix M for Positive Emotional and Behavioural Development scale item description). This variable was selected as an additional measure of positive developmental outcome in order to extend past research that has found a predictive relationship between self-esteem, pro-social behaviour and developmental assets (Filbert & Flynn, 2010a).

Procedure

After receiving training in the Looking After Children approach, the child welfare worker administered the AAR-C2-2006 in the form of a conversational interview in one to four sessions. Because the AAR-C2-2006 promotes dialogue and partnership among the

young person and the adults responsible for his or her care, the majority of the Aboriginal young people in care took part in the AAR-C2-2006 interview with their foster parents or group home workers and their child welfare worker. The young people assumed an active role by answering the many questions in the AAR-C2-2006 directed to them and participating in the ensuing discussion.

Data Analysis

Prior to analysis, the data were examined for accuracy of data entry, missing values, and fit between their distributions and the assumptions of correlational analysis and multiple regression (i.e., absence of outliers among the predictors and criterion variables; absence of multicollinearity and singularity; normality; linearity; homogeneity of variance; homogeneity of regression; Tabachnick & Fidell, 2001).

Problems with data entry were corrected through verification with original data. If preliminary descriptive analyses indicated cases for which data were missing on all of the items for a given variable, and these cases were not critical to the analysis, the missing data cases were deleted from the file. For cases that were missing some data on the items of the predictors and criterion variables, single imputation (Tabachnick & Fidell, 2001) was used to complete the missing data. Prior to performing the main analyses, reliability analyses were conducted for all of the AAR-C2-2006 scales in order to obtain measures of internal consistency.

To test the major working hypothesis, namely, that developmental assets would predict a range of resilient outcomes among Aboriginal young people in out-of-home care, logistic or least-squares multiple regression was used to examine the possible association of the predictor variables with each outcome variable (i.e., the Self-Esteem, Suicidality Index, Educational Performance, Pro-social Behaviour and Positive Emotional and Behavioural

Development scales of the AAR-C2-2006). In the cross-sectional investigation, gender, ethnicity and age were entered as control variables in step one of the regression equations, and the Aboriginal in care youth's placement type was entered in the second step of the equation. The young person's scores on the risk factors (i.e., the SDQ total difficulties scale and cognitive impairments index) were entered in the third step of the equation. The youth's score on the attainment of LAC goals (as rated by the child welfare worker) was entered in the fourth step of the equation, and the youth's total number of developmental assets was entered in the final step of the regression equation. The same model was used for the longitudinal design, with the exception that the year 7 score on the respective year 8 outcome variable was entered in the first step of the regression equation for each of the outcome variables. The longitudinal study allowed for shared variance of the year 7 score on the outcome variable to be partialled out of the regression equation, allowing for an estimate of the change statistic to be examined.

Results

Results: Cross-Sectional and Longitudinal

Means, standard deviations, and inter-correlations. Tables 4 and 5 present descriptive and psychometric information on the five outcomes and ten predictors for the cross-sectional and longitudinal Aboriginal samples, respectively. Of note, in the cross-sectional sample, the average number of developmental assets was relatively high, about 27 out of a maximum of 40, as was the average score for the LAC goals attainment, almost 8 out of a maximum of 9. In the longitudinal sample, the average number of developmental assets was also relatively high, about 28 out of a maximum of 40, as was the average score for the LAC goals attainment, about 8 out of a maximum of 9.

Table 6 presents the inter-correlation matrix for the cross-sectional and longitudinal

Aboriginal samples. Of note, in the cross-sectional sample, self-esteem was negatively and significantly correlated with gender. The suicidality index was positively and significantly correlated with gender and living in a group home. Educational performance was positively and significantly correlated with gender, and negatively and significantly correlated with living in a group home. Pro-social behaviour was negatively and significantly correlated with living in a group home. Positive emotional and behavioural development was positively and significantly correlated with living in a foster home, and negatively and significantly correlated with living in a group home.

Of note, in the longitudinal sample, self-esteem was negatively and significantly correlated with gender. Educational performance was negatively and significantly correlated with living in a group home and the First Nations cultural index. Pro-social behaviour was positively and significantly correlated with gender, and negatively and significantly correlated with living in a group home. Positive emotional and behavioural development was positively and significantly correlated with living in a foster home, and negatively and significantly correlated with living in a group home.

Regression Analyses of Outcome Measures

Self-esteem. Table 7 shows the results of the logistic regression for the self-esteem median-split dichotomy (0 = low versus 1 = high) in the cross-sectional and longitudinal samples. In the cross-sectional sample, the SDQ total difficulties score was the best predictor, with the odds of having a score of 13-14 being 94.6% lower with each one-point increase on the SDQ total difficulties scale. The odds of being in the 13-14 score category were 1.06 times higher for each additional asset that the youth possessed. Similarly, the odds of having a low score on the Self-Esteem measure were 58.6% more likely for females. The

only other significant predictor was kinship care, with the odds of having a lower score on the Self-Esteem measure being 42.6% more likely for youths living in kinship care.

In the longitudinal sample, the year 7 score on the Self-Esteem measure was the best predictor, with youths who received a score of 13-14 in year 7 being 6.17 times more likely to receive a score of 13-14 in year 8. The only other significant predictor was gender, with females being 38.7% more likely to receive a score lower than 13-14 on the Self-Esteem measure.

Suicidality index. Table 8 shows the results of the logistic regression for the cross-sectional and longitudinal samples in which the median split Suicidality Index score dichotomy of 0 (i.e., score of 0) versus 1 (i.e., score of 1-3) was the outcome, with the same predictors. In the cross-sectional sample, the SDQ total difficulties score was the best predictor, with the odds of having a high score being 1.06 times more likely with each one-point increase on the SDQ total difficulties scale. Gender was the only other significant predictor, with females being 2.02 times more likely to score high on the Suicidality Index. There was also a trend for developmental assets, with youths being 95% more likely to have a score of zero on the Suicidality Index with each additional asset they possessed. Lastly, there was a trend for First Nations youths to be 2.65 times more likely to have a high score on the Suicidality Index.

In the longitudinal sample, the cognitive impairments index was the only significant predictor, with the odds of having a score of 1-3 on the Suicidality Index being 1.69 times higher with each one-point increase on the cognitive impairments index. There was also a trend for female youths to be 3.22 times more likely to be in the less favourable score of 1-3 group.

Educational performance. Table 9 displays the hierarchical regression model for Educational Performance in the cross-sectional and longitudinal samples. In the cross-sectional sample, sixteen percent of the overall variance accounted for in the total Educational Performance score that the youths had attained ($R^2 = 0.16$) was explained by the predictors (*adjusted* $R^2 = 0.14$), to which the youth's gender, ethnicity, and age ($\Delta R^2 = 0.04$, $p < .05$), placement type ($\Delta R^2 = 0.02$, $p < .05$), total difficulties and cognitive impairments ($\Delta R^2 = 0.08$, $p < .001$), and LAC goals attainment ($\Delta R^2 = 0.02$, $p < .05$) added significant increments. There was also a trend for developmental assets to add a significant increment to Educational Performance. When all nine predictors were in the model, at Step 5, gender (such that females had higher scores) and SDQ total difficulties (such that those youths with higher total difficulties scores had lower scores on Educational Performance) were significantly predictive of Educational Performance, with the best predictor being SDQ total difficulties. There was also a trend for developmental assets to be predictive of Educational Performance.

In the longitudinal sample, twenty-one percent of the overall variance accounted for in the total Educational Performance score that the youths had attained ($R^2 = 0.21$) was explained by the predictors (*adjusted* $R^2 = 0.15$), to which the youth's year 7 score on Educational Performance ($\Delta R^2 = 0.08$, $p < .001$), and developmental assets ($\Delta R^2 = 0.07$, $p < .001$) added significant increments. There was also a trend for the youth's placement type to add a significant increment to Educational Performance. When all ten predictors were in the model, at Step 5, the youth's year 7 score on Educational Performance and developmental assets (such that those youths with more developmental assets had higher scores on Educational Performance) were significantly predictive of Educational Performance, with developmental assets being the best predictor. There were also trends for

youths with more total difficulties and less LAC goals attainment to have higher scores on Educational Performance.

Pro-social behaviour. Table 10 displays the hierarchical regression model for Pro-social Behaviour in the cross-sectional and longitudinal samples. In the cross-sectional sample, twenty-four percent of the overall variance accounted for in the total Pro-social Behaviour score that the youths had attained ($R^2 = 0.24$) was explained by the predictors (*adjusted* $R^2 = 0.22$), to which the youth's placement type ($\Delta R^2 = 0.03, p < .01$), total difficulties and cognitive impairments ($\Delta R^2 = 0.17, p < .001$), LAC goals attainment ($\Delta R^2 = 0.02, p < .01$), and developmental assets ($\Delta R^2 = 0.02, p < .01$) added significant increments. When all nine predictors were in the model, at Step 5, SDQ total difficulties and developmental assets were significantly predictive of Pro-Social Behaviour, such that youths with lower SDQ total difficulties scores and more developmental assets had higher scores on Pro-social Behaviour, with the best predictor being SDQ total difficulties.

In the longitudinal sample, eleven percent of the overall variance accounted for in the total Pro-social Behaviour score that the youths had attained ($R^2 = 0.11$) was explained by the predictors (*adjusted* $R^2 = 0.10$), to which the youth's year 7 score on Pro-social Behaviour ($\Delta R^2 = 0.11, p < .001$) added a significant increment. There were also trends for the youth's gender, ethnicity, and age, and amount of developmental assets to add significant increments to the total Pro-social Behaviour score. When all ten predictors were in the model, at Step 6, the youth's year 7 score on Pro-social Behaviour, and gender (such that females had higher scores) were significantly predictive of Pro-social Behaviour, with the best predictor being the youth's year 7 score on Pro-social Behaviour. There was also a trend for youths with more developmental assets to have higher scores on Pro-social Behaviour.

Positive emotional and behavioural development. Table 11 displays the hierarchical regression model for Positive Emotional and Behavioural Development in the cross-sectional and longitudinal samples. In the cross-sectional sample, over half of the overall variance accounted for in the total Positive Emotional and Behavioural Development score that the youths had attained ($R^2 = 0.55$) was explained by the predictors (*adjusted* $R^2 = 0.54$), to which the youth's placement type ($\Delta R^2 = 0.10$, $p < .001$), total difficulties and cognitive impairments ($\Delta R^2 = 0.37$, $p < .001$), LAC goals attainment ($\Delta R^2 = 0.03$, $p < .001$), and developmental assets ($\Delta R^2 = 0.04$, $p < .001$) added significant increments. When all nine predictors were in the model, at Step 5, foster home placements, SDQ total difficulties, cognitive impairments, and developmental assets were significantly predictive of Positive Emotional and Behavioural Development, with all of these predictors being highly significant. Specifically, youths living in foster homes, with lower SDQ total difficulties scores, less cognitive impairments, and more developmental assets, had higher scores on Positive Emotional and Behavioural Development. There was also a trend for youths with higher scores on LAC goals attainment to have higher scores on Positive Emotional and Behavioural Development.

In the longitudinal sample, forty-eight percent of the overall variance accounted for in the total Positive Emotional and Behavioural Development score that the youths had attained ($R^2 = 0.48$) was explained by the predictors (*adjusted* $R^2 = 0.46$), to which the youth's year 7 score on Positive Emotional and Behavioural Development ($\Delta R^2 = 0.41$, $p < .001$), placement type ($\Delta R^2 = 0.02$, $p < .05$), and total difficulties and cognitive impairments ($\Delta R^2 = 0.04$, $p < .01$) added significant increments. When all ten predictors were in the model, at Step 6, the year 7 score on Positive Emotional and Behavioural Development, foster home placements, and SDQ total difficulties were significantly predictive of Positive Emotional

and Behavioural Development, with the best predictor being the year 7 score on Positive Emotional and Behavioural Development. Specifically, youths with higher year 7 scores on Positive Emotional and Behavioural Development, living in foster care, and lower SDQ total difficulties scores, had higher scores on Positive Emotional and Behavioural Development. There was also a trend for youths with higher scores on the cognitive impairments index to have lower scores on Positive Emotional and Behavioural Development.

Study 2: Qualitative

Method

The data from the second qualitative study was gathered after the quantitative data had been collected. The second study involved interviewing 21 First Nations children and youth in care in order to understand resilience from the perspective of Aboriginal in care youths. This study included three focus groups with Aboriginal children and youths as well as three individual in-depth interviews with youths who were identified by their child welfare worker as highly resilient (i.e., who possessed 25 or more developmental assets). The in-depth interviews were chosen to provide a context which would encourage and stimulate the youths to tell a story about significant aspects of their lives.

Three focus groups were conducted according to the age groups assessed by the AAR-C2-2006 (9-11, 11-15, and 16-20 years). These focus groups involved asking the youths four general questions pertaining to their resilience levels. Masten (2006) has identified resilience as the successful meeting of developmental tasks. Therefore, the first interview question asked the youths to identify developmental tasks that they considered important in their culture and that may thus be appropriate criteria of resilience. The second question asked the youths to what degree they saw themselves as successful at these culturally-defined developmental tasks (and thus how resilient they are). The third question

identified factors that the youths saw as contributing to their resilience. Lastly, the fourth question asked about factors that the youths perceived as risk factors that were impeding their resilience.

The individual in-depth interviews were conducted with three Aboriginal youths who were nominated by their child welfare worker as having 25 or more developmental assets (i.e., predictors of resilience). The interviews asked the youths to provide specific details about their eight external and internal developmental assets (Leffert, Benson, Scales, Sharma, Drake, & Blyth, 1998; Scales, 1999; Scales et al., 2000) that appear to account for their resilience.

Participants

Three focus groups were conducted with Aboriginal youths according to the AAR-C2-2006 age groups (9-11 years, 11-15 years, and 16-20 years). The 9-11 year focus group consisted of four children (3 females, 1 male; mean age = 10.0 years; $SD = 0.82$), all of whom identified as First Nations. One 9 year-old child was included in this focus group, despite the AAR-C2-2006 start-point for 10-11 year-olds, in order to ensure that the sample size was sufficient. The 11-15 year-old focus group consisted of seven children and youths (4 females, 3 males; mean age = 13.33 years; $SD = 1.75$), five of whom identified as First Nations. The identification of the two other children were verified with their child welfare workers as also First Nations. The 16-20 year-old focus group consisted of seven male youths (mean age = 18.29 years; $SD = 1.25$), six of whom identified as First Nations. The identification of the other male youth was verified with his child welfare worker as also First Nations. All of these Aboriginal youths were drawn from the Children's Aid Society in a medium-sized city in northern Ontario. These youths were asked the aforementioned four general questions regarding their levels of resilience.

Three First Nations female youths (mean age = 12.33; $SD = 2.08$) nominated by their child welfare worker as highly resilient participated in individual in-depth interviews about the origin of the eight external and internal developmental assets in relation to their resilience. The older age group was chosen due to the level of cognitive analysis required to answer the questions, with which a 10 or 11-year-old child might have had difficulty.

Focus Group and Interview Questions

General resilience questions. A qualitative interview was used to gather information about the youths' experience in foster care for the three focus groups. The four questions used in this interview are based on Masten's (2006) conceptualization of resilience, and are as follows:

1. As an Aboriginal young person in care, what kinds of things or tasks do you think you have to be good at in order to be considered successful as a young person of your age?
2. In your own opinion, how successful do you think you are at doing these things or tasks at the present time?
3. (a) Think about how successful you are at doing these things or tasks at the present time.
Who are the people, or what are the things, that you see as contributing now, or in the past, to your present success?

(b) Think again about how successful you are at doing these things or tasks at the present time.
Who are the people, or what are the things, that you see as interfering now, or in the past, with your success?

In-depth interview questions. The three individual in-depth interviews were based on the eight clusters of external and internal developmental assets identified by Scales (1999) (i.e., Support, Empowerment, Boundaries and Expectations, Constructive Use of Time, Commitment to Learning, Positive Values, Social Competencies, Positive Identity) (see Appendix N for in-depth interview for highly resilient Aboriginal youths).

Data Analysis

Narrative analysis (Josselson, 2011) was performed on the data to classify the participant responses to the aforementioned interview questions. This type of qualitative data analysis technique was chosen based on its ability to describe the unique life stories of the participants and the nuances of and connections between their experiences, with particular attention given to the role of culture and families within their narratives. Narrative research operates under the premise that individuals live or understand their lives in storied forms, with events connected in a plot sequence with a beginning, middle, and an end (Josselson, 2011; Sarbin, 1986). These stories occur within other stories that may encompass various intersecting plotlines in an individual's life, including societies, cultures, and families. The stories told by individuals about their lives represent their meaning-making. As noted by Josselson (2011), the manner by which individuals "connect and integrate the chaos of internal and momentary experience and how they select what to tell and how they link bits of their experience are all aspects of how they structure the flow of experience and understand their lives" (p. 224). Rather than being an exact representation of occurrences, the narrative discourse is a specific construction of events within a specific setting, for a specific audience, and for specific reasons to form a particular point of view (Mishler, 2004; Josselson, 2011). Therefore, it is important that the context in which the narrative is formed be understood and that researchers view the findings as observers (Josselson, 2011).

In accordance with a holistic view of the data, the goal of narrative analysis involves gaining an overall sense of meaning through a movement called the "hermeneutic circle", in which the various sections of the narrative are examined in relation to the whole, and between the whole and its context. Within this process, it is important for the researchers to be aware of their own presuppositions. As described by Josselson (2011), "a narrative

reading of the text goes beyond identification of themes and attempts to analyze their intersection in light of some conceptual ideas that illuminate processes more generally. The aim is to illuminate human experience as it is presented in textual form in order to reveal layered meanings that people assign to aspects of their lives” (p. 240). In order to arrive at this layered meaning, the following steps were performed without qualitative analysis software:

- (1) A thorough review of the focus group and in-depth interviews was conducted to obtain an understanding of the manner in which the narrative was structured as well as the general theme or themes. This was followed by a review of each specific section to develop its meaning. In light of the deepened meaning of the sections, the more global meanings were then considered.
- (2) Multiple reviews of the interviews were conducted to identify different “voices” of the individuals’ self and to develop an understanding of how these selves were in dialogue with each other.
- (3) Additional iterative reviews of the interviews were conducted until a “good Gestalt” that contained contradictions was developed. The various themes identified were reviewed to ensure that they encompassed sensible patterns and created a coherent unity.
- (4) The reviewed literature on Aboriginal children and youths in out-of-home care was consulted to ensure that nuances of meanings expressed by the participants and the various contexts related to the meanings were considered.
- (5) To ensure trustworthiness of the themes (i.e., credibility/validity of the themes; applicability/transferability to another group), the co-investigator of the study reviewed the transcribed interviews to ensure coding consistency of the themes and that an acceptable “audit trail” existed, whereby the data could be traced back to its sources. The co-investigator arrived at similar themes as the primary investigator (Creswell, 1998; Denzin, 2002; Josselson, 2011; Miles & Huberman, 1994).

Results

Focus Groups

Focus group 9-11 years. In response to question 1: “As an Aboriginal young person in care, what kinds of things or tasks do you think you have to be good at in order to be considered successful as a young person of your age?”, all four of the youths reported that

they thought they needed to be good at sports, two said bowling, two said art, and one said piano. When asked how successful they thought they were at doing these things or tasks at the present time, the youths' ratings ranged from 5 to 10, using a scale where 1 = "not good at all" and 10 = "the best you could possibly be". Most of the youths rated their skills from 9-10, although one youth rated two of their activities as a 5 (swimming and gymnastics), and she rated her other two activities as a 10 (art and bowling). One of the youths who identified bowling as a task reported: "I got a lot of silver medals".

In response to the question: "Who are the people, or what are the things, that you see as contributing now, or in the past, to your present success?", three of the four youths listed coaches, three reported that they were self-taught, one youth listed their grandparents, and one youth listed an older brother. With regard to learning how to play the piano, one of the youths reported that she had a piano at her home and that: "I taught myself how, like I learned the notes and everything".

In response to the final question: "Who are the people, or what are the things, that you see as interfering now, or in the past, with your success?", two of the youths reported that nothing had interfered with their success, one youth reported that she had interfered with her own success because she wanted to participate in other activities, and one youth reported that his sister interfered with his success by laughing at his artwork. The youth who had reported that she wanted to participate in other activities noted that her parents had difficulty driving her to additional extra-curricular activities due to their busy schedules, but that they enjoyed watching and encouraging her activities. She reported that: "they are always running around too. And they like to cheer for me" (see Table 12 for youths' responses for focus group ages 9-11 years).

Focus group 11-15 years. In response to question 1: “As an Aboriginal young person in care, what kinds of things or tasks do you think you have to be good at in order to be considered successful as a young person of your age?”, three of the seven youths reported that they thought they needed to be good at art, four said sports, three said schoolwork, two said singing, and one said helping out the community. One youth reported that he was not skilled at any particular activity, although further inquiry revealed that he enjoyed drawing. One youth reported: “Anything that you can do, that you think you can do”.

When asked how successful they thought they were at doing these things or tasks at the present time, the youths who listed art reported they had been drawing for a number of years. In terms of the sports, one youth reported that she was “pretty athletic”, and that she could “move pretty fast and with body contact was like a wall”, while another youth reported that she was “the best” at trampoline and “good” at gymnastics. Another youth reported that he had a bike sponsorship, although he was “pretty bad” at hockey, and another youth reported that he was a good hockey player and was the “top-scorer” on his team. This youth also reported that he was also good at catching and running for football. In regard to schoolwork, one youth reported that although she was in grade 8, that she was working at the grade 10 level for math and was tutoring someone in math. In relation to school, another youth stated that he “could be good”, but did not really attend enough and didn’t try anything but auto-class. Another youth stated that he was “pretty good” at math. One youth who listed singing reported that she was trying to get better at it, while the other youth who listed singing reported that she used to take lessons for a couple of years then stopped because she did not want to do recitals. This youth also reported that she participated in eating contests and won, while another reported that he played guitar but was not skilled at this endeavor. Lastly, one youth reported that no one ever told him that they liked his drawings.

In response to the question: “Who are the people, or what are the things, that you see as contributing now, or in the past, to your present success?”, three of the seven youths listed foster parents, three listed teachers, three listed themselves, two listed friends, two listed equipment (e.g., access to a bike), one listed case workers, one listed coaches, one listed teammates, one listed people at a skate park, and one listed their dog. One youth reported that no one had helped him. One of the youths reported: “With my schoolwork and stuff, my teachers, and my case workers try to push me further. In sports, pretty much the people around me”. Another youth who listed drawing reported: “Oh yeah, for drawing, I wanted to give up but then I met some friends and they work me through it, so they show me how to draw”.

In response to the final question: “Who are the people, or what are the things, that you see as interfering now, or in the past, with your success?”, three of the youths reported that nothing had interfered with their success, one youth reported that other people’s negativity interfered, one youth reported that his mother not paying for bike repairs interfered, one youth reported that choir interfered with his artwork and the weather interfered with hockey, while another youth reported that the Children’s Aid Society and a foster brother interfered with his success. One of the youths stated: “I guess negativity. Yeah. I would never think that I could not do something ever. If it’s like jumping off a cliff then I wouldn’t do it” (see Table 13 for youths’ responses for focus group ages 11-15 years).

Focus group 16-20 years. In response to question 1: “As an Aboriginal young person in care, what kinds of things or tasks do you think you have to be good at in order to be considered successful as a young person of your age?”, three of the seven youths reported that they thought they needed to be involved in school, working toward getting a job, and a family, and working toward goals. One of these youths reported: “To be successful, I think

for the most part means to be involved in school working toward getting a job, like a family, that kind of thing, I don't think there's anything else really". Two of the youths stated that they thought that having a respectful appearance, a respectful manner when greeting people, a good attitude, and if necessary, beginning with a less desirable job then taking one step at a time toward improvement. One youth reported staying motivated in general, and another youth reported accomplishing goals and doing enjoyable and positive things.

When asked how successful they thought they were at doing these things or tasks at the present time, one youth who identified working toward goals in the first question, stated that he was "pretty successful" and had been recognized as a role model in working with an Aboriginal group that motivates others, Aboriginals and other people to work toward goals, school and family and being a positive person. Another youth who had listed goal achievement reported that he had finished high school on time, and was working on his resume. This youth reported: "Umm, school involvement, well I finished high school on time, which was good. I know some people decided to say back and didn't finish on time, so I'd say I'm pretty successful in that. And getting a job, I haven't gotten a job yet before, but someone motivated me to get my resume done and out there". The other youth who listed goal setting indicated that he had been focusing on school and trying to get credits for college. The youth who had listed having a respectful appearance in the first question, stated that he needed to finish school and was doing neighbourhood yard work in the summer. The other youth who listed a respectful appearance for the first question reported that he was striving to accomplish his goals and was nominated as football captain on two occasions. He reported: "Umm, pretty much, do what you think most, like what you want to strive for, you want to do that goal, keep on trying your heart out". The youth who reported "stay motivated in general" listed maintaining motivation to do well in school and finding a job. Lastly, the

youth who reported accomplishing goals and doing things that are enjoyable and positive, stated that he was going to try to save money to attend a musical program in college. This youth also noted that he had played numerous musical instruments and was quite a skilled musician who was accepted into a prestigious musical program: “I played guitar for 4 years, and I played piano for 6 months, violin for about 2 semesters, and bass I’ve been playing same as guitar, drums I’m just learning as a go whenever I see a drum kit”.

In response to the question: “Who are the people, or what are the things, that you see as contributing now, or in the past, to your present success?”, six of the seven youths listed foster parents, six listed child welfare workers, two listed friends, two listed siblings, one listed a biological father, one listed a step-father, one listed teachers, one listed a football coach, and one listed themselves. One of the youths reported: “My foster parents, didn’t really bribe me but always had incentives, so I always tried to work toward the incentives. I always strived to playing sports, so having the opportunity kept me out of trouble. I wasn’t allowed to play if I had bad grades, so that kept me motivated because all I wanted to do in high school was play sports. My worker, he was always really nice about helping me with stuff if I needed help”. This youth also reported that he had known his child welfare worker for a long time and that he was “more like a friend now than he is a worker”. One of the youths also discussed some coping mechanisms to help with stress reduction: “Talking about it is probably the best thing. Doing something that I enjoy to do”. One of the youths who listed friends as a support system described the support gained from this system in the following manner: They “help me stay out of trouble, like if I was doing negative stuff they would make fun of me. So if you did something bad, negative, they’d rip on you. That’s kind of motivation to stay positive”.

In response to the final question: “Who are the people, or what are the things, that you see as interfering now, or in the past, with your success?”, one of the youths stated that trying to fit in with a negative Aboriginal population interfered with his success. He discussed the difficulty of growing up within a different culture and struggling with his Aboriginal identity: “Yeah cause I never really thought of myself as a Native, even though I’m brown on the outside, for the most part I grew up with like a White life. All my friends are White, my whole family, that I call my family is White, so when I got to the high school and they were calling me Native, I got really confused kind of thing. And I was like, oh, maybe I should hang out with them. But then, hanging out with them meant I had to live a negative lifestyle. So I got really confused and torn basically”. He also reported current difficulties with his Aboriginal identification: “Well it affects even today, I don’t like hanging out with Natives, like what I grew up with basically, it’s not like I wouldn’t hang out with them, like I work at the ‘Group’, they’re from all over the country, so when I go to work I’m comfortable with them because I know they’re positive people. But around here, most of the Natives that I met aren’t, but I know there are some positive people. The people I hang out with I know are positive and it just turns out that they’re White basically. Yeah, even now, just because I grew up White and not think of myself as a Native, growing up none of my friends ever judged me based on being Native, so it’s hard now even to do Native stuff I guess”. One youth reported that his near-sightedness toward the future, difficulty deciding what to do with his life, and his short attention span interfered with his success. He reported: “Umm, one thing is umm, is probably me. I probably get in the way of my own ambitions than anything else because it takes quite a bit to motivate me, like a lot. When I look toward the future something has to be like, I’m like really near-sighted when looking toward the future, so something has to be like right there in order for me to get motivated by it. So, that’s

probably one of my biggest problems. And another one is finding out what I actually want to do with my life, because now I'm taking science for the next two years, after that I still have to figure that out. Another thing is I get distracted easily, like I probably have a shorter attention span than quite a few other people. I find whenever I'm like talking or if I'm left alone to do something and there's other stuff in the room I will start, even with a pencil, I will start tapping my pencil around, doing random doodles, walking around the room, tapping my fingers on the desk, and then I'll forget that I have to do my work or whatever I have to do. Pretty much the biggest problem that I have in my way is my short attention span". This youth also noted that he can sometimes be overly cautious and may therefore miss out on positive experiences: "Well, sometimes, it's my initiative, my own way of seeing things. If you don't do a certain thing there's no risk of something bad happening at all. But if you don't take the risk then good things could happen to you too. And risks I could do in a positive way". He also listed his two foster care placements and difficulty connecting with siblings as hindrances to his success. Another youth listed sports and negative peer influences in the ninth grade as interfering with his success. Another youth listed his time spent in private elementary school, a negative family member, and negative peer influences as interfering with his success. This youth reported: "Going to a private school, I think that may have been a bit of a problem for me considering when I finally came out of the private school and went to a public school I didn't know how to act. I've never been in a group larger than 10 and all of the kids were younger than me. Now I go to a place where there's kids older than me and younger and I didn't know how to act so that was not very good. And not knowing enough for school. Flunking the first year back in the elementary system. And being younger trying to please one person in my life who I still can't please but I still try. When I was 10, I was more grown up than I should have been and I was trying to take

responsibility for someone a lot older. It took me a good few years to get out of that and relax and start being a kid again. And then trying to find people who actually do something athletic, like playing a good game of hack at school to keep fit. Whereas the only people who would do that were like smokers or druggies”. Another youth reported that negative peer influences during elementary school interfered with his success. He reported: “Yeah, I made some of the wrong choices, then after that, I succeeded, I made some goals and I strived”. Another youth reported that negative influences when he was younger interfered with his success. Lastly, one youth reported that the negative choices made by himself (e.g., physical altercations at school, drinking at parties) and his father interfered with his success (see Table 14 for youths’ responses for focus group ages 16-20 years).

