

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N :

**HOLLY PAPASSAY, TONI GRANN, ROBERT MITCHELL,
DALE GYSELINCK and LORRAINE EVANS**

Plaintiffs

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

Proceeding under the *Class Proceedings Act*, 1992

**CERTIFICATION MOTION RECORD
Volume 3**

February 4, 2016

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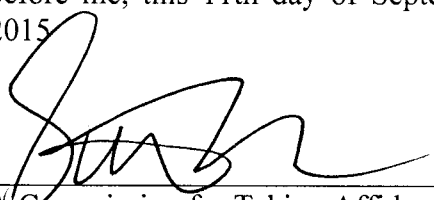
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This is Exhibit "AAA" referred to in the affidavit of David Rosenfeld, sworn before me, this 11th day of September, 2015



A Commission for Taking Affidavits
Garth Myers

Crown Ward Review Guide

Introduction to Crown Ward Review Process

Guide to Individual Case Report

Guide to Adoption Probation Report

**Child Welfare Review Unit
Management Support Branch
Ministry of Children and Youth Services**

**Approved December 2006/further revisions added
Feb/07 in blue**

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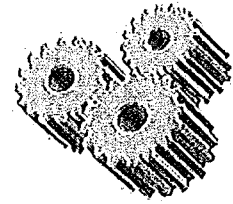
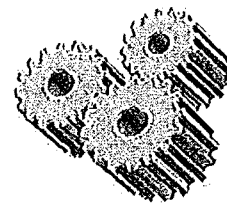


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Crown Ward Review

Crown Ward Reviews are conducted in accordance with Section 66 of the *Child and Family Services Act*. (CFSA)

Crown Ward Review is an annual audit process undertaken by the Ministry's Child Welfare Review Unit, in co-operation with each child welfare agency and MCSS/MCYS Regional Offices. The Children in Care Manual identifies that "the goal of the Crown Ward Review is to determine that an adequate Plan of Care is developed for each Crown ward and is intended to stimulate improvement in the overall service delivery to children."

The specific objectives of the Crown Ward Review are:

- To monitor compliance with the legislation and regulations in relation to the care of each Crown ward;
- To look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the Crown ward;
- To issue directives regarding non-compliance or where the review indicates that other actions would be in the child's best interest;
- To make recommendations about particular cases, general policy and practices and to encourage and monitor their implementation;
- To give Crown wards with enough understanding, an opportunity, through questionnaires and interviews, to comment on the care they are receiving, contacts with their biological families, case plans and current circumstances;
- To provide information on useful methods employed in other Societies and jurisdictions.

The Crown Ward Review findings are based on the review of Society files, questionnaires completed by Crown wards and through client interviews. In complex and/or high-risk cases, Society caseworkers and managers may also be consulted.

Each case file is reviewed in the year following 24 successive months of Crown wardship and every year thereafter. Crown wards who will have been Crown wards for 2 years or more and will be 18 years old in the "month of review" will be reviewed. (The "month of review" is defined as the month of the last review day before the PRC.)

A file is not reviewed if there is a Status review and a final order has been made within the current calendar year. A file is not reviewed if a status review is currently in process through the filing of a Notice of Motion



Individual case reports are intended to provide feedback to caseworkers, Society managers and Program Supervisors on key areas of service delivery and issues specific to compliance and standards. Directives will be issued when the documentation in a child's file does not support the full compliance with Ministry standards. Recommendations will be made when case management issues, not directly linked to Ministry standards, have not been adequately addressed in the documentation presented for review in order to provide agencies an opportunity to respond. Follow up to both Directives and Recommendations will be assumed by the Regional Offices and will be reviewed prior to the beginning of the next Crown Ward Review. Lack of consideration of earlier Recommendations in that *relate to serious matters* of the child's welfare may result in the issuing of a Directive under section 66 of the CFSA in subsequent reviews.

A summary report is completed for each Society reviewed and provides an overview of systemic strengths and areas requiring improvement or refinement. This information can be useful to the Society's board, management and to the MCYS/MCSS Regional Office for planning purposes and for performance outcome monitoring.

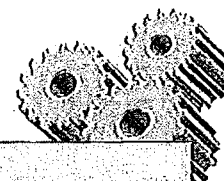
With the passing of Bill 210, changes made to the Crown Ward Review process reflect the principles identified in this Amendment:

- A strengths and outcomes based approach to case planning,
- A recognition of children's need for continuity with family, community and culture,
- A commitment to best practice including a focus on safety

Additional evidence considered for compliance includes: planning documentation that reflects the review of the AAR; planning that fully addresses the child's special needs; planning that reflects specific consideration of a child's cultural needs, planning that ensures that children are supported in the development of enduring relationships; and an agency's consideration of historical Crown Ward Review recommendations

Reviewers are expected to utilize the Comments sections throughout the case report to provide the Society with a clear understanding of the areas requiring attention. Detail regarding the rationale for specific Directives and Recommendations will be required.

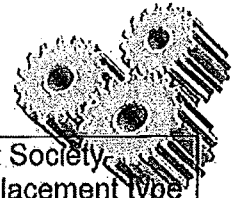
Additional documentation supporting compliance will only be requested from the society if the child's file is otherwise well managed and lacking in one specific area. Should the society recognize that documentation is missing from a file during the period of the review, the society is encouraged to present the documentation in question to the appropriate reviewer as soon as possible.



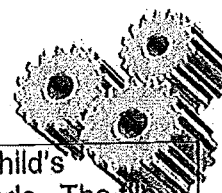
CWR Individual Case Report

Tab 1: Review Information

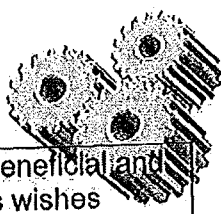
Date of Birth:	Verify for accuracy. Use tab key to get to the next field, otherwise, computer will be unable to generate age at Crown wardship
Date of Crown wardship:	Verify for accuracy. Use tab key to get to the next field, otherwise the computer will be unable to generate length of Crown wardship. Refer to the Crown Ward Order on file. The date is located on the top left side of the document. R Make a recommendation to place the order in the file, if the order could not be located.
Date of Review:	Computer generated.
Age at Review:	Computer generated.
Is child of Aboriginal heritage?	If yes, 'Native Services' will appear under Planning (Tab 4). The CFSA includes "Native" and/or "Indian" children.. Indicate "yes" for First Nations as well. Check "no" for Inuit children.
Age at Crown wardship:	Computer generated using data from previous reviews.
Length of Crown wardship:	Computer generated using data from previous reviews.
Primary reason for admission to care:	Computer generated If the file has been reviewed previously. The reason can be changed. Check to ensure the old menu does not pop up in this area. <u>Secondary Reasons:</u> Do not leave this area blank, unless it was left blank by the previous reviewer.
Adoption information:	Indicate N/A if an adoption process has never been initiated. Indicate 'Disruption' if the child was on adoption probation, but was returned to care prior to the adoption being finalized. Indicate 'Breakdown' if the child returned to care after an adoption was finalized. In the latter case, a second Crown wardship order will have been granted, naming the adoptive parents as parties.
Was placing agency notified?	Note that 'Placing Society' refers to the Society that placed the child in the adoptive home. Indicate N/A if the child was never the subject of adoption proceedings, or if the placing Society and the present Society are the same.



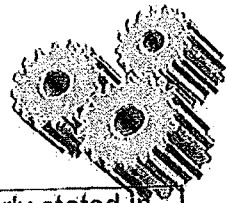
Current placement type:	<p>The type of placement refers to the most recent Society approved placement. If a child is 'AWOL' the placement type will be the child's last placement prior to the AWOL.</p> <p>'Independence' includes any living situation involving a youth over 16 living on his or her own approved by a Society. This includes independent living and semi-independent living programs and youth shelters. 'Provisional Foster Home' is a home that has been approved as a provisional placement for that child (and to which board rates are paid). 'Parental home' is reserved for approved situations where a child is living with an individual identified as a parent (as defined in the CFSA). 'Community Caregiver' includes approved situations where a child is living in the community, with caregivers who have not been designated as a Provisional Foster Home (Example: family member, friend, Kinship care and Customary Care shall be included as 'Provisional Foster Homes').</p>
Start date of Current Placement:	<p>The start date of the current placement refers to the date the child was placed in the current residence. Within the Outside Paid Resource (OPR) system, a child may move to another foster home or group residence within the same system. This is considered to be a change in placement. A change of primary Caregivers constitutes a placement change for the child. The tab key must be used to get to the next field. If the tab is not used, the computer will be unable to generate the length of current placement correctly. Following a placement in YCJF, hospital, emergency, respite, etc. If a child returns to a previous placement - do not count as an additional placement.</p>
Length of Placement:	Computer generated.



