Predictors of Placement Satisfaction for Foster Youth

Shereen McFarlane

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Predictors of Placement Satisfaction for Foster Youth

by

Shereen McFarlane

A Dissertation submitted in partial satisfaction of the requirements for the degree
Doctor of Philosophy in Family Studies

September 2015
Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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Youth in the foster care system are often removed from their biological families because of challenges to their safety and wellbeing and are often at risk for further placement disruption and poor socio-emotional development. Placement stability is a crucial component to establishing permanency and placement satisfaction might be a contributing factor. This study uses an ecological framework to explore the impact of the foster youth’s ecosystem, such as the foster child, foster parent, child welfare worker, and the placement environment on placement satisfaction. This quantitative study uses secondary data to determine the predictability of these factors on placement satisfaction of foster youth (10-17) in care for at least a year. Results from cross-sectional and longitudinal analyses show that the youth’s perception of their relationship with the caregiver, and type of placement are important contributors to placement satisfaction. The study has important implications for theory, research, and practice.
CHAPTER I

INTRODUCTION

The United States of America Adoption and Foster Care Analysis Reporting System (AFCARS) in 2009 reported that there were approximately 424,000 children in foster care. While the major goal of fostering is reunification, 50% of children will be reunified and the rest will remain in an out-of-home placement. Many of the youth that remain in foster care are between the ages of 11 and 18. As such, these youth will be in foster care on a long term or permanent basis (AFCARS, 2009). In contrast, available data in Canada estimate that in 2007 approximately 67,000 children were in out-of-home care on any given day. In the province of Ontario, just over 18,000 care reside in foster care. In 2010, 33% of these youth were over the age of 16 years (Courtney, Flynn, & Beaupre, 2013).

In a review of the foster care population, Courtney, Flynn, and Beaupre (2013) noted that there are four main differences between the child welfare systems in United States and Canada. First, federal leadership plays an important role in child welfare matters in the United States whereas in Canada federal leadership does not exist. In Canada, the leadership is the sole responsibility of the 10 provinces and 3 territories. Second, Canadian services to young people is heavily influenced by England’s Looking After Children approach to child welfare but that approach has had little to no impact in the United States. Third, while aboriginal children are over-represented in care in Canada, in the United States, African American children are disproportionately represented. Fourth, the United States has conducted more experimental and quasi-experimental outcome evaluations than Canada. However, it can be argued that the
The research literature on foster children has pointed out that family disruption can negatively impact socio-emotional development (Lawrence, Carlson, & Egeland, 2006). Zima et al. (2000) noted that children in foster care often have behavioral problems and academic delays. In regards to transitioning into adulthood, Berzin (2008) highlighted that foster youth approaching adulthood fare poorly on various economic and social outcomes. In an examination of the experiences associated with foster care, Bruskas (2008) concluded that children often experience feelings of confusion, fear, apprehension of the unknown, sadness, anxiety, and stress. Bruskas suggests that these feelings and experiences must be addressed to decrease poor developmental and mental health outcomes.

Child welfare agencies have adopted various interventions to keep children in compromised families safe, as well as attempted to minimize the impact of the family disruption on their global and socio-emotional development. Policies such as permanency planning, which employ adoption, long-term foster care, and kinship care, are used to provide stability for children who are moved from their biological homes. However, there are mixed results on how well these interventions achieve the goal of maintaining and establishing stability or how effective they are at minimizing adverse effects.

Permanency in foster care is the process of seeking to establish and provide stability for children who have been removed from their family-of-origin (Terpstra, 1987). Permanency planning includes family preservation, reunification, permanent foster care or relative care and adoption (Tilbury & Osmond, 2006). Through long-term relationship with foster parents, foster youth can develop relationships that facilitate a
sense of belonging and emotional security (Frey, et al., 2008). The wellbeing, social functioning, and competency of foster children are impacted by the quality of the attachments formed between the caregiver and the child (Tilbury & Osmond, 2006).

One challenge with permanency planning is deciding which option is best for the child or youth. Initially, foster care was seen as a temporary solution in which the primary outcome was family reunification; however, more children are remaining in foster care on a long-term basis (Mapp & Steinberg, 2007). In a clinical application of permanency, Gauthier, Fortin, and Jeliu (2004) observed this reality. For this reason, they often recommend that children remain in the foster home. In many cases, they have noticed that children who are progressively integrated with their biological family tend to experience severe behavioral difficulties. They argue that the longer the child has been separated from their biological parents, the more likely they are to develop stronger attachments with their foster parents. This bond with the foster family will result in challenges and/or issues with reintegration with their biological family. However, Frey et al. (2008) noted that child welfare agencies tend not to explore the ‘family like relationship’ within foster care and the possibility of legal permanence through guardianship or adoption. The article noted that there are various reasons why legal permanency with foster families is not an explored option.

As an intervention, foster families are widely used to provide the elements of family life that are missing when children are removed from their home. The ability to form and maintain relationships becomes increasingly difficulty for children who have been maltreated (Frey, Cushing, Freundlich, & Brenner, 2008). Thus, the relationship that is developed between the foster child and the foster parent is important. It has been
shown that behavioral outcomes also have been associated with caregiver sensitivity, which is positively related to externalizing and internalizing behaviors of infants (Oosterman & Schuengel, 2008).

Placement stability is a key component in meeting the goal of permanency and reducing the psychosocial effects of being removed from biological families (Crum, 2010; Ward, 2009). According to the United States Department of Health and Human Services, placement stability is defined as 2 or fewer moves in the course of the life of a child. The research has focused on identifying factors that contribute to establishing placement stability as an indirect measure of permanency. Placement satisfaction is a rating that seeks to determine the foster youth’s comfort and level happiness with a particular placement. Gathering input from the foster youth about their placement may be helpful in increasing their sense of empowerment (Wilson & Conroy, 1999). Their input about their satisfaction might also be beneficial in establishing their placement stability. However, very little attention has been given to highlighting the variables that are associated with placement satisfaction among foster youth who are currently in care and are able to self-report on their satisfaction. Exploring the predictors of placement satisfaction may provide another avenue in the process of achieving permanency among foster youth.

An ecological perspective is beneficial in gaining a comprehensive understanding of how factors in a foster youth’s environment can impact how satisfied foster youth are with their placement. Foster youth and their families do not operate in isolation, but can be considered an ecosystem that interacts with different levels of their environment (Henderson & Scannapieco, 2006; Hong, Algood, Chiu & Ai-Ping Lee, 2011; Milner,
Henderson and Scannapieco (2006) argue that foster care can be complex and attention should be given to how various levels (micro, meso and macro) of the ecosystem interact. Their study found three external factors that are significant predictors of effective foster parenting. These include positive parent-child interaction, participation in religious/spiritual activities, and agency training attendance. This highlights how the community can influence the micro system.

Various professional systems are involved in the care and management of foster youth. This often includes social workers, lawyers, foster agencies, therapists, and doctors (Barratt, 2002). As a result, yet different from non-foster families, these professional systems have a direct influence on various aspects of a foster youth’s experience in care. In addition to professional systems, biological families and siblings are part of the foster child/youth’s environment even when the child or youth resides in a foster home (Hong et al., 2011). The influences that natural families exert on a foster youth’s satisfaction with placement is important to explore especially when youth are placed in long-term care. However, very few studies have taken into account the impact that these external systems have on their perception of their placement.

Placement stability is essential to minimize the negative impact of placement disruption. Exploring the placement satisfaction of foster youth might be helpful in achieving placement stability. This present study, using an ecological lens, will seek to determine the influence of various characteristics associated with social workers, foster parents, foster youth, and their placement on placement satisfaction. Secondly, this study will explore the influence of these factors on placement satisfaction over time. Secondary data from larger study, the Ontario Looking After Children (OnLAC) project, will be
used to examine the aforementioned objectives. The study will focus on the data collected from social workers, foster parents, and adolescents about different aspects of out-of-home placement of youth between the ages of 12 and 17. A quantitative analysis will be used to determine the unique effects of foster youth, foster parents, social workers, and placement characteristics on placement satisfaction.
CHAPTER II

CONCEPTUAL FRAMEWORK

In the foster care system, foster youth interact with and respond to various individuals who are part of their lives. These individuals include biological families, foster families, social workers, and social services agencies. The type of interactions these persons have with the foster youth may be related to or may be able to predict the satisfaction level of foster youth. As such, several factors associated with the youth’s environment can prove to have a positive or negative impact on the socio-emotional development of a child as well as their level of satisfaction. The perception of a specific experience or event could depend on the way in which these various factors interact with each other.

In this present study, ecological theory has been chosen as the lens through which to view this particular phenomenon. Ecological theory provides a framework that highlights the ways in which different levels of a system interact and influences how foster youth perceive their out-of-home placements. More specifically, this study will use the concepts of ecological theory to explore how different levels of an ecosystem interact within these foster families.

Ecological theory (Bronfenbrenner, 1977) suggests that each level in the ecosystem exists in a bidirectional relationship. At the micro level, the caregiver and foster youth develop a relationship or interaction that can be considered adaptive for a foster youth’s development. In the process of this development, biological families such as siblings and relatives, at the meso level, can impact the how foster youth view their placement. Similarly, yet to a different extent, the involvement of social workers in the
foster family life can play a part in how satisfied foster youth are with their current placement. Lastly, the foster youth’s environment or placement characteristics may contribute to how satisfied they are with their placement. The impact of the mesosystem and exosystem on the microsystem of the foster home and more specifically the placement satisfaction of the foster youth will be explored. This current study will also determine the influence of these various factors placement satisfaction over time. The theoretical concepts will be explored in detail in this chapter and will also serve as theoretical foundation for this study.

**Origins and Concepts of Ecological Theory**

Ecological theory posits that human development is linked to the environment in which the individual lives (Bretherton, 1993). Individuals develop in a familial and societal context, which emphasizes the need to study the interrelationships between subsystems especially during times of transitions (Bretherton, 1993).

Bronfenbrenner (1977) defined the ecological environment as a nested arrangement of structures, where each is contained within the next. The structure of the environment includes four levels: the microsystem, mesosystem, exosystem, and macrosystem. A microsystem describes the complex interactions between an individual and the individuals or systems in her/his immediate environment. These include home, school, or workplace. The mesosystem represents the interrelations between various microsystems of the individual. As an extension of the mesosystem, an exosystem accounts for other social structures that do not necessarily include the individual. This would include, the surrounding neighborhood/community, the mass media and agencies
of government. Different from the former systems, the macrosystem refers to the general prototypes or set of patterns that exist within cultures and subcultures (Bronfenbrenner, 1977). A later addition to the theory incorporates the chronosystem, which accounts for the changes in systems over time (Bronfenbrenner, 1994).

More recently, Bronfenbrenner (2000) offered further insight into the original ecological model now referred to as the bio-ecological model. The primary focus in this model is the proximal processes, which are the mechanisms that produce development. Two propositions arise from this new formulation. First, human development occurs through progressively more complex reciprocal interactions between individuals, objects, and symbols in the immediate environment. These interactions must occur on a regular basis over an extended period of time. The second proposition looks at the extent (that is form, power, content, and direction) to which the proximal process effects developmental change, systematically depending on the environment, the nature of the developmental outcomes, and social continuities (Bronfenbrenner, 2000). Naturally following from proposition one, Bronfenbrenner (2000) notes that the ability of proximal processes to effect development are increased when a strong emotional attachment relationship has been developed.

Some researchers have used ecological theory to better understand and explain various phenomena that occur within the foster care system. Milner (1987) explored the factors that contributed to the extended amount of time that children remained in foster care through a social ecology framework. Milner suggested that problems exist in the transactions between individuals and their environment and should not be attributed to the individual or the environment itself. In addition, children and families are dependent
on external resources such as social workers and agencies for appropriate development and functioning; thus, the interactions between the external systems of support should not be ignored.

Henderson and Scannapieco (2006) also supported an ecological perspective on effective foster care. They argue that there are multiple contributing factors responsible for the presence of child maltreatment and understanding their interactions are appropriate for informing the movement towards effective foster caring. Their study revealed three main predictors of effective fostering; positive interaction between foster parent and foster child, religious involvement, and attendance to agency training. Agency training seems to indicate that a connection to and support from the community may influence the dynamics within a foster home.

While other studies have used attachment theory primarily as a foundation of permanency planning, Howe (1983) chose to use an ecological perspective when looking at permanency planning. He noted from other works that there are four ecological principles that facilitate the permanency planning process. First and foremost, interactionism was used. Interactionism assumes that behavioral and emotional responses are not only influenced by personality and environment, but by complex interactions between the person and environment. Next, transactionism identifies individuals as active participants in the transactions with their environment. There is then an emphasis of a resultant adaptive process where the behavior is viewed in terms of its ability to facilitate functional adaption to their environment. Lastly, there is a strength-based orientation focusing on successful adaptive efforts rather than deficits (Howe, 1983). Howe also suggests that in adoptive cases, the child-family interaction should be assessed where the
interaction may be influenced by broader aspects of the child’s life such as the biological family’s attitudes towards adoption.

Hong, et al (2011) examined empirical studies on kinship from an ecological perspective. The five levels of the ecological system were defined in the following way: microsystem included the caregiver-child relationship, attachment, and kinship environment; mesosystem included the biological families, the exosystem included the social support network outside of the family, the macrosystem included race/ethnicity and policies, and the chronosystem identified welfare reform. At the micro level, they found it important for case coordination and clinical therapeutic interventions to address the caregiver-child relationship and the attachment concerns that kinship foster caretakers and children may experience. This study recognized the need to attend to the extended family networks as it relates to racial and ethnic minorities. At the macro level, child welfare policies need to attend to the disparities in permanency planning and funding differences among kinship versus non-kinship care. Hong et al. (2011) conclude that all levels of the ecological system theory play an important role in the functioning of foster care for children and families.

In the foster care system the interactions between the foster family, biological family, siblings, and social worker are essential. According to ecological theory, each level has an impact on each other resulting in a bidirectional influence. It is this influence and impact on placement satisfaction that this study seeks to explore. When this interaction is positive, the youth can benefit by improving self-esteem and achieving stability. This is of utmost importance when the permanency plan is long-term foster care or adoption.
Foster children are often still connected to their biological families, which may include their parents, siblings, or extended family, thus making up the mesosystem. The interactions between the microsystem of the foster family and mesosystem of the biological and extended family can influence the perception of a foster youth’s placement. The type (positively or negatively) and the extent of the impact are still to be determined. The contribution of social workers in these interactions allows for an examination of the exosystem and its association to the level of satisfaction. Moreover, including descriptors of the environment, represented by placement characteristics, is important in the evaluation of these interactions in an effort to better understand how the different levels of the ecosystem impact placement satisfaction among youth.

In consideration of these ecological concepts and the aforementioned studies, it is possible that the various levels of a foster youth’s environment can influence the degree of satisfaction they have with their placement. Characteristics that are related to the youth, the foster parents, social workers and their placement environment may contribute positively or negatively their level of satisfaction. Indirectly, their level of satisfaction with their placement may determine whether or not the placement will disrupt. Accounting for all the possible variables that may contribute to placement satisfaction will give a more complete picture of what is necessary in achieving placement satisfaction among foster youth. As such, ecological theory is interwoven throughout this current study and all levels of environments are assessed to explore their impact on the placement satisfaction for these youth in care.
CHAPTER III
LITERATURE REVIEW

The disruption and displacement of family members from their family-of-origin or other foster placements can have significant negative impact on overall wellbeing, especially for youth. Settling into a new family, as in the case of foster families, can have its unique challenges and obstacles in the pursuit of stability. This present literature review focuses on the characteristics of foster youth, foster parents, social worker and placement that have bearing on youth’s placement stability and/or satisfaction and highlights the gaps on how these characteristics influences the foster youth’s perception of placement.

Placement Stability

Establishing placement stability is of utmost importance for children who have been removed from their biological homes. In the research, frequent movements characterize placement instability or disruption for example, moving from one foster home to another out-of-home placement (Holtan, Handegard, Thornblad, & Arild Vis, 2013; O’Neill, Risley-Curtiss, Ayon, Williams, 2012; Ward, 2009). However, minimizing placement disruption is somewhat difficult because there are multiple factors that contribute to placement success or disruption.

Most recently, Holtan, et al. (2013) examined factors associated with placement disruption in long-term kinship and non-kinship foster care in Norway. They focused on factors related to the child’s background: age at placement, behavior problems, placement history and reasons for out-of-home placement, and placement-related factors (kinship
foster care, inclusion and sense of belonging, presence of foster parent’s biological children and siblings placements, contact with biological parents and the child, child protection support and professionalism of workers, and demography of caregivers). Their results revealed that none of the aforementioned variables were associated with placement disruption. Holtan et al (2013) suggested their findings may be due to the low disruption rate among this particular sample in which long-term placements are only disrupted after an average time of 8.9 years. This is in contrast to previous research that suggests that placements are more likely to disrupt during the first six months of placement (Oosterman et al., 2007).

Factors related to foster parents have also been explored. Crum (2010) sought to identify parenting characteristics that were associated with placement disruption or stability. The parenting characteristics included parent support, parenting satisfaction, communication, limit setting, and a measure of parenting alliance between biological, adoptive or foster parents (Crum, 2010). Univariate analysis was conducted on demographical information about the foster parents. However, these variables were not used as predictors of placement stability. The results demonstrated that two of the parenting characteristics, parenting support and limit setting, accounted for the majority of the variance in placement stability.

Other environmental components have been associated with placement success, stability, or disruption. Placements were more successful when foster parents were child oriented, warm, and when foster parents’ characteristics matched (Wilson, 2006). Further, placements were less likely to be disrupted when foster children wanted to stay in the placement (Sinclair & Wilson, 2003). The ability of foster parents to manage
challenging behaviors and attachments appropriately, and reinforce foster children’s identity, as well as self-esteem is crucial in maintaining stable placements. Positive parent-child interaction, participation in religious or spiritual activities, and attendance at agency trainings were identified as factors that contribute to a successful placement from an ecological perspective (Henderson & Scannapieco, 2006).

Placement Satisfaction

The research has attended to factors that contribute to placement stability, but has minimally explored youth’s satisfaction with their placement. Some studies have explored how these factors impact placement satisfaction. Flynn, Robitaille, and Ghazal (2006) identified 10 studies between 1976 and 2004 that have explored placement satisfaction among foster youth (Baldry & Kemmis, 1998; Barber & Delfabbro, 2004 study 1; and Barber & Delfabbro, 2004 study 2; Chalmers, 1996; Gil & Bogart, 1982; Jacobson & Cockerum, 1976; Jonson, Yoken, & Voss, 1995; Rice & McFadden, 1988; Wedeven, Pecora, Hurwitz, Howell, & Newell, 1997; Wilson & Conroy, 1999). The majority of these studies were contemporaneous, where the studies examined the current level of satisfaction (Baldry & Kemmis, 1998; Barber & Delfabbro, 2004 study 2; Gil & Bogart, 1982; Jonson, Yoken, & Voss, 1995; Rice & McFadden, 1988; Wilson & Conroy, 1999). Three studies were retrospective (Chalmers, 1996; Jacobson & Cockerum, 1976; and Wedeven, Pecora, Hurwitz, Howell, & Newell, 1997) which explored the past experiences of former foster youth, and one study was prospective following youth from an earlier starting point and inquiring about their current placement satisfaction (Barber & Delfabbro, 2004 study 1). The sample sizes of these studies ranged
from 7 -1100 where 9 studies had a sample size under 100 and one study by Wilson & Conroy, 1999 had the largest N. The age range was from 5-35, where the older participants were primarily involved in the retrospective studies.