Focus Group Themes

Question #1. Using narrative analysis, the following themes were identified for each of the four questions. For question one, the following themes emerged: (1) Sports, (2) Creative Activities, (3) Musical Activities, (4) Academic Activities, (5) Community Activities, (6) Goal-Directed Activities and (7) Personal Attributes. The Sports theme activities included biking, bowling, football, gymnastics, hockey, and trampoline. The Creative Activities theme included art and drawing. The Musical Activities theme included piano and singing. The Academic Activities theme included schoolwork and mathematics. The Community Activities theme included helping out the community. The Goal-Directed Activities theme included getting a job and starting a family. The Personal Attributes theme included a respectful appearance and manner, and having a good attitude and motivation.

Question #2. The following themes were identified for the second question: (1) Experience, (2) Talent, (3) Academic Achievement, and (4) Future Planning. Examples of the Experience theme included drawing for a number of years and doing volunteer work.

Examples of the Talent theme included being athletic and being the captain of a football team. Examples of the Academic Achievement theme included completing high school. Examples of the Future Planning theme included saving money for college.

Question #3. The following themes were identified for the third question:

(1) Community Support, (2) Family Support, (3) Peer Support, (4) External Support, and (5) Individual/Self Support. Examples of the Community Support theme included case workers, coaches, people at a skate park, and teachers. Examples of the Family Support theme included biological and foster parents, grandparents, older siblings, and a family pet. Examples of the Peer Support theme included friends and teammates. Examples of the External Support theme included equipment, and the Individual/Self Support theme included the youths themselves.

Question #4. The following themes were identified for the fourth question:

(1) Individual/Self Interference, (2) Family Interference, (3) External Interference, and (4) No Interference. The Individual/Self Interference theme included the youths themselves. Examples of the Family Interference theme included biological and foster parents and siblings. Examples of the External Interference theme included the Children's Aid Society, a choir, and weather. The responses of the youths who reported that nothing interfered with their success fell within the No Interference theme.

In-depth Interviews

Each of the three youths (ages 10, 13, and 14 years) were asked about the various types of developmental assets. In regard to the external developmental assets, for *Family Support*, two of the youths rated this asset as a 10 on a scale from 1 (“no family support”) to 10 (“most family support possible”), and the other youth rated it as an 8.5. One of the youths who rated this asset as a 10 reported that she immediately felt that sense of caring from her

family and felt comfortable. In regard to *Positive Family Communication*, all of the youths reported that they had this asset, one youth reported that she would talk to foster parents if something was bothering her, another youth rated this asset as a 10, and the other youth reported that this asset took some time to develop. In regard to *Other Adult Relationships*, one youth identified her child welfare worker, teachers, and neighbour. Another youth identified a teacher and two older brothers (ages 23 and 24 years) and reported that she immediately felt that sense of caring from her teachers and two brothers and immediately felt comfortable with them. The other youth identified three teachers, an aunt and two child welfare workers. In regard to *Caring Neighbourhood*, one youth reported that she could turn to her neighbour for support. Another youth reported that she didn't really know anyone in her neighbourhood, and the other youth reported that she could talk to her neighbours if needed. In regard to *Caring School Climate*, one youth reported that she felt that her school cared about her. Another youth rated this asset as a 10 using the same 1-10 scale described earlier. She reported that when she first began school it took some time to feel comfortable talking to teachers and that her math teacher helped her. The other youth reported that her school provided a very encouraging and caring place to learn. In regard to *Parent Involvement In Schooling*, two youths stated that their foster parents were actively involved in their schooling, and the other youth rated this asset as a 10.

In regard to *Community Values Youth*, two youths believed that their communities perceived that youths were important and the other youth reported that her community was somewhere in between being supportive and not supportive. In regard to *Youth As Resources*, one youth reported that she was involved in a reading club. Another youth was involved in dance and used to be in bowling. The other youth was involved in activities such as a neighbourhood clean-up initiative. In regard to *Service To Others*, one youth reported that

she picked up garbage around her town once a week for school garbage day. Another youth reported that she was on a pow wow committee. In terms of how she became involved with the pow wow committee, she reported: “Well, we were going to have one last year, and umm and all classes that had a average of 80 or higher got to be in it if they wanted to and I was always interested in it”. The other youth reported that she recently began a public service group. In regard to *Safety*, one youth reported that she felt safe at home, in her neighbourhood, and at school. Another youth rated her feeling of safety at home as a 10, in her neighbourhood as a 4, and at her school as a 10. The youth who rated her neighbourhood safety as a 4 reported that one of her neighbours may have been involved with drugs and that “sometimes we hear loud music and stuff. And we hear yelling, and the cops have been there a few times”. However, she described her other neighbours as good neighbours, and her foster mother noted that the youth’s brother was involved in law enforcement, which provided some support. The other youth reported that she felt safe at school, usually at home, and “a bit” in her neighbourhood, as her neighbourhood had possible prior gang activity.

In regard to *Family Boundaries*, one youth reported that her foster parents may ground her for bad behaviour. Another youth rated this asset as a 10, and the other youth reported that her foster parents knew her whereabouts and that they had very good rules and consequences. This youth reported: “Yeah, they know where I would go because I tell them and they have really good rules and consequences (e.g., a curfew)”. In regard to *School Boundaries*, one youth reported that her school did not allow running in the hallways, speaking back to the teachers or principal, and that there was a “hands-off” policy at school. Another youth rated this asset as a 10, and the other youth reported that her school had some rules. In regard to *Neighbourhood Boundaries*, two youths were not sure about this asset, and the other youth rated this asset as a 3. In regard to *Adult Role Models*, one youth identified

her foster parents, one youth rated this asset as a 10, and the other youth identified her foster parents, teachers, and aunt. In regard to *Positive Peer Influence*, one youth stated that her two female best friends modeled good behaviour. Another youth reported that her two best friends modeled responsible behaviour and that she stayed away from the boys when they were engaging in negative behaviour. She reported: "I just stay away from them. Like one of them got into a fight and the whole school was around them and me and my friends were like sitting and just watching how many people were there". The other youth reported that her best friends modeled responsible behaviour most of the time. In regard to *High Expectations*, two youths reported that their foster parents and teachers encouraged them to do well, and the other youth rated this asset as a 10.

In regard to *Creative Activities*, one youth reported that she participated in a reading club. Another youth reported that she participated in dance class for one hour/week and in pow wow meetings for 30 minutes/week. The other youth reported that she engaged in reading and drawing. This youth reported: "Umm, I'm not really in groups, I just spend my time reading books, or drawing or just playing games". In regard to *Youth Programs*, one youth reported that she participated in swimming lessons. Another youth reported that she participated in bowling for one hour/week and had won bowling awards. The other youth reported that she engaged in playing sport games for more than 3 hours/week. In regard to *Religious Community*, one youth reported that she attended Catholic church service twice a week. Another youth reported that she attended church every week and just had her Confirmation, and the other youth reported that she participated in pow wows and sweat lodges 1-2 times/year and made a drum once. In regard to *Time At Home*, one youth reported that she spent time out with friends with nothing special at least two times a week. Another

youth reported 2-3 times/month, and the other youth reported they did this more than two times a week.

In regard to the internal developmental assets, for *Achievement Motivation*, two youths reported that they were motivated to do well in school. The other youth reported that she raised her math grade by 30%. She reported: "I got all my homework done and stuff like that". In regard to *School Engagement*, two youths reported that they were actively involved in learning, and the other youth rated this asset as a 9. In regard to *Homework*, one youth reported that she did not have homework everyday and usually spent 2-3 hours on homework. Another youth reported that she spent 30 minutes-1 hour/night and sometimes all night doing homework. The other youth reported that she completed most schoolwork in class, and that her homework did not take more than 1 hour to complete. In regard to *Bonding To School*, one youth reported that she felt very connected to school. Another youth reported that she had more friends than in previous years, and the other youth reported that she liked school. In regard to *Reading For Pleasure*, one youth reported that she read 1-2 hours/day. Another youth reported that she read a lot. She reported: "Once I start reading I can't stop". The other youth reported that she read 2 hours/week.

In regard to *Caring*, one youth reported that it was very important to help other people. Another youth rated this asset as an 8, and the other youth reported that she placed a lot of value on helping other people at school. In regard to *Equality And Social Justice*, one youth thought that it was important to help people that don't have very much. Another youth believed that it was an important value, and the other youth rated this asset as a 6. In regard to *Integrity*, one youth thought that it was important to stand up for her own beliefs. Another youth rated this asset as a 10, and the other youth reported that she sometimes acted on her beliefs and would stand up for her beliefs at school. In regard to *Honesty*, one youth thought

that it was important to tell the truth even when doing so may have been difficult. Another youth rated this asset as a 5, and the other youth reported that she told the truth even when it may have been difficult. In regard to *Responsibility*, two youths reported that they accepted and took personal responsibility for their own actions and behaviours. The other youth rated this asset as a 5. In regard to *Restraint*, one youth believed it was important to stay away from drugs and alcohol, stating: “Yes, I think it’s very important to stay away from that”. Another youth rated this asset as a 10, and the other youth thought that it was important to not be involved in risky behaviours.

In regard to *Planning And Decision-Making*, two youths reported that they were able to plan ahead. The other youth reported that she “probably just wouldn’t go” (to a party where there would be negative influences). In regard to *Interpersonal Competence*, one youth reported that she was able to experience empathy. Another youth rated this asset as a 10, and the other youth reported that she had empathy, sensitivity and friendship skills. In regard to *Cultural Competence*, one youth reported that she felt comfortable around people from different cultures. Another youth rated this asset as a 10, and the other youth reported that she was comfortable with people of different cultural, racial and ethnic backgrounds. In regard to *Resistance Skills*, two youths reported that they were able to resist peer pressure, and the other youth rated this asset as a 10. In regard to *Peaceful Conflict Resolution*, all three youths reported that they would try to solve conflict non-violently. One of the youths reported: “I would try to talk them out of it or like make them stop”.

In regard to *Personal Power*, two youths believed that they were able to have power over some things that happened to them. The other youth rated this asset as a 10. In regard to *Self-Esteem*, two youths reported that they had “medium” self-esteem. The other youth rated this asset as an 8. In regard to *Sense Of Purpose*, all of the youths believed that their life had

a purpose. In regard to *Positive View Of Personal Future*, all of the youths reported that they were optimistic about their future, and one youth reported that her parents helped her along the way (see Tables 15-17 for youths' responses for in-depth interviews).

In-depth Interview Themes

Because the majority of the youths' responses for the in-depth interviews consisted of very brief answers, the gathering of themes was limited based on the information provided in these interviews. However, in accordance with the narrative analysis approach, some exploratory conceptual ideas apart from general themes were drawn from the interviews. In terms of the external developmental assets, the youths identified important adult figures (i.e., foster parents, older siblings, aunts, teachers, child welfare workers, and neighbours) as helping to promote positive outcomes. The other major theme that was drawn from the interviews involved activities in which the youths were involved, such as community cultural activities, like the pow wow committee, and sports. With regard to the internal developmental assets, the major theme that surfaced involved an acceptance of personal responsibility for the youths' outcomes. This was evident in their assignment of importance to various values and assumption of individual responsibility for their actions.

Discussion

Quantitative Study

The purpose of the two studies is to examine resilience-promoting factors (Masten, 2006) on the child, family, and community level among Aboriginal young people in care. Defining resilience in terms of positive mental health and educational outcomes, the working hypothesis in these studies is that developmental assets, which have been linked to resilient outcomes in the reviewed research, will predict a range of positive outcomes among Aboriginal young people in out-of-home care.

Means. As expected, in both the cross-sectional and longitudinal investigations, developmental assets was a strong predictor for many of the outcome measures. In both studies, the average number of developmental assets held by the youths (27/40 and 28/40) was similar to that cited in previous investigations using the OnLAC data, which found that 42% of youths had 21-30 assets (Scales, 1999; Vincent et al., 2008). The most frequently possessed developmental assets for Aboriginal youths in the cross-sectional study were:

(1) family support; (2) positive family communication; (3) other adult relationships; (5) caring school climate; (6) parent involvement in schooling; (10) safety; (11) family boundaries; (12) school boundaries; (14) adult role models; and (16) high expectations. Similarly, in the longitudinal sample of Aboriginal youths, all of these developmental assets, with the exception of positive family communication, were most frequently held by the youths. These results are similar to those described by Scales (1999), who found that the top five developmental assets in terms of frequency are a positive view of one's personal future, family support, time spent in a religious group, school engagement, and the value of integrity. These five assets are experienced by 64-70% of youth, as opposed to the five least common assets, experienced by only 19-25% of youth: a caring school, youth being treated as resources, reading for pleasure, the community valuing youth, and time spent in creative activities. The present study also found that family support was frequently held by a Canadian Aboriginal sample of in care youths. Unlike Scales' (1999) research, however, the present study also found that a caring school climate was often experienced by these Aboriginal in care youths. These differences may reflect variations in American and Canadian educational systems as well as the numerous factors related to out-of-home care.

These results are also similar to those of Scales and his colleagues (2000) who found that for American Indian youths ($N = 1,000$), the specific assets of relationships with other

adults, personal power, sense of purpose, caring, cultural competence, responsibility, valuing diversity, leadership, and school success were particularly important for this cultural group. The present study found that relationships with other adults, having adult role models, family support and communication, caregiver involvement in schooling, as well as a caring school environment with clear boundaries from both the school setting and family, were frequently held by a Canadian sample of Aboriginal youths. This encouraging finding provides support for the notion that those developmental assets which may be especially important for Aboriginal youths are being nurtured within Canadian Aboriginal young people in out-of-home care. It also lends further support to the importance of positive adult figures within the Aboriginal young person's life.

With regard to LAC goals, the high number of average LAC goals attainment (8 out of 9) is not surprising, given that the youths' child welfare workers implement plans of care that aim to accomplish the goals identified by the LAC project. About 67% of the youths had cognitively impairing conditions, and over half of the youths had a high score on the Self-Esteem measure (13 out of 14). The majority of the youths had a score of zero on the Suicidality Index. These results suggest that, in general, many of the youths presented with cognitive difficulties, tended to have high self-esteem and did not present with suicide risk factors. With regard to educational performance, about 40% of the youths had a moderate score (4 out of 8). Similarly, nearly one third of the youths obtained the maximum score of 10 on the Pro-social Behaviour scale and a high score (6 out of 9) on the measure of Positive Emotional and Behavioural Development. This suggests that a good number of the youths possessed adaptive social and emotional skills. This is an encouraging finding, as these adaptive skills can be built upon and will provide a solid foundation for the promotion of positive outcomes.

Inter-correlations. In the cross-sectional study, self-esteem was positively and significantly correlated with LAC goals attainment, developmental assets, and positive emotional and behavioural development. It was negatively and significantly correlated with gender, SDQ total difficulties, and the suicidality index. This suggests that, as predicted, self-esteem functions as a protective factor for the youths. Given its apparent protective function, it is surprising that self-esteem was not significantly correlated with educational performance. With regard to the negative correlation between self-esteem and gender, the association between higher levels of self-esteem and males would be consistent with research that has found that males tend to score slightly higher on standard measures of global self-esteem than females, particularly in late adolescence (Kling et al., 1999). Lastly, the negative correlations with SDQ total difficulties and the suicidality index are in keeping with the protective function of self-esteem. In the longitudinal study, self-esteem was positively and significantly correlated with positive emotional and behavioural development. It was negatively and significantly correlated with gender, and the suicidality index. These results are in keeping with those found in the cross-sectional study, with the exception of the non-significant positive correlations between self-esteem and LAC goals attainment and developmental assets, as well as the non-significant negative correlation between self-esteem and SDQ total difficulties in the longitudinal study. Given its protective function, efforts to promote the young person's self-esteem should form an important component of their plans of care. This may be done through encouraging the young person's special interests and talents.

In the cross-sectional study, the suicidality index was positively and significantly correlated with gender, living in a group home, SDQ total difficulties, and cognitive impairments. It was negatively and significantly correlated with LAC goals attainment,

developmental assets, self-esteem, and positive emotional and behavioural development. The positive association between high scores on the suicidality index and female youths is consistent with research that has found higher rates of suicide attempt hazards in female adolescents before the age of 19 years (Lewinsohn, Rohde, Seeley, & Baldwin, 2001). This would suggest that female youths should be targeted for mental health intervention given their higher risk of suicidal thoughts and behaviours. Similarly, the positive correlation between high scores on the suicidality index and living in group homes would be consistent with the increased prevalence of emotional and behavioural risk factors held by youths in these types of out-of-home care living arrangements. Therefore, group home settings would benefit from specific preventative mental health programming to offset these risk factors. Lastly, the positive correlation between high scores on the suicidality index, SDQ total difficulties, and cognitive impairments, is in keeping with the risk-related nature of this index. This suggests that those youths with cognitively impairing conditions as well as other risk factors should be targeted for mental health intervention. The negative correlations between high scores on the suicidality index and LAC goals attainment, developmental assets, self-esteem, and positive emotional and behavioural development is also in keeping with the risk-related nature of this index. It is somewhat surprising that educational performance and pro-social behaviour are not also negatively correlated with this risk measure. A possible explanation for this finding may involve the use school and relationships as coping mechanisms for some of the Aboriginal youths who presented with suicidal thoughts or behaviours. In the longitudinal study, the suicidality index was positively and significantly correlated with cognitive impairments. It was negatively and significantly correlated with developmental assets, self-esteem, pro-social behaviour, and positive emotional and behavioural development. These results are similar to those found in

the cross-sectional study, with the exception of the non-significant positive correlations between the suicidality index and gender, living in a group home, and SDQ total difficulties, as well as the non-significant negative correlations between the suicidality index and LAC goals attainment, and the significant negative correlation between the suicidality index and pro-social behaviour in the longitudinal study. These findings may be due to the smaller size of the longitudinal sample. Additionally, the youths may have received some support for their difficulties, which may have impacted their scores on the suicidality index.

In the cross-sectional study, educational performance was positively and significantly correlated with gender, LAC goals attainment, developmental assets, pro-social behaviour, and positive emotional and behavioural development. It was negatively and significantly correlated with living in a group home, SDQ total difficulties, and cognitive impairments. This indicates that female youths had higher scores on educational performance, as did youths with higher scores on LAC goals attainment, a greater number of developmental assets, and higher scores on pro-social behaviour and positive emotional and behavioural development. This suggests that male Aboriginal youths should be targeted for early psychoeducational assessment and intervention. The significant negative correlations between educational performance and living in a group home suggests that this type of living arrangement is associated with poorer educational outcome, and these youths would benefit from academic supports. Similarly, youths with a higher number of total difficulties as measured by the SDQ, and with cognitive impairments had lower scores on educational performance. Therefore, these youths should be identified for educational support. In the longitudinal study, educational performance was negatively and significantly correlated with living in a group home and the First Nations cultural index, and positively and significantly correlated with developmental assets, pro-social behaviour and positive emotional and

behavioural development. This indicates that youths who live in a group home and who have more opportunities to participate in their First Nations culture had poorer educational outcomes. The significant negative correlation between the First Nations cultural index and educational performance is surprising and represented the only significant correlation for this cultural index. It may be that youths with more opportunities to participate in their First Nations culture spend less time in school; however, this finding warrants further investigation. Conversely, youths with a greater number of developmental assets, and higher scores on pro-social behaviour and positive emotional and behavioural development, had better educational outcomes. Again, this points to the importance of developmental assets for promoting positive outcomes. These results are similar to those found in the cross-sectional study with the exception of the significant negative correlation between educational performance and the First Nations cultural index, the non-significant positive correlations between educational performance and gender and LAC goals attainment, as well as the non-significant negative correlations between educational performance and SDQ total difficulties and cognitive impairments in the longitudinal study.

In the cross-sectional study, pro-social behaviour was positively and significantly correlated with LAC goals attainment, developmental assets, educational performance, and positive emotional and behavioural development. It was negatively and significantly correlated with living in a group home, SDQ total difficulties, and cognitive impairments. This suggests that the youths who accomplished more LAC goals, who had a higher number of developmental assets, and higher scores on educational performance and on positive emotional and behavioural development, had higher scores on pro-social behaviour. It is surprising, however, that a significant positive correlation between pro-social behaviour and self-esteem was not found. However, there was a positive correlation between these two

variables that approached significance. The negative correlations suggest that those youths who lived in a group home, who had higher scores on SDQ total difficulties and who had cognitive impairments, had lower pro-social behaviour scores. These risk factors would be consistent with a higher likelihood of lower pro-social behaviour. In the longitudinal study, pro-social behaviour was positively and significantly correlated with gender (such that females had higher scores), developmental assets, educational performance, and positive emotional and behavioural development. It was negatively and significantly correlated with living in a group home and SDQ total difficulties. These results are similar to those found in the cross-sectional study, with the exception of the significant positive correlation between pro-social behaviour and gender, the non-significant positive correlations between pro-social behaviour and LAC goals attainment, as well as the non-significant negative correlations between pro-social behaviour and cognitive impairments in the longitudinal study.

In the cross-sectional study, positive emotional and behavioural development was positively and significantly correlated with living in a foster home, LAC goals attainment, developmental assets, self-esteem, educational performance, and pro-social behaviour. It was negatively and significantly correlated with living in a group home, SDQ total difficulties, cognitive impairments, and the suicidality index. This suggests that those youths who lived in a foster home, who had accomplished a higher number of LAC goals, who had a higher number of developmental assets, and higher scores on self-esteem, educational performance, and pro-social behaviour, had higher scores on positive emotional and behavioural development. This suggests that possessing several positive attributes can have an additive effect on positive developmental outcomes. Conversely, those youths who lived in a group home, who had a higher number of total difficulties as measured by the SDQ, who had cognitive impairments, and higher scores on the suicidality index, had lower scores on

positive emotional and behavioural development. This would suggest that the presence of various risk factors can contribute to negative developmental outcomes. In the longitudinal study, positive emotional and behavioural development was positively and significantly correlated with living in a foster home, developmental assets, self-esteem, educational performance, and pro-social behaviour. It was negatively and significantly correlated with living in a group home, SDQ total difficulties, cognitive impairments, and the suicidality index. These results mirror those found in the cross-sectional study, with the exception of the non-significant positive correlation between positive emotional and behavioural development and LAC goals attainment in the longitudinal study.

These cross-sectional and longitudinal findings highlight the importance of developing and implementing effective interventions for children and youths living in group homes as this type of living arrangement was often linked to negative outcomes among the sample of Canadian Aboriginal youths. Such interventions are especially important for older male youths who are more likely to present with various risk factors.

Regression Analyses of Outcome Measures

Self-esteem. The logistic regression for the cross-sectional study suggests that those youths with a greater number of developmental assets were more likely to receive higher scores on the Self-Esteem scale. Additionally, females were more likely to have low scores on the Self-Esteem scale. Again, this finding is consistent with research that has found slightly higher scores on standard measures of global self-esteem for male youths, particularly in late adolescence (Kling et al., 1999). Similarly, those youths with a greater number of total difficulties were more likely to receive lower scores on the Self-Esteem scale. This is not surprising, given that youths with greater risk factors are likely to have lower levels of self-esteem. These findings suggest that interventions to improve self-esteem

are particularly important for Aboriginal female youths as well as for youths with greater risk factors. Lastly, youths living in kinship care were more likely to receive lower scores on the Self-Esteem scale. This is somewhat surprising, as kinship care is generally associated with positive outcome when compared to foster care and group home living arrangements (e.g., Harden, 2004; Winokur, Crawford, Longobardi, & Valentine, 2008; Wright et al., 2006). However, it may be that the youths living in kinship care are living in reserve communities where there are limited resources and opportunities for them to foster their identities, which points to the need to have initiatives within reserve communities to encourage Aboriginal cultural identification.

The logistic regression for the longitudinal study suggests that those youths who received a score of 13-14 on the Self-Esteem measure in year 7 were more likely to receive a score of 13-14 in year 8. This suggests that self-esteem is a relatively stable outcome variable and if self-esteem can be promoted early in the child's life, these gains are likely to be maintained in future years. Additionally, females were more likely to receive a score lower than 13-14 on the Self-Esteem measure. Again, this is consistent with research that has found slightly higher scores on standard measures of global self-esteem for male youths, particularly in late adolescence (Kling et al., 1999). This points to the importance of targeting female youths in particular for promoting self-esteem.

Suicidality index. The logistic regression for the Suicidality Index in the cross-sectional study suggest that youths with higher scores on the SDQ total difficulties measure were more likely to receive higher scores on the Suicidality Index. This is not surprising, given that a higher number of difficulties may increase the tendency to experience suicidal thoughts and actions. The finding that females were more likely to score higher on the Suicidality Index also fits with research that has found females have a higher suicide attempt

hazard rate than males before the age of 19 years (Lewinsohn et al., 2001). The trend for youths being 95% more likely to have a score of zero on the Suicidality Index with each additional developmental asset they possessed is in keeping with research attesting to the strong protective function of developmental assets (e.g., Scales, 1999; Scales et al., 2000). Lastly, the trend for First Nations youths to be 2.65 times more likely to score from 1-3 on the Suicidality Index, is in keeping with research that has found high suicide rates within First Nations communities (e.g., Lalonde, 2006). These findings suggest that female Aboriginal youths, particularly, female First Nations youths, may be at a greater risk to experience suicidal thoughts and behaviours which emphasizes the need to tailor interventions to this population, such as through the promotion of developmental assets.

The logistic regression for the longitudinal study suggests that youths with cognitive impairments were more likely to receive higher scores on the Suicidality Index. This may be due to possible limitations related to their insight and coping skills, such that more adaptive responses are not utilized. The trend for Aboriginal females being at an increased risk for suicidal thoughts and behaviours is consistent with research that has found higher suicide attempt hazard rates among adolescent females below the age of 19 years (Lewinsohn et al., 2001). Again, these findings highlight the need to provide specific interventions to female Aboriginal youths, as well as youths with cognitive impairments to reduce their risk of experiencing suicidal thoughts and behaviours.

Educational performance. The hierarchical regression model for Educational Performance in the cross-sectional study suggests that gender and SDQ total difficulties were significantly predictive of Educational Performance, such that females youths, and those youths with less total difficulties did better on Educational Performance. The trend for

youths with more developmental assets to do better on Educational Performance points to the need to promote developmental assets, particularly among Aboriginal male youths.

The hierarchical regression model for Educational Performance in the longitudinal study suggests that the youth's year 7 score on Educational Performance and developmental assets (such that those youths with more developmental assets had higher scores on Educational Performance) were significantly predictive of Educational Performance. This is in keeping with the protective function of developmental assets. These findings again point to the need to increase developmental assets. There were also trends for youths with more total difficulties and less LAC goals attainment to have higher scores on Educational Performance. It is interesting that there was a trend for youths with more total difficulties and less attainment of LAC goals to do better on Educational Performance. This may be due to the level of support provided to these young people, which may have improved their Educational Performance.

Pro-social behaviour. The hierarchical regression model for Pro-social Behaviour in the cross-sectional study suggests that SDQ total difficulties and developmental assets were significantly predictive of Pro-social Behaviour, such that those youths with less total difficulties and more developmental assets, had higher scores on Pro-social Behaviour. This is in keeping with the risk function of total difficulties and the protective function of developmental assets. These findings also highlight the importance of decreasing total difficulties and increasing developmental assets.

The hierarchical regression model for Pro-social Behaviour in the longitudinal study suggests that the youth's year 7 score on Pro-social Behaviour and gender were significantly predictive of Pro-social Behaviour, such that those youths with higher year 7 Pro-social Behaviour scores and female youths, had higher scores on Pro-social Behaviour. Recent

research has found that female youths tend to be less physically aggressive and more pro-social than boys (Zakriski, Wright, & Underwood, 2005). There was also a trend for youths with more developmental assets to have higher scores on Pro-social Behaviour. This is in keeping with the protective function of developmental assets. These findings again point to the need to increase developmental assets.

Positive emotional and behavioural development. The hierarchical regression model for Positive Emotional and Behavioural Development in the cross-sectional study suggests that foster home placements, SDQ total difficulties, cognitive impairments, and developmental assets were significantly predictive of Positive Emotional and Behavioural Development, with all of these predictors being highly significant. This suggests that those youths living in foster homes and who had a greater number of developmental assets, had better Positive Emotional and Behavioural Development. Conversely, those youths who had a greater number of total difficulties and cognitive impairments had poorer Positive Emotional and Behavioural development. There was also a trend for youths with higher scores on LAC goals attainment to have higher scores on Positive Emotional and Behavioural Development. This is consistent with the protective function related to meeting LAC goals and highlights the importance of providing support to child welfare workers to assist them in promoting these goals for the youths on their caseload.