Comments:	<p>Comment on the suitability and stability of the child's placement and how well it meets the child's needs. The file should convey a sense of the child's relationship with all members of his/her foster family or residential staff and other residents and should indicate if the placement shares the culture and/or religious beliefs of the child's family of origin. Report any supports provided to assist the caregivers in their role and to ensure the continuity of the placement for the child. R Issue a recommendation to enhance the recordings if this is not clearly addressed. R Issue a recommendation to Review the Child's Placement if file documentation causes concern about the ability of the placement to address his/her needs.</p> <p>For Aboriginal children who experience a change in placement during the period of the review, notification to the First Nation or native community of the change should be documented in the child's file. A recommendation under 'Other' may be considered should file documentation not confirm this activity.</p>
Placements since crown wardship:	Do not count Youth Justice Facilities, hospital, emergency, respite, crisis mental health, secure custody placements in this number.
Access at Crown Wardship:	<p>Indicate the terms of the existing Crown wardship order rather than the current access arrangements or plans. If family members are not listed as parties on the Crown wardship application, their access should be ranked as 'silent' unless otherwise referenced. Exercised access is any form of regular contact between the child and other party, including telephone, electronic and written communication. Siblings should not be considered 'Extended Family'. There is a separate field for siblings. Indicate if you cannot determine the terms of the access order. Step-parents/parental partners should be considered members of the child's extended family if the relationship is determined to be/or have been a significant one for the child. They should not be identified as the biological parent. R If access is not clearly documented to be in a child's best interests or respecting his/her needs and wishes, a Recommendation may be made to review Access arrangements. R When a parent is determined to be deceased, a recommendation (under 'Other') should be made to determine the child's eligibility for Survivors' Benefits from the Canada Pension Plan if this has not already been completed by the Society.</p>




Comments:	Comments should consider whether access is beneficial and meaningful to the child. Comment on the child's wishes regarding access, and access arrangements, if known. Comment on how the Society has responded to access that has been problematic for the child and also if the Society is not taking appropriate action.
Number of caseworker contacts in previous 12 months:	The number of caseworker contacts includes any face-to-face contacts between the child and a designated Society caseworker (or a Society staff person functioning in this role) in the past 12 months. Evidence of contacts to be considered for compliance should be located in recordings and planning documentation in the child's file but written casenotes presented by the society may also be considered in determining compliance. No other evidence will be considered to confirm compliance. (Reviewers are not expected to review casenotes as part of the review process). Ensure the full 12-month period is covered when including the number of face-to-face contacts.
Current YCJA involvement:	If a child has current YCJA involvement, including criminal charges , an existing custody, community service or probation order, the child is considered to be currently involved in the YCJA system. If the child has had YCJA involvement during the period being reviewed, indicate "yes".
History of YCJA involvement:	If a child had previous YCJA involvement (as indicated above), which ended prior to the period being reviewed, the child is considered to have a history of YCJA involvement.
YCJA Placement:	Any previous period of custody, not simply detention , constitutes a history of YCJA placement. When a child is in custody, the care of the child is assumed by the YCJA system. Statutory requirements such as 7 and 30-day visits and plans of care are not applicable when the child is in custody. Three month visits are still required. Any period of custody, including within the review period, is counted as history of YCJA placement.



Tab 2: Permanency Planning

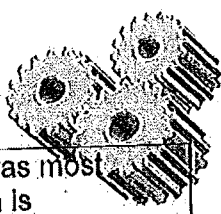
<p>Comment on Permanency Plan:</p>	<p>The permanent plan for the child should be clearly stated in the file. The appropriateness of the plan is determined by the facts of the case. Is the plan reasonable, attainable, in the child's best interests? The continuity of the child's placement and relationships should be taken into consideration.</p> <p>If the plan is implied, but not clearly documented, this can be indicated in the appropriate field, with a comment to the effect that documentation requires clarification. This situation sometimes occurs when the agency understands that the placement plan is intended to be a long-term residence, but does not explicitly state this in the recordings.</p> <p>Recognizing one of the key principles of Bill 210, reviewers should expect documentation to recognize the child's need for continuity and for lasting family relationships. The society's planning should address the needs of Crown wards who have been in long term foster care placements. Documentation that assists these children in developing an enduring relationship within a family by way of adoption, a custody order or customary care (if child is an Indian or native person) should be evident in the child's file, when appropriate. R A recommendation to review the permanency planning for a child should be made if the society's documentation does not reflect this principle.</p>
<p>Independence planning 15 years and over:</p>	<p>An independence plan needs to be in place for any child who is 15 years of age or older (this field will not appear for younger children), unless the child is not able to attain independence in which case, independence planning should reflect the goal of a successful transition to adult services. Specific goals should be established within all areas to provide a clear understanding of the youth's ability to live independently. This is especially important for youth who are 17 years old and approaching their 18th birthday. R A recommendation to prepare a youth for independence should be made if planning has not addressed a youth's needs in this regard. This should be considered separately from recommendations regarding the youth's other planning needs in order to provide the society with an understanding of systemic issues to be addressed in this area.</p>



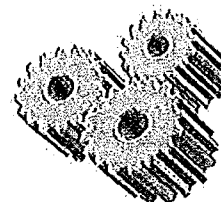
Adult Support :	Planning for physically and mentally challenged youth who are determined to be unable to live independently should include a referral to Adult Services . If there is no clear indication in the recordings that the Society is pursuing adult support services, make a recommendation that the Society place the child on a waiting list for community adult services at 15 years of age
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Tab 3: Education

Is the child enrolled in a school program?	The child is considered enrolled in a school program if the child is registered in a school program. However, if the child is enrolled but has not been attending for several months then indicate NO. "N/A" should be indicated if the child is not required to attend school (too young) and not attending. In addition, "no" should be indicated if the child is over 16, and is choosing not to attend school or has been removed from his/her educational placement by school authorities.
Has child had an IPRC?	Indicate 'Yes' if an Identification, Placement and Review Committee has been held in the last two years. This committee identifies and places children in Special Education programs. Indicate 'No' if the child has special educational needs but no IPRC was held. Indicate N/A if the child has no special educational needs or if the child is not required to attend school.
Does the child have an IEP?	An Individual Education Plan is a modified school program developed to meet the individual needs of the student. A child may have an IEP without necessarily having had an IPRC. An IEP designation is on elementary school report cards. A copy of the IEP should be on file. An IEP for a child 14 years and older should include a plan for the transition to secondary school. Indicate 'Yes' if the child has an IEP. Indicate 'No' if the child has special educational needs but there is no indication of an IEP. Indicate N/A if the child has no special educational needs or if the child is not required to attend school.
Has child been suspended?	Indicate 'Yes' if the child was suspended in the last 12 months; 'No' if suspension was considered but did not occur and N/A if suspension was not considered or if the child is not required to attend school

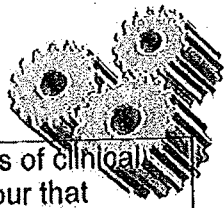


Education Level :	Indicate the school program in which the child was most recently enrolled. For consistency, kindergarten is considered an elementary program. The elementary school report cards indicate the child's educational level. The secondary school report cards often have program codes indicating the educational level – general, basic. "No" should be indicated if the child is not required to attend school or if the child is over 16 years of age and is not attending
Progress:	A final report card or case recording should indicate the child's academic aptitude and progress, any special educational needs and academic results in the last 12 months . The categories of progress listed correspond to elementary school report cards. For secondary school students, progress can be measured by their grades and credits earned.
Comments:	<p>The last final report card on file (where applicable) is used to determine progress. 'Cannot determine' is to be used when there is no information about the child's educational progress in the last year. 'Cannot determine' is not used when the review occurs before the first term report card is due. In these cases, use the most recent report card on file.</p> <p>Comment on how well the child's educational needs are being met. The Society is expected to ensure that the child's education program corresponds to his or her aptitude and abilities. Comment on any educational support(s) being accessed, and/or issue a recommendation if supports should be considered. A Directive should be issued if the file contains no information regarding educational planning and the child's academic progress.</p> <p>If a child attended school through the previous school year but is not currently attending, all options should be marked N/A in spite of any modifications provided when the child was attending school.</p> <p>If a Review occurs in the summer or in the early fall before the first term report cards are issued and the child has made the transition to grade nine, the reviewer should utilize the child's elementary school report card when making the determination of the child's educational placement and progress and use the Comment section to provide clarification.</p>




Tab 4: Child Profile

Does child have special needs?	<p>For the purposes of this review, a child is considered to have 'special needs' if he or she has been clinically diagnosed by a health or mental health professional. If there is no formal diagnosis, indicate 'No'. For the purposes of this review, a child is not considered to have 'special needs' solely on the basis of behavioural issues or solely on the basis of being in counseling.</p> <p>If the child has special needs, there should be a specific plan in place to address the child's needs. While the society's recordings may provide information that confirms that his/her special needs have been addressed, plans of care must contain goals that reflect the child's special needs. Plans of care provide the child and his/her caregivers with an opportunity to ensure that goals are realistic and achievable and a chance to celebrate their completion.</p>
Primary Diagnosis:	<p>Please delete any diagnosis that appears automatically on screen. This list has been brought forward from the previous year. If the child has 'special needs', identify the most significant diagnosis (that which effects the child's day-to-day functioning the most), under the 'Primary Diagnosis' list. Enter any other significant diagnosis in the 'Other Diagnosis' list. Check as many as apply. For the purposes of this review, Tourette's Syndrome and Autistic Disorder are classified as a neurological disorders. Conduct Disorder, Oppositional Defiant Disorder, and Obsessive-Compulsive Disorder are considered psychiatric diagnoses. Any chronic medical diagnosis that interferes significantly with a child's daily functioning may be identified as a special need eg, asthma, enuresis.</p>
Other Diagnosis:	<p>Indicate 'Other Disability' only if the diagnosis does not fit into any available category. Consult with other team members before using this category. Other diagnosis must have been made by a health or mental health professional</p>