In most of these studies data was collected through interviews and group meetings and two studies used a questionnaire or survey. The quantitative and qualitative measures of placement satisfaction generally included questions about how the child would rate their safety, inclusion, and feeling loved in the home. Some of these studies also included an exploration of the youth’s satisfaction with the caseworker, foster agencies, and examined their interactions with their biological families. Nine of these studies reported high satisfaction with placement, and in three of these studies, satisfaction levels with foster care placements were higher than group care placements (Flynn et al., 2006).

Using a Canadian sample, Flynn et al (2006) found similar results. They were also able to identify predictors of placement satisfaction using hierarchical regression analysis. The young person’s age, gender, and level of physical aggression accounted for 6% of the variance in placement satisfaction in step 1. Type of placement explained an additional 10% in step 2, and in step 3, relationships with the female caregiver and friends, respectively, further accounted for an additional 46% of the variance. Taken all together, these variables accounted for 61% of the variance in placement satisfaction (Flynn et al, 2006).

Since 2004, recent studies have examined placement satisfaction with residential care (Southwell & Fraser, 2010), and adoption (Gillum & O’Brien, 2010). Other studies have explored foster youth’s preferences and perceptions of their current placement (Chapman, Wall & Barth, 2004; Merritt, 2008). Cheung, Goodman, Leckie, and Jenkins
(2011) examined the predicative power of placement satisfaction on externalizing behaviors and found that children who were satisfied with their placement displayed significantly lower levels of externalizing behaviors. In a study conducted by Nash and Flynn (2009) it was found that foster parenting training, a foster parent related variable, was not a predictor of placement satisfaction. The latter two studies used variations of the same placement satisfaction scale developed by Flynn et al (2006). The original version consisted of 9-items, which was later reduced to a 6-item scale to achieve parsimony. This scale was determined to be reliable and valid in previous research (Flynn et al., 2006).

The literature has identified some factors that demonstrate an association with placement success and stability. These included factors related to the foster parent, and the foster child. Very few studies have explored the impact of social workers on placement stability and success. Further still these factors have rarely been connected to the child’s rating of placement satisfaction. The remaining portion of this literature review will look at factors present in the youth’s environment and discuss some of the findings related to placement satisfaction.

**Placement Characteristics**

*Type of Placement*

Foster children are often placed in one of the following out-of-placement settings, group care, non-relative placement, kinship or relative placement. Group care has consistently been associated with poor developmental outcomes and increased levels of placement instability. Baskin and Sommers (2011) found that adolescents within foster
families were less likely than youth in-group homes to engage in delinquent behavior. In fact, these authors found that group home placement was a strong predictor of overall arrests and non-violent crime, but not for violent crime arrests. They further explained that the most consistent predictor of delinquency were age of placement and placement instability (Baskin et al., 2011). Thus, social work practice and policies have been leaning towards kinship care, and if not available, a non-relative placement.

Kinship is an out-of-home placement that involves formally placing children with relatives (Grogan-Kaylor, 2000). Placing children with their family members is expected to yield positive outcomes as compared to children who have been placed in a non-relative placement. The rationale being that due to the kin bond and the value of children who are related, kin are often willing to step in, and/or may even feel obligated to provide care when children are victims (Kang, 2007). However, studies have found that there is little to no difference in children’s psychosocial outcomes between relative and non-relative placements (Benedict, Zurzvin, & Stallings, 1996; Cole 2006; Farmer, 2009).

It is interesting to note that some studies have identified differences within the environment and the quality of care between kin and non-kin placements. In assessing the quality of kinship care versus foster care, Berrick (1997) found that kin caregivers often minimized the difficulties of the experience. In other words, they tended to believe that the children in their home were less emotionally traumatized than non-kin foster parents. They also found that the neighborhoods of kinship households were less safe than those of non-kin homes; often having problems related to drugs and alcohol (Benedict, Zurzvin, & Stallings, 1996; Berrick, 1997). It was also noted that the neighborhoods of relatives were often compromised (Berrick, 1997). For example,
Metzger (2008) found that biological families were struggling with poverty, homelessness and drug addiction. Farmer (2009) concluded that relative placements were also disadvantaged in the areas of finances, housing, and health in comparison to foster care residency.

In contrast, research has shown some positive advantages of kinship foster care placements. For example, Berrick (1997) found that children in kinship care tend to stay longer, are less likely to re-enter the system, and are more likely to foster a relationship with their birth parents. Metzger (2008) asserts that benefits include increased connection between birth mothers and children in kinship care which contributes to the children and youth having a better self-concept. Further, children placed in foster homes were 87% less likely to achieve placement stability as compared children in kinship homes (O’Neill, et al, 2012). What is not clear is whether or not foster youth are more satisfied with being in a relative or non-relative home as increased satisfaction may lead to placement stability.

Number of Children in the Home

Very few studies have examined if the total number of children in the foster home is related to placement instability. One study by Chamberlain et al. (2006) found that as the number of other children in care in the home increased the likelihood of disruption also increased. No studies have examined if the number of children in the out-of-home placements is related to placement satisfaction.
Characteristics of Caregivers

Foster parents are a crucial component in the care of youth in out-of-home placements (Rosenwald & Bronstein, 2008). Foster children have experienced traumatic experiences that leave them vulnerable to poor and/or slower social, emotional, and physical development. Further, children who are removed from their mother figures as a result of not being cared for are more likely to crave love, feel guilty, and anxious (Luke & Coyne, 2008). The point at which foster parents intersect with foster children is an important juncture that should be closely examined, since the close relational interaction with foster children can definitely impact the dynamics of placement. Thus, foster parents can have an important role in the ability of buffering some of the effects of negative experiences. Yet, very little attention has been given to how specific characteristics of foster parents can influence children’s placement satisfaction.

Foster Parent Training/Parenting Skills

Foster youth often experience socio-emotional, and behavioral challenges related to abusive histories and removal from their biological home. Thus, foster parent training is essential in equipping foster parents with the parenting skills and knowledge necessary to provide care to foster youth.

The research has identified some skills that would be helpful with working with children who are in care. Using data from longitudinal study, Schofield and Beek (2005) described a model of parenting that would be helpful in caring for older foster youth. The model identified five dimensions that are important in providing a secure base for foster children who have been maltreated. Interviews were conducted with both foster
children and foster parents at both phases. Interviews for foster parents focused on behavior patterns, relationships, school activities, contact with birth parents and support from professional agencies. Children interviews focused on family relationships, school, friends, and activities. This study suggested that when these dimensions are included in the parenting process security is promoted (Schofield & Beek, 2005).

Wilson, Petrie, and Sinclair (2003) assert that responsive parenting is essential for a successful foster placement. A responsive parent is able to appropriately handle the development of attachment, and manage challenging behaviors. As a result, socially acceptable identity and positive self-esteem are reinforced (Wilson et al., 2003). When parents are responsive they create a sense of safety, support foster children’s achievements, and assist in the regulation of moods and behaviors.

Currently, it is required that foster parents participate in pre-service training to become licensed/or certified as foster parents in most states (Dorsey et al., 2008) and in one province in Canada (Nash & Flynn, 2009). The most popular training programs are Model Approach to partnerships in Parenting/Group Preparation and Selection of Foster and/or Adoptive Families (MAPP/GPS, Pasztor, 1987), and Parent Resources for Information, Development, and Education (PRIDE, Child Welfare League of America, 2003). While both programs address core foster care values and discuss policies and procedures, they minimally address the every day concerns such as reducing problem behaviors (Dorsey et al., 2008; Rork & McNeil, 2011).

In an effort to assist foster parents in the management of challenging behaviors in their foster youth, training techniques have included using cognitive methods (McDonald & Turner, 2005), small groups (Pithouse, Hill-Tout, & Lowe, 2002), positive and
collaborative parenting (Linares, Montalto, Li, & Oza, 2006; McDaniel, Braiden, Onyekwelu, Murphy, & Regan, 2011) and training in attachment behaviors (Dozier, Lindhiem, Lewis, Bick, Bernard, & Peloso, 2009; Dozier, Peloso, Lindhiem, Gordon, Manni, Sepulveda, Ackerman, Bernier, & Levine, 2006; Schofield & Beek, 2005). However, there are often methodological limitations in measuring the effectiveness of training programs and the outcome variables differ from study to study (Rork & McNeil, 2011).

The effectiveness of training has been assessed on reducing externalizing or internalizing behaviors (McDonald, & Turner, 2005), improving parenting strategies and skills (Linares, Montalto, Li & Oza, 2006) and others studies have sought to understand the effectiveness of foster training on both externalizing and internalizing behaviors and parents’ strategies and skills (Price, Chamberlin, Landsverk, & Reid, 2009). Overall, foster parent training seems to be beneficial when examining placement stability, parent attitudes, parenting skills, and emotion-tension (Boyd & Remy, 1978; Czerwinskyj, 2002; Levant & Slattery, 1982). Very few studies have examined how foster parent training impacts the child’s perception of placement satisfaction.

One study by Nash and Flynn (2009) explored the possible links between training and selected foster-child (aged 10-17) outcomes. The training variables included different types of training such as: agency-specific training, Looking After Children (LAC) training, PRIDE training, community college training, and other training. The child outcomes were the Strengths and Difficulties Questionnaire Total Difficulties (SDQ-TD), the Internal Developmental Assets Scale (IDA), the child’s relationship with the foster mother and father, separately, and the child’s placement satisfaction. They found that
foster parenting significantly predicted only two of the foster child outcomes SDQ-TD and IDA, but foster parent training was not a significant predictor of placement satisfaction.

**Religious Affiliation**

Religion plays an important role in the establishing a child’s identity. The challenge, however, is that foster families often have different religious beliefs from their foster child or children (Schatz & Horejsi, 1996). Very few studies have explored whether or not matching foster children and foster families based on religious beliefs improves the psychosocial outcomes of youth. Further, no studies have examined the impact of foster parents’ religious affiliation on placement satisfaction.

Most studies highlight the influence of religious affiliation on the likelihood of becoming a foster parent (Ciarrochi, Randle, Miller & Dolnicar, 2012; Schatz & Horejsi, 1996) and increased satisfaction in their role as a foster parent (Cox, Buehler, & Orme, 2002). Belanger, Copeland, and Cheung (2008) found that faith was positively related to the number of children adopted and the total number of children living in the home. They found also that religious adoptive parents experience less parental stress. Since older foster youth will tend to stay in out-of-home placements longer it may be important to explore if foster parents’ religious affiliation is predictive of a foster child’s satisfaction of their placement.

**Cultural Similarity**

Matching foster children and foster parent based on ethnicity is usually
recommended, though not always achieved. In comparison to white foster families Native American caregivers were twice as likely to achieve placement stability, Latino families were just as likely and black families were less likely to achieve placement stability (O’Neil et al., 2012). However, in a qualitative study of African American youth placed in kinship care, Schwartz (2010) found that these youth experience less placement disruption. This would be an important factor to determine especially since it is difficult to achieve a match between foster parents and foster youth. However, this characteristic has not been explored in relation the placement satisfaction among foster youth.

**Support of Family Contact**

Loss of familial relationships can have a detrimental impact on the wellbeing of children who are separated from their caregivers. In an effort to maintain these relationships, family visits are encouraged (Haight, Kagle, & Black, 2003; Leathers, 2003). Parental visitation is considered the primary intervention for the continuity of parent-child relationships. However, the results from various studies are mixed with respect to the experiences of the children and foster parents, the quality of the parent-child interaction, and the impact of the visits on the foster parent-child interaction (Haight et al., 2003).

In an examination of the visiting patterns (regular and frequent, regular but infrequent, infrequent and no access) and placement status (crisis, ambiguous and successful), the frequency of and presence of visits seem to matter (Browne & Moloney, 2002). In this study they found that successful placement fell into the visiting patterns of both regular and frequent, and no access visitation. Surprisingly, crisis placements were
also more likely to fall into these visiting patterns. The ambiguous placements most often coincided with an infrequent visiting pattern. Browne and Moloney (2002) conclude that the infrequent visiting patterns are more likely to leave children uncertain about their future placement status.

The impact of family visits on psychosocial functioning has been explored (Cantos et al., 1997; Leathers, 2003). As part of their study, Cantos et al. (1997) examined internalizing and externalizing behaviors of children who were visited regularly, irregularly, and not at all. They found that children that were visited regularly exhibited fewer internalizing behaviors problems. Their findings were also similar for externalizing behaviors problems. Leathers (2003) also explored emotional and behavioral problems in association with biological visits. In their study, they considered loyalty conflict between foster children, foster parents, and biological parents. The results suggest that emotional and behavioral problems are not directly related to parental visits. Instead, children find it difficult to maintain strong relationships with both their biological mother and foster families. While loyalty conflict is not largely responsible for emotional and behavioral difficulties, this type of distress has long-term implications for future socio-emotional adjustment (Leathers, 2003).

Research has suggested that one of the benefits of maintaining biological visits is that children who were visited frequently are more likely to be returned to their parents. However, the relationship between visiting and discharge might not be a causal one (Cantos et al., 1997). Further, though biological visits might increase the likelihood of returning home, an overwhelming benefit is not evident. In fact, Leathers (2003) argues that the continued presence of the biological mother contributes to the loyalty conflicts
and inhibits the ability to develop strong ties with the foster family. In addition, foster families are also concerned about false allegations and interference from the biological family (James, 2004).

The research seems to imply that continued contact with biological families might hinder the goal of achieving stability. What is not clear is how the maintenance of family visits influence placement satisfaction. It would be reasonable to suggest that continued support of biological visits would not be predictive of placement satisfaction.

**Length of Service as a Foster Parent**

It stands to reason that foster parents who have more experience or a number of years providing care for youth would have an impact on the psychosocial functioning or on a child’s perception of their placement. Gibbs and Wildfire (2007) noted that foster parents who have fostered longer tend to be older, care for more children at a time, and care for children with special needs. Caregiver experience has an impact on placement stability with young children (ages 1-5) and middle-aged children (6-10), but not as strong as expected (O’Neill, et al., 2012). However, there is a gap in the literature in exploring how a foster parent’s length of service contributes to placement satisfaction.

**Characteristics of Foster Youth**

**Mental Health/Physical Health**

Mental and physical health issues are areas of concern for children in foster care. Children who are removed from their caregivers due to neglect are more likely to crave love, feel guilty, and experience feelings of anxiety (Luke & Coyne, 2008), and are at an
increased risk of developing mental health issues (Holtan, Ronning, Handegard, & Sourander, 2005). At a minimum, these mental health problems include sadness, fear, confusion, loss of biological ties, and stress (Brukas, 2008).

Some associations between out-of-home placement and physical health have been noted. It has been found that chronic health conditions such as asthma and other respiratory diseases, severe allergies, ear infections, and eczema/other skin diseases have been associated to younger children being in foster care (Jee, Barth, Szilagyi, Szilagyi, Aida, & Davis, 2006). In a comparison between adults with a history of foster care and adults without a history, Zlotnick, Tam, and Soman (2012) found that adults with a childhood history in foster care were likely to have chronic health problems. It is not clear how physical health impacts placement satisfaction; though, one might surmise that the presence of chronic health problems increase demands for care and thus increase the expectations and responsibilities of caregivers. As such, this is likely to influence the appraisal of placement satisfaction while in a foster care.

Externalizing and internalizing behaviors have been found to be negatively associated with placement stability (Barber, Delfarbro, & Cooper, 2001; Barth, et al., 2007, James, 2004, Newton, Litrowink, & Landsverk, 2000). In general, youth with a clinical score on the Child Behavioral Checklist (CBCL) were 2.5 more likely to experience 4 or more placement moves (Barth et al., 2007). Other studies have shown that foster youth’s challenging behaviors have been associated with the retention of foster parents (Brown & Bednar, 2006). Eggertsen (2008) found that delinquency, sexual abuse, minor health problems, and mental health problems were related to foster youth being in multiple placements. Such issues are likely to affect caregivers’ desire for continuance of
in-home care of child. However, it has not been established how foster youth’s physical and mental health affect their perception of placement.

**Internal and External Assets**

Youth in foster care are often faced with various life adversities. First and foremost, they are removed from their family-of-origin and are, most times, placed with strangers. Some reasons for being removed include neglect, physical abuse, domestic violence, sexual abuse, and emotional abuse (Guibord, Bell, Romano, & Rouillard, 2011). The impact of this family disruption has been evidenced in many developmental areas in the lives of these youth. For example, foster youth often suffer from higher incidences of mental health illness, educational disabilities, and financial insecurities (Pecora et al., 2005). In the face of these adversities and challenges it has been noted that foster youth will fare poorly on a variety of psychosocial outcomes and will also have difficulty with the transition into adulthood (Jones, 2012). Jones notes some of areas in which youth have difficulty when they emancipate from foster care. These include education, employment, homelessness, health, mental health, alcohol and drug use, and criminal justice involvement. Yet, it is unclear how these adversities contribute to the placement satisfaction among youth.

The research has focused on how these various adversities have contributed to psychosocial outcomes, such as mental health and education, and have found that, in general, foster youth will fare worse than their peers in the general population. However, despite these challenges, some youth will maintain good mental and emotional health and will also achieve educational success. Bernard (2004) identified two major protective
categories: personal and environmental. Personal factors are further broken down into four overlapping domains: social competence, problem solving, autonomy, and sense of hope. The environmental factors are represented by family, community or schools, which include caring relationships, positive expectations by family members, educators, and community members for achievement, and opportunities to participate and contribute.

In a study examining resilience among foster youth who completed a post-secondary education or vocational program, Hass and Graydon (2009) found that these youth identified a sense of competence, goals for the future, social support, and involvement in community services. When examining risk and protective factors for depression and substance abuse, Guibord, et al., (2011) found the females were at a greater risk for experiencing depression than males and that increasing age was a risk factor for substance abuse. This study also found that there was a lower risk for mental health problems when the youth perceived having a higher quality relationship with the caregiver and participation in extracurricular activities seemed to protect against depression and substance use.

From an ecological framework, Bell and Romano (2015) explored the perspectives of child welfare workers on protective factors. Child welfare workers noted that the child seems to do well when she/he is able to build and maintain meaningful relationships, have future goals, is committed to school, and is involved in extracurricular activities. They also noted the importance of early history and the amount of exposure to maltreatment. Child welfare workers identified other factors in the child’s environment that might be helpful such as foster family, the community, and the worker themselves. Some of the factors included the foster family’s ability to relate to the child, patience, and
problem solving abilities. The relationship between the foster caregiver and the youth was identified as very important, when the relationship includes good communication skills and spending time with the child. In consideration of the influence of the child welfare worker, when workers are able to develop a meaningful and consistent relationship with the youth, the youth seem to fare better (Bell & Romano, 2015). It would be important to determine whether or not these or other protective factors contribute to placement satisfaction among foster youth.