The hierarchical regression model for Positive Emotional and Behavioural Development in the longitudinal study suggests that the year 7 score on Positive Emotional and Behavioural Development, foster home placements, and SDQ total difficulties were significantly predictive of Positive Emotional and Behavioural Development. This suggests that the youths' scores on Positive Emotional and Behavioural Development in year 7 were predictive of their year 8 scores on this measure, and would lend support to the stability of

this variable. Additionally, those youths living in foster homes had better Positive Emotional and Behavioural Development, and those youths with more total difficulties had poorer Positive Emotional and Behavioural Development. There was also a trend for youths with higher scores on the cognitive impairments index to have lower scores on Positive Emotional and Behavioural Development. This suggests that youths with cognitive impairments had poorer Positive Emotional and Behavioural Development, which would be consistent with their cognitive capabilities. These findings suggest that early nurturing of Positive Emotional and Behavioural Development can increase the likelihood that this outcome will persist in future years. These findings also suggest that foster homes may be more equipped to promote this variable than other types of out-of-home care living arrangements. Lastly, these findings highlight the importance of lessening risk factors and promoting developmental assets.

Qualitative Study

The purpose of the qualitative study was to obtain the young people's views regarding their degree of resilience and of the factors contributing to their achieving or not achieving resilient (positive) outcomes.

Focus group 9-11 years. In response to question 1: "As an Aboriginal young person in care, what kinds of things or tasks do you think you have to be good at in order to be considered successful as a young person of your age?", all four of the youths reported that they thought they needed to be good at sports, two said bowling, two said art, and one said piano. When asked how successful they thought they were at doing these things or tasks at the present time, most of the youths rated their skills from 9-10, although one youth rated two of their activities as a 5 (swimming and gymnastics), and she rated her other two activities as a 10 (art and bowling). This suggests that sport activities are particularly valued by the youths and they tend to rate themselves as highly successful on these activities.

In response to the question: “Who are the people, or what are the things, that you see as contributing now, or in the past, to your present success?”, three of the four youths listed coaches, three reported that they were self-taught, one youth listed their grandparents, and one youth listed an older brother. This suggests that coaches, extended family members, siblings, and the youths themselves are important individuals in encouraging their success.

In response to the final question: “Who are the people, or what are the things, that you see as interfering now, or in the past, with your success?”, two of the youths reported that nothing had interfered with their success, one youth reported that she had interfered with her own success because she wanted to participate in other activities, and one youth reported that his sister interfered with his success by laughing at his artwork. This suggests that the youths are functioning fairly well without a lot of interference in their success, with the exception of themselves or a sibling.

Focus group 11-15 years. In response to question 1: “As an Aboriginal young person in care, what kinds of things or tasks do you think you have to be good at in order to be considered successful as a young person of your age?”, three of the seven youths reported that they thought they needed to be good at art, four said sports, three said schoolwork, two said singing, and one said helping out the community. One youth reported that he was not skilled at any particular activity, although further inquiry revealed that he enjoyed drawing. The greater variety of activities in which the youths reported a need for skill reflects the higher developmental level of the 11-15 year age group. Like the younger youths, however, sports, art, and musical activities were reported as important to the youths.

When asked how successful they thought they were at doing these things or tasks at the present time, the youths tended to rate themselves as fairly successful and some were making an effort to improve in these activities. In response to the question: “Who are the

people, or what are the things, that you see as contributing now, or in the past, to your present success?”, three of the seven youths listed foster parents, three listed teachers, three listed themselves, two listed friends, two listed equipment (e.g., access to a bike), one listed case workers, one listed coaches, one listed teammates, one listed people at a skate park, and one listed their dog. One youth reported that no one had helped him. This suggests that a variety of individuals are important to the older youths in helping them to achieve success.

In response to the final question: “Who are the people, or what are the things, that you see as interfering now, or in the past, with your success?”, three of the youths reported that nothing had interfered with their success, one youth reported that other people’s negativity interfered, one youth reported that his mother not paying for bike repairs interfered, one youth reported that choir interfered with his artwork and the weather interfered with hockey, while another youth reported that the Children’s Aid Society and a foster brother interfered with his success. This suggests that there is minimal interference with their success, with the exception of the youth who listed the Children’s Aid Society. It is important to note that this youth displayed a consistent negative response bias and upon enquiry with the liaison of the Children’s Aid Society, likely did not qualify to participate in the focus group process.

Focus group 16-20 years. In response to question 1: “As an Aboriginal young person in care, what kinds of things or tasks do you think you have to be good at in order to be considered successful as a young person of your age?”, three of the seven youths reported that they thought they needed to be involved in school, working toward getting a job, and a family, and working toward goals. Two of the youths stated that they thought that having a respectful appearance, a respectful manner when greeting people, a good attitude, and if necessary, beginning with a less desirable job then taking one step at a time toward

improvement. One youth reported staying motivated in general, and another youth reported accomplishing goals and doing enjoyable and positive things. These responses reflect the higher-order cognitive functioning of this older age group, as the youths were thinking about their futures.

When asked how successful they thought they were at doing these things or tasks at the present time, the youths reported that they were quite successful and were motivated and actively taking steps to meet their goals. In response to the question: “Who are the people, or what are the things, that you see as contributing now, or in the past, to your present success?”, six of the seven youths listed foster parents, six listed child welfare workers, two listed friends, two listed siblings, one listed a biological father, one listed a step-father, one listed teachers, one listed a football coach, and one listed themselves. This suggests, that like the 11-15 year-olds, these older youths have a variety of individuals in their lives who contribute to their success, with family members being particularly important.

In response to the final question: “Who are the people, or what are the things, that you see as interfering now, or in the past, with your success?”, one of the youths reported that trying to fit in with a negative Aboriginal population interfered with his success. One youth reported that his near-sightedness toward the future, difficulty deciding what to do with his life, and his short attention span interfered with his success. He also listed his two foster care placements and difficulty connecting with siblings as hindrances to his success. Another youth listed sports and negative peer influences in the ninth grade as interfering with his success. Another youth listed his time spent in private elementary school, a negative family member, and negative peer influences as interfering with his success. Another youth reported that negative peer influences during elementary school interfered with his success, while another youth reported that negative influences when he was younger interfered with

his success. Lastly, one youth reported that the negative choices made by himself (e.g., physical altercations at school, drinking at parties) and his father interfered with his success. This suggests that a myriad of factors have interfered with the youths' success. As they are approaching young adulthood, the likelihood of experiencing a variety of barriers is greater than for the younger groups. Difficulties related to negative peer influences, however, emerged as a common theme among these older youths. This related to involvement with negative activities which affected their academic success.

In-depth interviews. As previously stated, each of the three youths (ages 10, 13, 14 years) were asked about the various types of developmental assets. In regard to the external developmental assets, all of the youths reported having a high level of these assets. The community-based assets, however, tended to receive lower ratings. For example, in regard to *Community Values Youth*, one youth reported that her community was somewhere in between being supportive and not supportive. In regard to *Safety*, all of the youths reported feeling safe at home (one youth reported that they usually felt safe at home) and at school. However, two of the youths had lower safety ratings for their neighbourhood. This could be related to the lower income levels associated with these neighbourhoods which also tended to be in more rural, isolated areas. In regard to *Neighbourhood Boundaries*, one youth rated this asset as a 3. The other two youths were not sure about this asset. Again, this may be due to the more isolated communities in which these youths lived. There was also a range in terms of *Time At Home*, as one youth reported that she spent time out with friends with nothing special to do 2-3 times/month, and the other two youths reported they did this at least two times a week.

In regard to the internal developmental assets, all of the youths tended to report having high levels of these assets. However, some of the internal assets may have been more

advanced for the developmental stage of the youths who participated in the in-depth interviews. For example, in regard to *Equality And Social Justice*, two of the youths believed that this asset was very important, while the other youth rated this asset as a 6. In regard to *Honesty*, one youth rated this asset as a 5. Another youth thought that it was important to tell the truth even when doing so may have been difficult, and the other youth reported that she told the truth even when it may have been difficult. In regard to *Responsibility*, one youth rated this asset as a 5. The other two youths reported that they accepted and took personal responsibility for their own actions and behaviours. Interestingly, the youths tended to rate themselves as having a moderate level of self-esteem. All of the youths required clarification on the meaning of self-esteem, which may have impacted their responses on the Self-Esteem scale of the AAR-C2-2006. In regard to *Sense Of Purpose*, all of the youths believed that their life had a purpose. In regard to *Positive View Of Personal Future*, all of the youths reported that they were optimistic about their future, and one youth reported that her parents helped her along the way. These results suggest that the youths are motivated and have a positive view of their futures, which is a critical component of resilience.

Implications

The results of these two interlinked studies provide additional support for the importance of various predictors identified in past research for a resilience framework. These predictors include individual, family, and community qualities shown to predict or accompany good adaptation under hazardous conditions (Masten, 2006). Both of the present studies found that positive relationships with adults was an integral protective factor for developmental outcomes.

A remarkable consistency exists regarding key predictors of good outcomes for at-risk youth. A list of widely observed predictors of good adaptation or development includes

individual, family, and community qualities shown to predict or accompany good adaptation under hazardous conditions (Masten, 2006). This extends past research which found that a close relationship with a caring and competent adult is the most important and general protective factor for development (Luthar et al., 2000; Masten, 2006; Masten et al., 1999; Masten et al., 1990). Additionally, the importance of developmental assets was often found throughout both studies and highlights the need to identify and build on assets within the young person's plan of care.

The results provided some support for the hypothesis, in that a greater number of developmental assets were associated with more positive outcomes on four of the five criterion variables. This importance of developmental assets for resilience thus appears to partly hold for Aboriginal youths, as for other young people in care (Vincent et al., 2008). The findings are also similar to those established in the general youth population by Scales and his colleagues (2000), who discovered that youths with more developmental assets were significantly more likely than others to achieve success at school and be helpful towards others.

An important implication of the findings for child welfare practice is that child welfare workers, supervisors, and caregivers should pay close attention to which and how many of the 40 developmental assets the young person has, as noted by the child welfare worker in the youth's annual Assessment and Action Record (AAR-C2-2006). This information should be used, with the young person's collaboration, to establish specific targets in his or her plan of care for the next 12 months. Over time, this strategy seems likely to lead to increases in the young person's developmental assets and thereby to improved resilient outcomes. Given the importance of adult caregivers for young peoples' success, additional resources to train kinship carers, foster parents and group home workers should be

increased to ensure that these individuals are providing the best care possible to young people so that they are more likely to attain positive developmental outcomes.

This research, however, does make a contribution in that it is one of the first to formulate and test an explanatory model in which developmental assets are postulated to play an important role in accounting for socially important resilient outcomes among Aboriginal young people in care in Canada. Further research is needed to determine to what extent and how easily developmental assets can be increased in Aboriginal youth and the impact of such action on resilient outcomes. Thus, child welfare workers, supervisors, and caregivers should use information regarding developmental assets, with the young person's collaboration, to establish specific targets in his or her plan of care for the next 12 months. Over time, this strategy seems likely to lead to increases in the young person's developmental assets and thereby to improved resilient outcomes.

The results of the focus groups and in-depth interviews provide additional support for the quantitative studies and suggest that family members, members of the community (coaches), teachers, and child welfare workers, all play important roles in fostering the youth's success. Therefore, these individuals should receive support where required to ensure that they effectively support the youths. Additionally, negative peer influences emerged as a common obstacle to the youths' success. Therefore, education about coping with negative peer influences and bullying should be included within the child's plan of care.

As in the quantitative studies, results similar to those of Scales and his colleagues (2000) for American Indian youths were found in the qualitative investigation. Scales and his colleagues (2000) found that for American Indian youths ($N = 1,000$), the specific assets of relationships with other adults, personal power, sense of purpose, caring, cultural competence, responsibility, valuing diversity, leadership, and school success were

particularly important for this cultural group. The qualitative study extended these results and found that these assets were also valued by the three First Nations youths who participated in the in-depth interviews, although the asset of responsibility received a rating of 5 out of 10 in terms of its importance for one of the youths. This may derive from the youth's developmental level, and the value attached to this asset may therefore increase with age and life experience.

Limitations

Despite the strengths of this study, it is important to note that the findings are restricted to Aboriginal youths in child welfare service contexts similar to that of Ontario, and the results may not generalize to young people of other Aboriginal backgrounds. Additionally, the large age range of young people, short time span between the cross-sectional and longitudinal studies, and possible demand characteristics resulting from the presence of child welfare staff and/or caregivers when the youths were completing the AAR-C2 -2006 limit the findings. Further studies should be conducted with Aboriginal in care youths of a specific age range (e.g., 14-17) and over a longer length of time (preferably using a comparison group of youths not in care) in order to determine their level of resilience in terms of mental health and education. While it is difficult to control for the possible demand characteristics, an anonymous questionnaire submitted to the young people inquiring as to whether they think that their responses may have been influenced by the presence of the child welfare worker or caregiver represents a possible means of determining the impact of any demand characteristics on the study results.

Similarly, the conceptualization of resilience used in the present studies may not accurately reflect an Aboriginal view of this important concept. Therefore, additional research should investigate an Aboriginal definition of resilience and the manner in which

this concept is attained for this cultural group. The present study could be improved by adding an open-ended section to the interviews asking the Aboriginal young people about their definition of resilience. Additional research is also needed regarding methods to increase developmental assets, especially among youths with low levels of assets. Similarly, although the First Nations cultural index was significantly related to only Educational Performance in the current study, additional research should focus on Aboriginal cultural identification to determine whether increasing the young person's cultural assets by facilitating his or her participation in Aboriginal culture may possibly lead to a reduction in his or her behavioral difficulties. Additionally, the small sample sizes of the focus group and in-depth interviews limits the power of the qualitative study. The time of year in which these interviews were held (summer) and the distance which the youths needed to travel to their Children's Aid Society likely influenced the number of participants in the qualitative study. Therefore, further research, preferably during the school year, and with more in-depth interviews, with older youths, who are better able to answer detailed questions, would provide important information regarding their unique experiences as Aboriginal young people living in care.

In sum, these two interlinked studies support and extend the research on resilience theory by illustrating the connection between individual, family, and community qualities in the development of positive outcomes. This research also highlights the importance of Aboriginal communities in displaying the power of Aboriginal culture as a protective factor for Aboriginal resilience.

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Table 1

List of 20 External Developmental Assets (Scales, 1999, p. 114)

Category	Asset Name and Definition
External Assets	
Support	<ol style="list-style-type: none"> 1. Family support – Family life provides high levels of love and support. 2. Positive family communication – Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s). 3. Other adult relationships – Young person receives support from three or more nonparent adults. 4. Caring neighborhood – Young person experiences caring neighbors. 5. Caring school climate – School provides a caring, encouraging environment. 6. Parent involvement in schooling – Parent(s) are actively involved in helping young person succeed in school.
Empowerment	<ol style="list-style-type: none"> 7. Community values youth – Young person perceives that adults in the community value youth. 8. Youth as resources – Young people are given useful roles in the community. 9. Service to others – Young person serves in the community one hour or more per week. 10. Safety – Young person feels safe at home, at school, and in the neighborhood.
Boundaries and Expectations	<ol style="list-style-type: none"> 11. Family boundaries – Family has clear rules and consequences and monitors the young person’s whereabouts. 12. School boundaries – School provides clear rules and consequences. 13. Neighborhood boundaries – Neighbors take responsibility for monitoring young people’s behavior. 14. Adult role models – Parent(s) and other adults model positive, responsible behavior. 15. Positive peer influence – Young person’s best friends model responsible behavior. 16. High expectations – Both parent(s) and teachers encourage the young person to do well.
Constructive Use of Time	<ol style="list-style-type: none"> 17. Creative activities – Young person spends three or more hours per week in lessons or practice in music, theatre, or other arts. 18. Youth programs – Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community. 19. Religious community – Young person spends one or more hours per week in activities in a religious institution. 20. Time at home – Young person is out with friends “with nothing special to do” two or fewer nights per week.

Table 2

List of 20 Internal Developmental Assets (Scales, 1999, p. 114)

Category	Asset Name and Definition
Internal Assets	
Commitment to Learning	<ol style="list-style-type: none"> 1. Achievement motivation – Young person is motivated to do well in school. 2. School engagement – Young person is actively engaged in learning. 3. Homework – Young person reports doing at least one hour of homework every school day. 4. Bonding to school – Young person cares about her or his school. 5. Reading for pleasure – Young person reads for pleasure three or more hours per week.
Positive Values	<ol style="list-style-type: none"> 6. Caring – Young person places high value on helping other people. 7. Equality and social justice – Young person places high value on promoting equality and reducing hunger and poverty. 8. Integrity – Young person acts on convictions and stands up for her or his beliefs. 9. Honesty – Young person “tells the truth even when it is not easy.” 10. Responsibility – Young person accepts and takes personal responsibility. 11. Restraint – Young person believes it is important not to be sexually active or to use alcohol or other drugs.
Social	<ol style="list-style-type: none"> 12. Planning and decision-making – Young person knows how to plan ahead and make choices. 13. Interpersonal competence – Young person has empathy, sensitivity, and friendship skills. 14. Cultural competence – Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds. 15. Resistance skills – Young person can resist negative peer pressure and dangerous situations. 16. Peaceful conflict resolution – Young person seeks to resolve conflict nonviolently.
Positive Identity	<ol style="list-style-type: none"> 17. Personal power – Young person feels he or she has control over “things that happen to me.” 18. Self-esteem – Young person reports having a high self-esteem. 19. Sense of purpose – Young person reports that “my life has a purpose.” 20. Positive view of personal future – Young person is optimistic about her or his personal future.

Table 3

Short List of Factors Associated with Behavioural Resilience in Children and Youth
(Masten, 2006, p. 7)

Relationships and parenting

Strong connections with one or more effective parents.

Parenting quality (providing affection, rules, monitoring, expectations, socialization).

Bonds with other pro-social adults (kinship networks, mentors, elders, teachers).

Connections to pro-social and competent peers.

Individual differences

Learning and problem-solving skills (intelligence).

Self-regulation skills (self-control of attention, emotional, arousal, impulses).

Positive views of the self and one's capabilities (self-efficacy and self-worth).

Positive outlook on life (beliefs that life has meaning, faith, hopefulness).

Appealing qualities (social, academic, athletic, attractive; engaging personality; talents).

Community context

Effective schools.

Opportunities to develop valued skills and talents.

Community quality (safety, collective supervision, positive organizations, emergency services).

Connections to pro-social organizations (clubs, religious groups).

Socioeconomic advantages.

Table 4

Mean or Percentage, Standard Deviation, Cronbach's Alpha, Range, and Skewness for Each Study Variable for the Cross-sectional Aboriginal Sample

Variable	N	Mean or %	SD	Cronbach's Alpha	Range		Skew
					Potential	Actual	
Outcomes:							
Self-Esteem	549	0.54	0.50	0.83	0-1	0-1	-0.17
Suicidality Index	406	0.24	0.43	0.71	0-1	0-1	1.23
Educational Performance	435	4.10	2.27	0.89	0-8	0-8	-0.09
Pro-social Behaviour	526	7.90	2.01	0.74	0-10	1-10	-0.91
Positive Emotional and Behavioural Development	553	5.40	2.09	0.84	0-9	0-9	-0.24
Predictive Variables							
Gender (1 = Female, 0 = Male)	559	54.6% (male)	--	--	0-1	0-1	--
Ethnicity (1 = FN, 0 =M/I)	559	91.2% (FN)	--	--	0-1	0-1	-2.92
Age (in years)	559	13.37	1.95	--	10-16	10-16	-0.27
Placement Type	511						
Foster Home	359	64.2%	--	--	0-1	0-1	--
Kinship Care	51	9.1%			0-1	0-1	--
Group Home	101	18.1%			0-1	0-1	
First Nations Cultural Index (for First Nations participants)	381	1.84	1.19	0.78	0-3	0-3	-0.45
LAC Goals Attainment	539	7.96	2.07	0.85	0-10	0-10	-0.80
Developmental Assets	553	27.05	7.34	0.89	0-40	5-40	-0.37
Risk Factors:							
SDQ Total Difficulties	513	12.23	7.34	0.87	0-40	0-37	0.68
Cognitive Impairments	532	1.32	1.25	0.53	0-5	0-5	0.65

Note. FN = First Nations; M/I = Métis/Inuit

Table 5

Mean or Percentage, Standard Deviation, Cronbach's Alpha, Range, and Skewness for Each Study Variable for the Longitudinal Aboriginal Sample

Variable	N	Mean or %	SD	Cronbach's Alpha	Range		Skew
					Potential	Actual	
Outcomes:							
Self-Esteem	247	0.60	0.49	0.85	0-1	0-1	-0.39
Suicidality Index	204	0.15	0.36	0.65	0-1	0-1	2.01
Educational Performance	223	4.47	2.14	0.87	0-8	0-8	-0.14
Pro-social Behaviour	235	7.59	2.39	0.81	0-10	0-10	-0.96
Positive Emotional and Behavioural Development	251	5.38	2.12	0.82	0-9	0-9	-0.22
Predictive Variables							
Gender (1 = Female, 0 = Male)	260	55% (male)	--	--	0-1	0-1	--
Ethnicity (1 = FN, 0 = M/I)	260	90% (FN)	--	--	0-1	0-1	-2.78
Age (in years)	260	14.38	1.90	--	11-17	11-17	-0.30
Placement Type	260						
Foster Home	169	65%	--	--	0-1	0-1	--
Kinship Care	25	9.6%			0-1	0-1	
Group Home	52	20%			0-1	0-1	
LAC Goals Attainment	250	8.05	2.19	0.85	0-10	1-10	-0.98
Developmental Assets	258	27.47	7.12	0.89	0-40	7-40	-0.41
Risk Factors:							
SDQ Total Difficulties	236	12.48	6.87	0.84	0-40	0-33	0.61
Cognitive Impairments	250	1.37	1.23	0.53	0-5	0-4	0.51

Note. FN = First Nations; M/I = Métis/Inuit

Table 6 *Inter-correlation Matrix for the Cross-sectional and Longitudinal Aboriginal Samples*

Variables	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
1. Gender (1 = Female, 0 = Male)	--	0.07	0.03	0.09	0.01	-0.11*	0.00	-0.14**	-0.01	0.14**	-0.04	-0.10*	0.13*	0.18**	0.08	0.05
2. Ethnicity (1 = FN, 0 = M/I)	0.14	--	-0.06	0.12*	-0.01	-0.13*	-0.04	-0.04	0.00	0.01	0.00	-0.02	0.04	0.03	0.01	0.00
3. Age (in years)	-0.11	-0.04	--	0.18***	-0.02	0.22***	-0.01	-0.05	-0.16**	-0.13**	0.09	-0.01	-0.02	0.00	-0.03	-0.03
4. Foster Home	0.19*	0.18*	-0.20*	--	0.51***	0.77***	-0.08	-0.06	0.12*	0.24***	-0.04	0.06	-0.11	0.05	0.09	0.22***
5. Kinship Care	0.04	-0.09	0.03	0.47***	--	-0.16**	-0.14**	-0.04	-0.00	0.09	0.05	-0.05	-0.10	0.11	0.08	0.07
6. Group Home	-0.24**	-0.14	0.20*	0.78***	-0.18*	--	0.20***	0.09	-0.13*	0.35***	0.01	-0.03	0.19**	-0.13*	0.17***	0.30***
7. SDQ Total Difficulties	0.03	-0.03	-0.02	-0.16*	-0.03	0.20*	--	0.49***	0.18***	0.45***	-0.08	0.20***	0.26***	0.35***	0.46***	0.64***
8. Cognitive Impairments	-0.16*	-0.10	-0.01	-0.11	-0.09	0.19*	0.44***	--	0.01	0.22***	-0.10	-0.07	0.12*	0.24***	-0.14**	0.46***
9. LAC Goals Attainment	-0.12	-0.15*	-0.03	-0.02	0.07	-0.04	-0.06	0.16*	--	0.54***	0.03	0.15**	0.19***	0.17**	0.26***	0.30***
10. Developmental Assets	0.04	-0.03	-0.16*	0.28***	0.14	0.41***	0.42***	-0.22**	0.43***	--	0.05	0.25***	0.25***	0.29***	0.36***	0.54***
11. FN Cultural Index	0.04	0.12	0.02	0.06	-0.08	-0.01	0.03	0.02	0.11	0.10	--	0.01	0.03	-0.01	0.05	0.08
12. Self-Esteem	-0.19*	-0.06	0.05	0.13	-0.15	-0.04	-0.15	-0.06	0.08	0.13	0.10	--	0.27***	0.05	0.08	0.17***
13. Suicidality Index	0.12	0.07	0.00	-0.01	-0.13	0.11	0.14	0.21*	-0.09	-0.19*	-0.11	-0.18*	--	-0.04	-0.09	0.29***
14. Educational Perf.	0.07	0.11	-0.05	0.09	0.09	-0.17*	-0.08	-0.10	-0.03	0.22**	-0.19*	0.03	-0.05	--	0.17**	0.27***
15. Pro-social Behaviour	0.21*	0.06	-0.01	0.13	0.13	-0.24**	-0.23**	-0.08	0.08	0.29***	-0.00	0.08	-0.17*	0.22**	--	0.37***
16. PEBD	-0.02	0.10	0.00	0.35***	-0.00	0.39***	0.52***	0.41***	0.14	0.42***	0.00	0.17*	-0.23**	0.17*	0.30***	--

Note. Cross-sectional correlations are above diagonal; *N* varied from a maximum of 485 for the correlation of gender and age to a minimum of 255 for the correlation of the FN cultural index and the suicidality index; Longitudinal correlations are below diagonal; *N* varied from a maximum of 181 for the correlation of gender and age to a minimum of 114 for the correlation of the FN cultural index and the suicidality index; FN = First Nations; M/I = Métis/Inuit; Educational Perf. = Educational Performance; PEBD = Positive Emotional & Behavioural Development; **p* < .05; ***p* < .01; ****p* < .001.

Table 7

Odds Ratios in Sequential Logistic Regression Predicting Aboriginal Youths' Self-Esteem

Cross-Sectional Regression (N = 439)						Longitudinal Regression (N = 199)						
Outcome Variable: <i>Self-Esteem in Year 7</i> (0 = low score; 1 = high score)						Outcome Variable: <i>Self-Esteem in Year 8</i> (0 = low score; 1 = high score)						
Predictors	Step 1 Odds Ratio	Step 2 Odds Ratio	Step 3 Odds Ratio	Step 4 Odds Ratio	Step 5 Odds Ratio	Predictors	Step 1 Odds Ratio	Step 2 Odds Ratio	Step 3 Odds Ratio	Step 4 Odds Ratio	Step 5 Odds Ratio	Step 6 Odds Ratio
Gender (1=Female, 0=Male)	0.63*	0.61*	0.64*	0.64*	0.59*	Year 7 Score on Self-Esteem	6.96***	6.78***	6.50***	5.97***	6.27***	6.17***
Ethnicity (1=FN, 0=M/I)	0.92	0.87	0.84	0.85	0.90	Gender (1=Female, 0=Male)	--	0.44*	0.42*	0.40*	0.40*	0.39*
Age (in years)	0.98	0.99	0.97	0.99	0.99	Ethnicity (1=FN, 0=M/I)	--	1.10	1.03	0.99	0.97	1.02
Foster Home Kinship Care	--	1.32	1.03	0.99	0.82	Age (in years)	--	1.01	1.03	1.03	1.03	1.04
SDQ Total	--	0.83	0.54	0.53	0.43*	Foster Home Kinship Care	--	--	1.50	1.44	1.48	1.32
Difficulties	--	--	0.93***	0.93***	0.95**	SDQ Total	--	--	0.87	0.80	0.84	0.73
Cognitive	--	--	1.08	1.05	1.06	Difficulties	--	--	--	0.99	0.98	0.99
Impairments	--	--	--	1.13*	1.04	Cognitive	--	--	--	0.92	0.95	0.96
LAC Goals	--	--	--	--	1.06*	Impairments	--	--	--	--	0.94	0.91
Developmental Assets	--	--	--	--	--	LAC Goals	--	--	--	--	--	1.03
--	--	--	--	--	--	Attainment	--	--	--	--	--	--
						Developmental Assets	--	--	--	--	--	--

Note. FN = First Nations; M/I = Métis/Inuit; * $p < .05$; ** $p < .01$; *** $p < .001$

Cross-sectional Study Note. FN = First Nations; M/I = Métis/Inuit; Omnibus tests of model coefficients: for Step 1, $\chi^2(3) = 6.29$, ns ; for Step 2, $\chi^2(2) = 2.79$, ns ; for Step 3 $\chi^2(2) = 25.26$, $p < .001$; for Step 4 $\chi^2(1) = 5.59$, $p < .05$; for Step 5 $\chi^2(1) = 6.75$, $p < .05$. Hosmer and Lemeshow goodness-of-fit test ($\chi^2(8) = 5.13$, $p = .74$) showed good fit of model to data.