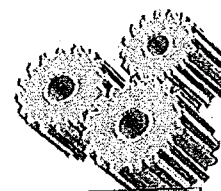


Primary Behavioural Issues:	<p>Behavioural issues refer only to behaviour that is of clinical significance. Generally, this will refer to behaviour that presents a risk to the child or others,</p> <p>Complete this section in the same manner as above. For the purposes of the review, aggression includes all types of aggression towards others, such as physical assault, verbal attacks, fire setting, stealing, or other harm to others. The use of the 'Other' category is limited only to that behaviour that cannot be included in any of the specified categories. Consult with others before using this category.</p>
Comments:	<p>Comments should identify the child's needs, the specific efforts made to address the needs and the child's subsequent progress. Consideration should be given to the availability and effectiveness of the services and supports provided to the child. Observations should include the effectiveness of therapeutic interventions provided over the past twelve months and the monitoring of psychotropic medication. The outcomes of recent assessments may be considered in an effort to assess how well the Society has been able to address the child's clinical needs. If planning has not incorporated specific recommendations of recent assessments, this observation should be included here. D A Directive may be considered (Plan of Care does not address the Child's Needs) if this omission is considered to be significant to the child's identified special needs.</p>
Is the child on psychotropic medication?	<p>If a child is taking prescribed, psychotropic medication, indicate 'Yes' in the relevant section. If the child is not taking such medication, but it has been prescribed, indicate 'No' for this question. Indicate "no" also if there is an apparent need for medication. If the child has no apparent need for medication, then indicate 'N/A'.</p>
Is the child in therapy?	<p>Answer as above. If the child is on a waiting list, but not officially enrolled, make a note of it in the comment section. Check "no" if the child is not enrolled, but N/A if there is no apparent need for therapy. Therapy may include any specialized services that address the child's special needs such as art and music therapy, occupational and physical therapy and specialized treatments such as EMDR and Rainbows. The child's progress through his/her participation in these therapies should be reflected in the Society's own documentation or through progress reports from the therapists.</p>



Serious occurrence in previous 12 months?	Indicate whether or not a serious occurrence has taken place within the last 12 months. If it is clear there has been a serious occurrence, indicate 'Yes'. If there is no indication there has been a serious occurrence, indicate 'No'. If it is unclear, indicate 'Cannot Determine'
Serious occurrence report on file?	<p>Refer to "Serious Occurrence Reporting Procedures" for information about reporting requirements. Refer also to the Society's own procedures for reporting serious occurrences in order to determine the society's compliance. Consult with the Regional Office about local reporting practices if concerns arise.</p> <p>A copy of any serious occurrence respecting a child should be on the child's file. Outside paid resources are expected to report serious occurrences in their resources to the Regional Office and provide a copy of the report to the Society.</p> <p>If there was a serious occurrence in the past 12 months and the report is on file, indicate 'Yes'. If there was a serious occurrence in the last 12 months, but no report is on file, indicate 'No'. If there was no serious occurrence in the 12 months, indicate 'N/A'.</p> <p>There should be the same number of serious occurrence reports as there are serious occurrences. These numbers should add up. If they do not, the appropriate recommendation or directive should be made. D A directive is issued if the child is placed in an agency-operated resource and verification could not be located confirming that a serious occurrence report was completed. R A recommendation is made to file a serious occurrence report if the child is in an OPR or if the child is in an agency-operated resource, file documentation indicates that a serious occurrence report was completed but it could not be located in the child's file. If a serious occurrence has occurred and it is noted on the template that a serious occurrence report was not located in the child's file, either a Recommendation or a Directive must be indicated by the reviewer. The reporting of serious occurrences is to be commented on in both the Individual Case and Agency Reports.</p>

<p>Sexual/Physical Abuse: Home / Sexual/Physical Abuse: Resources</p>	<p>Physical and sexual abuse is recorded as 'verified' if the Society considers that abuse occurred. This does not have to be 'verified abuse' as defined for the purpose of reporting to the Child Abuse Register. Abuse includes abuse by any person who has had care of the child such as a day care provider or babysitter. R If verified abuse is determined in the file documentation, the child may be eligible for Criminal Injuries Compensation. R If file documentation does not confirm that an application has been initiated, a recommendation should be made.</p> <p>'Home' vs. 'Resources' pertains to when the child experienced the abuse. Abuse prior to admission is recorded as 'Home'. Post-admission abuse is recorded as 'Resources'. Reviewers manually track any abuse occurring during the review period and report the case to review lead. R If sexual/physical abuse home has been suggested but is unclear, make a recommendation to enhance the social and medical history of the child. The number of children abused at home and in resource is not the total sum of both categories. It reflects only those specific children who have experienced abuse both at home and in resources.</p>
<p>Comment:</p>	<p>Comment on when 'verified' abuse occurred. If the child experienced physical or sexual abuse during the past 12 months, comment on how the Society responded to this. This is required in the Agency Report, as well. The reviewer should have access to information about the nature of any allegation, the method of investigation, the outcome and any treatment required. Indicate if there is no verified abuse in the child's social history.</p> <p>The alleged abuse or maltreatment of a child in care must be investigated promptly and thoroughly. The facts of the case determine the method and extent of the investigation required. If the allegation required a protection investigation, the Ontario Risk Assessment Model standards would apply.</p> <p>This review does not have the mandate to measure compliance with child protection standards. If serious concerns exist about the quality of the investigation, a directive under 'Other' could be made. Consult with the Team Lead and/or agency supervisory staff.</p> <p>Comment also on the society's reporting of serious occurrences, including the specific dates of the reports and the reason for the report.</p>

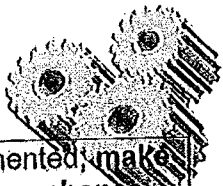


Tab 5: Planning


<p>Plans of Care:</p> <ul style="list-style-type: none"> ▪ Specific to child's needs ▪ Measurable goals ▪ Achievable goals 	<p>A well-developed plan of care is specific to the child's needs and has measurable and achievable goals. ONLAC has identified the following relevant life domains that should be addressed in children's planning: health, education, family and social relationships, identity, social presentation, emotional and behavioural development and self-care skills. Goals in plans of care should be child centred, measurable and achievable. With the passing of Bill 210 and the implementation of ONLAC planning will be expected to reflect the completion of the AAR, be based on a child's strengths, refer specifically to a child's needs in all of his/her life domains and include specific reference to a child's cultural needs. The AAR should not be used as a child's plan of care but should be the basis for his/her planning. Where specific clinical recommendations have been made for a child, they should be reflected in the child's planning if other file documentation does not clearly articulate why this is not occurring.</p>
<p>Comment on whether child's needs are being met :</p>	<p>A designation of 'appropriate' or 'needs work' is required. The entire year's plans of care are to be reviewed and commented upon. The most recent plan of care may reflect current planning but not be the sole resource used to evaluate the quality of the planning for a child.</p> <p>Directive: A directive to 'develop a plan of care that addresses the child's specific needs' is to be used if the review of all eligible planning concludes that areas remain where planning has failed to address the child's needs, especially his/her clinical needs. A directive may also be issued if plans of care do not address three or more of the ONLAC planning dimensions.</p> <p>Recommendation: Some planning deficiencies may be addressed by means of a recommendation to enhance the plan of care. If plans of care have addressed at least five of the ONLAC dimensions, a recommendation would be appropriate. If the most recent plan of care reflects the efforts of the society to enhance the planning for a child, a recommendation could be made to continue these efforts to provide full compliance in subsequent Crown Ward Reviews. Recommendations to enhance the plans of care should provide the society with specific information with regard to the deficient areas. The Society will be expected to demonstrate in its future documentation, that such a recommendation has been considered.</p>



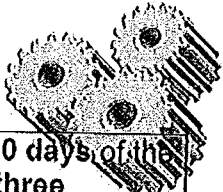
Native Services:	If the child is of Native heritage, the field 'Native Services' will appear. Societies have special responsibilities to children of Native heritage (refer to Part X in the CFSA and Bill 210 amendments).
Is child aware of Aboriginal heritage?	The file should clearly indicate whether the child is of Native heritage and, if so, whether the child is aware of his or her heritage. Where appropriate, a recommendation can be made to enhance the child's social history if this aspect is not well addressed in the file. Efforts made by the society to encourage the child's participation in Aboriginal cultural and spiritual practices should be documented in recordings and in the child's plans of care.
Is child being served by a native Society?	Native Societies refers to Societies that are designated to provide child welfare services to Aboriginal children and families. Currently, these are Dillco, Tikinagan, Weechi-it-te-win, James, Hudson Bay Family Services (Payukotayno) and Native Child and Family Services in Toronto.
Eligible for Status:	Children who have status under the Indian Act have distinct rights and entitlements. If a child is of Native heritage, the file should be clear as to whether the child is eligible for status . If not, recommend 'eligibility to be determined.'
Has there been Band representation?	Indicate whether a representative of the child's band or First Nation was involved during court proceedings not just served to allow their participation. Active involvement in plans of care, or other decisions involving the child should also be reported. Indicate whether band participation has been encouraged by the Society through invitations to plans of care and placement reviews for First Nations children.
Native placement Have efforts been made to promote child's participation in cultural practices?	The file should indicate whether the child is living in a Native placement. With the passing of Bill 210, efforts made to promote the child's understanding of his or her heritage or provide opportunities to participate in Aboriginal cultural and spiritual practices must be clearly articulated in the child's plans of care. If this is not documented, make a recommendation to enhance the child's plan of care and/or social history to reflect Section 56 (Bill 210) that ensures that a plan of care includes a description of arrangements that are being made to recognize and preserve the child's heritage, traditions and culture. If not addressed, a Directive may be considered by the reviewer at the time of the 2008 Crown Ward Review.
Is child placed in home community?	The child's home community is considered to be the area or reserve from which the child's family originated.