**Foster Youth’s Perception of Caregivers**

The perception and views of the foster youth are often unheard because they are a protected population. Thus, few studies have had the opportunity to study their perspective about out-of-home placements. In a qualitative study, Mitchell, Kuczynski, Tubbs, and Ross, (2010) interviewed 20 youth between the ages of 8 and 15. The youth in this study suggested that foster parents could assist children in transitioning into foster care. This includes informing children if there are any pets prior to entering the home, familiarizing them with the pets and people in the home, as well as other items in the home.

Mitchell, Kuczynski, Tubbs, and Ross, (2010) further expressed the importance of clearly outlining the rules in the home, giving each child a responsibility such as a specific chore, being sensitive to each child’s feelings, and building a personal relationship with each child (Mitchell et al, 2010). Sinclair and Wilson (2003) noted that children reported wanting a foster family that was loving, encouraging, respectful to them, cares about them, and treats them equally as members of the family. Foster
children also report a need to have a voice in foster family placement and/or permanent placement (Sinclair & Wilson, 2003). It is possible that this feedback about their placement may be a key component to maintaining stability.

**Number of Placements**

Foster youth who have a history of multiple placements are at an increased risk of placement instability (Price et al., 2008), and poor developmental outcomes (Barth et al., 2007). Connell et al. (2006) found that at least half of children in care experience one placement change with a median length of stay being 3.9 months. They also noted that emergency shelters have the highest risk of placement change followed by non-relative placements and relative placements. They also reported that while one previous placement change is not associated with increased risk of placement disruption, two or more placement removals increases the risk of placement disruption.

**Age at Placement**

Age seems to play a role in placement status of foster youth. In comparison with youth without emotional and behavioral problems, Barth et al. (2007) found that older youth with emotional and behavioral disorders were more likely to experience placement moves and disruption. Similarly, Connell et al. (2006) noted that the number of placement changes and breakdowns increase with age. Children in out-of-home placement homes, who are placed at older ages, tended to have shorter stays and more placement disruptions (Oosterman, et al., 2007). Adolescents who were placed in foster families at an earlier age were more likely to experience a secure attachment than foster
children who remained and were raised by institutions (Nowacki & Schoelmerich, 2010). It would be important to find out if placement satisfaction varies based on the age of the child in care.

**Characteristics of Social Workers**

Social workers and/or caseworkers, working on behalf of the government, are responsible for coordinating, monitoring, and advocating for children and youth who are in care. Other roles include case planning, providing therapy, case management, and acting as a client witness (Fein, Miller, Olmstead, & Howe, 1984). These tasks are important components of achieving the main goal of permanency. Social workers are responsible for making the decision about where to place a child and the expectation is that placement will be right the first time (Terpstra, 1987). This begins the interactions of the social worker at multiple levels of the child’s ecosystem. Thus, caseworkers are an integral part of the lives of children and youth in care.

The literature has explored child welfare worker qualities that are preferred by foster parents (Fisher, Gibbs, Sinclair, & Wilson, 2000), as well as the overall attitude of social workers (Norgate, Warhurst, Hayden, Osbourne, & Traill, 2012; Shlonsky, Bellamy, Elkins, & Ashare, 2005). But, the literature is sparse in identifying the impact of the social worker’s length of time with the child in care, their education, and experience in child welfare on placement satisfaction.

**Length of Time Working with Child in Foster Care**

The influence and role social workers play is evident; however, the literature does
not provide very much insight into how the characteristics of the social worker that might directly impact placement stability or satisfaction. Winter (2009) argues that social workers should build long-term consistent relationships in an effort to buffer poor socio-emotional outcomes. However, she notes that there are some challenges to developing these relationships. Child welfare workers in another study noted the same and added that child welfare workers have an important role in advocating for the child in care (Bell & Romano, 2015). For instance, social workers may have difficulty developing trust when they are primarily viewed as responsible for removing the child from their home. Furthermore, they often lack the time to spend with the children because of the size of their caseload and, at most, see the children once per month (Bell & Romano, 2015; Winter, 2009). Even so, the direct impact on placement satisfaction is unknown and needs to be studied.

**Education**

The level of education of the social worker is an important consideration in the assessment of placement satisfaction and stability among foster youth. But, there is very little in the research that examines the influence of the level of education of the social worker on the foster youth. Cheung, et al., (2011) explored the influence of workers and foster families on externalizing behaviors in children. More specifically, they examined worker education and found that social workers with less formal education are working with children with more challenging behaviors. In this study, they were not able to distinguish between possible selection and causal effects; however, they suggested that
the length of time working in the child welfare sector could better capture the worker effect on externalizing behaviors (Cheung et al., 2011).

**Length of Time Working in Field**

The literature alludes to the possible benefits of experience and the length of time working in child welfare, but it has not been completely researched (Cheung et al., 2011). So far, research has examined a social worker’s length of service in relation to stress and burnout (Kim, Ji, & Kao, 2011), and the effect on their attitudes (Chui & Chan, 2012), but is not discussed in relationship to placement satisfaction.

**Summary**

The research on foster youth has established that achieving placement stability is essential in minimizing the adverse effects of family disruption. Yet, few studies have sought to further understand how placement satisfaction is achieved. Flynn et al., (2006) identified 10 studies that examined placement satisfaction (Baldry & Kemmis, 1998; Barber & Delfabbro, 2004 study 1; and Barber & Delfabbro, 2004 study 2; Chalmers, 1996; Gil & Bogart, 1982; Jacobson & Cockerum, 1976; Jonson, Yoken, & Voss, 1995; Rice & McFadden, 1988; Wedeven, Pecora, Hurwitz, Howell, & Newell, 1997; Wilson & Conroy, 1999). However, there were some methodological limitations that must be noted with these studies. Since 2004 the issue of placement satisfaction has been sparsely explored, except for its association with foster parent training (Nash & Flynn, 2009), external and internalizing behaviors (Cheung et al., 2011), satisfaction with residential care (Southwell & Fraser, 2010), and adoption (Gillum & O’Brien, 2010). Three of the
10 studies identified above were retrospective, 6 studies were contemporaneous, and 1 was prospective. Some of the limitations of these studies were that the results were based on retrospective data and cross-sectional designs, which affect the inferences that can be made from the aforementioned studies. In addition, the data collected from these studies used interviews or group meetings primarily.

The research has provided significant information about the factors that influence and contribute to placement disruption and psychosocial outcomes. However, the past literature has given very little attention to understanding the factors that contribute to placement satisfaction. More specifically, the factors that are related to the foster youth, foster parents, social workers, and the placement have not been thoroughly explored. From an ecological perspective, various factors can influence how a child perceives their placement, and how satisfied they are with living their present placement. Unfortunately, the literature has not viewed placement satisfaction from this lens nor has thoroughly explored how the various characteristics of the foster parent, foster child, placement and social worker impact the foster youth’s perception of their out-of-home placement.

The present study explores the external factors in a foster youth’s environment and how they may influence placement satisfaction for them. It is assumed that there may be a connection between placement stability and placement satisfaction, though the research has not identified this relationship. The hypotheses of this study works on based on an assumption that the factors that contribute to placement disruption would also have a similar impact on placement satisfaction. Further, it is hypothesized that these external factors will have the same type of effect on placement satisfaction as they do with placement instability. Thus, the goals of this study is to, first, identify the predictors of
placement satisfaction, second, determine the extent to which each of these characteristics account for placement satisfaction, and third, examine the change in placement satisfaction over time.
CHAPTER IV
METHOD

Database Description

This study is part of a larger study referred to as Ontario Looking After Children (OnLAC) project. The Ontario Looking After Children (OnLAC) project began in 2000 with a grant from the Social Sciences and Humanities Research Council of Canada (SSHRC Strategic Grant No. 828-1999-1008) to Robert Flynn (Principal Investigator) and Douglas Angus, Tim Aubry, and Marie Drolet of what is now the Centre for Research in Educational and Community Services (CRECS) of the University of Ottawa. Initially, the Ministry of Community and Social Services (MCSS) of Ontario provided funding for this project and since 2004 the Ontario Association of Children’s Aid Societies (OACAS) and the Ontario Ministry of Children and Youth Services (MCYS) have also contributed funding.

Looking After Children takes a developmental approach to child welfare services, which originally began in England and Wales (Klein, Kufeldt, & Rideout, 2006). The Looking After Children approach follows three major principles (Klein et al., 2006). Children in care deserve the same quality parenting as children who experience loving, responsible parents in the community. Second, a collaborative effort among all who are involved (child welfare workers, foster families, biological families, and other professionals) is essential to adequately meet the needs of the children in care. Lastly, to promote the best outcomes interventions should be based on research and knowledge in child development (Jackson, & Kilroe, 1995). The Looking After Children approach has been implemented in several countries such as Australia, Canada, Hungary, and Sweden.
The OnLAC project uses the second Canadian adaptation of the Assessment and Action Record (AAR-C2; Flynn, et al., 2006) to assess, in seven developmental domains, youth who have been in care for a year or more, monitor their progress, and inform their annual revised plan of care. The AAR-C2 uses many single and multi-items measures to gather information covering seven domains, which include health, education, identity, social and family relations, social presentation, emotional and behavioral development, and self-care skills.

This present study uses the 2010 version of the AAR-C2, which was the instrument used for collecting data between 2001 and 2009. Specific developmental domains and background information from the OnLAC data as reported from the child welfare worker, the caregiver, and the youth in care will be used to explore the different levels of the ecosystem of foster youth (ages 10-17). Attention will be been given to the following domains: background information, health, social and family relationship, and emotional and behavioral development. Items from each domain are used to represent different characteristics associated with the foster youth, foster parent, social workers, placement, and placement satisfaction.

Procedure

The AAR-C2 has been administered to all young persons in care since 2001 using a conversational interviewing format among the critical persons involved in the young person’s care: the child or youth (10 years or older), the caregiver (i.e., foster parent or group home worker), and the child welfare worker. Participation from the Children’s Aid Societies (CAS) was voluntary during the pre-mandated phase (2001-2006) where
between 23 and 28 CASs were involved. In 2006 the MCYS mandated that the outcome-monitoring approach of the OnLAC project be used by all CAS’s, 53 in total. Thus, the AAR-C2 is administered to all children and adolescents in care for one year. As of 2009-2010 the AAR-C2 database has reached approximately 7090.

**Participants**

*Cross-sectional Sample.* The number of participants in the initial cross sectional sample was 5100; however, participants were removed for some of the following reasons: participants were in placements other than group homes and foster/kin care, misclassifications, and missing values. The final cross sectional sample was N= 4436, of which 2,514 (56.7%) were male and 1,922 (43.3%) were female. The age range for this sample was 10-17 and the mean age was M=14.1(SD=2.1) years and the median was 14 years old. Approximately 3,589 (80.9%) participants were in foster or kin homes and 847 (19.1%) participants were placed in group homes.

*Longitudinal Sample.* The number of participants who repeated the assessment in the initial longitudinal sample was 1,584; however, due to similar reasons as above some cases were removed which resulted in a final usable sample of N=1,385. Of this sample 824 (59.5%) were male and 561 (40.5%) were female. The age range for this sample was 10-15, the mean age was M= 12.3 (SD=1.3) years, and the median was 12 years old. Approximately 1195 (86.3%) participants were in foster or kin homes and 190 (13.7%) participants were placed in group homes.
**Placement Satisfaction (Dependent Variable)**

Placement satisfaction is measured by a set of items as reported by the foster youth. The original scale previously used in Flynn et al (2006) was a 9-item scale, which was reduced to the best six items that sufficiently captures the measure of placement satisfaction. The resultant 6-item scale has an internal consistency of 0.89. This scale was also used in Cheung et al. (2011) and proved to have good validity and reliability. The placement satisfaction scale is a 6-item scale was rated on a 3-point likert scale ranging from very little, some and a great deal. The items are as follows:

- a. F41: you like living here
- b. F42: you feel safe living in this home
- c. F43: you would be pleased if you were to live here for a long time
- d. F44: you are satisfied with the amount of privacy you have here
- e. F45: you have a good relationship with other people with whom you are living
- f. F46: Overall, you are satisfied with your current living situation here

The items were summed to create a resultant total satisfaction score. Descriptive analysis of the variable revealed severe skewness (-1.7). This skewness is a violation of the assumption of normal distribution, thus the total satisfaction score was reflected and the inverse was taken reducing the skewness to -0.342 prior to multiple imputation.

**Measure of Independent ( Predictor) Variables**

*Most Distal Ecological Factors: Placement Characteristics*

**Number of Changes in Main Caregiver**

This variable is represented by one item referring to the number of different caregivers the foster youth has had up until this point. Preliminary analysis revealed an invalid response of -7, which was removed from the data. Further, due to the positive
skewness of this variable, a log transformation was used. A log transformation is used to help bring in the tail of the distribution (Field, 2009).

**Type of Placement (Foster/Kin vs. Group)**

The OnLAC data includes independent living, and other as types of placement (hospital, mental health residential facilities, adoption probation, with relatives (not in care), shelter, custody/detention, with birth parents, and psychiatric facility). However, just over 97% of the responses are represented in the foster/kin and group home type of placements. This variable was recode into a dichotomous variable where 1=foster home/kin and 0= group home.

**Total Number of Other Children in Care in the Dwelling**

According to the foster care licensing manual 2012, the maximum children allowed in a home is up to 4 children in a foster home. However, there may be some instances where up to six children in a foster or kin home is allowed. Thus, responses of 7 and larger, which are very rare, were eliminated being considered a misclassification or misread variables. Eleven cases were removed. A positive skew was revealed and thus a log 10 transformation was used.

*Less Distal Ecological Factors: Child Welfare Worker Characteristics*

**Gender of Child Welfare Worker**

The gender of the child welfare worker is identified in the Assessment and Action Record (AAR) where female=1 and male=0.
**Highest Level of Education**

In the AAR caseworkers were asked to report their highest level of education. The level of education was recoded as an estimate of years of schooling in Canada represented by each category. Less than high school was 11 years, high school was 12 years, trade school was 13 years, non-university certificate and below a bachelors was 14 years, a bachelors degree was 16, just above a bachelors degree was 17, a masters degree was 18, and a doctoral degree was 20.

**Length of Time Working in Child Welfare.**

This measure is a single item indicating the number of years the child welfare worker has worked in child welfare system. During the preliminary analysis a severe skew was found. A reflect and inverse transformation was conducted. In cases where there is negative skewness it is a good strategy to reflect the variable and then apply the appropriate transformation (Tabachnick & Fiddel, 2013).

**Receipt of Formal OnLAC Training**

Child welfare worker responded yes or no to receiving formal OnLAC training.

**Length of Time Working with this Child in Care**

This variable is a single item indicating the number of years that the child welfare worker has worked this specific child in care.
**Least Distal Ecological Factors: Caregiver Characteristics**

**Gender of Caregiver**

The gender of the caregiver is identified in the AAR-C2 where female =1 and male =0.

**Religious Affiliation**

The AAR-C2 asks caregivers to identify their religious affiliation and check all that apply. The choices are indicated in appendix A. To meaningfully determine the contribution of religious affiliation on placement satisfaction, all responses were coded as 1 and those responses with 0 were deemed system missing. The variable was then changed to a dichotomous variable where 1=some religious affiliation and 0=none.

**Cultural Similarity of Caregiver and Child**

The response to this question is “the same”, “similar”, or neither the same or similar”. This variable was also recoded in to a dichotomous variable where 1= same or similar and 0 = neither the same nor similar.

**Support of Contact with Birth Family**

Caregivers were asked to indicate if the child in care was receiving the necessary assistance to maintain contact with their birth family. Responses were yes, no, or not applicable. The variable was recoded where yes =1 and no and not applicable = 0. No and not applicable represent the same outcome of nothing being done to support contact with the birth family.
Receipt of OnLAC Training

Caregivers responded yes or no to receiving formal OnLAC training.

External Developmental Assets (EDA)

The external developmental assets measure various supportive components in the child’s environment that assists the child towards psychosocial success. Questions are asked in four major areas totaling 20 questions, which were summed to create a total scale. The four areas are as follows: support, empowerment, boundaries and expectations, and constructive use of time. Examples of these questions can be viewed in appendix A. The internal consistency reliability (Cronbach’s alpha) was .80. The responses to these questions were yes, no, and uncertain with yes=1 and no and uncertain=0.

Individual Factors: Child-in-Care Characteristics

Child’s Gender

The gender of the child is identified in the AAR-C2 where female=1 and male=0.

Child’s Age

The AAR records the age of the child in both months and years. For this study the child’s current age is recorded in years at the time that the AAR-C2 was completed.

Family-Related Adversities in the Last Year

The child welfare worker identified various adversities that occurred within the child’s family and/or environment within the past year. For example, the choices included
things like the death of a family member or the type of abuse that the child experienced. They were instructed to check all that apply so the responses were summed to form a total number of family related adversities. An inverse transformation was used to address the skewness of this variable, which then changed the directionality of the variable.

**Self-Related Adversities in Last Year**

The child welfare worker identified various adversities that were related to the child within the past year. For example, the choices included things like a change in caregivers because of the child’s behavioral problems or skipping school. They were instructed to check all that apply so the responses were summed to form a total number of self-related adversities. Similarly, an inverse transformation was used to reduce the skewness of this variable. Taking the inverse of a variable involves dividing 1 by each score (Field, 2009) and in this case, subtracting 9 from the whole scale. As a result, the directionality of the variable was reversed.

**Total Behavioral Difficulties**

Mental health was measured using a set of items, identified as the Strengths and Difficulties Questionnaire (SDQ) as reported by the caregiver. The SDQ is a combination of five scales (emotional, conduct, hyper- inattention, peer problems, and prosocial behaviors), with each having 5 items, and reported by the caregiver. This present study used the first four scales. Even though the SDQ used reports from the caregiver and the child welfare worker, Goodman, and Goodman (2012) report that the total SDQ, which use the four scales, is still a genuine dimensional measure of mental health and provides
accurate estimates of disorder prevalence. The four scales with 5 items each were summed to create a total behavioral difficulties scale.

**General Self Perceived Health**

Youth in care reported on their health indicating whether they felt it was excellent, very good, good, fair or poor. This variable was found to be severely negative skewed, thus a reflect and inverse transformation was used.

**Internal Developmental Assets (IDA)**

The internal developmental assets measure various supportive components within the child that assists the child towards psychosocial success. This 20-item measure assessed four major dimensions and is summed to create a total scale referred to as Internal Developmental Assets. The four dimensions are as follows: commitment to learning, positive values, social competencies, and positive identity. Examples of these questions can be viewed in appendix A. The internal consistency reliability (Cronbach’s alpha) was .90. The responses to these questions were yes, no, and uncertain. The variable was recoded where yes= 1 and no and uncertain = 0.

**Child’s Perception of Relationship with Caregiver**

The child’s perception of the primary caregiver was measured using four items as reported by the child. The items are as follows:

a. F22: how well do you feel he/she understands you
b. F23: how much fairness do you receive from him/her
c. F24: how much affection do you receive from him/her
d. F25: overall, how would you describe your relationship with him/her
The responses for the first three items were “a great deal”, “some”, and “very little”. The last question was answered as “very close”, “somewhat close”, and “not very close”. The items were summed to create perception scale. Preliminary analysis revealed a severe skew, thus the variable was reflected and then the inverse transformation was conducted.