Longitudinal Study Note. FN = First Nations; M/I = Métis/Inuit; Omnibus tests of model coefficients: for Step 1, $\chi^2(1) = 39.60$, $p < .001$; for Step 2, $\chi^2(3) = 6.43$, ns ; for Step 3 $\chi^2(2) = 1.61$, ns ; for Step 4 $\chi^2(2) = 1.06$, ns ; for Step 5 $\chi^2(1) = 0.48$, ns ; for Step 6 $\chi^2(1) = 0.83$, ns . Hosmer and Lemeshow goodness-of-fit test ($\chi^2(8) = 7.68$, $p = .47$) showed good fit of model to data.

Table 8

Odds Ratios in Sequential Logistic Regression Predicting Aboriginal Youths' Suicidality Index Score of 1-3 (Versus Zero)

Cross-Sectional Regression (N = 319)						Longitudinal Regression (N = 140)						
Outcome Variable: <i>Suicidality Index in Year 7</i> (0 = 0 score; 1 = 1-3 score)						Outcome Variable: <i>Suicidality Index in Year 8</i> (0 = 0 score; 1 = 1-3 score)						
Predictors	Step 1	Step 2	Step 3	Step 4	Step 5	Predictors	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
	Odds Ratio	Odds Ratio	Odds Ratio	Odds Ratio	Odds Ratio		Odds Ratio	Odds Ratio	Odds Ratio	Odds Ratio	Odds Ratio	Odds Ratio
Gender (1=Female, 0=Male)	1.74*	1.93*	1.88*	1.86*	2.02*	Year 7 Score on Suicidality Index	3.42*	3.20*	2.56	2.21	2.09	1.85
Ethnicity (1=FN, 0=M/I)	1.96	2.63	2.65	2.79	2.65	Gender (1=Female, 0=Male)	--	1.93	2.38	3.20	3.02	3.22
Age (in years)	1.02	0.97	1.00	0.96	0.96	Ethnicity (1=FN, 0=M/I)	--	0.89	0.96	1.18	1.18	1.12
Foster Home Kinship Care	--	0.35**	0.47*	0.51*	0.61	Age (in years)	--	0.87	0.84	0.88	0.88	0.86
SDQ Total Difficulties	--	0.23*	0.36	0.39	0.47	Foster Home Kinship Care	--	--	0.49	0.51	0.54	0.61
Cognitive Impairments	--	--	1.09***	1.08**	1.06*	SDQ Total Difficulties	--	--	0.22	0.27	0.29	0.34
LAC Goals Attainment	--	--	0.97	1.02	1.00	Cognitive Impairments	--	--	--	1.01	1.01	1.00
Developmental Assets	--	--	--	0.84*	0.92	LAC Goals Attainment	--	--	--	1.62*	1.70*	1.70*
--	--	--	--	--	0.95	Developmental Assets	--	--	--	--	0.90	0.95
--	--	--	--	--	--	--	--	--	--	--	--	0.96

Note. FN = First Nations; M/I = Métis/Inuit; * $p < .05$; ** $p < .01$; *** $p < .001$

Cross-sectional Study Note. FN = First Nations; M/I = Métis/Inuit; Omnibus tests of model coefficients: for Step 1, $\chi^2(3) = 7.01$, *ns*; for Step 2, $\chi^2(2) = 14.08$, $p < .01$; for Step 3 $\chi^2(2) = 17.79$, $p < .001$; for Step 4 $\chi^2(1) = 6.34$, $p < .05$; for Step 5 $\chi^2(1) = 3.33$, *ns*. Hosmer and Lemeshow goodness-of-fit test ($\chi^2(8) = 5.78$, $p = .67$) showed good fit of model to data.

Longitudinal Study Note. FN = First Nations; M/I = Métis/Inuit; Omnibus tests of model coefficients: for Step 1, $\chi^2(1) = 6.04$, $p < .05$; for Step 2, $\chi^2(3) = 2.61$, *ns*; for Step 3 $\chi^2(2) = 2.56$, *ns*; for Step 4 $\chi^2(2) = 6.31$, $p < .05$; for Step 5 $\chi^2(1) = 0.76$, *ns*; for Step 6 $\chi^2(1) = 0.70$, *ns*. Hosmer and Lemeshow goodness-of-fit test ($\chi^2(8) = 12.47$, $p = .13$) showed good fit of model to data.

Table 9

Beta Coefficients for Aboriginal Hierarchical Regressions of Educational Performance

Cross-Sectional Regression (N =329)						Longitudinal Regression (N =155)						
Outcome Variable: <i>Educational Performance in Year 7</i>						Outcome Variable: <i>Educational Performance in Year 8</i>						
Predictors	Step 1 β	Step 2 β	Step 3 β	Step 4 β	Step 5 β	Predictors	Step 1 β	Step 2 β	Step 3 β	Step 4 β	Step 5 β	Step 6 β
Gender (1=Female, 0=Male)	0.18**	0.17**	0.16**	0.17**	0.15**	Year 7 Score on Educational Performance	0.28***	0.27**	0.25**	0.25**	0.25**	0.22**
Ethnicity (1=FN, 0=M/I)	0.05	0.03	0.03	0.03	0.03	Gender (1=Female, 0=Male)	--	0.02	0.01	-0.01	-0.01	-0.03
Age (in years)	0.03	0.05	0.03	0.05	0.05	Ethnicity (1=FN, 0=M/I)	--	0.10	0.11	0.10	0.10	0.11
Foster Home Kinship Care	--	0.12	0.04	0.03	0.00	Age (in years)	--	-0.09	-0.06	-0.07	-0.07	-0.03
SDQ Total	--	--	-	-	-	Foster Home	--	--	0.10	0.10	0.09	-0.02
Difficulties	--	--	0.28***	0.25***	0.22**	Kinship Care	--	--	0.20*	0.19*	0.19*	0.11
Cognitive Impairments	--	--	-0.04	-0.06	-0.05	SDQ Total	--	--	--	0.06	0.06	0.18
LAC Goals Attainment	--	--	--	0.13*	0.07	Difficulties	--	--	--	-0.11	-0.11	-0.08
Developmental Assets	--	--	--	--	0.12	Cognitive Impairments	--	--	--	--	0.01	-0.17
--	--	--	--	--	--	LAC Goals Attainment	--	--	--	--	--	0.40***
						Developmental Assets	--	--	--	--	--	

Note. FN = First Nations; M/I = Métis/Inuit; * $p < .05$; ** $p < .01$; *** $p < .001$

Cross-sectional Study Note. Note. For Highest Level of Educational Performance Attained: $\Delta R^2 = 0.04$ for Step 1 ($p < .05$); $\Delta R^2 = 0.02$ for Step 2 ($p < .05$); $\Delta R^2 = 0.08$ for Step 3 ($p < .001$); $\Delta R^2 = 0.02$ for Step 4 ($p < .05$); $\Delta R^2 = 0.01$ for Step 5 (*ns*).

Longitudinal Study Note. For Highest Level of Educational Performance Attained: $\Delta R^2 = 0.08$ for Step 1 ($p < .001$); $\Delta R^2 = 0.02$ for Step 2 (*ns*); $\Delta R^2 = 0.03$ for Step 3 (*ns*); $\Delta R^2 = 0.01$ for Step 4 (*ns*); $\Delta R^2 = 0.00$ for Step 5 (*ns*); $\Delta R^2 = 0.07$ for Step 6 ($p < .001$).

Table 10

Beta Coefficients for Aboriginal Hierarchical Regressions of Pro-social Behaviour

Cross-Sectional Regression (N = 433)						Longitudinal Regression (N = 192)						
Outcome Variable: <i>Pro-social Behaviour in Year 7</i>						Outcome Variable: <i>Pro-social Behaviour in Year 8</i>						
Predictors	Step 1 β	Step 2 β	Step 3 β	Step 4 β	Step 5 β	Predictors	Step 1 β	Step 2 β	Step 3 β	Step 4 β	Step 5 β	Step 6 β
Gender (1=Female, 0=Male)	0.03	0.01	0.04	0.05	0.03	Year 7 Score on Pro-social Behaviour	0.32***	0.30***	0.28***	0.25**	0.25**	0.21*
Ethnicity (1=FN, 0=M/I)	0.02	-0.01	-0.01	-0.01	-0.01	Gender (1=Female, 0=Male)	--	0.18*	0.15*	0.16*	0.16*	0.17*
Age (in years)	0.00	0.04	0.00	0.02	0.02	Ethnicity (1=FN, 0=M/I)	--	0.00	0.00	-0.00	0.00	0.01
Foster Home	--	0.19**	0.10	0.08	0.04	Age (in years)	--	0.05	0.07	0.07	0.07	0.08
Kinship Care	--	0.18**	0.08	0.08	0.05	Foster Home	--	--	0.12	0.11	0.11	0.06
SDQ Total	--	--	-0.46***	-0.44***	-0.38***	Kinship Care	--	--	0.17*	0.16*	0.16	0.12
Difficulties	--	--	--	--	--	SDQ Total	--	--	--	-0.07	-0.07	-0.04
Cognitive Impairments	--	--	0.09	0.07	0.08	Difficulties	--	--	--	0.02	0.02	0.04
LAC Goals Attainment	--	--	--	0.13**	0.05	Cognitive Impairments	--	--	--	--	0.01	-0.05
Developmental Assets	--	--	--	--	0.19**	LAC Goals Attainment	--	--	--	--	--	--
--	--	--	--	--	--	Developmental Assets	--	--	--	--	--	0.17

Note. FN = First Nations; M/I = Métis/Inuit; * $p < .05$; ** $p < .01$; *** $p < .001$

Cross-sectional Study Note. Note. For Highest Level of Pro-social Behaviour Attained: $\Delta R^2 = 0.00$ for Step 1 (*ns*); $\Delta R^2 = 0.03$ for Step 2 ($p < .01$); $\Delta R^2 = 0.17$ for Step 3 ($p < .001$); $\Delta R^2 = 0.02$ for Step 4 ($p < .01$); $\Delta R^2 = 0.02$ for Step 5 ($p < .01$).

Longitudinal Study Note. For Highest Level of Pro-social Behaviour Attained: $\Delta R^2 = 0.11$ for Step 1 ($p < .001$); $\Delta R^2 = 0.03$ for Step 2 (*ns*); $\Delta R^2 = 0.02$ for Step 3 (*ns*); $\Delta R^2 = 0.00$ for Step 4 (*ns*); $\Delta R^2 = 0.00$ for Step 5 (*ns*); $\Delta R^2 = 0.02$ for Step 6 (*ns*).

Table 11

Beta Coefficients for Aboriginal Hierarchical Regressions of Positive Emotional and Behavioural Development

Cross-Sectional Regression (N = 439)						Longitudinal Regression (N = 200)						
Outcome Variable: <i>Positive Emotional and Behavioural Development in Year 7</i>						Outcome Variable: <i>Positive Emotional and Behavioural Development in Year 8</i>						
Predictors	Step 1	Step 2	Step 3	Step 4	Step 5	Predictors	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
	β	β	β	β	β		β	β	β	β	β	β
Gender (1=Female, 0=Male)	0.05	0.02	0.01	0.01	-0.02	Year 7 Score on Positive Emotional and Behavioural Development	0.64***	0.64***	0.58***	0.40***	0.39***	0.36***
Ethnicity (1=FN, 0=M/I)	0.01	-0.03	-0.04	-0.04	-0.03	Gender (1=Female, 0=Male)	--	-0.00	-0.03	-0.05	-0.04	-0.05
Age (in years)	-0.01	0.06	0.01	0.03	0.04	Ethnicity (1=FN, 0=M/I)	--	0.07	0.06	0.04	0.05	0.05
Foster Home	--	0.37***	0.23***	0.22***	0.15***	Age (in years)	--	0.01	0.04	0.03	0.03	0.04
Kinship Care	--	0.26***	0.11*	0.11*	0.06	Foster Home	--	--	0.20**	0.22**	0.22**	0.20**
SDQ Total Difficulties	--	--	-0.50***	-0.46***	-0.37***	Kinship Care	--	--	0.09	0.10	0.10	0.09
Cognitive Impairments	--	--	-0.21***	-0.24***	-0.23***	SDQ Total Difficulties	--	--	--	-0.21**	-0.20*	-0.18*
LAC Goals Attainment	--	--	--	0.19***	0.07	Cognitive Impairments	--	--	--	-0.10	-0.11	-0.11
Developmental Assets	--	--	--	--	0.27***	LAC Goals Attainment	--	--	--	--	0.05	0.01
--	--	--	--	--	--	Developmental Assets	--	--	--	--	--	0.10

Note. FN = First Nations; M/I = Métis/Inuit; * $p < .05$; ** $p < .01$; *** $p < .001$

Cross-sectional Study Note. Note. For Highest Level of Positive Emotional and Behavioural Development Attained: $\Delta R^2 = 0.00$ for Step 1 (*ns*); $\Delta R^2 = 0.10$ for Step 2 ($p < .001$); $\Delta R^2 = 0.37$ for Step 3 ($p < .001$); $\Delta R^2 = 0.03$ for Step 4 ($p < .001$); $\Delta R^2 = 0.04$ for Step 5 ($p < .001$).

Longitudinal Study Note. For Highest Level of Positive Emotional and Behavioural Development Attained: $\Delta R^2 = 0.41$ for Step 1 ($p < .001$); $\Delta R^2 = 0.00$ for Step 2 (*ns*); $\Delta R^2 = 0.02$ for Step 3 ($p < .05$); $\Delta R^2 = 0.04$ for Step 4 ($p < .01$); $\Delta R^2 = 0.00$ for Step 5 (*ns*); $\Delta R^2 = 0.01$ for Step 6 (*ns*).

Table 12

Youths' Responses for Focus Group Ages 9-11 Years

Participant	Question 1	Question 2	Question 3	Question 4
ID4 (First Nations female age 10 years)	Piano (playing for 1 year); Soccer (just starting)	Piano (10); Soccer (10)	Soccer: gym teacher; Piano: self-taught	Soccer and piano: nothing interfered
ID5 (First Nations female age 10 years)	Sports; Bowling	Sports and Bowling (9)	Sports and Bowling: nana and papa, coaches	Sports and Bowling: nothing interfered
ID6 (First Nations female age 9 years)	Art; Sports; Swimming; Gymnastics; Bowling (in bowling: a lot of silver medals, one gold medal)	Art (10); Swimming (5); Gymnastics (5); Bowling (10)	Art: self-taught; Swimming: coaches; Gymnastics: self-taught; Bowling: coaches	Art and Sports: self because youth wanted to do other things like gymnastics, art lessons, swimming
ID7 (First Nations male age 11 years)	Baseball; Artwork	Baseball (9.5); Artwork (10)	Baseball: older brother; Art: self-taught	Art: foster sister laughs at youth's artwork

Table 13

Youths' Responses for Focus Group Ages 11-15 Years

Participant	Question 1	Question 2	Question 3	Question 4
ID3 (First Nations female age 14 years)	Drawing (for 4 or 5 years)	Drawing (for 4 or 5 years)	Drawing: friends	Nothing interfered
ID8 (First Nations female age 14 years)	"Anything that you can do, that you think you can do"; Schoolwork (math); Art; Singing; Sports (any sort of sports like football, anything with body contact)	Drawing: "probably when I first found out about pencils and crayons"; Schoolwork: in grade 8 and doing math at the grade 10 level, tutoring someone in math; Sports: really athletic, "can move pretty fast and with the body contact I'm like a wall"; Singing: trying to get better at singing; Eating contests: won at eating contest	Schoolwork: teachers, case workers; Sports: people around me, i.e., teammates, dog, self-confidence	Negativity from other people
ID9 (First Nations female age 15 years)	Singing	Singing: (used to take lessons for a couple of years then stopped because did not want to do recitals; learned songs in different languages); Writing	Friends and parents	Nothing interfered
ID10 (First Nations female age 13 years)	Gymnastics; Curling; Trampoline	Trampoline: "the best"; Gymnastics: "good"	Self	Nothing interfered
ID11 (First Nations male age 15 years)	Schoolwork; Helping out the community; Biking; Hockey	School: "I could be good, but I don't really go enough, well I do go but like, I don't try or anything. Well, I tried auto class because I like cars"; Bike: sponsorship; Hockey: "pretty bad"; Guitar: self-taught, reportedly not good at guitar	Hockey: coach, people at a skate park; School: teachers, parents, access to a bike	Bike: mother tends not to pay for repairs because youth breaks bike a lot
ID12 (First Nations male age 11 years)	Math; Art; Hockey; Football	Hockey: "good at player, top-scorer on team"; Football: good at catching and running; Math: "pretty good"; Art: "good"	Mother, teachers, self, equipment	Art: choir interferes; Hockey: weather interferes
ID13 (First Nations male age 12 years)	No, used to draw	Nobody ever told youth they liked youth's drawings	Nothing	The whole Children's Aid Society and a foster brother

Table 14

Youths' Responses for Focus Group Ages 16-20 Years

Youth	Question 1	Question 2	Question 3	Question 4
<p>ID14 (First Nations male age 18 years)</p>	<p>"To be successful, I think for the most part means to be involved in school, working toward getting a job, like a family, that kind of thing, I don't think there's anything else really."; "Setting up working on goals, working toward goals, not sitting around."</p>	<p>"Pretty successful, I've been recognized as a role model kind of thing. I work with a group called the 'Group' we motivate others, Aboriginals and people to basically work toward that goal, school and family and shaping up and being a positive person. I'm working pretty well toward it. I'm in school."</p>	<p>Foster parents: "I always strived to play sports, so having the opportunity kept me out of trouble. I wasn't allowed to play if I had bad grades, so that kept me motivated because all I wanted to do in high school was play sports."; Worker: "He was always really nice about helping me with stuff if I needed help."; Friends: "Help me stay out of trouble, like if I was doing negative stuff they would make fun of me." "So if you did something bad, negative, they'd rip on you. That's kind of motivation to stay positive."</p>	<p>In high school, the negative Native population: "I grew up White, so I thought that maybe I should hang out with them because I'm Native, so I was torn kind of thing for awhile. That's the only thing that really, so I struggled for a bit trying to fit in with that crowd. That's the only thing that's really gotten in the way." "Yeah cause I never really thought of myself as a Native, even though I'm brown on the outside, for the most part I grew up with like a White life. All my friends are White, my whole family, that I call my family is White, so when I got to the high school and they were calling me Native, I got really confused kind of thing. And I was like, oh, maybe I should hang out with them. But then, hanging out with them meant I had to live a negative lifestyle. So I got really confused and torn basically." "It's hard now even to do Native stuff I guess. I try. I get really uncomfortable because it's weird because I'm not used to it I guess. Well yeah, I try slowly. I read up on it kind of thing."</p>
<p>ID15 (First Nations male age 19 years)</p>	<p>Same as ID14</p>	<p>School involvement: "Well I finished high school on time, which was good."; Getting a job: "I haven't gotten a job yet before, but someone motivated me to get my resume done and out there."; Working toward a family: "Probably best to leave that one for later on." A very good friend helped with resume writing, had not yet circulated resume</p>	<p>Foster parents (lived with them since grade 8); Worker; Siblings</p>	<p>"Probably me. I probably get in the way of my own ambitions than anything else because it takes quite a bit to motivate me, like a lot. When I look toward the future something has to be like, I'm like really near-sighted when looking toward the future, so something has to be like right there in order for me to get motivated by it. So, that's probably one of my biggest problems. And another one is finding out what I actually want to do with my life, because now I'm taking science for the next two years, after that I still have to figure that out. Another thing is I get distracted easily, like I probably</p>

				have a shorter attention span than quite a few other people.” “Pretty much the biggest problem that I have in my way is my short attention span.”; Going to foster care twice; Sometimes hard to connect with siblings; “I haven’t had many negative situations because I just avoid those situations altogether.” “I’m not really much of a risk-taker.”
ID16 (First Nations male age 19 years)	Same as ID14	“I’ve been focusing on school and trying to get my credits for my college I want to take, trying to get a job, I want to go next year to college to take a math course so I can take a college course. But no job yet.”; Wants to be a nutritionist	Mostly foster parents: “I’ve lived with them since I was one and they’ve always pushed me to go to school everyday and tell me reasons if I go to school.”; 3 social workers	“Sports because I was always in sports when I was in high school so like it kind of got in the way of my studies and stuff so I was concentrating more on sports than on my studies. But my parents pushed me so it worked itself out in the end.”; Negative friends in grade 9
ID17 (First Nations male age 20 years)	“Respectful appearance, respectful manner when greeting everyone around you, good attitude whenever you’re going anywhere”; when seeking employment, if necessary, beginning with a less desirable job “and then go just one step at a time.”	“I still have to finish school even though I have another two years, cleaning yards around the neighbourhood for a couple of years, going back to school next year, do the same thing next summer.”	Foster mother: “I had like a close attachment to her when I was really young and ended up leaving for a few years but went back every weekend so technically I’ve been with them most of my life. But more of a mother-son relationship we’re more friends, we’re open about whatever, anything that’s on her mind.”; Stepdad: “For knowing everything about anything relating to fixing anything.”; Last worker	Attending a private school: “When I finally came out of the private school and went to a public school I didn’t know how to act.”; “And not knowing enough for school. Flunking the first year back in the elementary system. And being younger trying to please one person in my life who I still can’t please but I still try. When I was 10, I was more grown up than I should have been and I was trying to take responsibility for someone a lot older. It took me a good few years to get out of that and relax and start being a kid again. And then trying to find people who actually do something athletic, like playing a good game of hack at school to keep fit. Whereas the only people who would do that were like smokers or druggies.”; “In high school the main problem was trying to find people who didn’t just want to sit in the halls and do this or that.” “So I didn’t get involved in the drugs or alcohol, well a couple times but whatever, it’s just high school so it’s not really that involved I guess.”
ID18 (First Nations male age 16 years)	Same as ID17	“Do what you think most, like what you want to strive for, you want to do that goal, keep on trying your heart out.”; Football	“ID19 taught me a lot of things in life, like how to play football.”; Self; Teacher; Football coach;	In elementary school: “I made some of the wrong choices with some friends.”; “I’d probably say when I moved to his

		captain in junior and senior year	Workers	(ID19's) house through CAS I had a choice to either stay with my parents and stay in foster care or move away where I would probably be like far away from like ID19 and my whole entire family."
ID19 (First Nations male age 18 years)	"Stay motivated in general"	"Stay motivated to do school and keep yourself in it. I'm trying to get back in school to do a few more credits, I need 8 or 9 and then I'm done."; "And find a job, keep yourself motivated, giving out resumes, call people, can't just wait for them to call you, got to harass them a bit."	My worker motivates me to keep going; Former foster parents	Influences when younger
ID20 (First Nations male age 18 years)	"Accomplish goals, doing stuff that you love, like whatever you love"; "Doing something positive"	Goals: don't know; Likes to play electric and acoustic guitar (4 years) (usually plays 8-10hrs/day); also plays piano (6 months), bass (4 years), violin (about 2 semesters), drums (learn as go); plays by ear; "The second most thing that I love is working with engines and stuff and building stuff. I'm taking automotive in college. I'm taking a construction course in building houses and stuff because I know a good amount of stuff about building engines. After I'm done that I'm going to try to save up some money because you know college."; Wants to do something involving music or engines, preferably music	Biological father; Foster mother; Friends (that love music just like ID20)	"I guess when I was younger living with my dad wasn't the best place to be living with cause he didn't make the best choices either."; "My own choices I made myself that would affect me." (e.g., trouble on the school bus, made some bad choices in high school); "And just trying to follow what other people, follow what people say."; "A couple of times went overboard [with drinking] at a party."

Table 15

Youth's Responses for In-depth Interview Age 10 Years

Developmental Asset	Youth's Response
Family support	10
Positive family communication	Youth would talk to foster parents if something was bothering the youth
Other adult relationships	Worker; Teachers; Neighbour
Caring neighbourhood	Youth could turn to neighbour for support
Caring school climate	Youth feels that school cares about youth
Parent involvement in schooling	Foster parents help a lot with school
Community values youth	Youth thinks that community believes that youths are important
Youth as resources	Involved in reading club
Service to others	Once a week picks up garbage around town for school garbage day
Safety	Youth feels safe at home, in neighbourhood, and at school
Family boundaries	"If I'm like arguing with, I usually get grounded or I am not allowed to go to the park or something."
School boundaries	"We are not allowed to run in the hallways, speak back to the teachers, speak back to the principal or anything, hands-off at school."
Neighbourhood boundaries	Not sure
Adult role models	Foster parents
Positive peer influence	Two female best friends model good behaviour
High expectations	Foster parents and teachers encourage youth to do well
Creative activities	Reading club
Youth programs	Swimming lessons
Religious community	Youth attends Catholic church service twice a week
Time at home	Out with friends with nothing special to do at least two times a week
Achievement motivation	Youth is motivated to do well in school
School engagement	Youth is very involved in learning
Homework	Youth does not have homework everyday; Usually spends 2-3 hours/day on homework
Bonding to school	Youth feels very connected to school
Reading for pleasure	Youth reads 1-2 hours/day
Caring	Youth thinks that it is very important to help other people
Equality and social justice	Youth thinks that it is important to help people that don't have very much
Integrity	Youth thinks that it is important to stand up for own beliefs
Honesty	Youth thinks that it is important to tell the truth even if it's not easy
Responsibility	Youth would take responsibility for own wrong-going
Restraint	Youth believes it is important to stay away from drugs and alcohol
Planning and decision-making	Youth is able to think ahead
Interpersonal competence	Youth is able to experience empathy
Cultural competence	Youth feels comfortable around people from different cultures
Resistance skills	Youth is able to resist peer pressure
Peaceful conflict resolution	Youth would solve conflict non-violently
Personal power	Youth believes is able to have power over some things that happen to youth
Self-esteem	Youth has "medium self-esteem"
Sense of purpose	Youth believes that own life has a purpose
Positive view of personal future	Youth feels good about what personal future holds

Note. Youth was a First Nations female.

Table 16

Youth's Responses for In-depth Interview Age 13 Years

Developmental Asset	Youth's Response
Family support	10 Youth immediately felt that sense of caring from family and immediately felt comfortable
Positive family communication	10
Other adult relationships	A teacher and two older brothers (ages 23 and 24 years) Youth immediately felt that sense of caring from teachers and two brothers and immediately felt comfortable
Caring neighbourhood	"I don't really know anyone in my neighbourhood."
Caring school climate	10 When first started at school it took some time for the youth to feel comfortable talking to teachers; Math teacher helped youth
Parent involvement in schooling	10 (Favourite subject is math; wants to go to college)
Community values youth	Somewhere in between supportive and not supportive
Youth as resources	Dance, used to be in bowling
Service to others	Pow wow committee ("All classes that had an average of 80 or higher got to be in it if they wanted to and I was always interested in it.")
Safety	At home: 10 Neighbourhood: About a 4 (neighbours may have been involved with drugs; youth's brother is involved in law enforcement so family has a mechanism of support); Have some people in neighbourhood who are supportive School: 10
Family boundaries	10
School boundaries	10
Neighbourhood boundaries	3
Adult role models	10
Positive peer influence	"I have about 2 best friends and the rest are pretty much the same."; Friends model responsible behaviour; When boys are doing something that the youth does not agree with, the youth stays away from them
High expectations	10
Creative activities	1 hour/week for dance 30 minutes/week for pow wow meetings
Youth programs	1 hour/week for bowling (won bowling awards)
Religious community	Attends church every week; Just had Confirmation
Time at home	2-3 times/month
Achievement motivation	"The first term in school I had a low mark I think. Yeah, and then I wanted to get my math mark up so I did."; "I got all my homework done and stuff like that."; Brought grade up by 30%; Least favourite subject is geography
School engagement	9
Homework	30 minutes-1 hour/night; Sometimes would spend all night doing homework
Bonding to school	"This year I have way more friends than before."
Reading for pleasure	A lot; "Once I start reading I can't stop."; "I still write a little bit (stories) but not that much."
Caring	8
Equality and social justice	Believes it is important value (brought some cans for donation to attend a cheer competition)
Integrity	10
Honesty	5
Responsibility	5
Restraint	10
Planning and decision-making	"I probably just wouldn't go" (to a party where there would be negative influences)
Interpersonal competence	10
Cultural competence	10
Resistance skills	10
Peaceful conflict resolution	Youth would try to solve conflict non-violently
Personal power	10
Self-esteem	8
Sense of purpose	Youth believes own life has a purpose
Positive view of personal future	Optimistic about own future; Parents helped youth along the way

Note. Youth was a First Nations female.