Is the child aware of his/her rights and entitlements regarding Native status?	This should be documented. If this is not documented, make a comment, or recommendation if required, to enhance the child's plan of care and/or social history to include this information.
Comment:	Provide a summary comment regarding how the Society has identified and honoured the child's Aboriginal heritage and whether these efforts are reflected in the child's plans of care.
Are cultural needs being addressed? Are religious needs being addressed?	Section 56 (Bill 210) ensures that a plan of care includes a description of arrangements that are being made to recognize and preserve the child's heritage, traditions and culture. The cultural needs of all children should be addressed in their case planning. Indicate 'Yes' if the child's cultural and religious needs are being addressed. Never respond "N/A".
Comment:	Comment on cultural or religious needs that are not or are not being addressed, based on type of school and society affiliation, access to family, and file recordings. If this has not been included in a child's plan of care, issue a recommendation that "the Society enhance planning to specifically address a child's cultural and religious needs based on the intention of recent amendments to the CFSA included in Bill 210".
Is Child Involved in social activity?	Social activities refer to those events where the child will be exposed to interaction with others and will have the opportunity to develop his/her social skills.
Is Child Involved in recreational activities?	Recreational activities refer to those pro-social activities from which a child derives enjoyment and diversion.
Comment:	Provide a summary comment of the efforts made by the Society to ensure that the child has opportunities to participate in age-appropriate social and recreational activities. If this is not occurring, a question could be posed to reflect the potential importance of this in the child's healthy development. If this is deemed to be a significant omission for the child, a recommendation can be made to consider group activity.



	Case Planning	<p>Answer all fields relevant to the child's placement planning in the past 12 months. Indicate N/A for any area that did not apply to the child. If a child was placed in an OPR setting, supervised by another CAS and placed in CAS foster care, all four areas should be completed either 'Yes' or 'No', not N/A. Answer 'Yes' to a question only if all required documentation was completed within the specified time frames otherwise, indicate 'No'.</p> <p>A child 12 or older has the right to participate in the development of his or her own plan of care. Comment if the child does not appear to have participated in the planning. Where applicable, parental participation in planning should be encouraged by the society.</p> <p>Foster care standards do not apply when child placed in:</p> <ul style="list-style-type: none"> • Outside Paid Resources (OPR) • Youth Justice (YCJA)
	1. CAS Plans of Care:	<p>Plans of care are to be completed within 30 days of a child's placement, reviewed and, if necessary, amended within three months of the date of placement, within six months of the date of placement and every -six months thereafter.</p> <p>For purposes of the review, 30-day plans of care are considered late if not completed and endorsed within 45 days of the date of placement. Other plans are considered late if not completed and endorsed within six weeks of the due date. A missing plan of care would result in a directive, as would two late plans of care.</p>
	2. Supervisory endorsements	<p>Supervisory endorsement of the 30-day plan of care is required within 45 days of a child's placement. The supervisory endorsement of CAS plans of care is to be evident within six weeks of the date the plan was due.</p>
	3. Supervising Society:	<p>The timing of these plans of care depend on the type of placement – OPR or CAS resource.</p>



4. Outside Resources:	<p>OPR plans of care are to be completed within 30 days of the child's admission, reviewed or amended within three months of the date of placement, within six months of the date of placement and every six months thereafter. Directives are issued using the same principles as for CAS Plans of Care. (See #1 above). If the plans of care for a child in an outside paid resource meet the above requirements, they are 'in compliance' regardless of who the author was – CAS or the OPR, provided both parties were involved in the planning process. Should the OPR plans of care be determined by the Society to be insufficient in addressing all of a child's needs, the Society may choose to complete planning to supplement the planning of the OPR. Collectively, these plans should comprehensively address all of the child's needs in order to ensure compliance with the planning standards.</p>
Comment:	<p>Comment here on the timeliness of the Society/OPR planning. If planning does not meet the required time frames, indicate "No" and provide a specific explanation regarding which plan(s) with dates, did not meet the expectations of the standards. Indicate if the Society is completing complementary planning to that of the OPR.</p>
For Foster Care and Licensing Purposes only:	<p>This field will appear if the child is in foster care. Note that the foster care section applies to all children who are placed in CAS foster care.</p> <p>Foster care standards do not apply when child placed in:</p> <ul style="list-style-type: none"> • Outside Paid Resources (OPR) • Youth Criminal Justice Act (YCJA)

Lack of consideration of earlier Recommendations in that *relate to serious matters* of the child's welfare

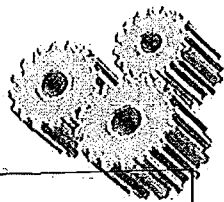
Tab 6: Directives

- **DEFINITION OF COMPLIANCE:** In order for a standard to be considered 'in compliance' the standard must have been **adequately met and relevant** to the child's situation in the last 12 months.
- **DEFINITION OF NONCOMPLIANCE:** In order for a standard to be considered 'noncompliant' documentation provided for review has not confirmed that the standard has been adequately met and relevant to the child's situation in the last 12 months. Based on concerns identified in the Auditor General's 2006 report, societies are expected to be able to demonstrate that recommendations made in previous Crown Ward Reviews have been considered. If the documentation presented for review does not reflect this consideration and the matter may be characterized as serious and tied to the child's welfare a directive may be issued under the appropriate standard or under 'Other' (section 66 of the OFSA). Evidence of such

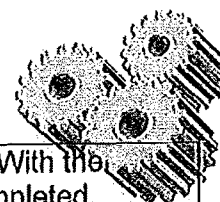


consideration may be reflected in: enhancement to identified documentation (including planning), documentation of activity deemed beneficial to the child or documentation that identifies the rationale for not pursuing the recommendation(s).

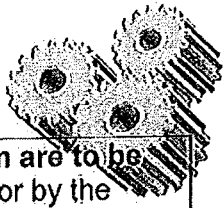
- **NOT APPLICABLE:** Indicate N/A beside standards that do not apply to the child's situation in the last 12 months. The school report is 'not applicable' if the child is not required to attend school (too young). Residential plans of care are 'not applicable' if the child is in foster care and vice versa. A seven-day visit is 'not applicable' if the child did not change placements during the year (respite care is not considered a placement change).
- **YCJA PLACEMENTS:** For the purposes of this review, **statutory requirements such as 7 and 30-day visits and plans of care are 'not applicable'** when the child is in a YCJA facility because they cannot be enforced. However, 90-day visits are applicable.
- **OUT OF PROVINCE:** For the purposes of this review, **statutory requirements such as 7 and 30-day visits and plans of care are 'N/A'** when the child placed out of province because statutory requirements cannot be enforced (regardless of compliance). The Society is nevertheless expected to document that every effort has been made to meet the standards. If **serious concerns** exist about the Society's response to the child's needs, then non-compliance can be indicated under one or more of the following: 'File to be reviewed by Program Supervisor', 'File to be reviewed by senior management' or 'Other'.
- **CIRCUMSTANCES BEYOND THE SOCIETY'S CONTROL:** When non-compliance occurs because of circumstances beyond the Society's control, non-compliance will be indicated but no directive will be given. For example, if a child is **AWOL**, but the Society documented that reasonable efforts were made to meet the standard(s), the case will not be 'in compliance' ('non-compliant') but no directive will be issued. A society is expected to complete a three month plan of care on behalf of a child who is AWOL.
- **STRIKE:** For the purposes of this review, all standards will be considered 'Not Applicable' for the entire period of any labour disruption and for two weeks following the labour disruption.
- **ALLEGED ABUSE OR MALTREATMENT OF A CHILD IN CARE:** The alleged abuse or maltreatment of a child in care must be investigated promptly and thoroughly. The facts of the case determine the method and extent of the investigation required. If the allegation requires a **protection investigation**, the child protection standards apply.