**Data Analysis**

Missing data can prove to be a serious problem in data analysis, but what is most important is the pattern of missing data (Tabachnick & Fiddel, 2013). There are different types of missing data in data analysis, MCAR (missing completely at random), MAR (missing at random, or ignorable nonresponse) and NMAR (missing not at random or nonignorable) (Tabachnick & Fiddel, 2013). MCAR is defined as the situation where the distribution of missing data is unpredictable. When the data is MAR (missing at random) the pattern of missing data is predictable from other variables in the data set. In the case of NMAR the missing data is related to the variable itself and therefore cannot be ignored (Tabachnick & Fiddel, 2013).

It has been the practice in multivariate analysis, to remove missing data, but this can produce significant concerns. If the missing data is concentrated in a few variables and those variables are not important to the analysis, the entire variable can be dropped from the analysis. However, if the missing data is scattered throughout the data deletion may result in the loss of a significant amount of data, which may greatly reduce the sample size (Mertler & Vannatta, 2010; Tabachnick & Fiddel, 2013). Second the researcher cannot be sure that the data are MCAR, thus any responses that are related to a
set of complete cases may be biased in unknown ways and will therefore not represent the results based on a full population (Schafer & Graham, 2002).

Other techniques have been used to manage missing data such as mean substitution, single imputation, or regression. Graham (2012) recommends using three-step data preparation and multiple imputation process: (1) using an Expectation Maximization (EM) algorithm to formulate maximum likelihood parameter estimates; (2) imputing a complete dataset from the EM parameters when the EM algorithm has converges; and (3) using data augmentation (DA) and multiple imputation (MI) to create $m$ datasets (where $m$ is the number of imputed datasets) based on the previous two steps. The number of imputations needed in MI to produce efficient estimate was initially argued to be small (3-5), however, Graham (2012) notes that to maintain a statistical power of 1%, if there is a .1 of missing data the number of imputed datasets needs to be 20 ($m=20$) and for a fraction of missing data at .5 the number of imputations should be 40 ($m=40$). To achieve this process, Graham (2012) suggests the computer program NORM (version 2.03). Using a MI Automate program, the imputed datasets were combined and reintegrated to make them usable in SPSS ver. 22.

The process of expectation maximization (EM) includes forming a correlation matrix of missing data by assuming a distribution of the missing data. Inferences about the missing values are made based on the likelihood of that distribution (Tabachnick & Fiddel, 2013). The process occurs in two steps, expectation and maximization for each iteration. First, conditional expectations are found based on the observed values and current estimates of the parameters. The expectations are then used as substitutes for the missing data. Second, maximum likelihood estimations are performed until convergence
is achieved, then the EM variance-covariance matrix is provided and/or the filled data saved in the data set (Tabachnick & Fiddel, 2013). A disadvantage to the method is that the data set has inappropriate standard error for hypothesis testing because error is not added to the imputed data set.

Multiple imputations (MI) is a process of estimating data with several steps. A logistic regression is used on a particular variable with cases with and without missing variables, which creates a dichotomous variable. Other variables are chosen to be predictors in the logistic regression, which forms the equation for estimating missing values (Tabachnick & Fiddel, 2013). Then a random sample (with replacement) from the cases with complete responses is taken to identify the distribution of the variable with the missing values. Lastly, many random samples (m) are taken (with replacement) from the distribution of the variable with the missing values to provide estimates of that variable for newly (m) created data sets, which are now complete sets. The advantages are the MI can be used for longitudinal data sets as well as data with single observations. Another advantage is that multiple data sets are generated, thus the reported results are based on the mean of each parameter estimate over multiple data sets as well as the total variance, which includes within imputations and between imputations (Tabachnick & Fiddel, 2013).

For this present study, two separate multiple imputations (MI) were conducted using NORM 2.03: one for the cross sectional sample and one for the longitudinal subsample. A step-by-step instructional guide on conducting multiple imputation using NORM 2.03 and MI Automate (Tessier, 2015) was used to complete these steps. The
imputed datasets were then used to run the hierarchical regression analyses for both the cross sectional sample and longitudinal sample.

Twenty-two variables were used in the cross-sectional sample MI model, which converged normally in 11 iterations in the EM algorithm. Similarly, 22 variables were used in the longitudinal sample MI model and the EM algorithm converged normally in 13 iterations. In both samples no cases had missing data on every variable.

**Hierarchical Regression Analyses**

Hierarchical regression is the process by which each independent variable (IV) is modeled in sequence to determine ability of each IV to account for the variance in the dependent variable (Cohen, Cohen, West, & Aiken, 2003). The cumulative result of the independent variables accounts for the total variance in the dependent variable. Block wise entry (Field, 2009) of the IV were used as the contextual factors were considered as most distal, less distal, least distal, and proximal characteristics. This method was chosen to mimic the theoretical context of the ecological system of the child. Two hierarchical regression analyses were conducted, one for the cross sectional sample and one of the longitudinal sample. The cross sectional sample will be used to explore the predictive ability of various factors on placement satisfaction. The longitudinal sample will be used to examine the ability of these factors to predict the change in placement. In both analyses the first block included items related to placement characteristics, the second block included characteristics associated with the child welfare worker, the third block included items pertaining the caregiver and the last block contain items related to the child in care. Both the cross sectional sample (N=4436) and longitudinal sample (N=
1385) hierarchical analyses were conducted using year 10 with placement satisfaction as the dependent variable. In the longitudinal analysis, placement satisfaction in year 13 (T2) was the dependent variable and placement satisfaction in year 10 (T1) was used as a control variable. The longitudinal model was used to examine the ability of the model to predict placement satisfaction from year 10 to year 13.
CHAPTER V

RESULTS

Descriptive and Psychometric Results

Descriptive analyses were conducted to explore the means, standard deviations, and frequencies of the variables in both samples. The descriptions of the variables are shown in Table 1. In the cross-sectional sample, most child welfare workers have a bachelors degree and approximately 4085 (92.1%) had received OnLAC training. Child welfare workers seemed to spend a mean of 2.1(.83) years with the child in care. The majority of caregivers were female (84.9%) with much fewer being male (15.1%). Many of the caregivers were in receipt of OnLAC training (68.2%) while the others (31.6%) did not receive such training. Approximately 3325 (75%) caregivers identified as having some religious affiliation and 1105 (24.9%) reported having none. Most of the placements were reported to have the same or similar cultural background representing 3631 respondents (81.9%). The average number of external developmental assets was 14.4 (3.1) and 13.1 (5.2) for the internal developmental assets. The descriptive results for the longitudinal sample were very similar to the cross-sectional sample.

Intercorrelations

The correlation matrices of the variables, in both the cross-sectional sample and the longitudinal sample, are shown in Tables 2 and 3. The cross-sectional correlation matrices show that 18 of the 21 variables are significantly correlated with dependent variable placement satisfaction. Fifteen of the variables were significant at $p = 0.000$ level. There were a few variables that had a strong association with placement
satisfaction such as type of placement ($r = 0.392$), total number of children in care in the home ($r = -0.301$),
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<th>Longitudinal Sample (N= 1385)</th>
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Notes: Bold indicates significant correlations; *p < 0.05 (2-tailed); †p < 0.01; ‡ p < 0.001
### Table 2. Cross Sectional Correlation Matrix

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Notes: Bold indicates significant correlations; *p< 0.05 (2-tailed); †p< 0.01; ‡ p< 0.001
### Table 3. Longitudinal Correlation Matrix

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<td>.000</td>
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<td>-.056*</td>
<td>.217‡</td>
<td>-.048*</td>
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<td>.058*</td>
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<td>.122‡</td>
<td>-.161‡</td>
<td>.080‡</td>
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<td>.030</td>
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<td>-.032</td>
<td>.040</td>
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<td>-.093‡</td>
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<td>.043</td>
<td>.063*</td>
<td>.114‡</td>
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<td>-.056*</td>
<td>.005</td>
<td>.007</td>
<td>.042</td>
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<td>.035*</td>
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</tbody>
</table>

Notes: Bold indicates significant correlations; *p< 0.05 (2-tailed); †p< 0.01; ‡ p< 0.001
Table 3. Longitudinal Correlation Matrix

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<tr>
<th></th>
<th>13</th>
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<th>15</th>
<th>16</th>
<th>17</th>
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<td>.176‡</td>
<td>.294‡</td>
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</tbody>
</table>

Notes: Bold indicates significant correlations; *p< 0.05 (2-tailed); †p< 0.01; ‡ p< 0.001
external developmental assets (r = 0.310), self related adversities (r = 0.311), internal developmental assets (r = 0.345), and the child’s perception of their relationship with the caregiver (r = 0.526). The receipt of OnLAC training by the child welfare worker was related significantly related to 10 variables; in contrast, the receipt of OnLAC training by the caregiver was significantly related to 18 variables. Overall the child welfare worker variables were associated with between 10 and 15 other variables. The caregiver variables were significantly related to between 10 and 20 of the other variables, and the child in care variables were significantly related to between 13 and 20 other variables. Four of the child related variables (child’s current age, self-related adversities, the child self-perception of their health, and internal developmental assets) were significantly related to 20 other variables mostly at p < .000. Some variables were independently significantly associated to each other (Type of placement and total number children in care in the home r = -.641; EDA and self related adversities r = .350; EDA and IDA r = .624; self related adversities and IDA r = .366; and IDA and the total SDQ r = -.506).

The correlation matrix for the longitudinal sample revealed that only 14 of the 24 variables were significantly correlated with T2, the dependent variable. There were a few significantly strong relationships between T2 and T1 (r = .304); T1 and placement type (r = .344); placement type and total number of children in care in the home (r = -.543); religious affiliation and placement type (r = .319); EDA and SDQ (r = -.332), EDA and IDA (r = .606); and IDA and SDQ (r = -.505).
Hierarchical Regressions

The first objective of this study was to determine which ecological factors have an impact on placement satisfaction and the strength of that impact. The cross-sectional sample was used to test these objectives.

Cross-sectional Sample (N= 4436)

Hierarchical analysis was conducted using a block method with the ecological factors from most distal to the individual characteristics of the child (placement characteristics, child welfare characteristics, caregiver characteristics and child in care characteristics). The results are displayed in Table 4. The overall model accounted for 41.4% ($R^2 = 0.414$) of variance in placement satisfaction.

In block 1, placement characteristics were a significant predictor of placement satisfaction contributing to 16.9% of the variance in placement satisfaction ($\Delta R^2 = 0.169$). The type of placement; however, appears to have a moderate impact on placement satisfaction ($\beta = 0.301$) followed by the total number of changes in caregivers ($\beta = -0.186$) and total in number of children in care in the home ($\beta = -0.127$). In the overall model these characteristics continue to be significant predictors and have a moderate influence on placement satisfaction. The child welfare characteristics, block 2, appear to be the least predictive of placement satisfaction explaining .8% of variance in placement satisfaction ($\Delta R^2 = 0.008$). Only the time spent working with the child in care seems to be important in considering placement satisfaction as this is the only characteristic that is significant in this block; remains significant in block 3 and in the overall model (p= 0.007). The influence of the child welfare worker characteristic is minimal on a youth’s
Table 4. Cross Sectional (N= 4436): Hierarchical Regression

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
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<td>B</td>
<td>Standardized Beta</td>
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<td>-.106</td>
<td>-.189***</td>
<td>-.107</td>
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<td>.302***</td>
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<tr>
<td>Less Distal Ecological Factors</td>
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<td></td>
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<tr>
<td>Gender of Child Welfare Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Highest Level of Education</td>
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<td>-.005</td>
<td>-.002</td>
<td>-.003</td>
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<td>-.003</td>
<td>-.009</td>
<td>-.008</td>
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<tr>
<td>Number of Years Working with Child</td>
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<td>.080</td>
<td>.030***</td>
<td>.065</td>
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<tr>
<td>Least Distal Ecological Factors</td>
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<td>.005</td>
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<td>Child Perception of Relationship with Caregiver</td>
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<td>ΔR²</td>
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</table>

Notes: *p< 0.05 (2-tailed); **p< 0.01; ***p< 0.001
placement satisfaction. Caregiver characteristics, block 3, accounts for approximately 4.4\% (ΔR²= 0.044) of the variance in placement satisfaction; however, only support of contact with the birth family is significant contributor (β = -.051, p = .0001) in this block and in the overall model (β = -.051, p= .026). Similar to the child welfare characteristics, none of the caregiver characteristics had a particularly strong influence on placement satisfaction. Child in care characteristics were added in block 4 and these characteristics seem to be a valuable predictor of placement satisfaction accounting for 19.4 \% of the variance (ΔR²= .194). Six of the eight characteristics were significant and the strongest contributor to placement satisfaction was the child’s perception of the relationship with the caregiver (β = .443). The child’s age and family related adversities are insignificant in the overall model (p= .323 and p= .943 respectively).

**Longitudinal Sample (N= 1385)**

To examine the ability of these ecological factors in predicting the change in placement satisfaction over time, a longitudinal sample was used from year 10 and year 13. A hierarchical analysis was conducted in similar fashion to the cross-sectional sample using a block enter method. In this case, placement satisfaction at T1 (year 10) was included as the first block as a control variable. The results are presented in Table 5. The overall model explained 16.1 \% (R² =0.161) of the change in placement satisfaction over time.

Placement satisfaction at T1 was entered in block 1 and was a significant contributor to placement satisfaction at T3 (β = 0.308, p= 0.000) and accounted for 9.2 \% (ΔR²= 0.092) of the variance in placement satisfaction at T3. In similar fashion placement characteristics, block 2, contributed significantly to placement satisfaction at T3 as they
explain 2.7 % (ΔR² = 0.027) of the variance. The results revealed that most of the characteristics of the child welfare worker (block 3) and the caregiver (block 4) characteristics were not predictive of the change in placement satisfaction overtime as these characteristics were insignificant and remained insignificant in the final model at p=0 .05. It is important to note that the total number of external developmental assets (EDA), one of the caregiver characteristics, was significant at p= 0.05, but then becomes insignificant in block 4 and 5.

In the final model, block 5, only four characteristics remain predictive of the change in placement satisfaction: placement satisfaction at time one T1 (p =.000), type of placement (p = .001), the young person’s gender (p = .002), and the child’s perception of their relationship with the caregiver (p = .001). In this sample, the strongest contributor to placement satisfaction (T3) was placement satisfaction at T1 (β = 0.145) followed by the type of placement (β = 0.136), the child’s perception of their relationship with the caregiver (β = 0.123) and the child’s gender (β = -0.064). This is in contrast to the cross sectional sample where the child’s perception of their relationship with the caregiver was the strongest contributor, even over the type of placement.
Table 5. Longitudinal Sample (N=1385): Hierarchical Regression

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
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<td>.255*** (.249)</td>
<td>.231*** (.225)</td>
<td>.145*** (.152)</td>
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<td></td>
</tr>
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<td>Total Number of Caregivers</td>
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<td>-.120* (.047)</td>
<td>-.105* (.042)</td>
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<td>Changes</td>
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</tr>
<tr>
<td>Type of Placement (Group, Kin, Foster)</td>
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<td>.152*** (.184)</td>
<td>.138** (.155)</td>
<td>.136*** (.152)</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Gender of Child Welfare Worker</td>
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<td>-.007 (.007)</td>
<td>-.007 (.007)</td>
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<td>-.010 (.040)</td>
<td>-.010 (.040)</td>
<td>-.010 (.039)</td>
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<td>.006 (.010)</td>
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<td>-.024 (.024)</td>
<td>-.024 (.024)</td>
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<td>.003 (.010)</td>
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ΔR²                                           | .092*** (.027*** .002  .018*** .021***

Notes: *p< 0.05 (2-tailed); **p< 0.01; *** p< 0.00
CHAPTER VI
DISCUSSION

The first goal of this current study was to explore the predictive power of the ecological factors on placement satisfaction for children in foster care. The results of this study revealed that various characteristics of the placement, child welfare worker, caregiver, and the child accounted for 41.4 % (R^2 = .414) of the variance in placement satisfaction.

At the most distal end, placement characteristics prove to be a significant contributor to placement satisfaction. In this study placement characteristics included the number of caregiver changes prior to current placement, the type of placement (foster/kin home vs. group home), and the number of other children in care in the home. Throughout the various steps in the model building, these characteristics remained consistent predictors of placement satisfaction. When looking specifically at placement type, Flynn, Robitaille, and Ghazal (2006) found similar results using the nine-item version of the placement satisfaction scale. These findings are also consistent with the research in that youth in foster/kin homes are more satisfied with their placement than those placed in group homes (Delfabbro, Barber, & Bentham, 2002).

Research has also established that placement stability is often compromised when the child in care has experienced multiple changes in placement (Barth et al., 2007; Price et al., 2008). It is plausible that levels of placement satisfaction contribute placement stability. Thus, as the results show, placement satisfaction decreases as the number of caregiver changes increases. Lastly, the number of other children in care in the home is also a significant predictor of placement satisfaction, where, as the number of other
children in care increases placement satisfaction decreases. Previous research has shown that the number of children contributes to placement disruption (Chamberlain et al. 2006); thus, these findings are congruent even when looking at placement satisfaction. It is clear from this study that the living arrangements and physical environment of the child in care play a significant role in their placement satisfaction.

The present study also found that the different characteristics of the child welfare worker did not explain very much of the variance in placement satisfaction except the amount of time the child welfare worker worked with the child in care. Very little research has been conducted on how the child welfare worker influences the wellbeing of the child in care; however, it has been noted that those with lower education tend to work with children in care who have more behavioral concerns (Cheung et al., 2011). This finding may be simply correlational as trained workers are likely to do more therapy and case management, while the paraprofessional workers are given more hands on work with the child and they spend more time engaging them in activities to help build confidence and competence.

It was somewhat surprising to find that the level of education of the child welfare worker, gender of child welfare worker, length of time working in child welfare, and receipt of formal OnLAC training did not matter with respect to placement satisfaction. However, in this study the length of time the child welfare worker worked with the child in care seemed to be an important contributor to the placement satisfaction. According to Winter (2009), a long-term consistent relationship between the child welfare worker and the child in care may assist in the reduction of poor socio emotional outcomes. Child welfare workers may do well to become skilled in that difficult task (Bell & Romano,
This finding may mean that similar to the caregiver, the youth’s perception of the relationship with the child welfare worker may play a significant role in establishing and improving placement satisfaction. From an ecological perspective, this fits with the notion that the interconnections and interactions with one’s environment are important in shaping one’s relationships and perceptions. Further examination into the relationship between the child welfare worker and the youth in care is important for future research.

Caregivers provide the most immediate support for youth in the foster care system and their interactions with those youth are ongoing. The results of this study demonstrate that of all the caregiver characteristics, the external developmental assets of the child, and support for maintaining contact with the birth family were important in predicting placement satisfaction. These external developmental assets included: support from their caregiver and other adults in the environment, involvement in the community, clear boundaries and expectations at school and at home, and engage in constructive use of their time. This study supports the notion that a child’s external or meso system can influence their placement satisfaction. The remaining caregiver characteristics such as gender of the caregiver, religious affiliation, cultural similarity between the child and caregiver, and training in OnLAC did not seem to be important contributors to placement satisfaction.