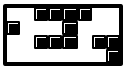
Table 17

Youth's Responses for In-depth Interview Age 14 Years

Developmental Asset	Youth's Response
Family support	8.5
Positive family communication	Youth has positive family communication; Took time to develop
Other adult relationships	3 teachers; Aunt; 2 workers
Caring neighbourhood	Youth could talk to neighbours if needed
Caring school climate	Youth's school provides a very encouraging and caring place to learn
Parent involvement in schooling	Parents are actively involved in helping the youth to be successful at school
Community values youth	Youth feels that community is supportive of young people
Youth as resources	Youth was involved in activities like cleaning up the neighbourhood
Service to others	Youth recently began public service group
Safety	Youth feels safe at school Youth usually feels safe at home Youth feels "a bit" safe in neighbourhood (neighbourhood had a possible gang)
Family boundaries	"They know where I would go because I tell them and they have really good rules and consequences."
School boundaries	"They have some rules like you can't walk out of school or you can't go on this side of the school or you can't go in the parking lot and stuff like that."
Neighbourhood boundaries	Not sure
Adult role models	Teachers; Foster parents; Aunt
Positive peer influence	Best friends, most of the time model responsible behaviour for the youth
High expectations	Foster parents and teachers encourage the youth to do well
Creative activities	Reading books; Drawing
Youth programs	Playing games (basketball, baseball, made-up games with sports; more than 3hrs/week doing sports)
Religious community	Pow wows and sweat lodges 1-2 times/year; Made a drum once; Bracelet making at a youth centre
Time at home	More than 2 times/week
Achievement motivation	Youth is motivated to do well in school
School engagement	Youth is actively involved or engaged in learning
Homework	Youth completes most schoolwork in class, homework does not take more than 1 hour to complete
Bonding to school	Youth likes school
Reading for pleasure	2 hours/week
Caring	Youth places a lot of value on helping other people at school
Equality and social justice	6
Integrity	Youth sometimes acts on beliefs and stands up for beliefs at school
Honesty	Youth tells the truth even when it is difficult
Responsibility	Youth accepts and takes personal responsibility for own actions and behaviours
Restraint	Youth thinks that it is important to not be involved in risky behaviours
Planning and decision-making	Youth plans ahead
Interpersonal competence	Youth has empathy, sensitivity and friendship skills
Cultural competence	Youth knows about and is comfortable with people of different cultural, racial and ethnic backgrounds
Resistance skills	Youth is able to resist peer pressure
Peaceful conflict resolution	Youth would resolve conflict non-violently
Personal power	Youth believes has some personal power over things that happen to youth
Self-esteem	Youth has "medium self-esteem"; 5
Sense of purpose	Youth thinks that own life has a purpose
Positive view of personal future	Youth feels optimistic about what the future holds

Note. Youth was a First Nations female.

Appendix A. Assessment and Action Record (Second Canadian Adaptation – AAR-C2-2006) Ages 10 to 11 years



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PLEASE NOTE: Use only this AAR-C2 form from July 1, 2006 for 10 to 11 year olds.

LOOKING AFTER CHILDREN: Good parenting, good outcomes

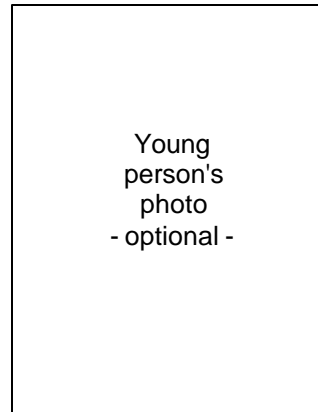
**Assessment and Action Record
(Second Canadian Adaptation - AAR-C2)
Ages 10 to 11 years**

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 or one of your caregiver 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

**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**.

It is to be completed by the child welfare worker in a series of conversations in which participate the young person in care or the foster parent (or other adult caregiver) who knows the young person in care best. Some questions are addressed to the young person in care, others to the foster parent and yet 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 or 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 youth's or main caregiver's answers. Please respect their 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 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.

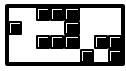


During the AAR conversation, the **CHILD WELFARE WORKER** is to answer the following section with assistance, as needed, from the foster parent (or other adult caregiver).

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?

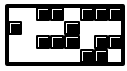
Years

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)

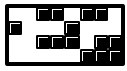
BG18: In general, how often do you discuss information contained in the AAR with your supervisor (e.g., developing and/or reviewing plan of care)?

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 Psychoeducation
- Child & youth care Other

BG21: LANGUAGE: Does the child welfare worker usually speak with the young person in the young person's primary language?

- Yes No



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



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

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

--	--	--	--	--	--

BG23: Main respondent's gender:

- Male Female

BG24: If ... is in a **foster home**, for how many years in total have the foster parents (or other adult caregivers) been providing foster care to children or youths (i.e., including but not limited to ...)?

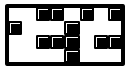
- Less than 1 year 1-3 years 4-9 years 10 years and over

BG25: LANGUAGE: What language(s) are spoken most often in the foster parent's (or other adult caregiver's) home? **(Mark all that apply.)**

- English French First Nations language Other

BG26: RELIGION(S) / SPIRITUAL AFFILIATION(S): What, if any, is the foster parent's (or other adult caregiver's) religion or spiritual affiliation(s)? **(Mark no more than two.)**

- | | | |
|---|--|---|
| <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



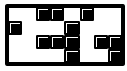
The following section applies only to young people residing in group homes and is to be answered by the **CHILD WELFARE WORKER** with assistance, if needed, from the group home worker(s). (**If not in a group home, go to question BG36**)

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. A young person must be consulted and listened to as soon as he/she is 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 keep 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 **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.

H1: GENERAL HEALTH: In general, would you say ...'s (i.e., the young person's) health is:

Excellent? Very good? Good? Fair? Poor?

H2: Over the past few months, how often has ... been in good health?

Almost all the time Often About half of the time Sometimes Almost never

H3: HEIGHT: What is ...'s height in feet and inches or in metres and centimetres (without shoes on)?

Feet and Inches OR Metres and Centimetres

H4: WEIGHT: What is ...'s weight in pounds or kilograms?

Pounds OR Kilograms

H5: PHYSICAL ACTIVITY LEVEL: In your opinion, how physically active is ... compared to other young people of the same age and sex?

Much more Moderately more Equally Moderately less Much less

H5A: Is ... receiving all the help and resources he/she requires to be physically active?

Yes No

H6: MEDICAL EXAM: When did ... last have a medical exam?

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

H7: Has everything the doctor recommended been done?

Yes No Uncertain No recommendation(s)

H8: DENTAL EXAM: When did ... last visit the dentist?

Less than a year ago More than a year ago Never (**Go to question H10**)

H9: Have all treatments the dentist recommended been carried out?

Yes No Uncertain No recommendation(s)

H10: Does ... have problems with any of the following? (**Mark all that apply.**)

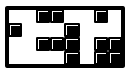
Seeing Speaking Climbing Using hands and fingers
 Hearing Walking Bending No problems

H11: Is ... receiving all the help and resources he/she requires to treat the above health conditions/problems?

None identified Yes No

H12: MEMORY: How would you describe ...'s usual ability to remember things? (**Mark one only.**)

Able to remember most things Very forgetful
 Somewhat forgetful Unable to remember anything at all



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H13: THINKING: How would you describe ...'s usual ability to think and solve day-to-day problems? **(Mark one only.)**

- | | |
|---|--|
| <input type="checkbox"/> Able to think clearly and solve problems | <input type="checkbox"/> Having a great deal of difficulty |
| <input type="checkbox"/> Having a little difficulty | <input type="checkbox"/> Unable to think or solve problems |
| <input type="checkbox"/> Having some difficulty | |

H14: LONG-TERM CONDITIONS: In the following 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 |

H15: 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 H17)** Uncertain

H16: 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

H17: DISABILITY: Does ... have any long-term conditions or health problems which prevent or limit his/her participation in school, at play, in sports, or in any other activity for a young person of his/her age?

- Yes No **(Go to question H19)**

H18: SPECIAL HELP OR EQUIPMENT: Does ... have all the special help or equipment he/she may need for any long-term conditions or disabilities he/she may have?

- Yes No No special help or equipment needed

H19: 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 was ... injured?

- Yes No **(Go to question H21)**

H20: For the most serious injury, what type of injury did he/she have? **(Mark one only.)**

- | | | |
|--|---|---|
| <input type="checkbox"/> Dental injury | <input type="checkbox"/> Sprain or strain | <input type="checkbox"/> Poisoning by substance or liquid |
| <input type="checkbox"/> Broken or fractured bones | <input type="checkbox"/> Multiple injuries | <input type="checkbox"/> Internal injury |
| <input type="checkbox"/> Burn or scald | <input type="checkbox"/> Cut, scrape, or bruise | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Concussion | |

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

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H13

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).

H14



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



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

Financial assistance for medication, treatments, or special equipment not covered by the provincial health plan is also offered by some organizations (e.g., Multiple Sclerosis Society; Trillium Foundation).

H15

H16

H17

H18

H19

H20

H21

H22




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H23: DIET: Does ... have a special diet for health, weight-control, religious, or cultural reasons?

Yes No

H24: DIETARY ASSISTANCE: Is ... receiving all the help he/she requires to maintain a healthy daily diet, whether special or not?

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.

H25: BREAKFAST: During school weeks, how many days a week do you normally eat breakfast?

Never 1 or 2 days a week Most school days

H26: WEIGHT: Overall, which of the following are you trying to do?

Lose weight Gain weight Stay the same weight I'm not trying to do anything about my weight

H27: PUBERTY: Do you have any concerns related to body changes (e.g., acne, menstruation, voice, hair growth)?

Yes No

H28: 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

H29: CIGARETTES: At the present time, which of the following best describes your experience with smoking cigarettes?

Daily Occasionally Not at all

H30: 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

H31: 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

H32: 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

H33: 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

H34: Are you getting all the help you need to quit using marijuana or other drugs?

Does not use drugs or solvents - no help required Yes No Uses drugs, but does not want to quit



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H23

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).

H24



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.



Young people in care are at risk 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.

It is therefore important to provide young people who are developing into adulthood accurate factual knowledge about puberty, sex, and contraception, as well as discussion about the part sex plays in relationships. 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 time 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 choose whether you want to see a male or female doctor.*

H25

H26

H27

H28

H29

H30

H31

H32

H33

H34



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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.

H35: 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. 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

H36: 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)

H37: Objective 2: The young person's weight is within normal limits for his/her height.

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

H38: Objective 3: All necessary preventive health measures, including immunizations, are being taken.

- All
- Most
- A few
- None

H39: 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

H40: 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.

43910

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).

H35

1

8

2

9

3

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4

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5

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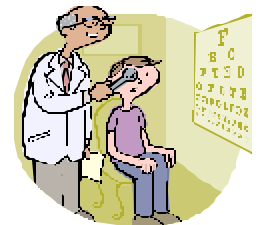
13

7

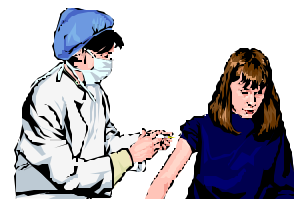


If you have difficulty reading what is written on the blackboard at school or if you get headaches when you are watching television, it is a good idea to get your eyes tested, even if you have never needed glasses.

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



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.

H36

H37

H38

H39

H40



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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 in school (Go to question E5) | <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: In what language is ... mainly taught?

- | | | | |
|----------------------------------|---------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Both | <input type="checkbox"/> Other |
|----------------------------------|---------------------------------|-------------------------------|--------------------------------|

E3: GRADE: What grade is ... in?

- | | | |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 6 |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Ungraded (e.g., Special Education) |

E4: Does the young person have an individual education plan (i.e., Identification and Placement Review Committee)?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (Go to question E5) |
|------------------------------|--|

E4A: Is the individual education plan being satisfactorily implemented?

- | | | |
|------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
|------------------------------|-----------------------------|------------------------------------|

E5: Has ... repeated a grade at school (including kindergarten)?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

E5A: Has ... repeated a grade at school in the last 12 months?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

E6: LEARNING-RELATED DIFFICULTIES: Has ... been assessed for possible learning-related problems (e.g., attention-deficit and hyperactivity disorder [ADHD]; learning disability; unsatisfactory progress)?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> He/she is currently on a waiting list for an assessment |
|------------------------------|-----------------------------|--|

E7: 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?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not attending school |
|------------------------------|-----------------------------|---|

E8: Does ... receive any help or tutoring outside of school?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

E9: TRANSPORTATION: Does ... have ready access to transportation (including any special equipment or assistive devices that may be needed) for getting to and from school?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
|------------------------------|-----------------------------|---|



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<p>E1</p> <input type="checkbox"/>	
<p>E2</p> <input type="checkbox"/>	
<p>E3</p> <input type="checkbox"/>	
<p>E4</p> <input type="checkbox"/>	
<p>E4A</p> <input type="checkbox"/>	
<p>E5</p> <input type="checkbox"/>	
<p>E5A</p> <input type="checkbox"/>	
<p>E6</p> <input type="checkbox"/>	
<p>E7</p> <input type="checkbox"/>	
<p>E8</p> <input type="checkbox"/>	
<p>E9</p> <input type="checkbox"/>	

DIMENSION 2: EDUCATION

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

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



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

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

A review of your educational needs should be undertaken regularly to assess your academic progress. This is even more important if you are experiencing some academic difficulties.



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**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
E10: Reading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E11: Mathematics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E12: Written work such as composition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E13: Overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E14: HOMEWORK AND EXAMS: Does ... have a satisfactory place to do his/her homework?

All or most of the time Some of the time Rarely or never No homework **(Go to question E18)**

E15: On days when ... is assigned homework, how much time does he/she usually spend doing homework?

0-30 minutes 30-60 minutes 1-2 hours More than 2 hours No homework

E16: How often do you check his/her homework or provide help with homework (or other school assignments)?

Never or rarely One or more times per month Daily
 Less than once a month One or more times a week

E17: How well does ... prepare for tests or exams?

Very well Well Average Poorly Very poorly

E18: OTHER EDUCATION-RELATED MATTERS: How important is it to you that ... have good grades in school?

Very important Important Somewhat important Not important at all

E19: How far do you hope ... will go in school?

Primary or elementary school Trade, technical, vocational school, or business college
 Secondary or high school University
 Community college, CEGEP, or nursing school Other

E20: Does ... have an RESP or Canada Learning Bond?

Yes No Uncertain

E21: Approximately how many books of his/her own does ... possess?

None 1-10 11-25 More than 25

E22: Approximately how many of your books does ... have access to?

None 1-10 11-25 More than 25

E23: How often do you and ... talk about school work or behaviour in class?

Daily One or more times per week One or more times per month Less than once a month or rarely

E24: How often do you and ... talk about his/her school friends or activities?

Daily One or more times a week One or more times a month Less than once a month or rarely

E25: How often do you and ... talk about his or her plans for the future?

Daily One or more times a week One or more times a month Less than once a month or rarely



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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).

E10

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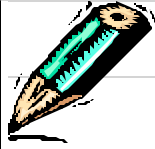
E21

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E24

E25



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, child welfare agency.

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

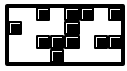
The Canada Learning Bond is an initial \$500 payment deposited into an RESP for children who were born on or after 1 January, 2004 and who qualify to receive the National Child Benefit (NCB) supplement or the Children's Special Allowance (CSA). This payment may be followed by subsequent, annual installments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

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

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

There is no limit to the number of RESPs a child can have opened on their behalf, although only one RESP can receive the Canada Learning Bond.





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E26: CAREGIVER'S INVOLVEMENT IN SCHOOL ACTIVITIES: During the current or last school year, have you done any of the following? **(Mark all that apply.)**

- Spoken to, visited, or corresponded with young person's teacher
- Visited young person's class
- Attended a school event in which young person participated, for example, a play, sports competition, or science fair
- Volunteered in young person's class or helped with a class trip
- Helped elsewhere in the school, such as in the library or computer room
- Fundraising
- Attended a parent-school association, home and school liaison committee
- Other activities
- No activities

E27: 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

E28: Other than the natural progression through the school system in your area, has ... changed schools in the last 12 months?

- Yes No Not applicable, not in school

E29: 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

E30: What was the **main reason** for... being absent from school? **(Mark one only.)**

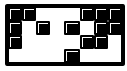
- | | |
|---|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Problem with the teacher |
| <input type="checkbox"/> Illness appointments with doctor or dentist | <input type="checkbox"/> Problems with weather |
| <input type="checkbox"/> Appointments with mental health professional | <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 |

E31: SUSPENSIONS FROM SCHOOL: During the last 12 months, how many times, if any, has ... been temporarily suspended from school?

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

E32: Has ... been permanently expelled from school?

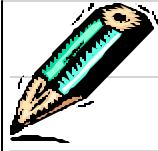
- Yes No



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E26

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).



Literacy is a crucial tool for independent learning and an important leisure skill. 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.



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

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

Suspensions or expulsions disrupt young people's learning, their 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.

E27

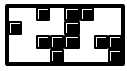
E28

E29

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E32



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▶ 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 foster parent (or other adult caregiver).

E33: 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

E34: LEVEL OF IMPORTANCE: How important is it to you to get good grades?

- Very important Somewhat important Not very important Not important at all

E35: SCHOOL SUBJECTS: How do you like 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

E36: How do you like 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

E37: How do you like 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

E38: 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

▶ **ACTIVITIES OUTSIDE OF SCHOOL:** *In the last 12 months, how often have you:*

E39: Played sports or done physical activities without a coach or an instructor (e.g., biking, skate boarding, etc.)?

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

E40: Played sports with a coach or instructor (e.g., swimming lessons, baseball, hockey, school teams, etc.)?

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

E41: Taken part in dance, gymnastics, karate or other groups or lessons, other than in gym class?

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

E42: Taken part in art, drama, or music groups, clubs, or lessons, outside of class?

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

E43: Taken part in clubs or groups such as Guides or Scouts, 4-H club, community, church or other religious groups?

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

E44: Done a hobby or craft (drawing, model building, traditional hunting, trapping, etc.)?

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

E45: Do you have sufficient access to and support for activities that interest you?

- Yes No

E46: In any of your activities, at school or outside school, do you have special responsibilities such as team leader, captain, secretary, etc.?

- Yes No

E47: EDUCATIONAL RESOURCES: Do you have access to a computer at home?

- Yes No

E48: Do you have access to the internet at home?

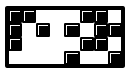
- Yes No

E49: On average, how much time per day do you watch TV or videos/DVDs, or play electronic games?

- 30 minutes or less 30-60 minutes 1-2 hours 2-3 hours More than 3 hours

E50: How often do you read for fun (not for school)?

- Every day Once a week Less than once a month
 A few times a week A few times a month Almost never



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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).

E33

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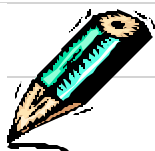
E46

E47

E48

E49

E50



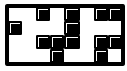
Research findings have shown that the conditions necessary for youths to learn successfully are a ready supply of suitable reading material and the close attention of an adult.



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.

Research on high achievers who have been in care suggests that a good educational foundation is the key not only to employment but also to success in many other dimensions of adult life.

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



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

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

E52: If you need extra help, do your teachers give it to you?

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

E53: CAREGIVER'S ACADEMIC SUPPORT: If I have problems at school my foster parents (or other adult caregivers) are ready to help.

All or most of the time Some of the time Rarely or never No problems at school

E54: My foster parents (or other adult caregivers) encourage me to do well at school.

All or most of the time Some of the time Rarely or never

E55: How often do your foster parents (or other adult caregivers) check your homework or provide help with homework?

All or most of the time Some of the time Rarely or never

E56: MY ASPIRATION: How far do you hope to go in school?

<input type="checkbox"/> Middle school/junior high	<input type="checkbox"/> A university degree
<input type="checkbox"/> Secondary or high school graduation	<input type="checkbox"/> More than one university degree
<input type="checkbox"/> Technical, trade, or vocational school (above the high school level)	<input type="checkbox"/> I don't know
<input type="checkbox"/> College, CEGEP, or apprenticeship program	<input type="checkbox"/> Other



DIFFICULT SITUATIONS:

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

Most or all of the time **Some of the time** **Rarely or never**

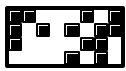
E57: I feel safe at school.

E58: I feel safe on my way **to** and **from** school.

E59: Other young people say mean things to me at school.

E60: I am bullied at school.

E61: I am bullied on my way **to** and **from** school.



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E51

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).

E52

E53

E54

E55

E56

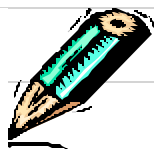
E57

E58

E59

E60

E61



If a young person in care decides that he/she wants to study at a particular university or become a doctor, who is to say that this is inappropriate? As a good parent, the job of the child welfare worker is to explain to the young person the necessary steps along the way, do everything possible to help, and encourage and build on his/her aspirations and talents.



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 schools have a policy on anti-racism, bullying, and sexual abuse. Your teacher or child welfare worker should be able to tell you about this.





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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.

E62: 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

E63: Objective 1: The young person's educational performance matches his/her ability.

Performance matches ability Performance somewhat below ability Performance seriously below ability

E64: Objective 2: The young person is acquiring special skills and interests.

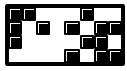
Many Some Few None

E65: 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).

E62

1

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2

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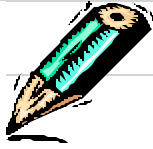
9

5

E63

E64

E65

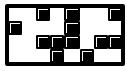


Knowledge of the kind and amount of educational services received by the young person is very important to help all concerned gain a better clinical understanding of the relationship between services received and positive developmental outcomes.

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 are needed 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 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 **FOSTER PARENT OR OTHER ADULT CAREGIVER** is to answer this section, with assistance, as needed, from the young person or the child welfare worker. If ... was **adopted as a baby** and has had no contact with his/her birth family since then, questions in this section apply to the adoptive family.

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

All or most Some None

ID2: Does ... want to find out more about his/her birth family?

Yes Uncertain No

ID3: BEING IN CARE: Does ... understand why he/she is in care?

Yes Uncertain No

ID4: If ... feels awkward or uncomfortable when asked personal questions about his/her birth family, where he/she lives, or why he/she is in care, is ... getting all necessary assistance to deal with such questions in the future?

No assistance required Yes No

ID5: PAST EXPERIENCES: Does ... have a personal album, containing photographs and mementos about people and events that are important to him/her?

Yes No

ID6: RELIGION(S) / SPIRITUAL AFFILIATION(S): What, if any, is ...'s 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: Does ... have enough opportunities to practice his/her religion (including religious services, festivals and holidays, prayers, clothing, diet, fasting, traditional sweat lodge, pow wow, drumming, etc.)?

No religious affiliation Yes No

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

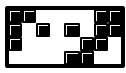
About once a week About once a month 3 or 4 times Once Never

ID8: FIRST LANGUAGE: What is the language that ... first learned at home in childhood and can still understand? (If ... 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, does ... have enough opportunities to speak his/her own first language (at home, at school, with friends, etc.)?

Yes 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).



DIMENSION 3: IDENTITY

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



Even if a personal album is not being kept, it is important that photographs, certificates and mementos be collected and that addresses be noted down. This is particularly valuable if there is a change of placement or child welfare worker, as it may later prove impossible to gather this information.



ID1

ID2

ID3

ID4

ID5

ID6

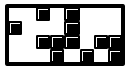
ID7

ID7A

ID8

ID9

Large lined area for drafting the Plan of Care, starting with a pencil icon at the top left.



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

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

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

FIRST NATIONS YOUNG PEOPLE : IF you are a *First Nations young person*, THEN please answer questions ID11 to ID14. If not, go to question ID15.

ID11: If your ancestors were members of a "First Nation", to which band, community, or nation did they belong?

ID12: Overall, do you have enough opportunities to visit your own First Nation's community?

- Yes No

ID13: Overall, do you have enough opportunities to learn about traditional teachings, customs, or ceremonies?

- Yes No

ID14: 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
--	---------------------	---------------------------------	-----------------------

ID15: In general, I like the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

ID16: Overall I have a lot to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

ID17: A lot of things about me are good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

ID18: When I do something, I do it well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

➤ **Which answer best describes how you feel?**

ID19: In general, I am happy with how things are for me in my life now.

- Strongly disagree Disagree Agree Strongly agree

ID20: 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).



Identity is fluid, dynamic, ridden with contradictions, and constructed from diverse experiences. Children should be put in touch with a range of cultural experiences relevant to their family backgrounds and peer group so that they can construct identities that they feel comfortable with, although these may change as they grow up.

Aspects of identity include: gender, ethnicity, religion, language, social class, age, personality, interests, and personal history.



"Self-esteem" is one important dimension of resilience. It 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.

ID11

ID12

ID13

ID14

ID15

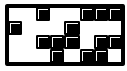
ID16

ID17

ID18

ID19

ID20



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ID21: LIFE GOALS: When I am an adult, this is how I would like my personal and work life to be (e.g., comment on life goals, career, education, and personal relationships):

 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

ID22: Objective 1: The young person has knowledge of his/her family of origin and current situation.

- Clear knowledge
 Some knowledge
 Little or no knowledge

ID23: 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

ID24: Objective 3: The young person has a good level of self-esteem.

- High self-esteem
 Moderate self-esteem
 Low self-esteem

ID25: Objective 4: The young person has a clear understanding of his/her current situation.

- Clear understanding
 Some understanding
 Little or no understanding



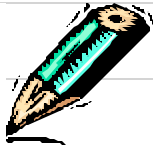
Note to the child welfare worker: If anyone disagrees with these answers to the Identity objectives, please note the details on the opposite page.



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ID21

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).



Most psychological research on the self has been concerned with self-esteem, perhaps because of its great importance to overall well-being.

Another important dimension of resilience is the presence of hope. Hope is an overall perception that we will be able to meet our goals. Young people who are hopeful can imagine and embrace goals associated with successes. Moreover, 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.



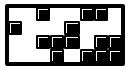
Hope's origin: *Young people learn how to find ways to achieve their goals and maintain their efforts until their goals are reached through the encouragements of significant persons in their lives (e.g., caregivers, teachers, or friends). With each successful handling of barriers to their goals, hope 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).*

ID22

ID23

ID24

ID25



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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 ...? (Specify.)

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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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 was 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.

F1

F2

F3

F4

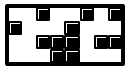
F5

F6

F7

F8

F9



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

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

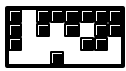
F16: When it comes to meeting new young people and making new friends is he/she:

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 caregivers) act towards the young person in their care.

<i>Tell me how often, in general, you act in the following ways.</i>	Often or always	Sometimes	Never or rarely
F17: I speak to ... in a warm and friendly way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F18: I praise ...'s effort and help in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F19: I encourage ... to talk about his/her feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F20: I communicate to ... that he/she has specific strengths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F21: I include ... in celebrations in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22: I support ...'s involvement in activities outside the home (where possible).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F23: I inform ... about what behaviour is or is not acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F24: I provide ... with a predictable routine in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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F10

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F11



Research indicates that continuity in relationships is most likely to be found 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.

To this end, 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.

F12

F13

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F15

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F18

F19

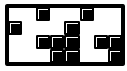
F20

F21

F22

F23

F24



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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

F25: We disagree and have arguments.

F26: We make up easily when we have a "fight" (i.e., argue).

F27: We bug each other or get on each other's nerves.

F28: We yell at each other.

F29: When we argue, we stay angry for a very long time.

F30: When we disagree, I refuse to talk to him/her.

F31: When we disagree, he/she stomps out of the room, house, or yard.

F32: When we disagree about something, we solve the problem.

SHARED ACTIVITIES:

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

F33: How often do you eat together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F34: How often do you watch television together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F35: How often do you play sports together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F36: How often do you play cards or games together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F37: How often do you have a discussion together?

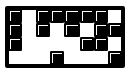
 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F38: How often do you do a family project or family chores together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F39: How often do you have a family outing/entertainment together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never



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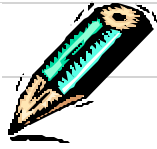
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- F34

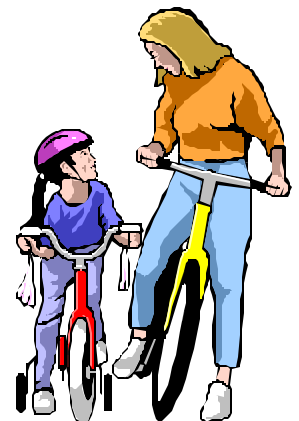
- F35
- F36

- F37
- F38

- F39



Family activities: If young people feel settled, their educational chances are enhanced and this, in turn, will boost employment opportunities later. With a sound social network and good family relationships, the development of a secure identity is more likely, with an associated reduction in health problems. In other words, paying attention to the Family and Social Relationships section of the Assessment and Action Records will help with progress on the six other dimensions.





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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 caregivers), 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.**)

Foster mother Grandparents Teacher
 Foster father Other relative Child welfare worker
 Birth mother Birth parent's partner Sitter or baby sitter
 Birth father A friend of the family or a friend's parent Other (e.g., family doctor, etc.)
 Brother Boyfriend or girlfriend
 Sister 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?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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F47: your foster mother or female group worker (or other female caregiver)?

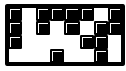
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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F48: your foster father or male group home worker (or other male caregiver)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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F49: your brother(s) and sister(s) or foster brother(s) and sister(s) living in the same house?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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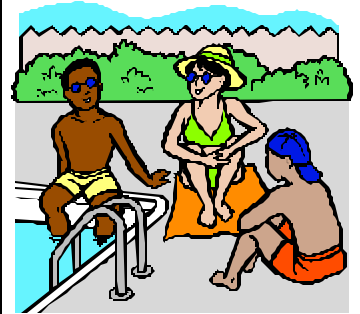


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Friends: While there are some exceptions, young people who remain in touch with relatives and enjoy a stable social network, usually fare better than those who drift apart from home and neighbourhood.



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.