1	RECORD OF CONTACTS	
	<p>a) 7-day visit</p> <p>R.R.O. 1990, REGULATION 71 <i>Amended to O. Reg. 213/00</i> Regulation 5(3)</p>	<p>This is considered 'in compliance' if the caseworker visited the child within seven days of the most recent placement. A change of primary caregivers constitutes a change of placement for the child.</p> <p>A DIRECTIVE is issued unless there is a compelling, child centred reason the Society did not meet its obligation. In such a case the file is deemed not in compliance, with no directive issued. N/A is to be indicated if the child is in a YCJA setting.</p>
	<p>b) 30-day visit</p> <p>R.R.O. 1990, REGULATION 71 <i>Amended to O. Reg. 213/00</i> Regulation 5(3)</p>	<p>This is considered 'in compliance' if the caseworker visited the child within 30 days of the most recent placement.</p> <p>A DIRECTIVE is to be issued unless there is a compelling, child centred reason the Society did not meet its obligation. In such a case the file is deemed not in compliance, with no directive issued. N/A is to be indicated if the child is in YCJA setting.</p>
	<p>c) minimum three month visit</p> <p>R.R.O. 1990, REGULATION 71 <i>Amended to O. Reg. 213/00</i> Regulation 5(3)</p>	<p>This is considered in compliance if the caseworker visits the child at least once every three months.</p> <p>A DIRECTIVE is issued if this has not occurred. No discretion is allowed with regard to this standard.</p>
	<p>d) private visits</p> <p>R.R.O. 1990, REGULATION 71 <i>Amended to O. Reg. 213/00</i> Regulation 5(3)</p>	<p>A DIRECTIVE is issued if the child is not seen privately each quarter. This could be at the beginning of one quarter and the end of the next and still be 'in compliance.'</p>



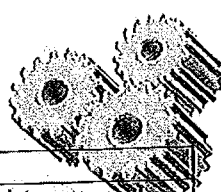
2	<p>DOCUMENTATION</p> <p>a) child's social history</p> <p>R.R.O. 1990, REGULATION 70 Amended to O. Reg. 493/06 Regulation 111(7),(8), (9)</p>	<p>A comprehensive social history is required. With the passage of Bill 210, the importance of a completed, comprehensive and annually updated social history has been underscored. Societies will be given 60 days after admitting a child to care to complete the child's initial social history. Planning is expected to be linked to the child's social history and it is expected to be updated annually. The child's social history should be a "stand alone" document. The history should include clear information about the child, the child's history prior to coming into care, the reason for the child's admission and subsequent Crown wardship, the efforts made to address the problems that led to admission and the involvement of the parent(s) and family members in these decisions.</p> <p>It should include information about the parents, siblings and extended family, including identifying information, personality descriptions, strengths, problems, stresses and conflict in the family, the parent(s) acceptance of Crown wardship, the parent's cooperation with plan of care and access arrangements. Current family relationships and functioning should be included with the annual updates to the child's social history where applicable.</p> <p>The rationale for significant decisions made and the child's significant experiences in care should be clearly documented. Additional areas to address include: the child's health, physical and emotional development, personality and behaviour, academic history, separation and placement history and strengths, talents and interests.</p> <p>This is considered 'in compliance' if the above criteria are met.</p> <p>A DIRECTIVE should be issued if a separate social history has not been completed.</p> <p>A RECOMMENDATION can be made to enhance the social history if some areas are deficient in content or if annual updates have not addressed all significant experiences for a child. Commentary in such cases should identify specific areas that require the society's attention in enhancing its documentation. If a recommendation to enhance the child's social history has not been addressed by the Society from one Review to the next and remains consistently deficient, a DIRECTIVE should be issued.</p>
	b) annual medical	The name of the doctor or nurse practitioner, the date



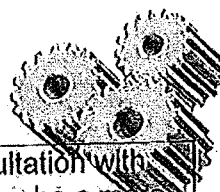
<p>i) Residents R.R.O. 1990, REGULATION 70, <i>Amended to</i> <i>O. Reg. 493/06</i> Regulation 91(c), 99(e)</p> <p>ii) Foster Care R.R.O. 1990, REGULATION 71 <i>Amended to O.</i> <i>Reg. 213/00</i> Regulation 4(2), (3)</p>	<p>and the results of an annual medical exam are to be clearly documented either in the recording or by the presence of a medical report. A DIRECTIVE is to be issued if an annual medical examination has not taken place or if it is unclear in the recordings, whether sufficient efforts have been made to book an appointment, within 15 months of the previous annual examination.</p> <p>No directive will be issued if a child over 16 refuses to attend in spite of persistent urging by the caseworker, although this standard is deemed "non-compliant." If a child over 12 refuses to give the caseworker permission to obtain the results of the examination, but there is evidence that the child did receive medical care, then the case will be considered 'in compliance'. In these circumstances, a recommendation can be made to the Society to continue its efforts to address this issue.</p>
<p>c) annual dental exam</p> <p>See b) for legislative reference</p>	<p>Same as for annual medical examination. Dental Insurance chart is acceptable. Orthodontic checkups do not qualify as evidence of compliance for the purpose of an annual dental checkup.</p>
<p>d) plan of care</p> <p>R.R.O. 1990, REGULATION 70, <i>Amended to</i> <i>O. Reg. 493/06</i> Regulation 114 (4), 115(2)</p>	<p>For children in CAS foster care, a plan of care is to be prepared within 30 days of the date of placement, reviewed and, if necessary, amended within three months of the placement, six months from the date of placement and every six months thereafter.</p> <p>A DIRECTIVE is to be issued if any plan of care is missing. A DIRECTIVE is to be issued if more than one plan of care within the previous 12 months is late by more than six weeks (including supervisory endorsement). N/A is to be indicated if the child is in a YCJA setting.</p>
<p>e) review within 30 days</p> <p>R.R.O. 1990, REGULATION 70, <i>Amended to</i> <i>O. Reg. 493/06</i> Regulation 111(4)</p>	<p>For children in CAS foster care, a plan of care is to be developed, amended or reviewed within 30 days of a child's placement in a new setting. A DIRECTIVE is to be issued if this has not occurred and the plan has not been endorsed within 45 days of the child's new placement.</p>



<p>f) review of plan by supervisor</p> <p>R.R.O. 1990, REGULATION 70, Amended to O. Reg. 493/06 Regulation, 115(4)</p>	<p>CAS foster care plans of care require supervisory endorsement. A DIRECTIVE is to be issued if more than one plan of care in the past 12 months does not have a supervisory endorsement within 6 weeks of the due date or within 45 days of a child's placement. (see previous standard) N/A is to be indicated if the child is in a YCJA setting.</p>
<p>g) develop plan of care that addresses the child's specific needs</p> <p>1. CHILD AND FAMILY SERVICES ACT, R.S.O. 1990, C. 11 S. 105(1)</p> <p>2. R.R.O. 1990, REGULATION 70, Amended to O. Reg. 493/06</p> <p>i) Residents Regulation 86</p> <p>ii) Foster Care Regulation 111(5)</p>	<p>This DIRECTIVE is to be used if the plans of care do not reflect a child's needs, especially those identified within the Child Profile section of the case report. A DIRECTIVE may also be used if the plans of care do not meet the criteria identified within the Planning section of this report. After December 2007, if planning is deficient in three or more life domains, a directive may be issued while RECOMMENDATIONS may be utilized if one or two areas require inclusion or enhancement. Prior to this date, recommendations made to enhance planning should include a reference to the upcoming requirements for societies to link planning to ONLAC. The Society's response to previous recommendations to enhance planning for a child may be considered in determining future compliance with this standard.</p>
<p>h) annual school report</p> <p>i) Residents R.R.O. 1990, REGULATION 70, Amended to O. Reg. 493/06 Regulation 99 (1)(h)</p> <p>ii) Foster Care R.R.O. 1990, REGULATION 70, Amended to O. Reg. 493/06 Regulation 111(7)</p>	<p>An annual school report is required. A final report card or case recording is required indicating the child's academic aptitude and progress, any special educational needs and academic results in the last 12 months.</p> <p>A DIRECTIVE is to be issued if this information is not on file. N/A is to be used if the child is not in a school program.</p> <p>A RECOMMENDATION to consider educational supports may be made if documentation indicates that the child is struggling with academic programming and supports do not appear to have been provided.</p>



	<p>i) discussion of rights</p> <p>Child and Family Services Act, R.S.O. 1990, c. C.11</p> <p>Section 108</p>	<p>A DIRECTIVE is to be issued if the child's rights are not discussed and documented annually and within 30 days after the child's most recent placement. A change of primary caregivers constitutes a change of placement for the child</p> <p>The formal discussion of rights should take place by the child's 7th birthday if the child is capable of understanding his or her rights. Younger children should receive a simplified explanation of rights. A recommendation may be made to review the child's rights with the caregiver if the child is too young or his/her special needs preclude him/her from understanding his/her rights.</p>
	<p>j) residential plans of care</p> <p>R.R.O. 1990, REGULATION 70, <i>Amended to</i> <i>O. Reg. 493/06</i> Regulation 86</p>	<p>For children in OPR settings, plans of care are to be developed, amended or reviewed within 30 days of the date of placement, within three months of the date of placement, within six months of the date of placement and every six months thereafter. Any change of placement within an outside resource requires a review of the plan of care if this change has included a change in primary caregivers.</p> <p>DIRECTIVES are issued using the same principles as for CAS Plans of Care (see d & e above). If the plans of care for a child in an outside resource meet the above requirements, they are 'in compliance' regardless who the author was – CAS or the OPR, provided both parties were involved in the planning process.</p>
3	<p>Comply with terms of Court order</p>	<p>While previous practice allowed for a directive to be issued if the Society was permitting access with a person subject to a "no access" order, a recent legal decision has provided a different interpretation regarding such orders. A Crown wardship, no access or a Crown wardship that is silent as to access, has been determined to be a tool to ensure that the Society, as parent, is empowered to make decisions in the best interests of a child without interference. A DIRECTIVE is to be issued if the Society has allowed access to occur with someone identified in a 'no access' order without appropriate consideration of the child's safety.</p>
4	<p>Status review</p>	<p>This DIRECTIVE may be considered in exceptional circumstances when the child's status is problematic. A</p>



		directive in this category requires prior consultation with the Team Lead. A directive under 'Other' may be a more appropriate alternative.
5	File to be reviewed by senior management	This DIRECTIVE is to be used selectively when there are serious concerns about the service the child is receiving and similar concerns about the caseworker and supervisor's ability or willingness to address the problems without the assistance of senior management. A directive in this category requires prior consultation with the Team Lead. Indicate clearly in the comments section below this directive, the types of action(s) and follow-up required by the Society.
6	File to be reviewed by Program Supervisor	This DIRECTIVE is to be used selectively when there are serious concerns about the service the child is receiving and similar concerns about the Society's ability or willingness to address the problems without the assistance of the Program Supervisor. A directive in this category requires prior consultation with the Team Lead. Indicate clearly in the comment section below this directive, the types of action(s) and follow-up required by the Society.
7	Other Child and Family Services Act, R.S.O. 1990, CHAPTER C.11 Section 66(2)	CFSA S.66 authorizes Crown Ward Reviewers to issue any directive that is in the child's best interest. A DIRECTIVE is issued if the reviewer identifies a serious concern that is not covered by the other areas. This is the only directive that is applicable to cases supervised by another province or another Society other than a referral to Senior Management or the Program Supervisor.
	Comments:	The reviewer lists the Directives issued and the particulars related to them. It is important that the rationale for issuing a Directive is clearly articulated in the commentary provided in this area. Where appropriate, specific dates should be included in the documentation.