As mentioned earlier various types of training are available and in some cases mandatory for caregivers to complete. The literature has suggested that, overall, training for caregivers is recommended, especially when attending to the multiple externalizing and internalizing behaviors of youth in care (Linares, Montalto, Li, & Oza, 2006; McDonald, & Turner, 2005). However, the results on the effectiveness of training are
explored in relation to psychosocial outcomes and not placement satisfaction. In this study, training was measured based on the receipt of OnLAC training, and it was found that this training did not predict placement satisfaction. Nash and Flynn (2009) examined other types of training including OnLAC training and also found that foster training was not predictor of placement satisfaction.

It seems that religious affiliation does not contribute to placement satisfaction. The research has indicated that foster parents who have some religious affiliation are more likely to foster or adopt (Belanger et al., 2008), but religious affiliation does not seem to make a difference with respect to placement satisfaction. These results challenge the importance of some of the child welfare practices in placing child in homes. Strong efforts are often made to match religious affiliation and cultural background as closely as possible to improve placement stability. However, these results suggest that these factors are not as important when it comes to placement satisfaction. Child welfare practice has also suggested that the child in care be culturally match with the caregiver to improve placement stability, however this study shows that this factor does not contribute to placement satisfaction. While religious affiliation was not found to be significant, it may be that other dimensions of religiosity may be. However, this present study did not assess dimensions such as religious attendance, religious participation, religious salience, or other psychological dimensions such as religious coping. Future studies may assess for these dimensions.

Previous research literature has suggested that maintaining contact with the birth family should be encouraged (Haight, Kagle, & Black, 2003; Leathers, 2003). Yet, the major concern about this is that when the child is trying to develop a relationship with the
caregiver and the foster family, the interactions with the biological family may nurture loyalty conflicts (Leathers, 2003), which may contribute to placement instability. This present study found an inverse relationship between birth family contact and placement satisfaction. It is possible that in supporting birth family contact, youth may have more challenges with loyalty to their birth family and are more likely to evaluate their foster placement as dissatisfying.

The literature on resilience has identified factors that seem to buffer against some of the poor psychosocial outcomes associated with living in foster care. Positive interactions with the community, family, educators, and involvement in extracurricular activities are associated with less mental health problems and improvement in educational outcomes (Flynn, Beaulac, & Vinograd, 2006; Guibord, et al., 2011; Hass & Graydon, 2009). The number of external developmental assets, as described in this present study, is also a predictor of placement satisfaction. Placement satisfaction increases when there are more positive experiences and supports from the child’s external environment. This finding is theoretically crucial as it provides support that one’s environment contributes in a significant way to the perception of well-being, and in this case, the placement satisfaction of the child in care.

Overall, the characteristics of the youth seem to be most predictive of placement satisfaction. This is consistent with the literature, which indicates that factors such externalizing and internalizing behaviors, number of resilient factors, and presence of adversities contribute to the ability for youth to stabilize in their out of home placement. In this study, six of the eight characteristics significantly explained the variance in placement satisfaction: child’s gender, self-related adversities, total behavioral
difficulties, general self-perceived health, internal developmental assets, and child’s perception of relationship with caregiver. The child’s age and family adversities did not seem to be important in predicting placement satisfaction.

In the present study, gender of youth was found to be important in determining placement satisfaction. Females were more likely to be dissatisfied with their placements in comparison to males. It is not clear as why female youth would be unhappy with their placements. In a study examining risk and protective factors of youth aged 12-15, Guibord et al., (2011) found that the females were significantly more depressed than their male counterparts, which may contribute to female feeling less satisfied with their placement. It is also possible that females may take a longer time to adjust to a new environment.

Results of this study showed that there is a negative relationship between behavioral difficulties and placement satisfaction. The literature has demonstrated that mental health problems (Eggertsen, 2008) and poor behavior (Barth et al., 2007; O’Neill, Risley-Curtiss, Ayon, & Williams, 2012) are associated with multiple placements and placement instability. More specifically, Flynn et al., (2006) also found that physical aggression, in the first two steps of their regression analysis, was predictive of placement satisfaction and that the relationship was inverse. In this present study the Strengths and Difficulties Questionnaire (SDQ) was used to measure behavioral difficulties as reported by the caregiver and the child welfare worker and the results are consistent with previous research. This suggests that the relationship between behavioral difficulties placement satisfaction coincides with the association of behavioral difficulties and placement stability.
The present study found that general health, as reported by the child in care, had a positive relationship with placement satisfaction. Previous research reported that children in care were more likely to have chronic health problems (Jee, Barth, Szilagyi, Szilagyi, Aida, & Davis, 2006), which in turn contribute with less satisfaction with placement. This may also be related to a number of factors associated with the ability of the caregiver and the availability of support from the community to manage the demands of poor physical and mental health.

The amount of family adversities in predicting placement satisfaction does not seem to be as important as self-related adversities. Family adversities included death of a relative, serious illness of a loved one, and presence of abuse. These results are interesting as much of the previous research highlights that youth in care will experience poor psychosocial outcomes because of discord and disruption in their family-of-origin. Yet, the number of family adversities does not predict placement satisfaction. It may also be the case that in this study family adversities were only reported within the last year. It is possible that some of the youth may have been in care for a number of years and have not experienced recent family adversity. Thus, a low number of recent family adversities would not impact the current rating of placement satisfaction.

In contrast, the number of self-related adversities explains some of the variance in placement satisfaction. The self-adversities may be connected to the youth having multiple externalizing behavior problems such as skipping school or suspension from school, failing a grade, or having serious arguments with his/her parents. In this light, the results are similar to previous research, which demonstrates that negative externalizing behaviors contribute to placement disruption (Barber, Delfarbro, & Cooper, 2001; Barth,
et al., 2007, James, 2004, Newton, Litrowink & Landsverk, 2000) and in this study decreased levels of satisfaction.

Hass, Allen, and Amoah (2014) found that autonomy of self was considered to be a resilience factor which facilitated academic success, having goals, and having a sense of purpose for life (Bell & Romano, 2015). This study found that internal development assets are important child-related characteristic in determining placement satisfaction. Thus, it seems that having positive internal assets is beneficial in the perception of placement satisfaction. It may be the case that when a child has a good sense about self and is able to leverage those assets they may be able to view their environment as positive.

The single most important child characteristic is the child’s perception of the caregiver in predicting placement satisfaction. This finding is similar to Flynn et al., (2006) where the relationship with the female caregiver and friends accounted for 46% of the variance in placement satisfaction. As reported in the resilience literature, youth who experience social support in the form of a caring adult were able to experience success or improvement in the area of education and mental health (Hass et al., 2014; Hass and Graydon, 2009; Guibord et al., 2011). Sinclair & Wilson (2003) found that placements were less likely to disrupt when the child wanted to stay in the foster home. It seems that the perception of the relationship between the child in care and the caregiver worker also plays a significant role in determining placement satisfaction.

The second goal of this study was to determine the predictability of the independent variables of placement satisfaction over time. The characteristics of the child welfare worker and the caregiver did not predict placement satisfaction at time 2 in the
overall model. However, in the first three steps of the model the number of years the child welfare worker worked with the child in care was significant at p< .005. This suggests that the continued relationship between the child in care and the child welfare worker has some importance in the satisfaction of the placement overtime and should be explored further. This supports the suggestion that child welfare workers should develop a relationship with the child in care to promote successful placements (Bell & Romano, 2015; Winter, 2009).

Only four characteristics seem to be predictive of placement satisfaction over time, placement satisfaction at time 1, type of placement, the gender of the child, and the child’s perception of their caregiver at time 1 in the final model. Placement satisfaction at time 1 seems to be a logical predictor of placement satisfaction at time 2, suggesting that the youth’s placement satisfaction in the beginning will assist in determining their placement satisfaction later. Again, the type of placement is a crucial factor in placement satisfaction when considering longer placements. Foster/kin home placements consistently prove to be the better choice over group homes as youth are generally more satisfied, which makes this an important consideration in permanency planning. The interesting predictor of the placement satisfaction over time is the child in care’s gender. As noted before, there may be connection between females being slightly more depressed (Guibord et al., 2011), which might impact their placement satisfaction and this may persist overtime. There may also be a significant difference in the way that males and females report or think about their placement satisfaction. More research is needed to determine this difference. The youth’s perception of their caregiver at time 1 is also telling of placement satisfaction at a later time. The relationship that is developed
between the child in care and the caregiver is an important factor in determining long
term placement satisfaction for the child in care. This finding has important implications
for developing and maintaining positive and supportive relationships between the foster
youth and the caregiver.

**Strengths**

The Ontario Looking After Children (OnLAC) project is a large study in which
rich data is collected on an annual basis. This strength offers a few advantages to the
current study. First, data are collected annually rendering a large sample size. Larger
sample sizes are often conducive to higher-level statistical analyses, such as hierarchical
linear modeling, and better approximates the population being examined. Second, the
AAR-C2 is given to the same participants annually, as long as the foster youth is in care.
Thus, these data can be used to examine longitudinal impact of the various developmental
domains. Third, the database uses a multi-informant format, which provides various
perspectives on the phenomenon that can be compared and contrasted. It is important to
note the information collected on these characteristics represent all informants, the child
(general self-perceived health, and perception of the relationship with caregiver), the
caregiver (total behavioral difficulties), and the child welfare worker (self-related
adversities, family related adversities, and internal developmental assets). The integration
of information from these informants gives greater depth to understanding the experience
of the child in care and together they seem to converge to significantly predict placement
satisfaction. Fourth, and important to this current study is that the research has primarily
explored how various factors impact placement stability. This study contributes to
literature in that it provides some insight to how multiple factors in a child’s environment contribute to their placement satisfaction.

**Limitations**

The measures of contact with the biological family, and involvement of social workers are only descriptions of the contact with the foster youth and do not address the quality of the relationship. For example, the contribution of social workers is measured by descriptive information of the amount of years the child welfare worker worked with the child and may not address the quality of the time spent between the youth and the child welfare worker. It is possible that the quality of the relationship may have a significant contribution to the perception of placement. However, this study is unable to explore this component.

Ecological theory emphasizes a bidirectional relationship between the four levels of a person’s environment. However, this study uses a hierarchical analysis to determine the how well external factors predict placement satisfaction. In this study the child’s perception of the caregiver was reported by the child, however there was no measure of the caregiver’s or child welfare worker’s relationship with the child. This information may have able to account more of the variance in placement satisfaction. The predictability of length of time the child welfare worker worked with the child in care on placement satisfaction might indicative of the importance of the bidirectional influence between the child welfare worker and the child.

This study uses quantitative methodology to examine the data, which provides valuable information; however, this study will not be able to ascertain the quality of
certain variables on placement satisfaction, which might have been captured through qualitative methodology. A mixed method analysis would have been able to provide more information about the quality of interactions between the caregiver and the child welfare worker.

The foster parent’s children would definitely be part of the ecosystem and would make some contribution to the placement satisfaction of the foster youth. However, the OnLAC database does not provide any information about the biological children of the foster parents and therefore cannot be included in this study. This would be an area for further exploration.

**Implications**

This study has demonstrated that a child’s external environment plays a role in determining their level of placement satisfaction and has highlighted which child-related factors are crucial for youth in care. It has also determined that some ecological factors are essential in the consideration of and planning for permanency. Further, this study has contributed to understanding which factors in a child environment have influence on placement satisfaction.

The results from the cross-sectional sample showed that placement characteristics, the time spent working with the child in care, external developments assets, and support with contact with the biological family have an impact on the child’s placement satisfaction. From an ecological perspective, this study supports the notion that factors from the mesosystem and exosystem have some influence on the microsystem, namely the child. Howe (1983) argued that clinicians and caseworkers are often trained in
theoretical orientations that focus on the individual and are therefore biased against considering the interactions of the environment. This study suggests that more attention needs to be given to these environmental interactions as they have some impact and influence on the child. Understanding the ecological factors that influence and impact placement satisfaction will have implications for social policy in regards to permanency planning giving special attention to long-term placement for youth in foster care.

Permanency plans need to account for the impact of mesosystem and exosystem on the microsystem, which comprises the foster parent and the foster youth (Howe, 1983). The longitudinal results established that there are definitely some factors that need to be at the forefront when developing permanency plans. Foster/kin placement have been reported to be more satisfying placements in comparison to group homes. Thus, every effort should be made to facilitate moving youth into foster or kin homes. The existing dilemma is that there are not enough foster/kin homes to place youth, which also impacts that number of children in care who are in the home. This fact is not new to the fostering literature, but policy changes are needed to assist in developing ways to increase the number of foster or kin homes that are available for youth who are in long-term care.

This study highlighted that the length of time that the child welfare worker has worked with the child plays an important role in placement satisfaction. This is an important finding. As it currently stands, child welfare workers are often inundated with large caseloads, so, they are not able to spend the quality time that they would like (Bell and Romano, 2015; Winter, 2009). Yet, this study demonstrates that increased time working with the child has an impact on placement satisfaction. This information may provide the impetus to adjust the way in which cases are distributed and/or managed.
Interestingly, this study did not directly address the quality of the relationship, merely measured the length of time and still found that the interaction between the foster youth and the child welfare worker to be important. More research is needed to further understand the implications of quality of the relationship between the child welfare worker and the child in care.

The child in care is the largest determining factor when it comes to placement satisfaction, more specifically the relationship between the child in care and the caregiver. Matching the caregiver and the youth based on religious affiliation and cultural similarity has been the practice, but according to this study it is not as important. Merely being connected to a religion may not be enough to have a strong impact on placement satisfaction. There may be other components of religious affiliation and cultural similarity that are more pertinent to developing placement satisfaction. Perhaps matching the child in care and the caregiver based on the level of involvement in religious activities may be more valuable in improving placement satisfaction for youth.

More attention needs to be given to finding ways to develop and maintain caring and supportive relationship for youth in care. It would be beneficial if child welfare agencies were able to provide supportive services that would facilitate the relationship building process between caregivers and foster youth. For example, considerations may include the way in which foster parents are trained to engage and build rapport with foster youth and thus improve and increase positive interactions. Further, this study might inform better ways to determine the type and frequency of biological visits between foster youth and their biological families towards youth feeling satisfied with their long-term caregivers. If time and resources were allocated to this component of foster caring
there might be great gains in improving placement satisfaction, which may improve success in long-term permanency planning.

Ensuring placement satisfaction maybe linked to improved psychosocial outcomes and may contribute to placement stability. Thus, doing all possible to facilitate the youth’s placement satisfaction might assist in minimizing the deleterious effects of being in care. The outcomes from this study have identified factors that may hinder or promote placement satisfaction. This knowledge should encourage researchers, policy makers, and clinicians to find ways to enhance these factors that support placement satisfaction especially giving attention to the perception of youth of their caregivers.
REFERENCES


Promoting resilience in child welfare (pp. 191-205). Ottawa, ON: University of Ottawa Press.


APPENDIX A

ASSESSMENT AND ACTION RECORD

PLEASEx NOTE: Use only this AAR-C2 form from June 1, 2010 for
12 to 15 year olds.

LOOKING AFTER CHILDREN:
Assessment and Action Record
(Second Canadian Adaptation - AAR-C2-2010)
Good Parenting, Good Outcomes
Ages 12 to 15 years

Note to young people:
* What has happened in the last year?
* 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.

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: □ □ □ / □ □ □ / □ □ □

This assessment was completed by:
Child welfare worker’s initials of first and last name: ____________________________

Agency or organization: ____________________________

Assessment approved by:
Initials of first and last name of supervisor: ____________________________

Date signed: □ □ □ / □ □ □ / □ □ □

Date begun: □ □ □ / □ □ □ / □ □ □

Date completed: □ □ □ / □ □ □ / □ □ □
INTRODUCTION: How to get the best from the Assessment and Action Record (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.

These data are collected annually to assess the individual child's or youth's needs in order to provide information to update the child's or youth's Plan of Care and to monitor the child's or youth's developmental progress. The information collected is used to relieve any hardship faced by young people in care and to monitor and prevent any discrimination against the child or youth, ameliorate any disadvantage and promote equality for all children and youth in care.

It is to be completed by the child welfare worker in a series of conversations with the young person and the caregiver who knows the young person best. Some questions are addressed to the young person, some to the caregiver, and others to the child welfare worker.

Throughout the AAR, the acronym FNMI refers to First Nations, Métis, and Inuit, and includes status/eligible for status and First Nations heritage (non-status).

Note to the child welfare worker: In completing the AAR,

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 AAR rather than question and answer sessions. Feel free to use a form of speaking which is familiar and comfortable for you and the people with whom you are working.
- Complete the AAR with young people with disabilities as best you can.
- Recognize the importance of having FNMI Band representatives or Community members present to assist.
- Be respectful of cultural diversity.
- Plan ahead and read through each section before you complete it with the main caregiver and the young person. Some questions ask about sensitive issues which need to be thought through in advance.
- Consider talking to significant others such as teachers and healthcare professionals as part of the process.
- 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 a copy of the AAR to the young person and another to his/her 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 the youth or caregiver if he/she wishes to have one.
- Please be prepared to find out the missing information or plan action for the future. Please indicate the reason(s) for gaps in the notes section on the right-hand page.

PLEASE DO NOT:
- Try to complete it all in one sitting.
- Re-interpret the young person's or the 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 caregiver.
- Answer questions for the young person or the caregiver.
Looking After Children
Assessment and Action Record
Second Canadian Adaptation (AAR-C2-2010)

Main language of AAR conversation:
- [ ] English  [ ] French  [ ] First Nations or Inuit language  [ ] Other

The AAR is written in:
- [X] English  [ ] French

Age-group of this AAR is:
- [ ] 18-21 years  [X] 12-15 years  [ ] 5-9 years  [ ] 1-2 years
- [ ] 16-17 years  [ ] 10-11 years  [ ] 3-4 years  [ ] 0-11 months

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

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

BACKGROUND INFORMATION

The purpose of this background information section is to gather basic information on three key persons in the Looking After Children approach: the young person, the child welfare worker responsible for the young person, and the 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 caregiver and young person.
> For each item, please put a dark mark (i.e. an X, a check mark, or a line, 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.
> 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 a copy of the AAR to the 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.

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

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

- Kinship in care
- Foster home operated by child welfare organization
- Group home operated by child welfare organization
- Foster home - outside purchased care
- Group home - outside purchased care
- Children's mental health residential facility
- Hospital
- Customary care (in the case of aboriginal children)
- Other
- Psychiatric facility
- With birth parent(s)
- Adoption probation
- With relatives (not in foster care)
- Whereabouts unknown or unapproved
- Independent living
- Shelter
- Custody/Detention facility

**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.)*

- Regular foster care
- Treatment foster care
- Specialized foster care
- Other foster care

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

- Males only
- Females only
- Both genders

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

- Yes
- No

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

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

**BG4:** What is...’s (e.g., the young person) 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
- Interim care and custody
- Customary care
- Society ward
- Crown ward, with access
- Other
FIRST NATION YOUNG PEOPLE: IF ... is a First Nations young person, THEN please answer questions BG6 to BG8. If not, go to question BG9.