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

F40

F41

F42

F43

F44

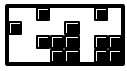
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F49



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INTERACTIONS WITH CAREGIVER(S): For each of the following statements, select the choice that best describes the way your foster parent(s) (or other adult caregivers) in general have acted toward you during the past 6 months.

My foster parent(s) (or other adult caregivers):

Often or
always

Sometimes

Never or
rarely

F50: smile at me.

F51: want to know exactly where I am and what I am doing.

F52: soon forget a rule that they have made.

F53: praise me.

F54: let me go out any evening I want.

F55: tell me what time to be home when I go out.

F56: nag me about little things.

F57: listen to my ideas and opinions.

F58: and I solve a problem together whenever we disagree about something.

F59: only keep rules when it suits them.

F60: get angry and yell at me.

F61: make sure I know that I am appreciated.

F62: threaten punishment more often than they use it.

F63: speak of the good things that I do.

F64: find out about my misbehaviour.

F65: enforce a rule or do not enforce a rule depending upon their mood.

F66: seem proud of the things I do.

F67: take an interest in where I am going and who I am with.



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

A great deal

Some

Very little

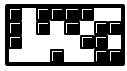
F68: How well do you feel she understands you?

F69: How much fairness do you receive from her?

F70: How much affection do you receive from her?

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

 Very close Somewhat close Not very close



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

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

This knowledge about parenting styles has been incorporated into the Assessment and Action Record, to emphasize the need to show physical affection towards the young person, to find things to praise him/her for, to guide him/her, and to recognize what he/she can do well.





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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:

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

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

1. Foster care

Yes No

5. Respite/relief home (young person leaves foster home)

Yes No

2. Group home

Yes No

6. Hospital

Yes No

3. Residential treatment

Yes No

7. Custody/detention facility

Yes No

4. Independent living

Yes No

8. Other residential placement setting

Yes No



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F81

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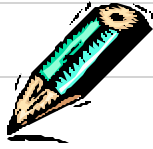
F83

1 5

2 6

3 7

4 8



The Looking After Children approach and its tool, 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.

This knowledge could inform decision-makers (e.g., the child welfare worker, the foster parents, the agency, etc.) as to what placement option is most likely to maximize the benefits for the young person while minimizing upsets.



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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

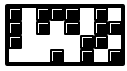
F90: Objective 6: The young person is able to make friendships with others of the same age.

 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).

1

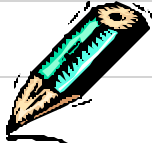
4

2

5

3

6



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.

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.



The practice of partnership is built into the Assessment and Action Record at every point. In assessing if objectives have been achieved, all those involved are invited to express and record their opinions.



F85

F86

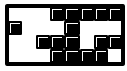
F87

F88

F89

F90

F91



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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 manners are 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.



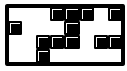
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DEVELOPMENTAL DIMENSION 6: EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

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 **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.

<i>For each of the following statements, choose the answer that best describes ... :</i>	Often or very true	Sometimes or somewhat true	Never or not true
B1: Helps other children his/her age (friends, brother, or sister) who are feeling sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2: Is unhappy, sad, or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3: Physically attacks people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4: Is not as happy as other people his/her age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5: Steals at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6: Is too fearful or anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7: Offer to help young people (friend, brother, or sister) who are having difficulty with a task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8: Worries a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9: Is cruel, bullies, or is mean to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10: Cries a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11: Destroys things belonging to his/her family or other young people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B12: Feels miserable, unhappy, tearful, or distressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13: Comforts other young people (friend, brother, or sister) who are crying or upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B14: Is nervous, highstrung, or tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B15: Kicks, bites, or hits other people his/her age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B16: Has trouble enjoying him/herself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B17: Destroys his/her own things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

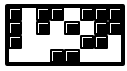


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B18: STRENGTHS AND DIFFICULTIES QUESTIONNAIRE: For each item, please mark the box for Not True, Somewhat True or True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behaviour over the last six months or this school year.

	True	Somewhat True	Not 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"/>

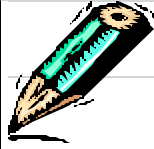


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B18



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).



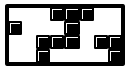
Sometimes people who have been physically or sexually harmed by others respond by hurting other people. If you are frightened you might do this, tell someone you trust, as it is possible to arrange some help for you.

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 assess the progress of the young person in care over time and compare the development of children and youths in care with that of their age peers in the general population.

Large lined area for writing the Plan of Care.



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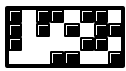


During the AAR conversation, the **YOUNG PERSON IN CARE** is to answer the following section with assistance, as needed, from the foster parent (or other adult caregiver) or the child welfare worker.

B19: POSITIVE LIFE EXPERIENCES: Which of the following positive experiences have you had during the last 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.
- 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.
- 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.).

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



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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).

B19



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).

B20



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B21: POSITIVE LIFE EXPERIENCES: What are the most positive life experiences you have had during the last 12 months? **Specify:**

▶ 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: ADVERSE LIFE EXPERIENCES: To the best of your knowledge, which of the following adverse life experiences has ... ever had since birth? **(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 |

▶ **B23: MENTAL HEALTH SERVICES RECEIVED BY THE CHILD IN CARE DURING THE LAST 12 MONTHS:** For each of the service providers listed, please indicate whether ... has received services from such a provider during the last 12 months.

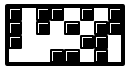
1. Psychiatrist
 Yes No
2. Psychologist/counsellor
 Yes No
3. Other mental health service provider
 Yes No

▶ 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:

B24: Objective 1: The young person is free of serious emotional and behavioural problems.

- | | |
|---|---|
| <input type="checkbox"/> No problems | <input type="checkbox"/> Problems exist that need remedial action |
| <input type="checkbox"/> Minor problems | <input type="checkbox"/> Serious problems exist which need specialized assistance |



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B21

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



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

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

Practitioners must pay close attention to these events, also known as turning points, in order to improve planning and promote positive development. All these experiences have the potential of raising self-esteem, exposing young people to new opportunities for positive growth, and favoring a chain of protective thinking.



B22

B23

1

2

3

B24



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B25: 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

B26: Objective 3: The young person displays behaviours appropriate to his/her age in a range of situations.

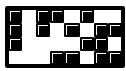
- Always Most of the time Sometimes Infrequently

B27: 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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B25

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).

B26

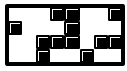
B27



Focusing on resilience helps us pay attention to positive dimensions including identifying a young person's strengths in regards to his/her experiences and building positive life events for young people in care while empowering them.

The Assessment and Action Record from the Looking After Children approach is a particularly promising vehicle for improving child protection practice because it adopts a resilience framework to assess needs, identify resilience promoting processes, and suggest resilience-focused interventions.





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DEVELOPMENTAL DIMENSION 7: SELF-CARE SKILLS

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.



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.

The following questions are about ...'s self-care responsibilities.

How often does ... :

Often **Sometimes** **Seldom or never**

S1: Make his/her bed?

S2: Clean his/her own room?

S3: Pick up after himself/herself?

S4: Help keep shared living areas clean and straight?

S5: Do routine chores such as help with dinner, wash dishes, mow the lawn, etc.?

S6: Help manage his/her own time (get up on time, be ready for school, etc.)?

S7: Brush his/her teeth without being told?

S8: Bathes or showers without being told?

S9: Use the vacuum cleaner?

S10: Use the washer and the dryer?

S11: Undertake simple first aid?

S12: Use a public telephone?

S13: Make or receive a call appropriately?

S14: Save money for things he/she wants to buy?

S15: Use a library card?

S16: Use the Internet to research information?

S17: Use a bank machine?

S18: Use a bank account?

S19: Utilize public transportation?

S20: Prepare his/her own breakfast?

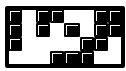
S21: Prepare his/her own lunch?

S22: Prepare a simple meal?

S23: Remain at home alone?

S24: Is ... receiving all necessary assistance to learn independent living skills that are appropriate for his/her age?

Yes 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).



DIMENSION 7: SELF-CARE SKILLS:

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.



For most children the acquisition of life skills is a gradual process beginning in early childhood and progressing with age and development, usually taking place in the supportive context of a stable family and other close relationships.

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

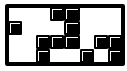
S20

S21

S22

S23

S24



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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.

S25: Are there other self-care skills you would like to learn?

Yes No

Specify:

Three horizontal lines for specifying self-care skills.

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:

S26: Objective 1: The young person is learning to care for himself/herself at a level appropriate to his/her age and ability when given the necessary resources and support.

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



Note to the child welfare worker: If anyone disagrees with these answers to the Self-Care Skills objectives, please note the details on the opposite page.

The **CHILD WELFARE WORKER** is to answer the following sections based on the information obtained from the entire Assessment and Action Record.

SUMMARY PROFILE OF YOUNG PERSON'S ASSETS. 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

A1: Caregiver support: Caregivers provide high levels of love and support. Yes Uncertain No

A2: Positive communication: Young person and caregivers communicate positively, and young person is willing to seek advice and counsel from caregivers. Yes Uncertain No

A3: Other adult relationships: Young person receives support from other adults besides caregivers. Yes Uncertain No

A4: Caring neighbourhood: Young person experiences caring neighbours. Yes Uncertain No

A5: Caring school environment: School provides a caring, encouraging environment. Yes Uncertain No

A6: Caregiver involvement: Caregivers are actively involved in helping young person succeed in school. Yes Uncertain No

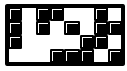
EMPOWERMENT

A7: Community values youth: Young person perceives that adults in the community value youth. Yes Uncertain No

A8: Youth as resources: Young person is given useful roles in the community. Yes Uncertain No

A9: Service to others: Young person serves others in the community on a regular basis. Yes Uncertain No

A10: Safety: Young person feels safe at home, school, and in neighbourhood. Yes Uncertain No



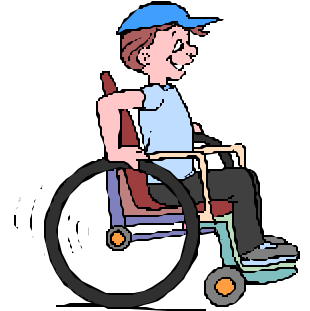
43910

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



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.



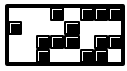
Resilience: Research findings have shown that young people who demonstrate resilience utilize various personal characteristics (e.g., cognitive capabilities and personality traits) and available resources (e.g., adult mentors and prosocial organizations) to foster their positive development (Masten & 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).

S26

A1 - A6

A7 - A10



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BOUNDARIES AND EXPECTATIONS**Yes Uncertain No**

A11: *Caregiver boundaries:* Caregivers have clear rules and consequences and monitor the young person's whereabouts.

A12: *School boundaries:* School provides clear rules and consequences.

A13: *Neighbourhood boundaries:* Neighbours take responsibility for monitoring young person's behaviour.

A14: *Adult role models:* Caregivers and other adults model positive, responsible behaviour.

A15: *Positive peer observations:* Young person's best friends model responsible behaviour.

A16: *High expectations:* Both caregivers and teachers encourage young person to do well.

CONSTRUCTIVE USE OF TIME**Yes Uncertain No**

A17: *Creative activities:* Young person spends time regularly in lessons or practice in music, theater, or other arts.

A18: *Youth programs:* Young person spends time regularly in sports, clubs, or organizations at school and/or in the community.

A19: *Religious or spiritual community:* Young person spends time regularly in religious or spiritual activities.

A20: *Time at home:* Young person is out with friends "with nothing special to do" two or fewer nights per week.

COMMITMENT TO LEARNING**Yes Uncertain No**

A21: *Achievement motivation:* Young person is motivated to do well in school.

A22: *School engagement:* Young person is actively engaged in learning.

A23: *Homework:* Young person reports doing homework regularly.

A24: *Bonding to school:* Young person cares about his/her school.

A25: *Reading for pleasure:* Young person reads for pleasure regularly.

POSITIVE VALUES**Yes Uncertain No**

A26: *Caring:* Young person places high value on helping other people.

A27: *Equality and social justice:* Young person places high value on promoting equality and reducing hunger and poverty.

A28: *Integrity:* Young person acts on convictions and stands up for his/her beliefs.

A29: *Honesty:* Young person "tells the truth even when it is not easy".

A30: *Responsibility:* Young person accepts and takes personal responsibility.

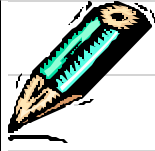
A31: *Restraint:* Young person believes it is important not to be sexually active or to use alcohol or other drugs.



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A11 - A16

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).



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).

A17 - A20

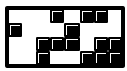
Basic human adaptational systems (defined on the preceding page) play a central role in the development and presence of assets characterizing young people who demonstrate resilience. Interestingly, these systems are also well established resources associated with well-being and development in general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

A21 - A25

Research findings consistently show the most crucial asset for a young person is to have a strong bond to 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).

A26 - A31





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SOCIAL COMPETENCIES

	Yes	Uncertain	No
A32: <i>Planning and decision making:</i> Young person knows how to plan ahead and make choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A33: <i>Interpersonal competence:</i> Young person has empathy, sensitivity, and friendship skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A34: <i>Cultural competence:</i> Young person has knowledge and comfort with people of different cultural, racial, and/or ethnic backgrounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A35: <i>Resistance skills:</i> Young person can resist negative peer pressure and dangerous situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A36: <i>Peaceful conflict resolution:</i> Young person seeks to resolve conflict nonviolently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POSITIVE IDENTITY

	Yes	Uncertain	No
A37: <i>Personal power:</i> Young person feels that he/she has control over "things that happen to me".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A38: <i>Self-esteem:</i> Young person reports having high self-esteem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A39: <i>Sense of purpose:</i> Young person reports that "my life has a purpose".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A40: <i>Positive view of personal future:</i> Young person is optimistic about personal future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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



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A32 - A36

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



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

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

Partnership requires:

- > *Listening to users and carers*
- > *Anti-discriminatory practices*
- > *Agreements and recording of progress*
- > *Providing sufficient information*
- > *Honesty and openness*
- > *Genuine participation*

A37 - A40

T1

T2

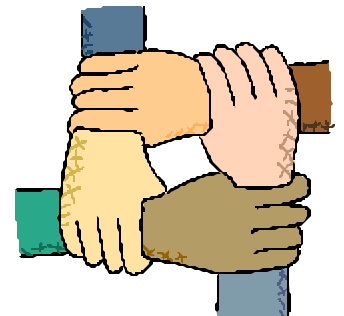
T3

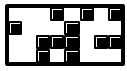
T4

T5

Q1

Q2





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Q3: 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

Q4: Who else took part in the AAR conversation? **(Mark as many as apply.)**

- | | |
|--|--|
| <input type="checkbox"/> Child welfare worker | <input type="checkbox"/> One adult caregiver other than a foster parent |
| <input type="checkbox"/> One foster parent | <input type="checkbox"/> Two adult caregivers other than a foster parent |
| <input type="checkbox"/> Two foster parents | <input type="checkbox"/> One birth parent |
| <input type="checkbox"/> First Nations band representative | <input type="checkbox"/> Two birth parents |
| <input type="checkbox"/> Family worker | <input type="checkbox"/> Other |

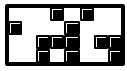
Q5: If a **First Nations band representative** took part in the AAR conversations, was s/he familiar with the Looking After Children approach?

- Yes No Uncertain Not applicable

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 being completed? **(Mark as many as apply.)**

- In a face-to-face conversation conducted by the child welfare worker
- In a telephone conversation conducted by the child welfare worker
- Through self-administration by the foster parent (or other adult caregiver)
- Through self-administration by the young person
- Other

Thank you for your participation!



The 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).

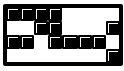
Financial support for the second Canadian adaptation was provided by the Social Sciences and Humanities Research Council of Canada, the Ontario Ministry of Children and Youth Services, and Social Development Canada.

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Appendix B. Assessment and Action Record (Second Canadian Adaptation – AAR-C2-2006) Ages 12 to 15 years



12766

PLEASE NOTE: Use only this AAR-C2 form from July 1, 2006 for 12 to 15 year olds.

LOOKING AFTER CHILDREN: Good parenting, good outcomes

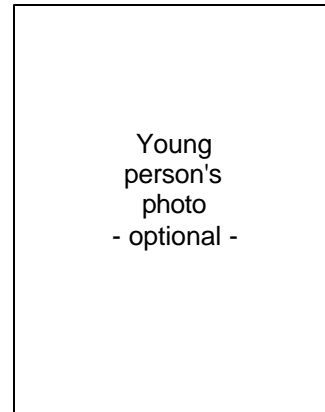
**Assessment and Action Record
(Second Canadian Adaptation - AAR-C2)
Ages 12 to 15 years**

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** .

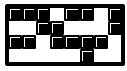
It is to be completed by the child welfare worker in a series of conversations in which participate the young person in care and the foster parent (or other adult caregiver) who knows the young person in care best. Some questions are addressed to the young person and the foster parent and others to the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

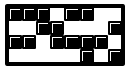
- > ***In many cases, much of this background information section can probably be completed by you before the AAR conversation with the foster parent and young person.***
- > *For each item, please put only an X (or, as required, a number or letter) in the appropriate box or boxes, so that the computer 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 and young person. This will allow him/her 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 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.

This section is to be answered by the **CHILD WELFARE WORKER.**

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 Psychoeducation
- Child & youth care Other

BG21: LANGUAGE: Does the child welfare worker usually speak with the young person in his/her 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 ...)?

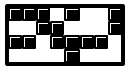
- Less than 1 year 1-3 years 4-9 years 10 years and over

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



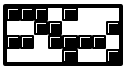
The following section applies only to young people residing in group homes and is to be answered by the **CHILD WELFARE WORKER** with assistance, if needed, from the group home worker(s). (**If not a group home, go to question BG36**)

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

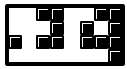
BG35: If the group home is based on the staff model, who is mainly responsible for the young person?

- 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.

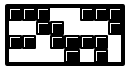
Effective partnerships can be built between people of unequal power, provided that the relationship acknowledges and clarifies this inequality.

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 keep 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

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

Not applicable - no serious injuries Sprain or strain Dental injury
 Broken or fractured bones Multiple injuries Poisoning by substance or liquid
 Burn or scald Cut, scrape, or bruise Internal injury
 Dislocation Concussion Other



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H14

H15

H16

H17

H18

H19

H20

H21

H22

H23

H24

H25

H26

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

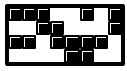


Your doctor will need to know about any problems or treatments you are having. Your child welfare worker should check that illnesses, accidents, injuries, hospital stays, and operations have been noted on your Plan of Care.



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

Financial assistance for medication, treatments, or special equipment not covered by the provincial health plan is also offered by some organizations (e.g., Multiple Sclerosis Society; Trillium Foundation).



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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

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H35

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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).



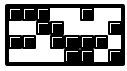
It is important that young people in care have a diet that relates to their ethnic background and culture so as to continue being familiar with the customs and daily practices of their birth family.



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 health issues or for your healthcare.*



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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.)**

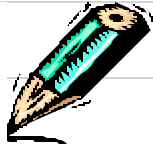
- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Fetal alcohol spectrum disorder |
| <input type="checkbox"/> Food or digestive allergies | <input type="checkbox"/> Cerebral palsy |
| <input type="checkbox"/> Respiratory allergies such as hay fever | <input type="checkbox"/> 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).



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.

H45

H46

H47



H48

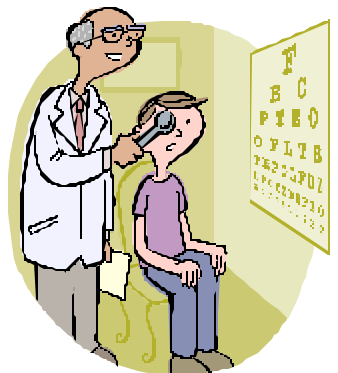
If you have difficulty reading what is written on the blackboard at school or if you get headaches when you are watching television, it is a good idea to get your eyes tested, even if you have never needed glasses.

H49

H50

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

H51





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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 ... 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 underweight
- Slightly overweight 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 Some being adequately dealt with
- All 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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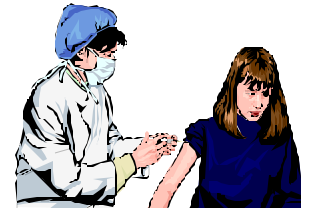
H52

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- 1
- 2
- 3
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- 6
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- 8
- 9
- 10
- 11
- 12
- 13



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



12766

DEVELOPMENTAL DIMENSION 2: EDUCATION

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

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

E1: TYPE OF SCHOOL: What type of school is ... (i.e., the young person in care) currently enrolled in? (Or, if this conversation takes place during the summer, what type of school was ... enrolled in during the last school year?)

- Not currently in school (**Go to question E7**) Taught in an institution (e.g., hospital, young offender facility, child welfare facility)
- Public school Taught at home (home schooling)
- Catholic school (publicly funded) Other
- Private school

E2: In what language is ... mainly taught?

- English French Both Other

E3: GRADE: What grade is ... in?

- Grade 4 Grade 7 (Secondaire I in QC) Grade 10 (Secondaire IV in QC)
- Grade 5 Grade 8 (Secondaire II in QC) Grade 11 (Secondaire V in QC)
- Grade 6 Grade 9 (Secondaire III in QC) Ungraded (e.g., Special Education)

E4: 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)

E5: 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

E6: Has ... started the volunteer hours required by the school curriculum?

- Yes No Not required Not applicable

E7: Does the young person have an individual education plan (i.e., Identification and Placement Review Committee)?

- Yes No (**Go to question E8**)

E7A: Is the individual education plan being satisfactorily implemented?

- Yes No Uncertain

E8: Has ... repeated a grade at school (including kindergarten)?

- Yes No

E8A: Has ... repeated a grade at school in the last 12 months?

- Yes No

E9: LEARNING-RELATED DIFFICULTIES: Has ... been assessed for possible learning-related problems (e.g., attention-deficit and hyperactivity disorder [ADHD]; learning disability; unsatisfactory progress)?

- Yes No He/she is currently on a waiting list for an assessment

E10: 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 attending school

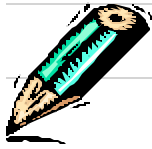
E11: Does ... receive any help or tutoring outside of school?

- Yes 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).



DIMENSION 2: EDUCATION

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

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



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

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

A review of your educational needs should be undertaken regularly to assess your academic progress. This is even more important if you are experiencing some academic difficulties.

E1

E2

E3

E4

E5

E6

E7

E7A

E8

E8A

E9

E10

E11



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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 applicable

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?

E17: Overall, what is ...'s average mark this year (or what was it during the last school year or the last year he/she was in school)?

90% to 100% 70% to 79% 50% to 59% Don't know
 80% to 89% 60% to 69% Less than 50% Not applicable, ungraded

E18: HOMEWORK: Does ... have a satisfactory place at home to do homework or study?

All or most of the time Some of the time Rarely or never No homework

E19: On days when ... is assigned homework, how much time does he/she usually spend doing homework?

0-30 minutes 30-60 minutes 1-2 hours More than 2 hours No homework

E20: How often do you check his/her homework or provide help with homework (or other school assignments)?

Never or rarely One or more times per month Daily
 Less than once a month One or more times a week

E21: How well does ... prepare for tests or exams?

Very well or well Average Poorly or very poorly Not applicable, no tests or exams

E22: CAREGIVER'S EXPECTATIONS: How important is it to you that ... have good grades in school?

Very important Important Somewhat important Not important at all

E23: How far do you hope ... will go in school?

Primary or elementary school Trade, technical, vocational school, or business college
 Secondary or high school University
 Community college, CEGEP, or nursing school Other

EDUCATIONAL SUPPORT:

E23A: Does ... have an RESP or Canada Learning Bond?

Yes No Uncertain

E24: Approximately how many books of his/her own does ... possess?

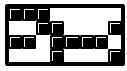
None 1-10 11-25 More than 25

E25: Approximately how many of your books does ... have access to?

None 1-10 11-25 More than 25

E26: How often do you and ... talk about school work or behaviour in class?

Daily One or more times per week One or more times per month Less than once a month or rarely



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E27: How often do you and ... talk about his/her school friends or activities?

- Daily One or more times a week One or more times a month Less than once a month or rarely

E28: How often do you and ... talk about his or her plans for the future?

- Daily One or more times a week One or more times a month Less than once a month or rarely

E29: CAREGIVER'S INVOLVEMENT IN SCHOOL ACTIVITIES: During the current or last school year, have you done any of the following? **(Mark all that apply.)**

- Spoken to, visited, or corresponded with young person's teacher
- Visited young person's class
- Attended a school event in which young person participated, for example, a play, sports competition, or science fair
- Volunteered in young person's class or helped with a class trip
- Helped elsewhere in the school, such as in the library or computer room
- Fundraising
- Attended a parent-school association, home and school liaison committee
- Other activities
- No activities

E30: 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

E31: Other than the natural progression through the school system in your area, has ... changed schools in the last 12 months?

- Yes No Not applicable, not in school

E32: ABSENCES FROM SCHOOL: How many days, if any, was ... absent from school during the last 12 months?

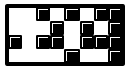
- 0 days 7-10 days More than 20 days
- 1-3 days 11-20 days Not in school during the last 12 months
- 4-6 days

E33: 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 |

E34: SUSPENSIONS FROM SCHOOL: During the last 12 months, how many times, if any, has ... been temporarily suspended from school?

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



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E27

E28

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E33

E34

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).



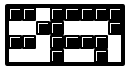
Literacy is a crucial tool for independent learning and an important leisure skill. Reading is inexpensive and does not require the co-operation of others or interfere with their activities. It can be pursued anywhere and offers recreation, instruction, and vicarious experience.



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

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

Suspensions or expulsions disrupt young people's learning, their 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.



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E35: Has ... been permanently expelled from school?

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 child welfare worker.

E36: **SCHOOL:** How do you feel about school?

I like school very much I don't like school very much
 I like school quite a bit I hate school
 I like school a bit

E37: How well do you think you are doing in your school work?

Well or very well Average Poorly or very poorly

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

E38: 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

E39: 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

E40: 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

E41: 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

E42: Gym/Phys. Ed.

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

E43: Arts (art, music, drama)

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 important Somewhat important Not important

E44: Make friends

E45: Get good grades

E46: Participate in extra-curricular activities

E47: Learn new things

E48: Always show up for class on time

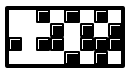
E49: Express your opinion in class

E50: Take part in student council or other similar groups

E51: Hand in assignments on time

E52: 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



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E35

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).

E36



Research findings have shown that the conditions necessary for youths to learn successfully are a ready supply of suitable reading material and the close attention of an adult.

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.



E37

E38

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E43

E44

E45

E46

E47

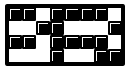
E48

E49

E50

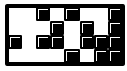
E51

E52



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▶ ACTIVITIES: In the last 12 months, how often have you:**E53:** Played sports or done physical activities without a coach or an instructor (e.g., biking, skate boarding, etc.)? Never Less than once a week 1 to 3 times a week 4 or more times a week**E54:** Played sports with a coach or instructor, other than for gym class (e.g., swimming lessons, baseball, hockey, etc.)? Never Less than once a week 1 to 3 times a week 4 or more times a week**E55:** Taken part in dance, gymnastics, karate, or other groups or lessons, other than in gym class? Never Less than once a week 1 to 3 times a week 4 or more times a week**E56:** Taken part in art, drama, or music groups, clubs or lessons, outside of class? Never Less than once a week 1 to 3 times a week 4 or more times a week**E57:** Taken part in clubs or groups such as Guides or Scouts, 4-H club, community, church, or other religious groups? Never Less than once a week 1 to 3 times a week 4 or more times a week**E58:** Done a hobby or craft (drawing, model building, traditional hunting, trapping, etc.)? Never Less than once a week 1 to 3 times a week 4 or more times a week**E59:** Do you have sufficient access to and support for activities that interest you? Yes No**E60:** In any of your activities, at school or outside school, do you have special responsibilities such as team leader, captain, secretary, etc.? Yes No**E61:** How often do you read for fun (not for school)? Every day Once a week Less than once a month A few times a week A few times a month Almost never**E62:** Do you have access to a computer at home? Yes No**E63:** Do you have access to the internet at home? Yes No**E64:** On average, how much time per day do you watch TV or videos/DVDs, or play electronic games? 30 minutes or less 30-60 minutes 1-2 hours 2-3 hours More than 3 hours**▶ CAREGIVER'S ACADEMIC SUPPORT: In the next statements, foster parents include guardians. They are the ones who live with you at home and influence your life.****E65:** If I have problems at school my foster parents (or other adult caregivers) are ready to help. All or most of the time Some of the time Rarely or never No problems at school**E66:** My foster parents (or other adult caregivers) encourage me to do well at school. All or most of the time Some of the time Rarely or never**E67:** How often do your foster parents (or your other adult caregivers) check your homework or provide help with homework? All or most of the time Some of the time Rarely or never**E68: MY ASPIRATION:** How far do you hope to go in school? I hope to complete: Middle school/junior high A university degree Secondary or high school graduation More than one university degree Technical, trade, or vocational school (above the high school level) I don't know College, CEGEP, or apprenticeship program Other



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E53

E54

E55

E56

E57

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E61

E62

E63


E64

E65

E66

E67

E68

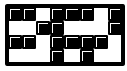


Research on high achievers who have been in care suggests that a good educational foundation is the key not only to employment but also to success in many other dimensions of adult life.