Tab 7: Recommendations

Recommendations relate to case management issues and should be used if file documentation does not support quality and comprehensive case management on behalf of a Crown ward. Reviewers should avoid assuming a case management role when reviewing a file and consider that, in most cases, the child's case manager has a thorough understanding of the child and his/her needs. Recommendations are proposals for the Society's consideration. If an action is essential, a directive or high-risk follow-up should be used.



As a result of concerns identified in the 2006 Auditor General's Report regarding historical lack of follow up to Crown Ward Review recommendations, societies will be expected to demonstrate that a Recommendation made in prior Crown Ward Reviews has received consideration. This may be reflected in enhanced documentation in the child's file, documentation of action's taken on the child's behalf, or documentation indicating the rationale for not pursuing the recommended action(s). Should documentation in the child's file not reflect this consideration, and the matter may be characterized as serious and tied to the child's welfare a **DIRECTIVE** under section 66 of the CFSA (Directive number 7) may be issued.


A recommendation is **not required** if a **directive** has already been issued respecting the same matter. For example, if a directive has been issued regarding a missed 90-day visit, there is no need to recommend more frequent worker contact. Nor is a recommendation required when the Society has **already taken action** on a matter, even if belated. A recommendation should not be made if the standard related to the recommendation has been met. For example, if a psychological assessment would be helpful but the Society has already decided to arrange this, do not recommend a psychological assessment, simply as a means of reinforcing the plan.

The filing of **additional documentation** may be recommended to augment planning and/or complete the file.

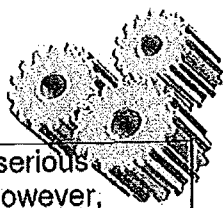
The particulars of the recommendations are to be found in the "Comments" section. If a recommendation is made, provide clear instructions regarding the type of recommendation. Refrain from using adjectives or "once again" when beginning a sentence. Posing questions may be preferable when addressing and/or suggesting a varying approach used by the society.

Most of the recommendations are straightforward. The following could use some interpretation:

Review access arrangements:	This RECOMMENDATION can be made if there is evidence that access is problematic for the child and the Society is not taking appropriate action.
Counselling:	This RECOMMENDATION could be made if the child might benefit from some form of counselling, which is not being provided. If an assessment has indicated that counselling would be beneficial to a child with special needs, the child is willing to participate and the society has not pursued any intervention for the child, a DIRECTIVE may be considered.
File documentation to include:	This RECOMMENDATION could be made if additional documentation is required.



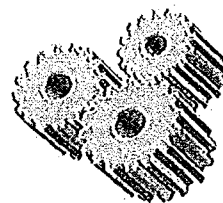
<p>Convene case conference:</p>	<p>This RECOMMENDATION could be made if there are long-standing, recurring or serious case issues which seem to require additional professional input and/or a different type of expertise. This could be used when more effective co-ordination of services is required. This may be a more effective way of addressing issues than making multiple recommendations.</p>
<p>Apply to Criminal Injuries Compensation Board:</p> <p>Child and Family Services Act, R.S.O. 1990, c. C.11</p> <p>Section 81</p>	<p>This RECOMMENDATION should be made if the child has been the victim of abuse or serious neglect. The funds received would benefit the child. To be eligible, the abuse or serious neglect must have been Investigated by the police and resulted in physical, emotional, psychiatric or developmental harm. Neither criminal charges nor a conviction is required.</p>
<p>Enhance/Update Recording:</p>	<p>This RECOMMENDATION could be made if the case recording, plans of care and/or social history require enhancement. Indicate whether the overall recording is problematic or whether a particular decision or event in the child's life was insufficiently addressed in the documentation. Should planning fail to address a child's identified clinical needs or recommendations made through a clinical assessment, the reviewer may wish to consider issuing a DIRECTIVE given concerns reflected in the 2006 report from the Auditor General. If documentation has indicated that recommendations to enhance documentation from previous Crown Ward Reviews have not been considered, a DIRECTIVE may be issued. A DIRECTIVE should also be issued if plans of care have not addressed three or more of the child's life domains as identified within ONLAC. A RECOMMENDATION is warranted if one or two domains are deficient or missing.</p>
<p>Review Rights with Care Providers:</p>	<p>This recommendation could be made if the child's special needs are such that he or she would not be able to understand a discussion of rights and the child's rights have not been reviewed with the caregiver in the past 12 months.</p>



File a Serious Occurrence:	Do not recommend that an OPR file a serious occurrence for physical restraints; do however, make a recommendation to obtain a copy of the serious occurrence report from an OPR if documentation indicated that a report had been completed and a copy could not be located in the child's file. A recommendation should also be made if the physical restraint occurred in a foster placement and documentation indicated that a report was filed but could not be located in the child's file.
Other: Immigration/Citizenship:	If a Crown ward does not have Canadian citizenship, a recommendation may be made to the Society to pursue citizenship on the child's behalf.
Other: Survivor Compensation: ONTARIO REGULATION 67/92 AMENDED TO O. REG. 283/05 Regulation 20(1), 21(1), 22(2)	If file documentation indicates that a biological parent is deceased, a recommendation should be made for the Society to make an application on the child's behalf for Survivor Benefits through the Canada Pension Plan. A child need not be in the care or custody of a parent at the time of the death in order to be eligible for benefits. Eligibility is determined by the financial contribution made to CPP by the parent prior to his/her death.

Tab 8: High Risk

For the purposes of this review, children are considered at 'high risk' when they exhibit the **behavioural characteristics** listed. There is also room to add other indicators if necessary. For the purposes of this review, 'high risk' children are those who are at risk of **harming themselves and/or others**. If follow-up action is required by the Society, it is to be sent to both the Program Supervisor and the CWRU. The action required should explicitly be stated in the 'Action required by Society' field. The follow-up due date should consistently be set to **30 days** after the Post Review Conference. If the Society is already taking the necessary action to protect the child, state this. In this case, no additional 'follow-up' is required. Commentary may provide the reviewer with an opportunity to recognize the efforts made by the Society to address the needs of a challenging child or youth.

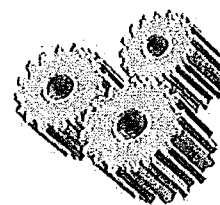


Questionnaires and Interviews

The questionnaires and interviews are **confidential** unless there is information indicating that a child or other person is at risk of harm. In that case, the reviewer can ensure that the appropriate Society staff is informed and the child is aware that this is occurring. The questionnaires and interviews may assist the reviewer in formulating recommendations for the Society's consideration. For example, if a child indicates that he does not know why he became a Crown ward, the reviewer may recommend that the child's history be reviewed with the child.

If a child requests an interview, all reasonable efforts should be made to see the child in person. The CWRU secretary gives the names of those requesting interviews to the Society. The Society will arrange the interviews. A child may be interviewed after the review if the child is living outside the geographic area. Telephone interviews are only to be undertaken as a last resort.

The reviewer is to ask general questions to elicit information about how the child is doing in care and whether he or she is aware of his or her rights and involved in his/her plans of care if appropriate. After the completion of the interview, the reviewer will write a synopsis of the interview on the *Interview Review Form*.



Guide to Adoption Probation Report

Crown Ward Adoption Probation Report

As of January 2000, the files of children placed on adoption probation are reviewed as part of the Crown Ward Review if they have been Crown wards for 24 months or more. The results of the Adoption Probation cases are included in the Crown Ward Review Agency Report.

Much of the information required in the Crown Ward Adoption Probation Report is the same as the information required for the Crown Ward Individual Case Report. The significant variations are indicated below.

Note that some Societies have both an adoption file and a child file. The reviewer may require both files to ensure all available information has been included as part of the file review. If the reviewer uses the 'tab' key, the computer will automatically calculate information, such as the length of adoption probation. If the 'tab' is not used, the computer will not be able to do the calculation correctly.

Please see the Crown Ward Individual Case Report.

- The standards and regulations for all children in care.
- Many of the fields in the Adoption Probation Report are the same as the fields in the Crown Ward Individual Case Report.
- The fields that are different are commented on below.
- The required information can be found in either the child's file or the adoption file.