BG6: Is ... registered with a First Nation?
☐ Yes ☐ No ☐ Don’t know

BG7: Does ... have his/her Band Status Card?
☐ Yes ☐ No ☐ Don’t know

BG8: What is ...’s status eligibility?
☐ Status ☐ Non-Status ☐ Bill C-31 ☐ Eligible but not registered ☐ Don’t know

BG9: 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

BG10: 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.)

ONTARIO CHILD BENEFIT equivalent (OCBe): Through the implementation of OCBe funding, young people (in care) can receive access to recreational, educational, cultural, and social opportunities that support their achievement of higher educational outcomes, higher degree resiliency, social skills and relationship development, and a smoother transition to adulthood.

BG11A: Have any funds been accessed from the Ontario Child Benefit equivalent program?
☐ Yes ☐ No

BG11B: If yes, please describe:


2. INFORMATION ON THE CURRENT PLACEMENT SETTING.

BG12: Total number of children or youths not in care (aged 17 or younger) who usually live in this dwelling
- [ ] Total number of children or youths not in care

BG13: Total number of children or youths in care besides young person who usually live in this dwelling.
- [ ] Total number of children or youths in care besides young person

BG14: Total number of siblings of young person who usually live in this dwelling with him/her.
- [ ] Total number of siblings

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

BG15: Child welfare worker's gender:
- Male
- Female

BG16: 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

BG17: 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

BG18: 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.)
- [ ] A FNMI team

BG19: Has the child welfare worker received formal training in the Looking After Children (LAC) program?
- Yes
- No

BG20: 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
### Background Information on the Young Person's Caregiver

*Note to the child welfare worker: Here, the term caregiver refers to the person 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 caregivers 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.*

#### BG24: Initials of first and last name of main respondent:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</table>

#### BG25: Main respondent's gender:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
</table>

#### BG26: If ... is in a foster home, for how many years in total have the caregivers been providing foster care to children or youths (i.e., including but not limited to ...)?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
</table>

#### BG27: Language:

*What language(s) are spoken most often in the caregiver's home? (Mark all that apply.)*

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>

#### BG28: Religion(S) / Spiritual Affiliation(S):

*What, if any, is the caregiver's religion or spiritual affiliation(s)? (Mark no more than two.)*

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>
BG29: The ethnic/ cultural background of at least one caregiver and that of the young person is:

☐ The same  ☐ Similar  ☐ Neither the same nor similar

BG30: HEALTH: In general, the caregiver would say that his/her own health is:

☐ Excellent  ☐ Very good  ☐ Good  ☐ Fair  ☐ Poor

BG31: 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 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

BG32: SMOKING: At present, does anyone in the household smoke cigarettes inside the home?

☐ Daily  ☐ Occasionally  ☐ Not at all

BG33 CAREGIVER TRAINING: Has the caregiver received any formal training in the Looking After Children (LAC) program?

☐ Yes  ☐ No

BG34: Has the caregiver completed or is he/she currently attending one or more of the following caregiver training programs (other than Looking After Children)? (Mark as many as apply.)

☐ PRIDE pre-service (Parenting Resources for Information, Development & Education program)

☐ Agency-specific program (i.e., PRIDE in-service)

☐ Foster parenting techniques (training offered by a CEGEP or college)

☐ Other program

The following two questions apply only to young people residing in group homes and are 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 BG37)

BG35: 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

BG36: If the group home is based on the staff model, who is mainly responsible for the young person?

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

BG37: Was the young person previously assessed with the AAR?
- No
- Yes (If yes, the child welfare worker is to answer questions BG39 to BG42.)

BG38: Was the young person living in the same placement at the last AAR assessment as he/she is in this year?
- Yes
- No

BG39: Did the young person have the same child welfare worker at the last AAR assessment as he/she has this year?
- Yes
- No

BG40: Did the young person have the same caregiver at the last AAR assessment as he/she has this year?
- Yes
- No

BG41: Is it the same caregiver who was the main respondent at the last AAR assessment and this year’s AAR assessment?
- Yes
- No

6. BACKGROUND INFORMATION RELATING TO THE YOUNG PERSON’S HEALTH

BG42: HEIGHT: How tall is ...?
- Feet and
- Inches OR
- Metres and
- Centimetres

BG43: WEIGHT: How much does ... weigh?
- Pounds OR
- Kilograms

BG44: FNMI YOUNG PEOPLE (If not an FNMI young person, go to question BG46): When did ... last see a Traditional Healer?
- Less than a year ago
- More than a year ago
- Never (Go to question BG46)

BG45: Has everything the Healer recommended been done?
- Yes
- No
- Uncertain
- No recommendation(s)

BG46: 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 BG46)

BG47: Has everything the doctor recommended been done?
- Yes
- No
- Uncertain
- No recommendation(s)

BG48: DENTAL EXAM: When did ... last visit the dentist?
- Less than a year ago
- More than a year ago
- Never (Go to question BG50)

BG49: Have all treatments the dentist recommended been carried out?
- Yes
- No
- Uncertain
- No recommendation(s)
BG50: Is ... taking any psychotropic and/or behaviour altering medication(s) prescribed by a physician (e.g., Ritalin, tranquilizers, anti-convulsants, etc.)?
- Yes
- No
- Uncertain

BG51: 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

BG52: HOSPITALIZATIONS: In the past 12 months, was ... ever an overnight patient in the hospital?
- Yes
- No

BG53: IMMUNIZATIONS: Are all of ...'s immunizations up-to-date?
- Yes
- No

BG54: LONG-TERM CONDITIONS: In this question "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more and have been diagnosed by a health professional. Does ... have any of the following long-term conditions? (Mark all that apply.)
- None
- Food or digestive allergies
- Respiratory allergies such as hay fever
- Any other allergies
- Asthma
- Bronchitis
- Heart condition or disease
- Epilepsy
- Diabetes
- Fetal alcohol spectrum disorder
- Cerebral palsy
- Kidney condition or disease
- Blood disorder (i.e., Von Willebrand, hemophilia, etc.)
- Developmental disability
- Learning disability
- Attention deficit disorder
- Emotional, psychological, or nervous difficulties
- Any other long-term condition

BG55: HEALTH SERVICES RECEIVED BY THE YOUNG PERSON 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

2. Pediatrician
   - Yes
   - No

3. Ophthalmologist
   - Yes
   - No

4. Other MD
   - Yes
   - No

5. Nurse
   - Yes
   - No

6. Dentist
   - Yes
   - No

7. Orthodontist
   - Yes
   - No

8. FNMI Traditional Healer
   - Yes
   - No

9. Optometrist
   - Yes
   - No

10. Audiologist
    - Yes
    - No

11. Speech therapist
    - Yes
    - No

12. Physiotherapist
    - Yes
    - No

13. Occupational therapist
    - Yes
    - No

14. Nurse practitioner
    - Yes
    - No

15. Other health service provider
    - Yes
    - No
7. BACKGROUND INFORMATION RELATING TO THE YOUNG PERSON'S EDUCATION

BG56: TYPE OF SCHOOL: What type of school is ... (i.e., the young person) 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 BG58A)
- Public school
- Catholic school (publicly funded)
- Private school
- Taught at home (home schooling)
- FNMI school
- Other

BG57: In what language is ... mainly taught?
- English
- French
- First Nations or Inuit language
- Other

BG58A: Has ... repeated a grade at school (including kindergarten)?
- Yes
- No  (Go to question BG59)

BG58B: Has ... repeated a grade at school in the last 12 months?
- Yes
- No

BG59: 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 to 7 changes
- 8 or more changes

BG60: 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

BG61: EDUCATIONAL AND RECREATIONAL SERVICES RECEIVED BY THE YOUNG PERSON DURING THE LAST 12 MONTHS: Has ... received services from the following providers in the last 12 months?

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Teacher (regular class)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Teacher (special education)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Teacher's aide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Educational tutor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other educational or recreational service provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Paid recreation/sports instructor or coach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Volunteer (unpaid) recreation/sports instructor or coach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Volunteer/paid driver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Summer camp staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. FNMI Traditional Elder or Cultural Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. FNMI cultural recreational service provider</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. BACKGROUND INFORMATION RELATING TO THE YOUNG PERSON'S FAMILY AND SOCIAL RELATIONSHIPS

<table>
<thead>
<tr>
<th>BG62: How long has ... been living with his/her current caregiver? (If less than one year indicate months.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ Years ☐ ☐ Months (If less than one year.)</td>
</tr>
</tbody>
</table>

| BG63: Is there a permanency plan for ...? |
| ☐ Yes ☐ Uncertain ☐ No |

| BG64: The permanency plan for the young person is to: |
| ☐ Remain in current placement ☐ Status change to legal custody ☐ Move to adult services |
| ☐ Move to adoption ☐ Move to customary care ☐ Discharge from care |
| ☐ Move to kinship ☐ Move to independent living ☐ Other |
| ☐ Permanency plan is not yet determined |

| BG65: Is it the caregiver's intention to have this young person in the current placement into adulthood? |
| ☐ Yes ☐ No ☐ Uncertain |

| BG66: How many changes in main caregivers has ... experienced since birth? (A main caregiver is a person who has acted in that capacity for one month or more. If care was shared by two or more people, select only one of these people as a main caregivers for that period.) Try to give an estimate of the number, even if you are not certain. |
| ☐ Changes in main caregiver(s) (write in total number) |

| BG67: 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.) |

| BG68: CONTACT WITH BIRTH FAMILY: What main type of contact does ... have with his/her birth family (i.e. birth mother, birth father, siblings he/she is not living with, extended birth family)? |
| ☐ At least once a month ☐ Less than once a month ☐ Telephone or letter contact only |
| ☐ No contact at all ☐ Crown ward, with no access ☐ Deceased |

| BG69: 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 |

| BG70: Is ... receiving all necessary assistance to remain in contact with his/her birth family? |
| ☐ Yes ☐ No ☐ Not applicable |
Looking After Children

AAR-C2-2010 - Background Information (12-15 yrs) K

**BG71: PREVIOUS CAREGIVERS:** What main type of contact does ... have with his/her previous caregivers?
- At least once a month
- Less than once a month
- Telephone or letter contact only
- No contact at all
- Has not had any previous foster parents or other adult caregivers

**BG72:** Is ... receiving all necessary assistance to remain in contact with his/her previous supportive caregiver(s)?
- Yes
- No
- Not applicable

**BG73: PLACEMENT SETTING(S) IN WHICH THE YOUNG PERSON 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.

<table>
<thead>
<tr>
<th>Placement Setting</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Foster care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Group home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Residential treatment</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Independent living</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Respite/relief home</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Hospital</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Custody/detention facility</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Kinship in care</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. Customary care home</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Other residential placement setting</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**BG74: SERVICES RECEIVED BY THE YOUNG PERSON DURING THE LAST 12 MONTHS:**
For each of the service providers listed please indicate whether ... has received services from such a provider in the last 12 months.

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child welfare worker</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Social worker (not from child welfare agency)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Child &amp; youth care worker</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Lawyer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Police officer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Child access worker</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Probation Officer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Adoption worker</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. FNMI Traditional Healer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. FNMI Cultural Teacher</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11. Volunteer Driver</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12. Other child welfare service provider</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**9. BACKGROUND INFORMATION RELATING TO THE YOUNG PERSON'S EMOTIONAL AND BEHAVIOURAL DEVELOPMENT**

**BG75: MENTAL HEALTH SERVICES RECEIVED BY THE YOUNG PERSON 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.

<table>
<thead>
<tr>
<th>Mental Health Service Provider</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Psychiatrist</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Psychologist/counsellor</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Other mental health service provider</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Looking After Children  

AAR-C2-2010 - Background Information (12-15 yrs)  

BG76: ADVERSITIES: Which of the following family-related adversities has ... experienced in the last year?  
(Mark all that apply).

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Death of his/her birth or step parent</td>
<td></td>
</tr>
<tr>
<td>Death of his/her brother or sister</td>
<td></td>
</tr>
<tr>
<td>Death of his/her relative or close friend</td>
<td></td>
</tr>
<tr>
<td>Divorce or separation of his/her birth or step parents</td>
<td></td>
</tr>
<tr>
<td>Serious physical illness of his/her birth or step mother</td>
<td></td>
</tr>
<tr>
<td>Serious physical illness of his/her birth or step father</td>
<td></td>
</tr>
<tr>
<td>Sexual psychiatric disturbance of his/her birth or step mother</td>
<td></td>
</tr>
<tr>
<td>Serious psychiatric disturbance of his/her birth or step mother</td>
<td></td>
</tr>
<tr>
<td>Serious psychiatric disturbance of his/her birth or step mother</td>
<td></td>
</tr>
<tr>
<td>Abuse of drugs or alcohol by his/her birth or step father</td>
<td></td>
</tr>
<tr>
<td>Violence between his/her birth or step parents</td>
<td></td>
</tr>
<tr>
<td>His/her birth or step mother spent time in jail</td>
<td></td>
</tr>
<tr>
<td>His/her birth or step father spent time in jail</td>
<td></td>
</tr>
<tr>
<td>Severe poverty</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td></td>
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<tr>
<td>Sexual abuse</td>
<td></td>
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<tr>
<td>Emotional abuse</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
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</tbody>
</table>

BG77: ADVERSITIES: Which of the following self-related adversities has ... experienced in the last year?  
(Mark all that apply.)

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A change in caregivers because of ...’s behaviour problems</td>
<td></td>
</tr>
<tr>
<td>Serious arguments with his/her birth or step parents</td>
<td></td>
</tr>
<tr>
<td>Skipping school (truancy)</td>
<td></td>
</tr>
<tr>
<td>Suspension from school (temporary or not)</td>
<td></td>
</tr>
<tr>
<td>Failed a grade and was held back</td>
<td></td>
</tr>
<tr>
<td>Was beaten up by school mates</td>
<td></td>
</tr>
<tr>
<td>Ran away from home multiple times</td>
<td></td>
</tr>
<tr>
<td>Became pregnant</td>
<td></td>
</tr>
<tr>
<td>Spent time in a detention centre</td>
<td></td>
</tr>
<tr>
<td>Received treatment for substance abuse</td>
<td></td>
</tr>
<tr>
<td>Was hospitalized for depression</td>
<td></td>
</tr>
</tbody>
</table>
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 outcomes 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-centred 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
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 peoples' 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.

The young person's doctor will need to know any problems he/she is having. His/her child welfare worker should check that illnesses, accidents, hospital stays, and operations have been noted in the Plan of Care.
DEVELOPMENTAL DIMENSION 1: HEALTH

This dimension is about the health of the young person 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 use 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 is to answer the following section with assistance, as needed.

H1: GENERAL HEALTH: In general, would you say your health is:
- Excellent?
- Very good?
- Good?
- Fair?
- Poor?

H2: Do you have problems with any of the following activities? (Mark all that apply.)
- Seeing
- Speaking
- Climbing
- Using hands and fingers
- Hearing
- Walking
- Bending
- No problems

H3: 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?

H4: Headache
- Seldom/never
- About once a month
- About once a week
- More than once a week
- Most days

H5: Stomachache
- Seldom/never
- About once a month
- About once a week
- More than once a week
- Most days

H6: Backache
- Seldom/never
- About once a month
- About once a week
- More than once a week
- Most days

H7: Difficulties in getting to sleep
- Seldom/never
- About once a month
- About once a week
- More than once a week
- Most days

H8: PAIN AND DISCOMFORT: Are you usually free of pain or discomfort?
- Yes
- No

H9: MEMORY: How would you describe your usual ability to remember things? (Mark one only.)
- Able to remember most things
- Somewhat forgetful
- Unable to remember anything at all

H10: 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

H11: 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

H12: 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
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 need to be given information and opportunities to talk about any disability they may have. Caregivers 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).

It is important that young people in care have a diet that relates to their ethnic background and culture in order to remain familiar with the customs and daily practices of their birth family.
Looking After Children

AAR-C2-2010 - Health dimension (12-16 yrs)

H13: Are you taking precautions to minimize your exposure to the sun (i.e., wearing sunblock)?
   Yes  No

*Note to the young person:* The following questions will help build a picture of your overall health.

H14: 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 H16)

H16: 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

H16: 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 H18)

H17: 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

H18: DIET: Do you have a special diet for health, weight-control, religious, or cultural reasons?
   Yes  No

H19: DIETARY ASSISTANCE: Are you receiving all the help you require to maintain a healthy daily diet, whether special or not?
   Yes  No

H20: 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

H21: WEIGHT: Would you say you are...
   Not trying to do anything about your weight?  Trying to lose weight?
   Trying to stay the same weight?  Trying to gain weight?

H22: MEDICATIONS: Are you taking any medication(s) (prescription or non-prescription)?
   Yes  No  (Go to question H24)

H23: Do you have all the information you need about the medication(s) and why you need to take it/them?
   Yes  No

H24: PUBERTY: Do you have any questions related to body changes (e.g., acne, menstruation, voice, hair growth)?
   Yes  No

H25: Are you getting all the information you need with questions you may have related to body changes?
   Yes  No

H26: FNMI YOUNG PEOPLE: Are you getting guidance from a FNMI Traditional Elder or Cultural Teacher as you are entering into this new stage of life?
   Yes  No  Not Applicable
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).

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 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.

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 ask to see a male or female doctor to talk about these health issues or for your healthcare.
H27: SEXUALITY: Do you have any questions related to sexuality (i.e., sexual relations, contraception, pregnancy, HIV, and other sexually transmitted diseases)?
- [ ] Yes
- [ ] No
- [ ] Not sure

H28: Are you receiving all the information you need with questions related to sexuality?
- [ ] Yes
- [ ] No

H29: CIGARETTES: Do you smoke cigarettes (or use other tobacco products)?
- [ ] Not at all (Go to question H31)
- [ ] Have tried it
- [ ] Occasionally
- [ ] Daily

H30: Are you getting all the help you need to quit smoking?
- [ ] Yes
- [ ] No
- [ ] I smoke but I do not want to quit

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

<table>
<thead>
<tr>
<th>H31: Smoke cigarettes?</th>
<th>None</th>
<th>A Few</th>
<th>Most</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

| H32: Drink alcohol? | |
|---------------------||
|                     | |

| H33: Break the law by stealing, hurting someone, or damaging property? | |
|---------------------------------------------------------------------||
|                                                                     | |

| H34: Have tried marijuana? | |
|---------------------------||
|                           | |

| H35: Have tried drugs other than marijuana? | |
|--------------------------------------------||
|                                            | |

<table>
<thead>
<tr>
<th>H36: ALCOHOL: Which of the following best describes your experience with drinking alcohol in the past 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Go to question H38) Have tried it Occasionally Daily</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H37: Are you getting all the help you need to quit drinking alcohol?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H38: DRUGS: Have you ever used drugs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes (Go to question H39)</td>
</tr>
</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th>H39: Marijuana and cannabis products (also known as a joint, pot, grass, or hash):</th>
<th>Not at all</th>
<th>Tried it</th>
<th>Occasionally</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| H40: Drugs like crack, cocaine, heroin, speed, or ecstasy, etc.: | |
|-----------------------------------------------------------------| |
|                                                                | |

| H41: Glue, gasoline, hair spray, or other solvents: | |
|---------------------------------------------------| |
|                                                   | |

| H42: Drugs without a prescription or advice from a doctor (e.g., downers, uppers, tranquilizers, Ritalin, etc.): | |
|---------------------------------------------------------------------------------------------------------------| |
|                                                                                                               | |

| H43: Hallucinogens like LSD/acid, magic mushrooms: | |
|---------------------------------------------------| |
|                                                   | |

<table>
<thead>
<tr>
<th>H44: Are you getting all the help you need to quit using drugs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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.
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**

**H45: 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 26 days in the last 6 months)
- [ ] Frequently ill (i.e., unwell for more than 25 days in the last 6 months)

**H46: Objective 2:** The young person's weight is within normal limits for his/her height.

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

**H47: Objective 3:** All necessary preventive health measures, including immunizations, are being taken.

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

**H48: Objective 4:** All necessary attention, including support and monitoring of medication for the young person, is being provided.