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



If a young person in care decides that he/she wants to study at a particular university, or become a doctor or a professional tennis player, who is to say that this is inappropriate? As a good parent, the job of the child welfare worker is to explain to the young person the necessary steps along the way, do everything possible to help, and encourage and build on his/her aspirations and talents.



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**DIFFICULT SITUATIONS:**

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

Most or all of the time Some of the time Rarely or never

E69: I feel safe at school.

E70: I feel safe on my way **to** and **from** school.

E71: Other young people say mean things to me at school.

E72: I am bullied at school.

E73: I am bullied on my way **to** and **from** 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.

E74: 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. Paid recreation/sports instructor or coach** Yes No**2. Teacher (special ed.)** Yes No**7. Volunteer (unpaid) recreation/sports instructor or coach** Yes No**3. Teacher's aide** Yes No**8. Volunteer/paid driver** Yes No**4. Educational tutor** Yes No**9. Summer camp staff** Yes No**5. Other educational or recreational service provider** Yes No

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

ATTAINMENT OF GENERAL EDUCATION OBJECTIVES OF THE CHILD WELFARE SYSTEM

E75: Objective 1: The young person's educational performance matches his/her ability.

 Performance matches ability Performance somewhat below ability Performance seriously below ability

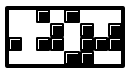
E76: Objective 2: The young person is acquiring special skills and interests.

 Many Some Few None

E77: 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).

E69

E70

E71

E72

E73

E74

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3

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4

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E75

E76

E77



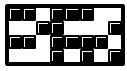
There is evidence of serious discrimination against young people in care in schools. Many complain of unfair treatment by teachers. In addition, schools tend to suspend or expulse young people in care for relatively trivial offences, which has resulted in some being denied their right to education for long periods.



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 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 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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DIMENSION 3: IDENTITY

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



Even if a personal album is not being kept, it is important that photographs, certificates and mementos be collected and that addresses be noted down. This is particularly valuable if there is a change of placement or child welfare worker, as it may later prove impossible to gather this information.



ID1

ID2

ID3

ID4

ID5

ID6

ID7

ID7A

ID8

ID9



12766

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 | |

FIRST NATIONS YOUNG PEOPLE : IF you are a *First Nations young person*, THEN please answer questions ID11 to ID14. **If not, go to question ID15.**

ID11: If your ancestors were members of a "First Nation", to which band, community, or nation did they belong?

ID12: Overall, do you have enough opportunities to visit your own First Nation's community?

- Yes No

ID13: Overall, do you have enough opportunities to learn about traditional teachings, customs, or ceremonies?

- Yes No

ID14: 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
--------------------------------	--	----------------------------------

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| ID15: In general, I like the way I am. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ID16: Overall I have a lot to be proud of. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ID17: A lot of things about me are good. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ID18: When I do something, I do it well. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Which answer best describes how you feel?

ID19: In general, I am happy with how things are for me in my life now.

- Strongly disagree Disagree Agree Strongly agree

ID20: The next five years look good to me.

- Strongly disagree Disagree Agree Strongly agree

ID21: When I am an adult, this is how I would like my personal and work life to be: (e.g., comment on life goals, career, education, and personal relationships.)



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ID10

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"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



12766



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 think about different ways of solving my problem.

Most of the time Often Sometimes Never

ID31: I try not to think about my problem.

Most of the time Often Sometimes Never

ID32: I take action to improve the situation.

Most of the time Often Sometimes Never

ID33: I leave the situation that is upsetting me.

Most of the time Often Sometimes Never

ID34: I try to learn more about what is causing my problem.

Most of the time Often Sometimes Never

ID35: I imagine that my problem has gotten better.

Most of the time Often Sometimes Never



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ID22

ID23

ID24

ID25

ID26

ID27

ID28

ID29

ID30

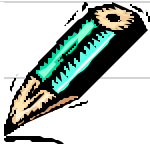
ID31

ID32

ID33

ID34

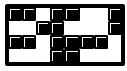
ID35



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.



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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▶ 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

ID36: Objective 1: The young person has knowledge of his/her family of origin and current situation.

Clear knowledge Some knowledge Little or no knowledge

ID37: 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

ID38: Objective 3: The young person has a good level of self-esteem.

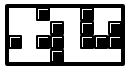
High self-esteem Moderate self-esteem Low self-esteem

ID39: 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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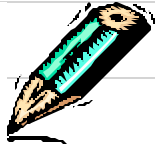
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ID36

ID37

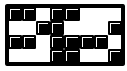
ID38

ID39



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.)

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?

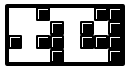
Regular visiting, at least once a month No contact at all
 Irregular visiting, a few times a year Permanent ward, with no access
 Telephone or letter contact only Deceased

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).



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.

F1

F2

F3

F4

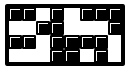
F5

F6

F7

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F9



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

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?

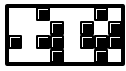
Never 1 day a week 2-3 days a week 4-5 days a week 6-7 days a week

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.

<i>Tell me how often, in general, you act in the following ways:</i>	Often or always	Sometimes	Never or rarely
F17: I speak to ... in a warm and friendly way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F18: I praise ...'s effort and help in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F19: I encourage ... to talk about his/her feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F20: I communicate to ... that he/she has specific strengths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F21: I include ... in celebrations in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22: I support ...'s involvement in activities outside the home (where possible).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F23: I inform ... about what behaviour is or is not acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F24: 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



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

F12

F13



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.

F14

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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

F25: We disagree and have arguments.

F26: We make up easily when we have a "fight" (i.e., argue).

F27: We bug each other or get on each other's nerves.

F28: We yell at each other.

F29: When we argue, we stay angry for a very long time.

F30: When we disagree, I refuse to talk to him/her.

F31: When we disagree, he/she stomps out of the room, house, or yard.

F32: When we disagree about something, we solve the problem together.

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

F33: How often do you eat together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F34: How often do you watch television together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F35: How often do you play sports together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F36: How often do you play cards or games together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F37: How often do you have a discussion together?

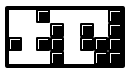
 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F38: How often do you do a family project or family chores together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F39: How often do you have a family outing/entertainment together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never



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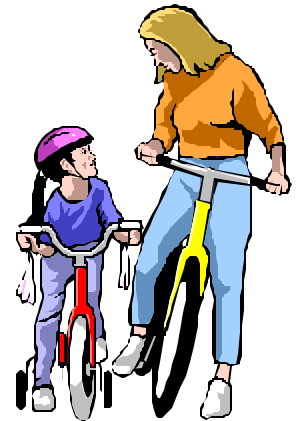
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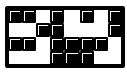
F38

F39



Family activities: *If young people feel settled, their educational chances are enhanced and this, in turn, will boost employment opportunities later. With a sound social network and good family relationships, the development of a secure identity is more likely, with an associated reduction in health problems. In other words, paying attention to the Family and Social Relationships section of the Assessment and Action Records will help with progress on the six other dimensions.*





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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:

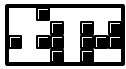
No problems or hardly any problems	Occasional problems	Frequent or constant problems
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F46: other young people such as friends or classmates?

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 brothers and sisters or foster brothers and sisters living in the same house?

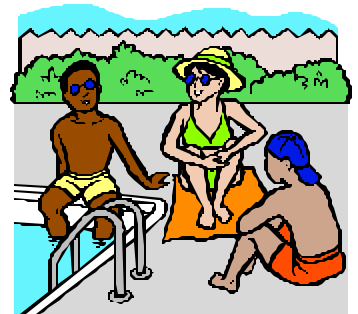


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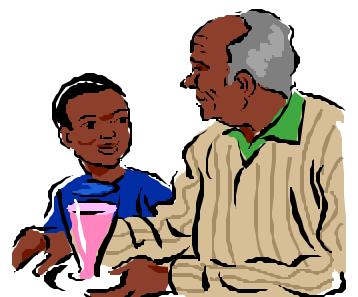
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



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.



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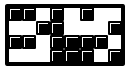
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F49



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INTERACTIONS WITH CAREGIVER(S): For each of the following statements, select the choice that best describes the way your foster parent(s) or other adult caregiver(s) in general have acted toward you during the past 6 months.

My foster parent(s) (or other caregivers):

Often or
always

Sometimes

Never or
rarely

F50: smile at me.

F51: want to know exactly where I am and what I am doing.

F52: soon forget a rule that they have made.

F53: praise me.

F54: let me go out any evening I want.

F55: tell me what time to be home when I go out.

F56: nag me about little things.

F57: listen to my ideas and opinions.

F58: and I solve a problem together whenever we disagree about something.

F59: only keep rules when it suits them.

F60: get angry and yell at me.

F61: make sure I know that I am appreciated.

F62: threaten punishment more often than they use it.

F63: speak of the good things that I do.

F64: find out about my misbehaviour.

F65: enforce a rule or do not enforce a rule depending upon their mood.

F66: seem proud of the things I do.

F67: take an interest in where I am going and who I am with.



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

A great deal

Some

Very little

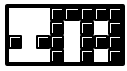
F68: How well do you feel she understands you?

F69: How much fairness do you receive from her?

F70: How much affection do you receive from her?

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

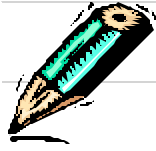
 Very close Somewhat close Not very close



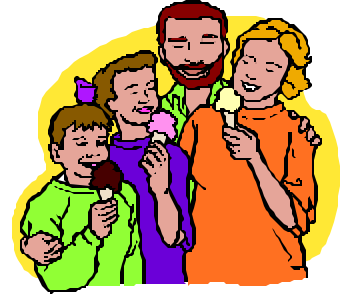
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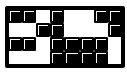


Parenting is a process which most parents learn as they experience the influence of their own parents and that of relatives, friends, the media, health professionals, and teachers.



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

This knowledge about parenting styles has been incorporated into the Assessment and Action Record, to emphasize the need to show physical affection towards the young person, to find things to praise him/her for, to guide him/her, and to recognize what he/she can do well.



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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?

F73: How much fairness do you receive from him?

F74: How much affection do you receive from him?

F75: Overall, how would you describe your relationship with him?

Very close Somewhat close 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?

F77: You feel safe living in this home?

F78: You would be pleased if you were to live here for a long time?

F79: You are satisfied with the amount of privacy you have here?

F80: You have a good relationship with other people with whom you are living?

F81: Overall, you are satisfied with your current living situation here?

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

Specify:

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 the young person has lived in one or more of the following placement settings during the last 12 months.

1. Foster care

Yes No

5. Respite/relief home (young person leaves foster home)

Yes No

2. Group home

Yes No

6. Hospital

Yes No

3. Residential treatment

Yes No

7. Custody/detention facility

Yes No

4. Independent living

Yes No

8. Other residential placement setting

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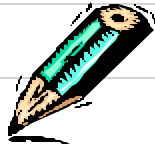
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The limited number of studies that have examined young people's satisfaction with their out-of-home placements found that generally young people report being satisfied with their current placement. However, these same young people have gone on to make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



12766

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

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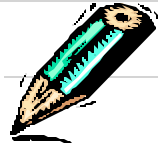
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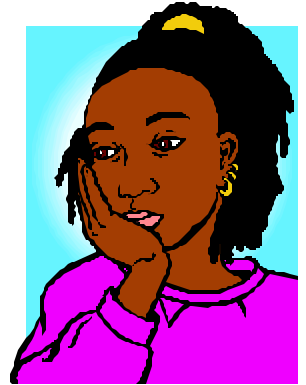
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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



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 having at least one person who provides consistent long-term support.

F85

F86

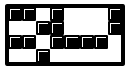
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DEVELOPMENTAL DIMENSION 5: SOCIAL PRESENTATION

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 manners are 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

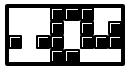
P12: Objective 3: The young person can communicate easily with others.

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



DIMENSION 5: SOCIAL PRESENTATION

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



A reasonable corporate parent will be as concerned about social presentation as about every other aspect of a young person's development.



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

P1

P2

P3

P4

P5

P6

P7

P8

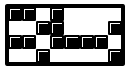
P9

P10

P11

P12

P13



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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).

For each of the following statements, choose the answer that best describes you:

	Often or very true	Sometimes or somewhat true	Never or not true
B1: I help other people my age (friends, brother, or sister) who are feeling sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2: I am unhappy, sad, or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3: I physically attack people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4: I am not as happy as other people my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5: I steal at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6: I am too fearful or anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7: I offer to help young people (friend, brother, or sister) who are having difficulty with a task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8: I worry a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9: I am cruel, I bully, or I am mean to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10: I cry a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11: I destroy things belonging to my family or other young people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B12: I feel miserable, unhappy, tearful, or distressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13: I comfort other young people (friend, brother, or sister) who are crying or upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B14: I am nervous, highstrung or tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B15: I kick, bite, hit other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B16: I have trouble enjoying myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B17: I destroy my own things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▶ 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.

B18: 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

B19: During the past 12 months have you ever attempted to hurt yourself?

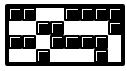
Yes No

B20: During the past 12 months, did you seriously consider attempting suicide?

Yes No

B21: 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



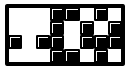
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During the AAR conversation, the **FOSTER PARENT OR OTHER ADULT CAREGIVER** is to answer the following section with assistance, as needed, from the young person in care or the child welfare worker.

B22: STRENGTHS AND DIFFICULTIES QUESTIONNAIRE: For each item, please mark the box for Not True, Somewhat True or 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.

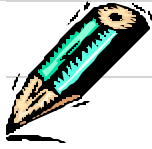
	True	Somewhat true	Not True
1. Considerate of other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, 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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B22



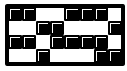
Sometimes people who have been physically or sexually harmed by others respond by hurting other people. If you are frightened you might do this, tell someone you trust, as it is possible to arrange some help for you.

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 assess the progress of the young person in care over time and compare the development of children and youths in care with that of their age peers in the general population.

Large lined area for writing the Plan of Care draft.



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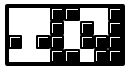


During the AAR conversation, the **YOUNG PERSON IN CARE** is to answer the following section with assistance, as needed, from the foster parent (or other adult caregiver) or the child welfare worker.

B23: ADVERSE LIFE EXPERIENCES: Have you ever experienced an event or situation that caused you, or continues to cause you, a great amount of worry or unhappiness? **Specify:**

B24: POSITIVE LIFE EXPERIENCES: Which of the following positive experiences have you had during the last year or two? **(Mark as many as apply.)**

- I have realized my foster parents (or other 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.
- 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.
- 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.).



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B23



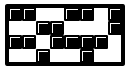
Resilience is about successful adaptation, positive functioning, and competence development in the face of adversity or risk.

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



The list of positive events outlined on the left page reflect the various life experiences identified by young people in care that have contributed to their positive development. Among the many types of positive life events reported by young people, the main themes involved close interpersonal relationships (for example, reunited with an older brother), being part of activities and events (for example, going on a trip with the foster or biological family) and the in-care experience (for example, having a longterm stable foster home) (Legault & Moffat, 2006).

B24



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B25: POSITIVE LIFE EXPERIENCES: What are the most positive life experiences you have had during the last 12 months? **Specify:**

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

B26: ADVERSE LIFE EXPERIENCES: Which of the following adverse life experiences has ... 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 |

▶ **B27: 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**.

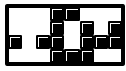
- | | |
|--|--|
| 1. Psychiatrist | 3. Psychologist/counsellor |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 Other mental health service provider | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

▶ 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:

B28: Objective 1: The young person is free of serious emotional and behavioural problems.

- | | |
|---|---|
| <input type="checkbox"/> No problems | <input type="checkbox"/> Problems exist that need remedial action |
| <input type="checkbox"/> Minor problems | <input type="checkbox"/> Serious problems exist which need specialized assistance |



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B25

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



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

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

Practitioners must pay close attention to these events, also known as turning points, in order to improve planning and promote positive development. All these experiences have the potential of raising self-esteem, exposing young people to new opportunities for positive growth, and favoring a chain of protective thinking.

B26

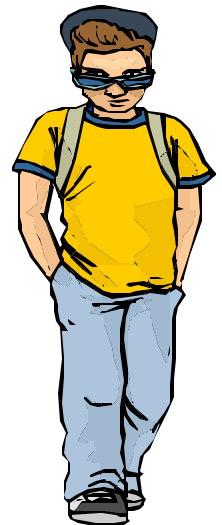
B27

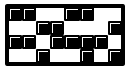
1

3

2

B28





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B29: Objective 2: The young person is receiving effective treatment for all persistent problems.

- Does not need treatment
- Is receiving effective treatment
- Is receiving some treatment
- Is not receiving effective treatment

B30: Objective 3: The young person displays behaviours appropriate to his/her age in a range of situations.

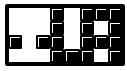
- Always
- Most of the time
- Sometimes
- Infrequently

B31: Objective 4: The young person displays emotional reactions appropriate for his/her age in a range of situations.

- Always
- Most of the time
- Sometimes
- Infrequently



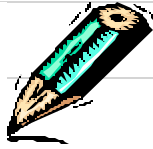
Note to the child welfare worker: If anyone disagrees with these answers to the Emotional and Behavioural Development objectives, please note the details on the opposite page.



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B29

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

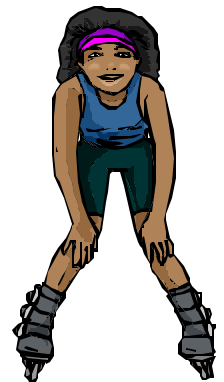


Adopting a resilience focus is a positive approach which identifies an individual's strengths in regards to his experiences and builds positive life events for young people in care while empowering them.

The Assessment and Action Record from the Looking After Children approach is a particularly promising vehicle for improving child protection practice because it adopts a resilience framework to assess needs, identify resilience promoting processes, and identify resilience-focused interventions.

B30

B31





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DEVELOPMENTAL DIMENSION 7: SELF-CARE SKILLS

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.

▶ 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.

Now, I would like to ask you some questions about ...'s self-care responsibilities.

<i>How often does ... :</i>	Often	Sometimes	Seldom or never
S1: Make his/her bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S2: Clean his/her own room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S3: Pick up after himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4: Help keep shared living areas clean and straight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S5: Do routine chores such as help with dinner, wash dishes, mow the lawn, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S6: Help manage his/her own time (get up on time, be ready for school, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S7: Brush his/her teeth without being told?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S8: Bathes or showers without being told?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S9: Use the vacuum cleaner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S10: Use the washer and the dryer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S11: Undertake simple first aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S12: Use a public telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S13: Make or receive a call appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S14: Save money for things he/she wants to buy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S15: Use a library card?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S16: Use the Internet to research information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S17: Use a bank machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S18: Use a bank account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S19: Utilize public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S20: Prepare his/her own breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S21: Prepare his/her own lunch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S22: Prepare a simple meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S23: Remain at home alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S24: Is ... receiving all necessary assistance to learn independent living skills that are appropriate for his/her age?

Yes 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).



DIMENSION 7: SELF-CARE SKILLS:

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

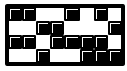
S21

S22

S23

S24





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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.

S25: Are there other self-care skills you would like to learn?

Yes No

Specify:

Three horizontal lines for specifying self-care skills.

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:

S26: Objective 1: The young person is learning to care for himself/herself at a level appropriate to his/her age and ability when given the necessary resources and support.

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



Note to the child welfare worker: If anyone disagrees with these answers to the Self-Care Skills objectives, please note the details on the opposite page.

The **CHILD WELFARE WORKER** is to answer the following section based on the information obtained from the entire Assessment and Action Record.

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

Asset Category, Name, and Definition:

SUPPORT

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

EMPOWERMENT

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



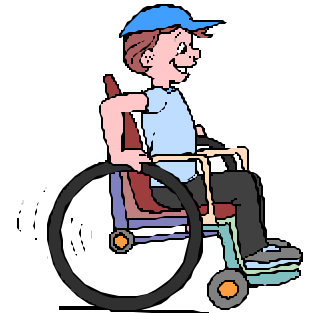
5559

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



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.



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.

S26

A1 - A6

A7 - A10



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BOUNDARIES AND EXPECTATIONS**Yes Uncertain No**

A11: *Caregiver boundaries:* Caregivers have clear rules and consequences and monitor the young person's whereabouts.

A12: *School boundaries:* School provides clear rules and consequences.

A13: *Neighbourhood boundaries:* Neighbours take responsibility for monitoring the young person's behaviour.

A14: *Adult role models:* Caregivers and other adults model positive, responsible behaviour.

A15: *Positive peer observations:* Young person's best friends model responsible behaviour.

A16: *High expectations:* Both caregivers and teachers encourage young person to do well.

CONSTRUCTIVE USE OF TIME**Yes Uncertain No**

A17: *Creative activities:* Young person spends time regularly in lessons or practice in music, theater, or other arts.

A18: *Youth programs:* Young person spends time regularly in sports, clubs, or organizations at school and/or in the community.

A19: *Religious or spiritual community:* Young person spends time regularly in religious or spiritual activities.

A20: *Time at home:* Young person is out with friends "with nothing special to do" two or fewer nights per week.

COMMITMENT TO LEARNING**Yes Uncertain No**

A21: *Achievement motivation:* Young person is motivated to do well in school.

A22: *School engagement:* Young person is actively engaged in learning.

A23: *Homework:* Young person reports doing homework regularly.

A24: *Bonding to school:* Young person cares about his/her school.

A25: *Reading for pleasure:* Young person reads for pleasure regularly.

POSITIVE VALUES**Yes Uncertain No**

A26: *Caring:* Young person places high value on helping other people.

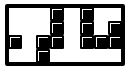
A27: *Equality and social justice:* Young person places high value on promoting equality and reducing hunger and poverty.

A28: *Integrity:* Young person acts on convictions and stands up for his/her beliefs.

A29: *Honesty:* Young person "tells the truth even when it is not easy".

A30: *Responsibility:* Young person accepts and takes personal responsibility.

A31: *Restraint:* Young person believes it is important not to be sexually active or to use alcohol or other drugs.



5559

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).

A11 - A16



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).

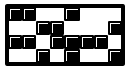
A17 - A20

Basic human adaptational systems (defined on page 35a) 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).

A21 - A25

Research findings consistently show the most crucial asset for a young person is to have a strong bond to 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).

A26- A31



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SOCIAL COMPETENCIES

Yes Uncertain No

A32: *Planning and decision making:* Young person knows how to plan ahead and make choices.

A33: *Interpersonal competence:* Young person has empathy, sensitivity, and friendship skills.

A34: *Cultural competence:* Young person has knowledge and comfort with people of different cultural, racial, and/or ethnic backgrounds.

A35: *Resistance skills:* Young person can resist negative peer pressure and dangerous situations.

A36: *Peaceful conflict resolution:* Young person seeks to resolve conflict nonviolently.

POSITIVE IDENTITY

Yes Uncertain No

A37: *Personal power:* Young person feels that he/she has control over "things that happen to me".

A38: *Self-esteem:* Young person reports having high self-esteem.

A39: *Sense of purpose:* Young person reports that "my life has a purpose".

A40: *Positive view of personal future:* Young person is optimistic about personal future.

▶ 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 Somewhat Not very
successful successful successful**

T1: Helping the young person develop his/her potential to a maximum rather than a minimum level.

T2: Focussing on the young person's successes, not just on his/her problems.

T3: Planning according to the young person's individualized needs.

T4: Believing your work with the young person can bring about positive change, even in less than ideal circumstances.

T5: Achieving ambitious but feasible objectives in all major areas of the young person's development.

▶ 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



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Q3: 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

Q4: Who else took part in the AAR conversation? **(Mark as many as apply.)**

- | | |
|--|--|
| <input type="checkbox"/> Child welfare worker | <input type="checkbox"/> One adult caregiver other than a foster parent |
| <input type="checkbox"/> One foster parent | <input type="checkbox"/> Two adult caregivers other than a foster parent |
| <input type="checkbox"/> Two foster parents | <input type="checkbox"/> One birth parent |
| <input type="checkbox"/> First Nations band representative | <input type="checkbox"/> Two birth parents |
| <input type="checkbox"/> Family worker | <input type="checkbox"/> Other |

Q5: If a **First Nations band representative** took part in the AAR conversations, was s/he familiar with the Looking After Children approach?

- Yes No Uncertain Not applicable

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 being 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 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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Appendix C. Assessment and Action Record (Second Canadian Adaptation – AAR-C2-2006) Ages 16 to 17 years



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

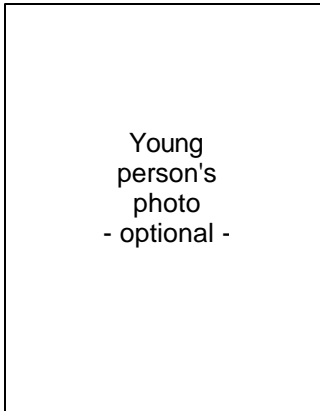
Assessment and Action Record
(Second Canadian Adaptation - AAR-C2)
Ages 16 to 17 years

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**.

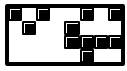
It is to be completed by the child welfare worker in a series of conversations in which participate the young person in care and the foster parent (or other adult caregiver) who knows the young person in care best. Some questions are addressed to the young person and foster parent and others to the child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

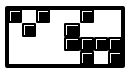


During the AAR conversation, the **CHILD WELFARE WORKER** is to answer the following section with assistance, as needed, from the foster parent (or other adult caregiver).

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
- Psychoeducation
- Child & youth care
- Other

BG21: LANGUAGE: Does the child welfare worker usually speak with the young person in the young person's primary language?

- Yes
- No

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

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

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

--	--	--	--	--	--

BG23: Main respondent's gender:

- Male
- Female

BG24: If ... is in a **foster home**, for how many years in total have the foster parents (or other adult caregivers) been providing foster care to children or youths (i.e., including but not limited to ...)?

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

BG25: LANGUAGE: What language(s) are spoken most often in the foster parent's (or other adult caregiver's) home? **(Mark all that apply.)**

- English
- French
- First Nations language
- Other

BG26: RELIGION(S) / SPIRITUAL AFFILIATION(S): What, if any, is the foster parent's (or other adult caregiver's) religion or spiritual affiliation(s)? **(Mark no more than two.)**

- | | | |
|---|--|---|
| <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?

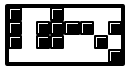
Yes No

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.**



18447

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

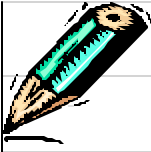
H13: Difficulties in getting to sleep

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



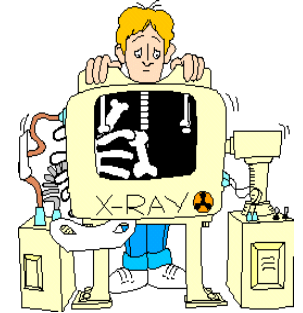
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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



DIMENSION 1: HEALTH

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



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

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

Child welfare agencies or organizations should arrange regular medical examinations for all young people in their care. The purpose of an examination is to pick up health problems that can be treated and often cured while the young person is in care.

- H1
- H2
- H3
- H4
- H5
- H6
- H7
- H8
- H9
- H10
- H11
- H12
- H13



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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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H14

H15

H16

H17

H18

H19

H20

H21

H22

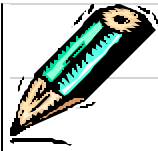
H23

H24

H25

H26

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



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



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

Financial assistance for medication, treatment, and special equipment not covered by the provincial health plan is offered by some organizations (e.g., Multiple Sclerosis Society, Trillium Foundation).



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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?

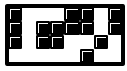
None A few Most All

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

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H38

H39

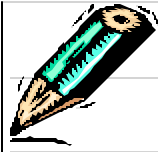
H40

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

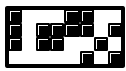
H50: Are you getting all the help you need to quit using other drugs?

- 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

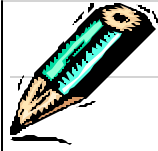
H47

H48

H49

H50

H51

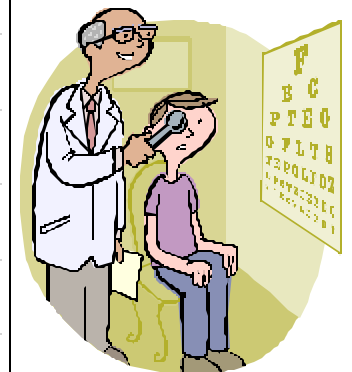


Young people in care are a high risk group for many kinds of health threatening behaviours, such as smoking and drinking, sexually transmitted infections including HIV/AIDS, and for girls, pregnancy at an early age.



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.





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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 underweight
- Slightly overweight
- 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
- Some being adequately dealt with
- All 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



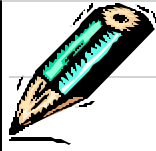
Note to the child welfare worker: If anyone disagrees with these answers to the Health objectives, please note the details on the right hand page.