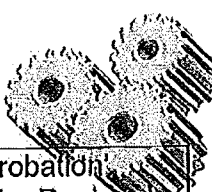
Child Information

Please see Crown Ward Individual Case Report.

Placement Information

Please see Crown Ward Individual Case Report. Additional clarification is below:


Date of placement on adoption probation:	The date is indicated on Form 24 (see below).
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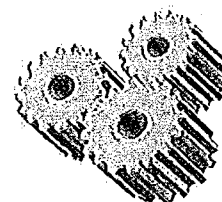
Is registration of placement on file?	The placement of a child on 'adoption probation' must be registered with the Director of the Regional Office. This registration is to occur at the time of the placement, generally within 30 days. This form contains the date of the child's placement on 'adoption probation'. <i>Form 24: Registration of Placement of a Child for Adoption, Child and Family Services Act (02/96)</i>
Is supplement to registration of placement on file?	The supplement to the registration of placement identifies the supervising social worker (private adoption practitioner) or Society.
Who is supervising the adoption placement?	<i>Supplement to Form 24/25 Registration of Placement of a Child for Adoption (10/95)</i> . See above.
Length of adoption probation at time of review:	This will be calculated automatically if the tab is used.
Name of supervising agency/ licensee:	The name of the supervising agency is contained in the <i>Supplement to Form 24/25</i> . There are three choices in the 'drop-down box': parent society, private adoption practitioner and 'other'. The 'other' category refers to another Children's Aid Society.
If the child is Indian or a Native person was the Band or native community given 30 days written notice of the agency's intention to place the child for adoption?	A letter or form should be on file giving the Band or First Nation written notice.

Adoption Plan

Is the plan to finalize the adoption at the end of 6 months?	A six-month period of adoption probation is normally required before the adoption proceeds to finalization.
Is the plan to extend the probation period beyond 6 months?	In exceptional circumstances , such as a child being adopted by his or her long-term foster parents, the probationary period may be shortened if this is considered in the child's best interest.

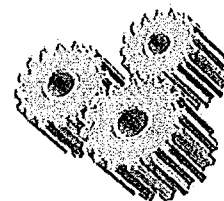


Is the notification of extension on file?	Record 'No' for Crown wards. For other Child in Care reviews: Section 145 of the CFSA requires that the Director of the Regional Office be notified if a child's adoption has not been finalized by the time the child has been on adoption probation for a year. The Regional Office requires written notice whenever an extension of the probationary period is required.
Does the plan address post adoption services once the adoption is finalized?	This Information should be on file and may include information about or referral to support groups or treatments services.
If old enough, has the child participated in the plan?	A child seven years of age or older must consent to his or her adoption plan. The child should have an opportunity to meet with a lawyer from the Office of the Children's Lawyer before signing a 'consent'.
Has a life book been prepared for the child?	Each child should have a 'Life Book' documenting his or her past history.
Does the plan include efforts made to retain the child's cultural identity?	Address the Society's efforts to retain the child's cultural identity.
Has written non-identifying information of the social and medical history of parents and child, been prepared for the adoptive parents.	The adoptive parents require as much non-identifying information as possible about the medical and social history of the child's birth family. This information is ordinarily provided at the time of the child's placement.
Has the agency informed the adoptive parents about the Adoption Disclosure Register?	This information may be found in the adoption home Study. If it is a private adoption, the information will be found in the <i>ROACH (Report of the Adjustment of the Child in the Home- Form 0381 -June 92)</i> . The <i>ROACH</i> must be sent to the Regional Director at the end of an adoption probation period.
Reviewer's comment:	The reviewer should comment on the adoption planning Process. A Plan of Care is not required but quarterly reports should provide pertinent information about the child's progress in the home.



Supervisory Visits and Reports

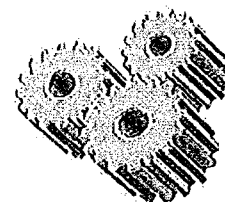
Total number of supervisory visits since placement:	These requirements are the same as for other children in care: 7-day, 30-day and 90-day visits are required. Seven-day visits are always N/A in this section.
Summary of child's adjustment to placement:	As indicated above, the <i>ROACH</i> contains information about the child's adjustment in his or her adoption placement. The <i>ROACH</i> is required at the end of the probationary period.
Reviewer's comments on supervisory visits and reports:	In addition, adoptive applicants are required to complete <i>Affidavit 34D (Affidavit of Adoption Applicant(s))</i> . This affidavit provides background information about the adoptive applicant(s)'s health, education and employment as well as the applicant(s)'s account of the history with the child. Comment on whether the frequency of visits meets the child's needs. Comment on the information provided in the <i>ROACH</i> .
Is the Social History of Child form on file?	The file should contain a social history of the child that details important elements of the child's life since birth. This information is forwarded to the Regional Director.
Is the Medical History of Child form on file?	The file should contain a medical history of the child that details important elements of the child's medical history since birth. This information is forwarded to the Regional Director.
Is the Social/Medical History of Birth Mother and Family on file?	The file should contain as much identifying information as possible about the medical and social history of the child's birth mother and her family . This information is forwarded to the Regional Director.
Is the Social/Medical History of Birth Father and Family on file?	The file should contain as much identifying information as possible about the medical and social history of the child's birth father and his family . This information is forwarded to the Regional Director.



Directives

Many of the directives in this review are the same as those contained in the Crown Ward Individual Case Report. For information about these directives, please refer to the guide for this review. Directives that not covered in that guide or above are addressed below:

Pre-placement visit:	At least one pre-placement visit is required.
Acknowledgement of Adoption Placement on file:	This is a standard provincial form that adoptive parents must sign at the time of the adoption placement (<i>Form 26</i>).



Appendix 1

EXECUTIVE SUMMARY OF CHANGES MADE TO THE CROWN WARD REVIEW PROCESS

Crown Ward Reviews are conducted in accordance with Section 66 of the *Child and Family Services Act*. (CFSA)

Crown Ward Review is an annual audit process undertaken by the Ministry's Child Welfare Review Unit, in co-operation with each child welfare agency and MCSS/MCYS Regional Offices. The Children in Care Manual identifies that "the goal of the Crown Ward Review is to determine that an adequate Plan of Care is developed for each Crown ward and is intended to stimulate improvement in the overall service delivery to children."

Changes made in December 2006 to the Review process of Crown Ward files reflect both the amendments to the CSFA documented in Bill 210 and the 2006 Report of the Provincial Auditor. The latter report identified three general areas of concern that require attention:

- a. Inconsistencies of practice regarding the Issuing of Directives and Recommendations;
- b. lack of consequences when agencies fail to respond to Recommendations for case files and
- c. lack of consistency between the information and the subsequent recommendations and directives issued in the individual case reports .

With the passing of Bill 210, changes made to the Crown Ward Review process reflect the principles identified in this Amendment:

- ☐ A strengths and outcomes based approach to case planning,
- ☐ A recognition of children's need for continuity with family, community and culture,
- ☐ A commitment to best practice including a focus on safety

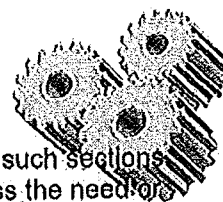
In effecting these changes, several steps in the current process will be modified:

Documentation sought to assess compliance:

Additional evidence will be required to support compliance beginning in the 2007 Crown Ward Review that includes: planning documentation that reflects the review of the AAR; planning that fully addresses the child's special needs; planning that reflects specific consideration of a child's cultural needs; planning that ensures that children are supported in the development of enduring relationships; and an agency's consideration of historical Crown Ward Review recommendations. This additional information will be utilized to apply a more rigorous test to ensure consistency of planning in all developmental domains for a child.

Utilization of the 'Comments' section of individual case reports

Reviewers are expected to consistently utilize the 'Comments' sections throughout the case report to provide the Society with a clear understanding of the areas being considered. While previous practice allowed some of the 'Comments' sections to remain



blank in individual case reports, the expectation will now be made that all such sections contain information that either confirms the efforts of the society to address the need or to draw the society's attention to deficits in the documentation in this area. Detail regarding the rationale for specific Directives and Recommendations will be required.

Ensuring consistency of practice in the Issuing of Recommendations versus Directives:

Revised definitions will provide reviewers with a clear understanding regarding the acceptable criteria for best practice with regard to individual standards. Guidelines for the Issuing of Directives versus Recommendations are clarified to ensure consistency of reviewer practice. Documentation will be required to meet the standards of best practice service delivery as reflected in the CFSA and Bill 210. Quality planning will be expected to be:

- ☐ Outcomes focused
- ☐ Based on a child's strengths and talents
- ☐ Linked to the child's comprehensive and annually updated social history
- ☐ Contain goals that are measurable and achievable and linked to the completion of the child's AAR
- ☐ Identify goals consistent with the child's seven developmental domains defined in ONLAC
- ☐ Reviewed and modified if necessary according to the required time frames and this review will include the child (if age appropriate), his/her caregivers and his/her parents, if appropriate
- ☐ Ensure that children and youth are provided with opportunities to develop and experience enduring relationships through adoption or custody orders, where appropriate
- ☐ Provides children and youth with opportunities to learn about and celebrate their cultural heritage
- ☐ Ensure that when special needs are identified for a child, they are consistently identified and addressed.