- [ ] Not on medication
- [ ] Is receiving some attention
- [ ] Is receiving appropriate attention
- [ ] Needs attention

**H49: Objective 5:** 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
- [ ] Needs attention

**H50: Objective 6:** The young person does not put his/her health at risk.

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

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

**DIMENSION 2: EDUCATION**

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

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.

A review of the young person's educational needs should be undertaken regularly to assess his/her academic progress. This is even more important if he/she is experiencing some academic difficulties.
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 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 CAREGIVER is to answer the following section with assistance, as needed.

### E1: GRADE: What grade is ... in?

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 4</td>
<td></td>
</tr>
<tr>
<td>Grade 5</td>
<td></td>
</tr>
<tr>
<td>Grade 6</td>
<td></td>
</tr>
<tr>
<td>Grade 7</td>
<td>Grade (Secondary I in QC)</td>
</tr>
<tr>
<td>Grade 8</td>
<td>Grade (Secondary II in QC)</td>
</tr>
<tr>
<td>Grade 9</td>
<td>Grade (Secondary III in QC)</td>
</tr>
<tr>
<td>Grade 10</td>
<td>Grade (Secondary IV in QC)</td>
</tr>
<tr>
<td>Grade 11</td>
<td>Grade (Secondary V in QC)</td>
</tr>
<tr>
<td>Ungraded</td>
<td>(e.g., Special Education)</td>
</tr>
</tbody>
</table>

### E2: Does ... have possible learning-related difficulties?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### E3: LEARNING-RELATED DIFFICULTIES: Has ... been assessed for possible learning-related difficulties (e.g., attention-deficit and hyperactivity disorder [ADHD], learning disability, unsatisfactory progress, fetal alcohol spectrum disorder)?

| Yes | No |

He/she is currently on a waiting list for an assessment.

### E4: Has ... been identified by an Identification Placement Review Committee (IPRC) as exceptional?

| Yes | No |

(If YES, Go to question E6A)

### E5: If yes, check applicable area(s) of identification (if MULTIPLE check all that apply):

- Behaviour
- Communication
- Intellectual
- Physical

### E6A: Does the young person have an Individual Education Plan (IEP)?

| Yes | No |

(If YES, Go to question E7)

### E6B: Is the Individual Education Plan being satisfactorily implemented?

| Yes | No | Uncertain |

### E7: Does ... receive special/resource help at school because of a physical, emotional, behavioural, or some other learning-related difficulty that limits the kind or amount of school work he/she can do?

| Yes | No | On a waitlist | Not attending school |

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

| Yes | 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?

| Yes | No | Not applicable |

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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).

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.

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 PERFORMANCE:**

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

<table>
<thead>
<tr>
<th>E10: Reading and other language arts (spelling, grammar, composition)?</th>
<th>Very well or well</th>
<th>Average</th>
<th>Poorly or very poorly</th>
<th>Does not take it</th>
</tr>
</thead>
<tbody>
<tr>
<td>E11: Mathematics?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E12: Science?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E13: Overall?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E14:** If currently attending high school in **grade 9 or 10**, the majority of courses taken are in the following stream:

- Not applicable
- Academic (University-bound)
- Other (e.g., Special education)
- Specialist High Skills Major
- Applied (College-bound)

**E15:** If currently attending high school in **grade 11 or 12**, the majority of courses taken are in the following stream:

- Not applicable
- Applied (College-bound)
- Specialist High Skills Major
- Academic (University-bound)
- Work place
- Other (e.g., Special education)

**E16:** Overall, in comparison to his/her age group, is...

- Ahead by one or more grade levels
- At grade level
- Behind by one or more grade levels

**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)?

- Level 4 (80-100%, A- to A+)
- Level 3 (70-79%, B- to B+)
- Level 2 (60-69%, C- to C+)
- Level 1 (50-59%, D- to D+)
- R (0-49%)
- Not applicable, ungraded

**E18:** PROMOTION STATUS: If in elementary school, what is ...’s promotion status?

- Progressing well toward promotion
- Progressing with difficulty toward promotion
- Promotion at risk

**E19:** 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 (Go to question E22)

**E20:** 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

**E21:** How often do you check his/her homework or provide help with homework (or other school assignments)?

- Daily
- One or more times per month
- Never or rarely
- One or more times a week
- Less than once a month
- No homework

**E22:** How well does ... prepare for tests or exams?

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

**E23:** CAREGIVER’S EXPECTATIONS: How important is it to you that ... have good grades in school?

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

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

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

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

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

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

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

AAR-C2-2010 - Education dimension (12-15 yrs) 7

**EDUCATIONAL SUPPORT:**

**E24:** How far do you hope ... will go in school?
- [ ] Secondary or high school graduation
- [ ] Apprenticeship program
- [ ] CEGEP
- [ ] College of Applied Arts and Technology
- [ ] Private career college

**A university degree**
- [ ] More than one university degree
- [ ] I don't know
- [ ] Other

**E25:** Does ... have an RESP or Canada LearningBond?
- [ ] Yes
- [ ] No
- [ ] Uncertain

**E26:** Approximately how many books of his/her own does ... possess?
- [ ] None
- [ ] 1-10
- [ ] 11-25
- [ ] More than 25

**E27:** Approximately how many of your books does ... have access to?
- [ ] None
- [ ] 1-10
- [ ] 11-25
- [ ] More than 25

**E28:** Does ... have access to one or more books that accurately reflect his/her culture, traditions, stories, etc.?
- [ ] Yes
- [ ] No

**E29:** 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

**E30:** 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

**E31:** Does ... have access to a computer at home?
- [ ] Yes
- [ ] No

**E32:** Does ... have access to the internet at home?

**E33:** Do you talk with ... about internet safety?

**E34:** Does ... have access to a cellular phone?

**E35:** Do you talk with ... about appropriate cellular phone use?

**E36:** **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
- [ ] Activities that promote the young person's culture
- [ ] Other activities
- [ ] No activities
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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

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

Suspensions 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 caregiver need to make arrangements to permit continued learning and participation in important activities.
E37: ABSENCES FROM SCHOOL: How many days, if any, was absent from school during the last 12 months?
- 0 days
- 1-3 days
- 4-6 days
- 7-10 days
- 11-20 days
- More than 20 days
- Not in school during the last 12 months

E38: What were the main reasons for being absent from school? (Mark all that apply.)
- Illness
- Appointments with doctor or dentist
- Appointments with mental health professional
- Meeting with social worker or child welfare worker
- Transportation issue
- Access visits
- Family vacation
- Completing AAR/plan of care
- Attending FNMI ceremonies
- Problem with the teacher
- Problem with weather
- Problem with children/youths at school
- Fear of school
- Suspension
- Court appearance
- Other

E39: 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

During the AAR conversation, the YOUNG PERSON is to answer the following section with assistance, as needed.

E40: SCHOOL: How do you feel about school?
- I like school very much
- I do not like school very much
- I like school quite a bit
- I hate school
- I like school a bit

E41: 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:

<table>
<thead>
<tr>
<th>E42: Math</th>
<th>I like it a lot</th>
<th>I like it a little</th>
<th>I don't like it very much</th>
<th>I hate it</th>
<th>I don't take it</th>
</tr>
</thead>
<tbody>
<tr>
<td>E43: English</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E44: French</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E46: Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E46: Gym/Phys. Ed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E47: Arts (art, music, drama)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E48: Have you started the volunteer hours required by the school curriculum?
- Yes
- No
- Not required
- Not applicable
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).

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.
### LEVEL OF IMPORTANCE:

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>E49: Make friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E50: Get good grades</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E51: Participate in extra-curricular activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E52: Learn new things</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E53: Always show up for class on time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E54: Express your opinion in class</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E55: Take part in student council or other similar groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E56: Hand in assignments on time</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ACTIVITIES: In the last 12 months, how often have you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>4 or more times a week</th>
<th>1 to 3 times a week</th>
<th>Less than once a week</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>E57: Played sports or done physical activities without a coach or an instructor (e.g., biking, skateboarding, etc.)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E58: Played sports with a coach or instructor, other than for gym class (e.g., swimming lessons, baseball, hockey, etc.)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E59: Taken part in dance, gymnastics, karate, traditional dance, or other groups or lessons, other than in gym class?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E60: Taken part in art, drama, or music groups (including traditional drumming), clubs or lessons, outside of class?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E61: Taken part in clubs or groups such as Guides or Scouts, 4-H club, community, church, or other religious or cultural groups?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E62: Done a hobby or craft (drawing, model building, traditional hunting, trapping, etc.)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E63: What are you really good at (special talents, skills, and abilities)?**

- [ ] Yes
- [ ] No

**E64: Do you have sufficient access to and support for activities that interest you?**
- [ ] Yes
- [ ] No

**E65: In any of your activities, at school or outside school, do you have special responsibilities such as team leader, captain, student council representative, fire keeper, etc.?**
- [ ] Yes
- [ ] No

**E66: How often do you read for fun (not for school)?**
- [ ] Everyday
- [ ] Once a week
- [ ] Less than once a month
- [ ] A few times a month
- [ ] Almost never
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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

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The 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).

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.

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 caregivers, 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 success enhances self-esteem and can offer a channel of escape from disadvantage. Open and regular communication between student, school, child welfare worker, and caregivers is an important means of supporting the young person's continued academic progress.
## SCHOOL SAFETY:
*For each of the following statements, choose the answer that best describes how you feel.*

<table>
<thead>
<tr>
<th></th>
<th>Most or all of the time</th>
<th>Some of the time</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>E74:</td>
<td>I feel safe at school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E75:</td>
<td>I feel safe on my way to and from school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E76:</td>
<td>Other young people say mean things to me at school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E77:</td>
<td>I am bullied at school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E78:</td>
<td>I feel my culture is respected at school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E78:</td>
<td>I am bullied on my way to and from school.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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).

<table>
<thead>
<tr>
<th></th>
<th>All the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>E80:</td>
<td>In general, how often do your teachers treat you fairly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E81:</td>
<td>How often do your teachers provide extra help if you need it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E82:</td>
<td>When your teachers give you homework, do you do it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E83:</td>
<td>Objective 1: The young person's educational performance matches his/her ability.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Performance matches ability</td>
<td>Performance somewhat below ability</td>
<td>Performance seriously below ability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E84:</td>
<td>Objective 2: The young person is acquiring special skills and interests.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Many</td>
<td>Some</td>
<td>Few</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>E85:</td>
<td>Objective 3: Adequate attention is being given to planning the young person's education.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Satisfactory planning</td>
<td>Some planning, but not enough</td>
<td>Little or no planning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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.
DEVELOPMENTAL DIMENSION 3: IDENTITY

This dimension is about the identity of the young person. 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** is to answer this section with assistance, as needed. If you were **adopted**, and have had no contact with your birth family since then, questions in this section apply to your adoptive family or your birth family.

**ID1:** Would you like to find out more about your birth family?
- Yes
- Uncertain
- No

**ID2:** BEING IN CARE: Would you like more information about why you are in care?
- Yes
- Uncertain
- No

**ID3:** Would you like any assistance dealing with questions about your birth family, where you live, or why you are in care?
- Yes
- No
- No assistance required

**ID4:** LIFE BOOK: Do you have a personal album, containing photographs and mementos about people and events that were important to you?
- Yes
- No

**ID5:** RELIGION(S) / SPIRITUAL AFFILIATION(S): What, if any, is your religion or spiritual affiliation(s)? (Mark no more than two.)
- No religion
- FNMI (traditional)
- Baptist
- Hindu
- Buddhist
- Islam (Muslim)
- Eastern Orthodox
- Jehovah’s Witness
- Jewish
- FNMI (other)
- Lutheran
- Mennonite
- Mormon
- Pentecostal
- Presbyterian
- Roman Catholic
- United Church
- Sikh
- Other

**ID6A:** Do you have enough opportunities to practice your religion or spiritual affiliation (including traditions, religious services, festivals and holidays, prayers, clothing, diet, fasting, traditional sweat lodge, pow wow, drumming)?
- Yes
- No

**ID6B:** Other than on special occasions (such as weddings or funerals), how often do you attend religious services or meetings in the past 12 months?
- About once a week
- About once a month
- 3 or 4 times
- Once
- Never

**ID7:** 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 Nations or Inuit language
- Other

**ID8:** Overall, do you have enough opportunities to speak your own first language (at home, at school, with friends, etc.)?
- Yes
- No
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).
<table>
<thead>
<tr>
<th>ID9: ETHNICITY: To which ethnic or cultural group(s) did your ancestors belong? (For example: French, British, Chinese) (Mark all that apply.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian</td>
</tr>
<tr>
<td>French</td>
</tr>
<tr>
<td>English</td>
</tr>
<tr>
<td>First Nations</td>
</tr>
<tr>
<td>Inuit</td>
</tr>
<tr>
<td>Métis</td>
</tr>
<tr>
<td>German</td>
</tr>
<tr>
<td>Irish</td>
</tr>
<tr>
<td>Scottish</td>
</tr>
</tbody>
</table>

ID10: 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

ID11: Overall, do you have enough opportunities to learn about traditions, customs, ceremonies, or events related to your ethnic or cultural background?
- [ ] Yes
- [ ] No

ID12: Overall, do you have enough opportunities to participate in traditions, customs, ceremonies, or events related to your ethnic or cultural background?
- [ ] Yes
- [ ] No

**NOTE TO THE CHILD WELFARE WORKER:** While it is essential for those who are providing child welfare services in ethnically diverse communities to consider the unique traditions and heritage of all cultures, the Child and Family Services Act emphasizes the importance of paying particular attention to the provision of services to FNMI young people.

**FNMI YOUNG PEOPLE:** If you are a First Nations, Métis, or Inuit young person, THEN please answer questions ID13 to ID19. If not, go to question ID20.

ID13: If your ancestors were members of a First Nation, to which band, community, or nation did they belong?

ID14: Do you visit or meet with people from your own FNMI community?
- [ ] Often
- [ ] Sometimes
- [ ] Rarely/Never

ID15: Do you learn about traditional teachings, customs, or ceremonies?
- [ ] Often
- [ ] Sometimes
- [ ] Rarely/Never

ID16: Do you participate in your own FNMI community events, activities, traditional meals/foods, and ceremonies?
- [ ] Often
- [ ] Sometimes
- [ ] Rarely/Never

ID17: How often do you speak your own First Nations or Inuit language?
- [ ] Often
- [ ] Sometimes
- [ ] Rarely/Never
- [ ] Don't know my First Nations or Inuit language

ID18: Do you have a personal connection with an Elder, Healer, and/or Cultural Teacher?
- [ ] Yes
- [ ] No
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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

**ID20:** I have a lot to be proud of.
**ID21:** I can do things as well as most people.
**ID22:** I am as good as most other people.
**ID23:** Other people think I am a good person.
**ID24:** When I do something, I do it well.
**ID25:** A lot of things about me are good.

**ID26:** When I am an adult, this is how I would like my personal and work life to be: (e.g., career, education, and personal relationships.)

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.

**ID27:** I think I am doing pretty well.
**ID28:** I can think of many ways to get the things in life that are most important to me.
**ID29:** I am doing just as well as other kids my age.
**ID30:** When I have a problem, I can come up with lots of ways to solve it.
**ID31:** I think the things I have done in the past will help me in the future.
**ID32:** Even when others want to quit, I know that I can find ways to solve the problem.
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.
**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.

<table>
<thead>
<tr>
<th>When I have a problem:</th>
<th>Most of the time</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID33: I do things to make my problem better.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>ID34: I think about different ways of solving my problem.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>ID35: I take action to improve the situation.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>ID36: I try to learn more about what is causing my problem.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

*Note: This is meant to be a discussion with the young person. In order to respect his/her privacy, he/she has the choice as to whether or not he/she would like to disclose.*

Now we're going to talk about sexual orientation and gender identity, which is part of who we are. Sexual orientation refers to gay, lesbian, bisexual, and heterosexual. Gender identity refers to whether you identify yourself as a boy, a girl, or both (including two-spirit for First Nation young people).

ID37: Do you have any questions or want further information about sexual orientation or gender identity?

☐ Yes  ☐ No

---

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

ID38: **Objective 1:** The young person has knowledge of his/her family of origin.

☐ Clear knowledge  ☐ Some knowledge  ☐ Little or no knowledge

ID39: **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

ID40: **Objective 3:** The young person has a good level of self-esteem.

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

ID41: **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.
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 relationships with friends, family, and others. The questions ask about his/her relationships with 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.

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.

*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.
**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 **CAREGIVER** is to answer the following section with assistance, as needed.

**F1:** What is the permanency plan for ...? *(Please specify.)*

**F2:** **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

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

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

<table>
<thead>
<tr>
<th>Action</th>
<th>Frequency Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>F3: How often do you eat together?</td>
<td>Every day</td>
</tr>
<tr>
<td>F4: How often do you have a discussion together?</td>
<td></td>
</tr>
<tr>
<td>F5: How often do you have a family outing/entertainment together?</td>
<td></td>
</tr>
<tr>
<td>F6: How often do you participate in activities, ceremonies, practices, etc. that are culturally relevant to the young person?</td>
<td></td>
</tr>
<tr>
<td>F7: You let ... know when he/she is doing a good job with something.</td>
<td>Always</td>
</tr>
<tr>
<td>F8: You warn ... that you will discipline him/her and then do not actually discipline him/her.</td>
<td></td>
</tr>
<tr>
<td>F9: ... fails to leave a note or to let you know where he/she is going.</td>
<td></td>
</tr>
<tr>
<td>F10: ... talks you out of being disciplined after he/she has done something wrong.</td>
<td></td>
</tr>
<tr>
<td>F11: ... stays out in the evening past the time he/she is supposed to be home.</td>
<td></td>
</tr>
<tr>
<td>F12: You compliment ... when he/she does something well.</td>
<td></td>
</tr>
<tr>
<td>F13: You praise ... if he/she behaves well.</td>
<td></td>
</tr>
<tr>
<td>F14: ... is out with friends you don't know.</td>
<td></td>
</tr>
<tr>
<td>F15: You let ... out of a discipline consequence early (like lift restrictions earlier than you originally said).</td>
<td></td>
</tr>
</tbody>
</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

**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.
During the AAR conversation, the **YOUNG PERSON** is to answer the following sections with assistance, as needed.