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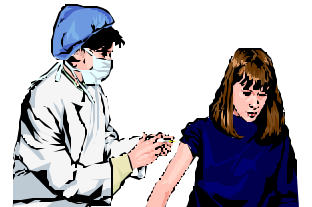
H52

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
- 2
- 3
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- 9
- 10
- 11
- 12
- 13



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?

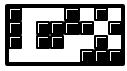
- Yes No Uncertain

E9: Has ... ever repeated a grade at school (including kindergarten)?

- Yes No

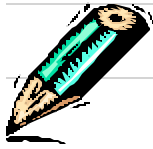
E10: LEARNING-RELATED DIFFICULTIES: Has ... been assessed for possible learning-related problems (e.g., attention-deficit and hyperactivity disorder [ADHD]; learning disability; unsatisfactory progress)?

- He/she is currently on a waiting list for an assessment Yes No



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



DIMENSION 2: EDUCATION

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



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

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

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

A review of your educational needs should be undertaken regularly to assess your academic progress. This is even more important if you are experiencing some academic difficulties.

E1

E2

E3

E4

E5

E6

E7

E8

E8A

E9

E10



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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?

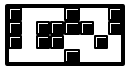
- Not graduate from high school Community college, CEGEP, or apprenticeship program
 Secondary or high school graduation University degree
 Technical, trade, or vocational school More than one university degree

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)



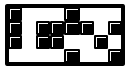
Note to the young person: The following section is about your experience of school during the current year (or during the last year you were enrolled in school).

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

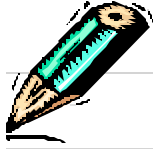


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E23

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

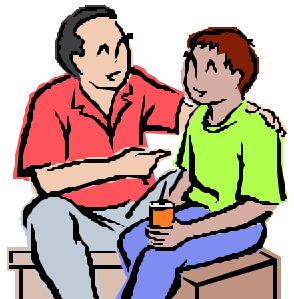


Unplanned changes are other than those that everyone experiences (e.g., grade to high school). Your child welfare worker should check that all school changes have been noted in your file.

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 important Somewhat important Not 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?

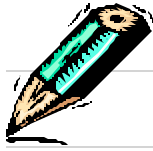
- Never Less than once a week 1 to 3 times a week 4 or more times a week



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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.

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.



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

Just as important for good learning to happen is to have access to a satisfactory place for studying. A good working place has enough space and light and a suitable chair and table. It should not be too noisy, so that someone is able to concentrate and not be interrupted by others.



E32

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E44

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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



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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



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.

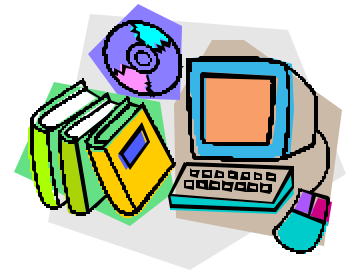
E51

E52

E53

E54

E55



E56

E57

E58

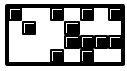
School is a place where young people acquire social and leisure skills, making and keeping friends, negotiating agreements, and relating to a variety of adults.

E59

E60

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 schools have a policy on anti-racism, bullying, and sexual abuse. Your teacher or child welfare worker should be able to tell you about this.

E61



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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 |
|--|--------------------------|--------------------------|--------------------------|
| E64: Your sex/gender? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E65: Your race, skin colour, or ethnic group? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E66: Your religion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E67: 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

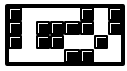
E69: Threaten to hurt you but not actually hurt you?

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



48562

E62

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



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

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



If a young person in care decides that he/she wants to study at a particular university, or become a doctor or a professional tennis player, who is to say that this is inappropriate? As a good parent, the job of the child welfare worker is to explain to the young person the necessary steps along the way, do everything possible to help, and encourage and build on his/her aspirations and talents.

E63

E64

E65

E66

E67

E68

E69



18447



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.

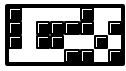
Many Some Few None

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.



48562

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

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4

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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.

Large lined area for drafting the Plan of Care.



18447

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?

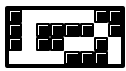
About once a week About once a month 3 or 4 times Once Never

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



48562

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



DIMENSION 3: IDENTITY

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



Even if a personal album is not being kept, it is important that photographs, certificates and mementos be collected and that addresses be noted down. This is particularly valuable if there is a change of placement or child welfare worker, as it may later prove impossible to gather this information.



ID1

ID2

ID3

ID4

ID5

ID6

ID7

ID7A

ID8

ID9



18447

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
--------------------------------	---	----------------------------------

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

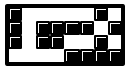
Which answer best describes how you feel?

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.

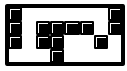
Most of the time Often Sometimes Never

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.

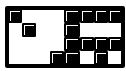
- High self-esteem
- Moderate self-esteem
- Low self-esteem

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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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.)

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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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.

F1

F2

F3

F4

F5

F6

F7

F8

F9



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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.

<i>Tell me how often, in general, you act in the following ways:</i>	Often or always	Sometimes	Never or rarely
F17: I speak to ... in a warm and friendly way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F18: I praise ...'s effort and help in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F19: I encourage ... to talk about his/her feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F20: I communicate to ... that he/she has specific strengths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F21: I include ... in celebrations in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22: I support ...'s involvement in activities outside the home (where possible).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F23: I inform ... about what behaviour is or is not acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F24: 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



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

F12

F13



F14

F15

F16

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.

F17

F18

F19

F20

F21

F22

F23

F24

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.



18447

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

F25: We disagree and have arguments.

F26: We make up easily when we have a "fight" (i.e., argue).

F27: We bug each other or get on each other's nerves.

F28: We yell at each other.

F29: When we argue, we stay angry for a very long time.

F30: When we disagree, I refuse to talk to him/her.

F31: When we disagree, he/she stomps out of the room, house, or yard.

F32: When we disagree about something, we solve the problems together.

SHARED ACTIVITIES:

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

F33: How often do you eat together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F34: How often do you watch television together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F35: How often do you play sports together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F36: How often do you play cards or games together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F37: How often do you have a discussion together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F38: How often do you do a family project or family chores together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month Rarely or never

F39: How often do you have a family outing/entertainment together?

 Every day 3-6 days per week 1-2 days per week 1-2 times per month 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.**)

- Foster mother
- Grandparents
- Teacher
- Foster father
- Other relative
- Child welfare worker
- Birth mother
- Birth parent's partner
- Sitter or baby sitter
- Birth father
- A friend of the family or a friend's parent
- Other (e.g., family doctor, etc.)
- Brother
- Boyfriend or girlfriend
- Sister
- 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)?

-
-
-

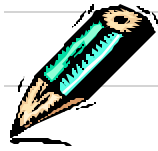
F49: your brother(s) and sister(s) or foster brother(s) and sister(s) living in the same house?

-
-
-

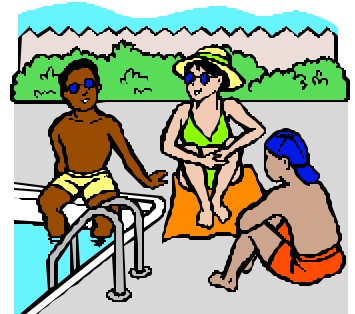


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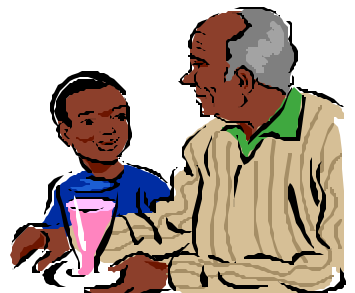
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Friends: While there are some exceptions, young people who remain in touch with relatives and enjoy a stable social network, usually fare better than those who drift apart from home and neighbourhood.



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

F42

F43

F44

F46

F47

F48

F49

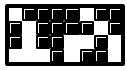


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INTERACTIONS WITH CAREGIVER: For each of the following statements, select the choice that best describes the way your foster parent(s) in general have acted toward you during the past 6 months.

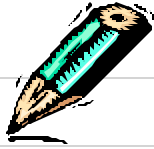
<i>My foster parent(s) (or other caregivers):</i>	Often or always	Sometimes	Never or rarely
F50: smile at me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F51: want to know exactly where I am and what I am doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	



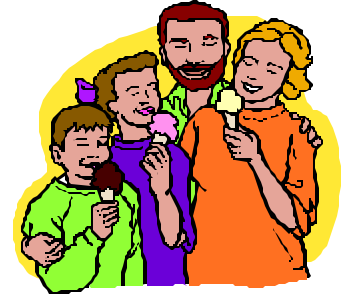
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- F50
- F51
- F52
- F53
- F54
- F55
- F56
- F57
- F58
- F59
- F60
- F61
- F62
- F63
- F64
- F65
- F66
- F67
- F68
- F69
- F70
- F71



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



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

This knowledge about parenting styles has been incorporated into the Assessment and Action Record, to emphasize the need to show physical affection towards the young person, to find things to praise him/her for, to guide him/her, and to recognize what he/she can do well.



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.

<i>Would you say that:</i>	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:

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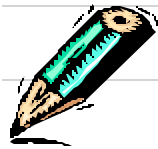
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The limited number of studies that have examined young people's satisfaction with their out-of-home placements found that generally young people report being satisfied with their current placement. However, these same young people have gone on to make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



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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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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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DIMENSION 5: SOCIAL PRESENTATION

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



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



A reasonable corporate parent will be as concerned about social presentation as about every other aspect of a young person's development.

P1

P2

P3

P4

P5

P6

P7

P8

P9

P10

P11

P12

P13



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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) |



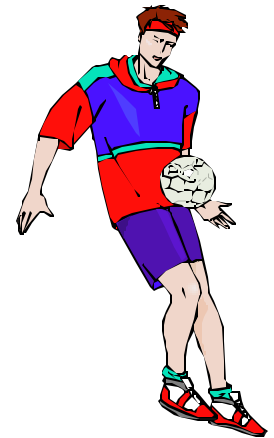
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DIMENSION 6: EMOTIONAL AND BEHAVIOURAL DEVELOPMENT.

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



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

B1

B2

B3

B4

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B7

B8

B9

B10



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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

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).

B12



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.

B13

B14

B15

B16

B17



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.



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Which of the following positive experiences have you had during the past year or two?

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

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

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

- | | |
|--|---|
| <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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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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▶ 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.

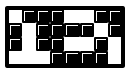
Always Most of the time Sometimes Infrequently

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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B22

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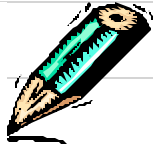
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B23

B24

B25

B26



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

The Assessment and Action Record from the Looking After Children approach is a particularly promising vehicle for improving child protection practice because it adopts a resilience framework to assess needs, identify resilience promoting processes, and identify resilience-focused interventions.





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

Do you have:

	Yes	No
S18: A valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
S19: A valid health card?	<input type="checkbox"/>	<input type="checkbox"/>
S20: A valid social insurance card?	<input type="checkbox"/>	<input type="checkbox"/>
S21: A valid birth certificate?	<input type="checkbox"/>	<input type="checkbox"/>

 **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

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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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S37: Considering all aspects of the paid or unpaid jobs you have had in the **last 12 MONTHS**, would you say you were:

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

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

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

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

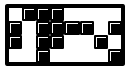
S39: CAREER GOALS: What kind of career or work would you be most interested in having when you are about 30 years old?

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

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

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

- | | | |
|---|---|---|
| <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 |

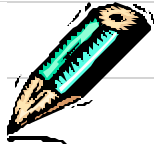


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S37

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 drafting the Plan of Care



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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?



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



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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

A1: *Caregiver support:* Caregivers provide high levels of love and support. Yes Uncertain No

A2: *Positive communication:* Young person and caregivers communicate positively, and young person is willing to seek advice and counsel from caregivers. Yes Uncertain No

A3: *Other adult relationships:* Young person receives support from other adults besides caregivers. Yes Uncertain No

A4: *Caring neighbourhood:* Young person experiences caring neighbours. Yes Uncertain No

A5: *Caring school environment:* School provides a caring, encouraging environment. Yes Uncertain No

A6: *Caregiver involvement:* Caregivers are actively involved in helping the young person succeed in school. Yes Uncertain No

EMPOWERMENT

A7: *Community values youth:* Young person perceives that adults in the community value youth. Yes Uncertain No

A8: *Youth as resources:* Young person is given useful roles in the community. Yes Uncertain No

A9: *Service to others:* Young person serves others in the community on a regular basis. Yes Uncertain No

A10: *Safety:* Young person feels safe at home, school, and in neighbourhood. Yes Uncertain No

BOUNDARIES AND EXPECTATIONS

A11: *Caregiver boundaries:* Caregivers have clear rules and consequences, and monitor the young person's whereabouts. Yes Uncertain No

A12: *School boundaries:* School provides clear rules and consequences. Yes Uncertain No

A13: *Neighbourhood boundaries:* Neighbours take responsibility for monitoring young person's behaviour. Yes Uncertain No

A14: *Adult role models:* Caregivers and other adults model positive, responsible behaviour. Yes Uncertain No

A15: *Positive peer observations:* Young person's best friends model responsible behaviour. Yes Uncertain No

A16: *High expectations:* Both caregivers and teachers encourage young person to do well. Yes Uncertain No

CONSTRUCTIVE USE OF TIME

A17: *Creative activities:* Young person spends time regularly in lessons or practice in music, theater, or other arts. Yes Uncertain No

A18: *Youth programs:* Young person spends time regularly in sports, clubs, or organizations at school and/or in the community. Yes Uncertain No

A19: *Religious or spiritual community:* Young person spends time regularly in religious or spiritual activities. Yes Uncertain No

A20: *Time at home:* Young person is out with friends "with nothing special to do" two or fewer nights per week. Yes Uncertain No



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A1 - A6



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.

A7 - A10

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).

A11 - A16

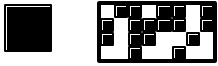
Within each of these systems are numerous protective factors identified in past research such as nurturing parents (Luthar & Zelazo, 2003; Masten, 2001), self-esteem (Cicchetti & Rogosch, 1997; Cicchetti et al., 1993), and access to good schools (Masten & Reed, 2002).

A17 - A20



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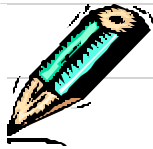
COMMITMENT TO LEARNING**Yes Uncertain No****A21: Achievement motivation:** Young person is motivated to do well in school. **A22: School engagement:** Young person is actively engaged in learning. **A23: Homework:** Young person reports doing homework regularly. **A24: Bonding to school:** Young person cares about his/her school. **A25: Reading for pleasure:** Young person reads for pleasure regularly. **POSITIVE VALUES****Yes Uncertain No****A26: Caring:** Young person places high value on helping other people. **A27: Equality and social justice:** Young person places high value on promoting equality and reducing hunger and poverty. **A28: Integrity:** Young person acts on convictions and stands up for his/her beliefs. **A29: Honesty:** Young person "tells the truth even when it is not easy". **A30: Responsibility:** Young person accepts and takes personal responsibility. **A31: Restraint:** Young person believes it is important not to be sexually active or to use alcohol, or other drugs. **SOCIAL COMPETENCIES****Yes Uncertain No****A32: Planning and decision making:** Young person knows how to plan ahead and make choices. **A33: Interpersonal competence:** Young person has empathy, sensitivity, and friendship skills. **A34: Cultural competence:** Young person has knowledge and comfort with people of different cultural, racial, and/or ethnic backgrounds. **A35: Resistance skills:** Young person can resist negative peer pressure and dangerous situations. **A36: Peaceful conflict resolution:** Young person seeks to resolve conflict nonviolently. **POSITIVE IDENTITY****Yes Uncertain No****A37: Personal power:** Young person feels that he/she has control over "things that happen to me". **A38: Self-esteem:** Young person reports having high self-esteem. **A39: Sense of purpose:** Young person reports that "my life has a purpose". **A40: Positive view of personal future:** Young person is optimistic about personal future.



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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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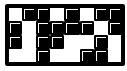
Q5: If a First Nations band representative took part in the AAR conversations, is s/he familiar with the Looking After Children approach?

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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Q5

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).

Q6





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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-Russel Services to Children and Adults), and Wendy James, Peter Dudding, Shannon Balla, and Victoria Norgaard (Child Welfare League of Canada).

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Appendix D. First Nations Cultural Index Item Description

Respondent: Youth

FIRST NATIONS YOUNG PEOPLE: IF you are a *First Nations young person*, **THEN** please answer questions ID11 to ID14. **If not, go to question ID15.**

AAR-C2-2006 Code	PASW Data File Code	Item
ID12 (10-11 years; 12-15 years) ID13 (16-17 years)	gidcq84	Overall, do you have enough opportunities to visit your own First Nation's community?
ID13 (10-11 years; 12-15 years) ID14 (16-17 years)	gidcq85	Overall, do you have enough opportunities to learn about traditional teachings, customs, or ceremonies?
ID14 (10-11 years; 16-17 years) ID15 (16-17 years)	gidcq86	Overall, do you have enough opportunities to participate in your own First Nation's community events, activities, or ceremonies?

Appendix E. SDQ Total Difficulties Scale Item Description

Respondent: Foster parent or other adult caregiver

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE: For each item, please mark the box for Not True, Somewhat True or 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.

AAR-C2-2006 Code	PASW Data File Code	Item
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq2	Restless, overactive, cannot stay still for long.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq3	Often complains of headaches, stomachaches, or sickness.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq5	Often loses temper.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq6	Would rather be alone than with other youth.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq7*	Generally well behaved, usually does what adults request.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq8	Many worries or often seems worried.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq10	Constantly fidgeting or squirming.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq11*	Has at least one good friend.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq12	Often fights with other youth or bullies them.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq13	Often unhappy, depressed, or tearful.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq14*	Generally liked by other youth.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq15	Easily distracted, concentration wanders.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq16	Nervous in new situations, easily loses confidence.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq18	Often lies or cheats.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq19	Picked on or bullied by other youth.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq21*	Think things out before acting.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq22	Steals from home, school, or elsewhere.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq23	Gets along better with adults than with other youth.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq24	Many fears, easily scared.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq25*	Good attention span, sees work through to the end.

* Item is reverse-scored.

Appendix F. Cognitive Impairment Index Item Description

Respondent: Foster parent or other adult caregiver

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.)**

AAR-C2-2006 Code	PASW Data File Code	Item
H14 (10-11 years) H51 (12-15 years; 16-17 years)	ghlcq10t	Developmental disability
H14 (10-11 years) H51 (12-15 years; 16-17 years)	ghlcq10k	Learning disability
H14 (10-11 years) H51 (12-15 years; 16-17 years)	ghlcq10l	Attention deficit disorder
H14 (10-11 years) H51 (12-15 years; 16-17 years)	ghlcq10m	Emotional, psychological, or nervous difficulties
H14 (10-11 years) H51 (12-15 years; 16-17 years)	ghlcq10q	Fetal alcohol spectrum disorder

Appendix G. LAC Goals Attainment Scale Item Description

Respondent: Child welfare worker

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.)**

AAR-C2-2006 Code	PASW Data File Code	Item
T1 (all age groups)	gtmcq49	Helping the young person develop his/her potential to a maximum rather than a minimum level.
T2 (all age groups)	gtmcq50	Focusing on the young person's successes, not just on his/her problems.
T3 (all age groups)	gtmcq51	Planning according to the young person's individualized needs.
T4 (all age groups)	gtmcq52	Believing your work with the young person can bring about positive change, even in less than ideal circumstances.
T5 (all age groups)	gtmcq53	Achieving ambitious but feasible objectives in all major areas of the young person's development.

Appendix H. Developmental Assets Item Description

Respondent: Child welfare worker

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

AAR-C2-2006 Code	PASW Data File Code	Item
A1 (all age groups)	gapq1	Caregiver support
A2 (all age groups)	gapq2	Positive communication
A3 (all age groups)	gapq3	Other adult relationships
A4 (all age groups)	gapq4	Caring neighbourhood
A5 (all age groups)	gapq5	Caring school environment
A6 (all age groups)	gapq6	Caregiver involvement
A7 (all age groups)	gapq7	Community values youth
A8 (all age groups)	gapq8	Youth as resources
A9 (all age groups)	gapq9	Service to others
A10 (all age groups)	gapq10	Safety
A11 (all age groups)	gapq11	Caregiver boundaries
A12 (all age groups)	gapq12	School boundaries
A13 (all age groups)	gapq13	Neighbourhood boundaries
A14 (all age groups)	gapq14	Adult role models
A15 (all age groups)	gapq15	Positive peer observations
A16 (all age groups)	gapq16	High expectations
A17 (all age groups)	gapq17	Creative activities
A18 (all age groups)	gapq18	Youth programs
A19 (all age groups)	gapq19	Religious or spiritual community
A20 (all age groups)	gapq20	Time at home
A21 (all age groups)	gapq21	Achievement motivation
A22 (all age groups)	gapq22	School engagement
A23 (all age groups)	gapq23	Homework
A24 (all age groups)	gapq24	Bonding to school
A25 (all age groups)	gapq25	Reading for pleasure
A26 (all age groups)	gapq26	Caring
A27 (all age groups)	gapq27	Equality and social justice
A28 (all age groups)	gapq28	Integrity
A29 (all age groups)	gapq29	Honesty
A30 (all age groups)	gapq30	Responsibility
A31 (all age groups)	gapq31	Restraint
A32 (all age groups)	gapq32	Planning and decision-making
A33 (all age groups)	gapq33	Interpersonal competence
A34 (all age groups)	gapq34	Cultural competence
A35 (all age groups)	gapq35	Resistance skills
A36 (all age groups)	gapq36	Peaceful conflict resolution
A37 (all age groups)	gapq37	Personal power
A38 (all age groups)	gapq38	Self-esteem
A39 (all age groups)	gapq39	Sense of purpose
A40 (all age groups)	gapq40	Positive view of personal future

Appendix I. Self-Esteem Scale Item Description

Respondent: Youth

ABOUT ME:

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

AAR-C2-2006 Code	PASW Data File Code	Item
ID15 (all age groups)	gidcq14	In general, I like the way I am.
ID16 (all age groups)	gidcq15	Overall, I have a lot to be proud of.
ID17 (all age groups)	gidcq16	A lot of things about me are good.
ID18 (all age groups)	gidcq17	When I do something, I do it well.
P7 (all age groups)	gspcq7	I am good looking.
P8 (all age groups)	gspcq9	Other young people think that I am good looking.
P9 (all age groups)	gspcq10	I have a good looking body.

Appendix J. Suicidality Index Item Description

Respondent: Youth

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.

AAR-C2-2006 Code	PASW Data File Code	Item
B20 (12-15 years) B15 (16-17 years)	gbecq46	During the past 12 months, did you <u>seriously</u> consider attempting suicide?
B21 (12-15 years) B16 (16-17 years)	gbecq48	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 counselling)? Item recoded into: Attempted suicide in past 12 months.
B19 (12-15 years) B14 (16-17 years)	gbecq97	During the past 12 months have you ever attempted to hurt yourself?

Appendix K. Educational Performance Scale Item Description

Respondent: Foster parent or other adult caregiver

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)?

AAR-C2-2006 Code	PASW Data File Code	Item
E10 and E12 (10-11 years) E13 (12-15 years; 16-17 years)	gedcq9a	Reading and other language arts (spelling, grammar, composition)
E11 (10-11 years) E14 (12-15 years; 16-17 years)	gedcq10	Mathematics
E15 (12-15 years; 16-17 years)	gedcq11a	Science
E13 (10-11 years) E16 (12-15 years; 16-17 years)	gedcq12	Overall

Appendix L. SDQ Pro-social Behaviour Scale Item Description

Respondent: Foster parent or other adult caregiver

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE: For each item, please mark the box for Not True, Somewhat True or 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.

AAR-C2-2006 Code	PASW Data File Code	Item
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq1	Considerate of other people's feelings.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq4	Shares readily with other youth, for example, books, games, food.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq9	Helpful if someone is hurt, upset, or feeling ill.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq17	Kind to younger children.
B18 (10-11 years) B22 (12-15 years) B21 (16-17 years)	gsdq20	Often offers to help others (parents, teachers, youth).

Appendix M. Positive Emotional and Behavioural Development Scale Item Description

Respondent: Child welfare worker

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

AAR-C2-2006 Code	PASW Data File Code	Item
B24 (10-11 years) B28 (12-15 years) B23 (16-17 years)	gbecq79	Objective 1: The young person is free of serious emotional and behavioural problems.
B26 (10-11 years) B30 (12-15 years) B25 (16-17 years)	gbecq83	Objective 3: The young person displays behaviours appropriate to his/her age in a range of situations.
B27 (10-11 years) B31(12-15 years) B26 (16-17 years)	gbecq84	Objective 4: The young person displays emotional reactions appropriate for his/her age in a range of situations.

Appendix N. In-depth Interview for Highly Resilient Aboriginal Youths

As a young person, you have been found to be very successful, and you have been nominated by your worker to talk to me today about some things that may have helped you to have a lot of success. We are interested in finding out about things that may have helped you to have a lot of success as a young person.

Support

One thing is called *Support*. By support, in general, we mean how you feel that your foster family, neighbours, and school care about you. More specifically, we mean the following: whether you feel that your foster family loves and supports you, whether you are able to talk to your foster parents about things that are important to you, whether you receive support from adults who are not your foster parents, whether you have caring neighbours, whether your school cares about and encourages you, and whether your foster parents take part in helping you to be successful at school.

Let's talk about each of these kinds of support.

How much of each of these kinds of support have you had since you came into care?

(go over each kind of support in turn).

How did it develop?

Empowerment

Another thing that we will talk about is called *Empowerment*. By empowerment, in general, we mean the extent to which you feel that adults treat you as a valued and responsible member of your community. More specifically, we mean the following: whether you feel that adults in your community value young people, whether young people have useful roles

in your community, whether you do community work, and whether you feel safe at home, at school, and in your neighbourhood.

Let's talk about each of these kinds of empowerment.

How much of each of these kinds of empowerment have you had since you came into care?

(go over each kind of empowerment in turn).

How did it develop?

Boundaries and Expectations

Next, we will talk about *Boundaries and Expectations*. By boundaries and expectations, in general, we mean the rules and standards that people have of you in your foster family, school, neighbourhood, and peer relationships. More specifically, we mean the following: whether your foster family has clear rules and consequences and monitors where you are, whether your school has clear rules and consequences, whether your neighbours monitor young people's behaviour in your community, whether your foster parents and other adults model positive and responsible behaviour for you, whether your best friends model responsible behaviour for you, and whether your foster parents and teachers encourage you to do well.

Let's talk about each of these kinds of boundaries and expectations.

How many of each of these kinds of boundaries and expectations have you had since you came into care? (go over each kind of boundary and expectation in turn).

How did it develop?

Constructive Use of Time

Next, we will talk about *Constructive Use of Time*. By constructive use of time, in general, we mean how usefully you spend your time at home, at school, and in the community. More specifically, we mean the following: whether you spend time in lessons or practice music or

other art activities, whether you spend time in sports, clubs or other organizations at school and/or in your community, whether you spend time in religious activities, and whether you are out with your friends with nothing special to do during the week.

Let's talk about each of these kinds of constructive uses of time.

How much of each of these kinds of constructive uses of time have you had since you came into care? (go over each kind of constructive uses of time in turn).

How did it develop?

Commitment to Learning

Next, we will discuss *Commitment to Learning*. By commitment to learning, in general, we mean the desire to do well in school. More specifically, we mean the following: whether you feel motivated to do well in school, whether you actively participate in learning, whether you do homework every day, whether you care about your school, and whether you read for fun.

Let's talk about each of these kinds of commitment to learning.

How much of each of these kinds of commitment to learning have you had since you came into care? (go over each kind of commitment to learning in turn).

How did it develop?

Positive Values

Next, we will talk about *Positive Values*. By positive values, in general, we mean things that you and others view as helpful and important. More specifically, we mean the following: whether you place a high value on helping other people, on promoting equality and reducing hunger and poverty, whether you act on and stand up for your beliefs, whether you tell the truth even when it is hard, whether you accept and take personal responsibility, and whether you believe that it is important to not be sexually active or to use alcohol or other drugs.

Let's talk about each of these kinds of positive values.

How many of each of these kinds of positive values have you had since you came into care?

(go over each kind of positive value in turn).

How did it develop?

Social Competencies

Next, we will talk about *Social Competencies*. By social competencies, in general, we mean skills in performing social tasks, actions, or functions successfully. More specifically, we mean the following: whether you have empathy, sensitivity, and friendship skills, whether you have knowledge of and are comfortable with people of different cultural, racial, or ethnic backgrounds, whether you can resist negative peer pressure and dangerous situations, and whether you try to resolve conflict nonviolently.

Let's talk about each of these kinds of social competencies.

How many of each of these kinds of social competencies have you had since you came into care? (go over each kind of social competency in turn).

How did it develop?

Positive Identity

Lastly, we will talk about *Positive Identity*. By positive identity, in general, we mean a positive view of oneself. More specifically, we mean the following: whether you feel that you have control over things that happen to you, whether you have high self-esteem, whether you feel that your life has a purpose, and whether you are optimistic about your future.

Let's talk about each of these kinds of positive identity.

How much of each of these kinds of positive identity have you had since you came into care? (go over each kind of positive identity in turn).

How did it develop?