**Note to the young person:** This section is about your relationships with friends, family, and others. The questions ask about your relationship with your 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:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>F16: I have many friends.</td>
<td>True or mostly true, Sometimes true/Sometimes false, False or mostly false</td>
</tr>
<tr>
<td>F17: I get along easily with others my age.</td>
<td>True or mostly true, Sometimes true/Sometimes false, False or mostly false</td>
</tr>
</tbody>
</table>

**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.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>F18: How many close friends do you have?</td>
<td>Number of close friends, None</td>
</tr>
<tr>
<td>F19: Other than your close friends, do you have anyone else in particular you can talk to about yourself or your problems?</td>
<td>Yes (Go to question F20), No (Go to question F21)</td>
</tr>
</tbody>
</table>

**F20: 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
- Foster father
- Birth mother
- Birth father
- Brother
- Sister
- Grandparents
- Other relative
- Cultural Teacher
- Healer
- First Nation, Métis, or Inuit community member
- Foster sibling(s)
- A friend of the family or a friend’s parent
- Boyfriend or girlfriend
- Coach or leader (e.g., Scout, Guide, or religious leader)
- Birth parent’s partner
- Teacher
- Child welfare worker
- Sister or baby sitter
- Other (e.g., family doctor, etc.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>F21: 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?</td>
<td>Yes, Not sure, No</td>
</tr>
</tbody>
</table>

**Thinking of your caregiver(s):**

- Caregiver 1 Gender: Male, Female

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>F22: How well do you feel he/she understands you?</td>
<td>A great deal, Some, Very little</td>
</tr>
<tr>
<td>F23: How much fairness do you receive from him/her?</td>
<td></td>
</tr>
<tr>
<td>F24: How much affection do you receive from him/her?</td>
<td></td>
</tr>
<tr>
<td>F25: Overall, how would you describe your relationship with him/her?</td>
<td>Very close, Somewhat close, Not very close</td>
</tr>
</tbody>
</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

Getting along with caregivers: 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.

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 make numerous valid suggestions for improvement.
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>F26: How well do you feel he/she understands you?</td>
<td>A great deal</td>
</tr>
<tr>
<td>F27: How much fairness do you receive from him/her?</td>
<td></td>
</tr>
<tr>
<td>F28: How much affection do you receive from him/her?</td>
<td></td>
</tr>
<tr>
<td>F29: Overall, how would you describe your relationship with him/her?</td>
<td>Very close</td>
</tr>
<tr>
<td>F30: How well do you feel your caregivers support your cultural needs.</td>
<td>A great deal</td>
</tr>
<tr>
<td>F31: How often do your caregivers participate in your cultural ceremonies, traditions, and events?</td>
<td>Very often</td>
</tr>
<tr>
<td>F32: Your caregiver tells you that you are doing a good job.</td>
<td>Always</td>
</tr>
<tr>
<td>F33: Your caregiver warns you that he/she will discipline you and then does not do it.</td>
<td></td>
</tr>
<tr>
<td>F34: You fail to leave a note or let your caregiver know where you are going.</td>
<td></td>
</tr>
<tr>
<td>F35: You talk your caregiver out of disciplining you after you have done something wrong.</td>
<td></td>
</tr>
<tr>
<td>F36: You stay out in the evening past the time you are supposed to be home.</td>
<td></td>
</tr>
<tr>
<td>F37: Your caregiver compliments you when you have done something well.</td>
<td></td>
</tr>
<tr>
<td>F38: Your caregiver praises you for behaving well.</td>
<td></td>
</tr>
<tr>
<td>F39: Your caregiver does not know the friends you are with.</td>
<td></td>
</tr>
<tr>
<td>F40: Your caregiver lets you out of a discipline consequence early (like lift restrictions earlier than he/she originally said).</td>
<td></td>
</tr>
</tbody>
</table>

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

*Would you say that:*

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>F41: You like living here?</td>
<td>A great deal</td>
</tr>
<tr>
<td>F42: You feel safe living in this home?</td>
<td></td>
</tr>
<tr>
<td>F43: You would be pleased if you were to live here for a long time?</td>
<td></td>
</tr>
<tr>
<td>F44: You are satisfied with the amount of privacy you have here?</td>
<td></td>
</tr>
<tr>
<td>F45: You have a good relationship with other people with whom you are living?</td>
<td></td>
</tr>
<tr>
<td>F46: Overall, you are satisfied with your current living situation here?</td>
<td></td>
</tr>
</tbody>
</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

The Assessment and Action Record was designed to provide young people with an opportunity to voice their recommendations about 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.
F47: 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 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:

F48: 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)

F49: Objective 2: The young person is definitely attached to at least one caregiver.
- [ ] Definitely attached
- [ ] Some attachment
- [ ] Little or no attachment

F50: 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

F51: Objective 4: The young person has a strong sense of belonging in his/her cultural identity through his/her family and social relationships.
- [ ] A great deal
- [ ] Some
- [ ] Very little

F52: Objective 5: 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

F53: Objective 6: 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

F54: Objective 7: The young person is able to make friendships with others of the same age.
- [ ] Several friends
- [ ] Some friends
- [ ] Few friends
- [ ] No friends

F55: Objective 8: All feasible action is being taken to create or maintain a permanent placement for him/her.
- [ ] Yes
- [ ] No

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

**DIMENSION 5: SOCIAL PRESENTATION**

Social presentation can be viewed as a combination of modes of dress and of communication.

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.
DEVELOPMENTAL DIMENSION 5: SOCIAL PRESENTATION

This dimension is about making sure that the young person 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 **CAREGIVER** is to answer the following section with assistance, as needed.

- **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** is to answer the following section.

- **P7:** I like the way I look:
  - True
  - Mostly true
  - Sometimes true/sometimes false
  - Mostly false
  - False

- **P8:** I like the way I dress:
  - True
  - Mostly true
  - Sometimes true/sometimes false
  - 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:**

- **P9:** 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

- **P10:** 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 not acceptable to either young people or adults

- **P11:** Objective 3: The young person can communicate easily with others.
  - Very easily
  - Easily
  - With some difficulty
  - With great difficulty

- **P12:** 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.
Looking After Children  AAR-C2-2010 - Emo. and behavioural development (12-15 yrs) 21a

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

**DIMENSION 6: EMOTIONAL AND BEHAVIOURAL DEVELOPMENT**

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

Emotional and behavioural problems in adolescence are quite common, but only a small number of young people will need the help of a specialist. However, young people in care are somewhat more likely than others to have some problems of this kind because they have often had more stressful life experiences. It is important to consider whether the feelings or behaviours that trouble young people or their caregivers would benefit from specialized assessment and help. Certain types of disorders (e.g., post-traumatic stress disorder, anorexia nervosa, bulimia, obsessive compulsive disorder, depression, or suicide attempts) need specific types of help. Any self-harm behaviour should always be treated seriously and appropriate help sought.
DEVELOPMENTAL DIMENSION 6: EMOTIONAL AND BEHAVIOURAL DEVELOPMENT
This dimension is designed to assess how the young person has been feeling and how this may have affected the way he/she behaves.

During the AAR conversation, the **YOUNG PERSON** is to answer the following section with assistance, as needed.

<table>
<thead>
<tr>
<th>During the past MONTH, how often did you feel:</th>
<th>Every day</th>
<th>Almost every day</th>
<th>2 or 3 times a week</th>
<th>About once a week</th>
<th>Once or twice a month</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1: happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B2: interested in life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>B3: satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B4: that you had something important to contribute to society</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>B5: that you belonged to a community (like a social group, your school, or your neighbourhood)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>B6: that our society is becoming a better place for people like you</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>B7: that people are basically good</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>B8: that the way our society works made sense to you</td>
<td></td>
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</tr>
<tr>
<td>B9: that you liked most parts of your personality</td>
<td></td>
<td></td>
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<tr>
<td>B10: good at managing the responsibilities of your daily life</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>B11: that you had warm and trusting relationships with other children/youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B12: that you had experiences that challenged you to grow and become a better person</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B13: confident to think or express your own ideas and opinions</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>B14: that your life has a sense of direction or meaning to it</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Now, we have a few questions to ask **you** (i.e., the **YOUNG PERSON**) 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 caregiver, your child welfare worker, your family doctor, your FNMI Traditional Healer, an Elder, or Cultural Teacher.

B15: Has anyone in your school, family, 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

B16: During the past 12 months have you ever attempted to hurt yourself?
- Yes
- No

B17: During the past 12 months, did you seriously consider attempting suicide?
- Yes
- No

B18: 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)?
- Yes
- No
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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 caregiver and the young person to 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.
During the AAR conversation, the **CAREGIVER** is to answer the following section.

**B19: 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.

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

© Robert Goodman, 2000
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 reflect the various life experiences identified by young people in care that have contributed to their positive development. Among the many types of positive life events reported by young people, the main themes involved close interpersonal relationships (for example, reunited with an older brother), being part of activities and events (for example, going on a trip with the foster or biological family) and the in-care experience (for example, having a longterm stable foster home) (Legault & Moffat, 2006).
During the AAR conversation, the YOUNG PERSON is to answer the following section with assistance, as needed.

**B20: AVERSE LIFE EXPERIENCES:** Would you like to discuss any events or situations that caused you, or continue to cause you, a great amount of worry or unhappiness? **Specify:**

---

**B21: POSITIVE LIFE EXPERIENCES:** Which of the following positive experiences have you had during the last year? (Mark as many as apply.)

- [ ] I have caregivers who 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 caregivers’ family activities and outings.
- [ ] I have enjoyed the fact that my caregivers have spent time with me.
- [ ] I have felt trusted by my caregivers.
- [ ] I have had a strong relationship with a supportive adult other than my 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.).
- [ ] I have enjoyed participating in cultural ceremonies, activities, or other cultural events.
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, caregiver, 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 favouring a chain of protective thinking.

Adopting a resilience focus is a positive approach which identifies an individual’s strengths in regards to his/her 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.
B22: 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 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 displays behaviours appropriate to his/her age in a range of situations.
- Always
- Sometimes
- Most of the time
- Infrequently

B24: Objective 2: The young person displays emotional reactions appropriate for his/her age in a range of situations.
- Always
- Sometimes
- Most of the time
- Infrequently

B26: Objective 3: 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

B26: Objective 4: 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

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

**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.
**DEVELOPMENTAL DIMENSION 7: SELF-CARE SKILLS**

The questions in this dimension are designed to find out if 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.

During the AAR conversation, the CAREGIVER is to answer the following section with assistance, as needed.

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

<table>
<thead>
<tr>
<th>Is ... able to:</th>
<th>Yes</th>
<th>No</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1: Make his/her bed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S2: Clean his/her own room?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S3: Pick up after himself/herself?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S4: Help keep shared living areas clean and straight?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S5: Do routine chores such as help with dinner, wash dishes, mow the lawn, etc.?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S6: Help manage his/her own time (get up on time, be ready for school, etc.)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S7: Brush his/her teeth without being told?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S8: Bathe or shower without being told?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S9: Use the vacuum cleaner?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S10: Use the washer and the dryer?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S11: Undertake simple first aid?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S12: Use a public telephone?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S13: Make or receive a call appropriately?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S14: Use the library?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S15: Use the Internet to research information?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S16: Utilize public transportation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S17: Prepare his/her own breakfast?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S18: Prepare his/her own lunch?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S19: Prepare a simple meal?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S20: Remain at home alone?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S21: Is ... receiving all necessary assistance to learn independent living skills that are appropriate for his/her age?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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.
**FINANCIAL LITERACY:** At age 18, young people are eligible to access savings from the Ontario Child Benefit equivalent savings program. In order to access these funds, young people must demonstrate certain financial literacy competencies.

**Is ... able to:**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>S22: Find out what kinds of jobs are available for people his/her age?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S23: Find information on different types of jobs he/she may be interested in when he/she has completed his/her post-secondary education?</td>
<td></td>
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</tr>
<tr>
<td>S24: Save money for things he/she wants to buy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S25: Use a bank machine?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S26: Use a bank account?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S27: Help with grocery shopping?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S28: Understand what a budget is?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>S29: Keep track of what he/she earns and spends in a month?</td>
<td></td>
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</tr>
</tbody>
</table>

During the AAR conversation, the **YOUNG PERSON** is to answer the following section with assistance, as needed.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>S30: Are there other self-care skills you would like to learn?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specify:

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:**

<table>
<thead>
<tr>
<th></th>
<th>Already competent</th>
<th>Learning to care for himself/herself</th>
<th>Not learning to care for himself/herself</th>
</tr>
</thead>
<tbody>
<tr>
<td>S31: 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Already competent</th>
<th>Learning money management skills</th>
<th>Not learning money management skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>S32: Objective 2: The young person is learning money management skills.</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Has a plan and it is implemented</th>
<th>No action</th>
<th>A plan is under development</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>S33: Objective 3: The young person has a Learning Plan to build financial literacy skills.</td>
<td></td>
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</tbody>
</table>

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

**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 systems; pleasure-in-mastery and motivational systems; self-regulation of emotion, arousal, and behavior; families; formal/educational and community systems; cultural belief systems; and religious organizations; Masten & Reed, 2002, p. 82).
The **Child Welfare Worker** is to answer the following section based on the information obtained from the entire Assessment and Action Record. "Yes" should only be answered if you are very certain that the young person truly possesses the asset.

**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:**

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

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

<table>
<thead>
<tr>
<th>BOUNDARIES AND EXPECTATIONS</th>
<th>Yes</th>
<th>Uncertain</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A11: Caregiver boundaries: Caregivers have clear rules and consequences and monitor the young person's whereabouts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A12: School boundaries: School provides clear rules and consequences.</td>
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<td></td>
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<tr>
<td>A13: Neighbourhood boundaries: Neighbours take responsibility for monitoring the young person's behaviour.</td>
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<tr>
<td>A14: Adult role models: Caregivers and other adults model positive, responsible behaviour.</td>
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<tr>
<td>A15: Positive peer observations: Young person’s best friends model responsible behaviour.</td>
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<tr>
<td>A16: High expectations: Both caregivers and teachers encourage young person to do well.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CONSTRUCTIVE USE OF TIME</th>
<th>Yes</th>
<th>Uncertain</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A17: Creative activities: Young person spends time regularly in lessons or practice in music, theater, or other arts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A18: Youth programs: Young person spends time regularly in sports, clubs, or organizations at school and/or in the community.</td>
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<tr>
<td>A19: Religious or spiritual community: Young person spends time regularly in religious or spiritual activities.</td>
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<tr>
<td>A20: Time at home: Young person is out with friends &quot;with nothing special to do&quot; two or fewer nights per week.</td>
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</tbody>
</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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).

Basic human developmental systems (defined on page 27a) play a central role in the development and presence of assets characterizing young people who demonstrate resilience. Interestingly, these systems are also well established resources associated with well-being and development in general (i.e., under low adversity conditions).

Research findings consistently show the most crucial asset for a young person is to have a strong bond to a competent and caring adult (who need not be the biological parent). For a caring and competent adult, "⌟nouring 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 those strengths" (Seligman & Csikszentmihalyi, 2000, p. 6).
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Uncertain</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMITMENT TO LEARNING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A21: <em>Achievement motivation:</em> Young person is motivated to do well in school.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A22: <em>School engagement:</em> Young person is actively engaged in learning.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A23: <em>Homework:</em> Young person reports doing homework regularly.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A24: <em>Bonding to school:</em> Young person cares about his/her school.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A25: <em>Reading for pleasure:</em> Young person reads for pleasure regularly.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>POSITIVE VALUES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A26: <em>Caring:</em> Young person places high value on helping other people.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A27: <em>Equality and social justice:</em> Young person places high value on promoting equality and reducing hunger and poverty.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A28: <em>Integrity:</em> Young person acts on convictions and stands up for his/her beliefs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A29: <em>Honesty:</em> Young person &quot;tells the truth even when it is not easy&quot;.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A30: <em>Responsibility:</em> Young person accepts and takes personal responsibility.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A31: <em>Restraint:</em> Young person believes it is important not to be sexually active or to use alcohol or other drugs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>SOCIAL COMPETENCIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A32: <em>Planning and decision making:</em> Young person knows how to plan ahead and make choices.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A33: <em>Interpersonal competence:</em> Young person has empathy, sensitivity, and friendship skills.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A34: <em>Cultural competence:</em> Young person has knowledge and comfort with people of different cultural, racial, and/or ethnic backgrounds.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A35: <em>Resistance skills:</em> Young person can resist negative peer pressure and dangerous situations.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A36: <em>Peaceful conflict resolution:</em> Young person seeks to resolve conflict nonviolently.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>POSITIVE IDENTITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A37: <em>Personal power:</em> Young person feels that he/she has control over &quot;things that happen to me&quot;.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A38: <em>Self-esteem:</em> Young person reports having high self-esteem.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A39: <em>Sense of purpose:</em> Young person reports that &quot;my life has a purpose.&quot;</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A40: <em>Positive view of personal future:</em> Young person is optimistic about personal future.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

**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
ATTAINMENT OF THE GOALS OF LOOKING AFTER CHILDREN: Overall, in working with this particular young person and his/her caregivers, how successful do you think you have been up to now in attaining the following goals of Looking After Children? (Please answer each item as honestly and frankly as possible.)

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Very successful</th>
<th>Somewhat successful</th>
<th>Not very successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1: Helping the young person develop his/her potential to a maximum rather than a minimum level.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2: Focusing on the young person's successes, not just on his/her problems.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T3: Planning according to the young person's individualized needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T4: Believing your work with the young person can bring about positive change, even in less than ideal circumstances.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T5: Achieving ambitious but feasible objectives in all major areas of the young person's development.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T6: Helping the young person to develop a positive cultural identity and feeling of cultural safety.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMPLETION OF THE AAR:

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

Q2: Total time to complete the AAR (including the Background Information section)?
- [ ] hours and [ ] minutes

Q3: Total time that the young person participated in completing the AAR?
- [ ] hours and [ ] minutes

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

Q5: Who else took part in the AAR conversation? (Mark as many as apply.)
- [ ] Child welfare worker
- [ ] One foster parent
- [ ] Two foster parents
- [ ] FNMI Band or Community representative
- [ ] FNMI Elder or Cultural Teacher
- [ ] Family worker
- [ ] One adult caregiver other than a foster parent
- [ ] Two adult caregivers other than a foster parent
- [ ] One birth parent
- [ ] Two birth parents
- [ ] Other

Q6: If a FNMI Band or Community representative, Elder, or Cultural Teacher took part in the AAR conversations, was he/she familiar with the Looking After Children approach?
- [ ] Yes
- [ ] No
- [ ] Uncertain
- [ ] Not applicable
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).
Q7: 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 face-to-face conversation conducted by the child welfare worker in conjunction with a member of ...’s FNMI community
- In a telephone conversation conducted by the child welfare worker
- Through self-administration by the caregiver
- Through self-administration by the young person
- Other

Thank you for your participation!
Looking After Children

The AAR-C2-2010 is the 2010 version of the second Canadian adoption of the Assessment and Action Record from the Looking After Children international initiative. The authors of this new version are Robert Flynn and Meagan Miller (Centre for Research on Educational and Community Services [CRECS], University of Ottawa), Lynn Desjardins and Hayat Ghazal (Ottawa Children's Aid Society [CAS]), and Louise Legault (Social Research and Demonstration Corporation, Ottawa).

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