The consequences of failing to address these criteria in the planning for a Crown ward will be determined by the number of deficiencies observed in file documentation. Where three or more deficiencies are noted, a Directive will be required. If a Recommendation is made, documentation in subsequent Crown Ward Reviews must reflect the Society's consideration of the Recommendation or a Directive will be required.

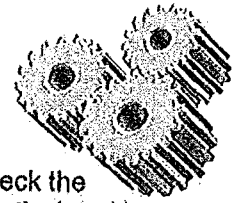
Up until now, Reviewers were cautious about issuing too many recommendations. Directions regarding some auditing practices have tended to be vague and have allowed for considerable inconsistency of practice among the Crown Ward Reviewers.

Additional Steps Taken to Ensure Consistency:

In an effort to address additional concerns expressed by the Auditor, the following changes will be initiated to the Crown Ward Review process, beginning with the 2007 audit year:

- ☐ Requesting additional documentation that cannot be located in the child's file:

Additional documentation supporting compliance will only be requested from the society if the child's file is otherwise well managed and lacking in one specific area. While this recommended practice has been in effect for several years, the practice has become somewhat blurred in recent years and has become subject to individual preferences of the Leads of the Reviews.

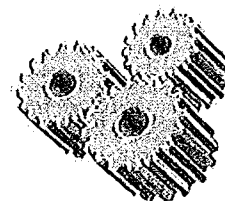


☐ Case Report Consistency:

The Leads and Co-Leads of the Individual Reviews will be expected to check the individual case reports for consistency of practice reflecting the changes articulated in the amended guidelines. In particular, individual case report commentary will be expected to be enhanced for children who are identified with special needs. The 'Comments' section will describe the supports and services provided by the society to address the child's special needs. Should the society's planning not reflect the efforts taken to address and monitor those needs, a Directive will be required.

☐ Ensuring Children's Entitlements:

In the past, Reviewer discretion has resulted in an inconsistency of practice in ensuring recommendations are made relating to a Crown ward's eligibility for financial entitlements. Expectations in these areas have been clearly defined in the amended guidelines. This should ensure that eligible children are more consistently considered for awards through Criminal Injuries Compensation and Survivor Benefits through the Canada Pension Plan.



Appendix 2

SUMMARY OF CHANGES

1. Additional information will not be requested unless the file is very well managed

Goal: to work towards a practice where no additional information will be requested by the Crown Ward reviewers to determine compliance.

2007

No additional information will be requested on any case beginning in 2007 unless the file is well managed and there are no other compliance concerns. This practice has been in place for some time through direction from previous program co-ordinators but the lines have blurred over the past several months where it appears that in some reviews, we are not issuing Directives unless we have asked for the Society to respond.

In view of the 2006 Report from the Provincial Auditor, we must tighten up our practice.

Leads will clarify for societies at the Entry meeting. Leads/Co-leads will ensure that any requests from Societies for additional information, pertain only to files that are otherwise well-managed. The case summary should include a notation that the file would have been non-compliant had it not been for information provided at the request of the reviewer.

2008

Any changes to the current practice listed above, will result from ongoing discussion throughout 2007 and decisions will be made and communicated to Regional Offices and societies ahead of the 2008 Audit year.

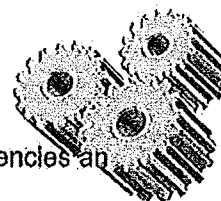
2. Increasing Importance of Recommendations – tracking expected; consequences of recommendations that have not been considered

This issue was clearly one of concern for the Provincial Auditor. The importance of Recommendations has been heightened in the new manual. Recommendations now require consideration from societies and societies' responses to both Directives and Recommendations will be monitored by the Regional Offices throughout the year.

2007

Recommendations from the previous year will be reviewed prior to the beginning of the subsequent Crown Ward Review and reviewers will expect to find documentation in each case file confirming that the recommendation has been considered. Lack of consideration of Recommendations made in previous Crown Ward Reviews will result in another recommendation with the caution expressed to the Society that "failure to document consideration of the Recommendation may result in the issuing of a Directive in 2008" when the matter may be characterized as serious and tied to the child's welfare.

Recommendations are to be made when case management issues, not directly linked to Ministry standards, have been inadequately addressed in



the documentation presented for review in order to provide agencies an opportunity to respond.

3. Expectations to use all of the Comments Sections

The Auditor's report identified significant areas of concern regarding inconsistencies in our case reports. Information identified in the 'Comments' section was not supported by the bullets. The bullets identified were not supported in the Recommendations and Directives section of the case reports. This was especially true for the Child Profile and Planning sections of the reports. Comments were noted to be lacking in some areas.

The 'Comments' sections of the case reports should be used liberally to clarify the bullets identified. Reviewers should take care to ensure that documentation in the case report is consistent and that areas unaddressed by the society are carried through to the Recommendations/Directives sections of the case reports. The revised guidelines identify specific topics that should be addressed in the 'Comments' sections of the case reports.

4. Increasing focus on ONLAC-based planning (all dimensions)

While the expectation for ONLAC-based planning does not come into effect until December 2007, commentary regarding planning should indicate how well the case planning is reflecting the ONLAC vision.

We are not being discouraged from using the Directive for the POC not addressing the child's needs any longer.

Auditor: "the Child and Family Services Act S. 105(1) does state that a child has a right to a plan of care designed to meet the child's particular needs. So if the child is not receiving such a plan of care, it is a violation of the legislation and a Directive should be issued."

Prior to 2007: Recommendations made to enhance planning should include a reference to the upcoming requirements for societies to link planning to ONLAC. The failure of the Society to address previous Recommendations made with regards to this standard, may be addressed through a Directive (for significant omissions) or a warning re the post December 2007 practice may be made.

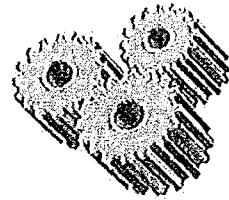
After December 2007: A Directive may be issued if documentation reflects a failure to identify and address three or more of the ONLAC Developmental Domains. A Recommendation may be made for deficits in one or two areas of planning for a child.

Recordings may reflect that all domain areas are being addressed but they should be separately identified in each POC. A Recommendation may be made to ensure that this occurs by the 2008 Crown Ward Review if this is the case.



5. Increased Importance of planning for cultural needs (especially for Aboriginal youth/children)

Bill 210 reflects the heightened importance of planning for cultural needs for ALL children, not just Aboriginal children. We will need to develop team consensus regarding our expectations in this area.



Appendix 3

CHANGES TO BUSINESS PROCESSES

1. Asking for additional information
2. Monitoring recommendations
3. Informing regional offices
4. Interim functioning for 2007 – pending policy direction, how will we respond
5. Processing of Directives
6. Changes to case reports

1. Goal – to work towards a practice where no additional information will be requested by the Crown Ward reviewers to determine compliance.

No additional information will be requested on any case beginning in 2007 unless the file is well managed and there are no other compliance concerns. This practice has been in place for some time through direction from previous program co-ordinators but the lines have blurred over the past several months where it appears that in some reviews, we are not issuing Directives unless we have asked for the Society to respond.

In view of the 2006 Report from the Provincial Auditor, we must tighten up our practice.

Leads will clarify for societies at the Entry meeting. Leads/Co-leads will ensure that any requests from Societies for additional information, pertain only to files that are otherwise well-managed. The case summary should include a notation that the file would have been non-compliant had it not been for information provided at the request of the reviewer.

2. Monitoring recommendations-

Note: Within our manual: (4th bullet) Objectives of Crown Ward Review – "To make recommendations about particular cases, general policy and practices and to encourage and monitor their implementation.

Propose that the co-lead be given the responsibility of tabulating an agency report of all recommendations in order to provide the society with service and documentation issues. This could be accomplished by a separate tabulation sheet provided to each reviewer at the initiation of each review and that it be used to "roll up" an overall tally (more detail than the current roll up) for the Society to be summarized at the PRC. It may be provided to Management and the Program Supervisor for monitoring throughout the review year. Societies will be notified that in completing the 2008 Crown Ward Review, the reviewers will be seeking a formalized consideration to any recommendations made the previous year. (Implementation of Directives for those recommendations not considered will be initiated in 2008 where the matter may be characterized as serious and tied to the child's welfare.)



3. Informing Regional Offices of changes to our processes – to be determined once agreement has been reached on the manual changes.
4. Interim functioning for 2007 –
 Bill 210- need to confirm the implementation date for all changes and clearly identify the changes that will directly impact Crown Ward Reviews eg. ?'s re review of Plans of Care in OPR's and proposed foster care licensing changes. Most of the changes appear to be covered through recommendation areas of our case reports.

Auditor General's Report

- i. Special Needs Identified but not addressed in Planning – I think we can pursue this without policy change by using the directive issued when the plan of care does not address the child's needs. Auditors quoted the CFSA 105(1): "a child has a right to a plan of care designed to meet the child's particular needs" and concludes "if the child is not receiving such a plan of care, it is a violation of the legislation and a directive should be issued." Training should ensure more consistency.
 - ii. Consistent application for Criminal Injuries Compensation – can be addressed right away through training for the Unit and requiring consistent practice
 - iii. Repeated recommendations with no society follow up: Is this a policy issue? We may develop a warning statement that is not inflammatory that will put societies on notice for 2008 until policy determination can be obtained. Eg. "Future planning will be expected to embrace/reflect the values reflected in Bill 210." with regards to cultural omissions.
 - iv. Contradictory information in case reports: Can be addressed through the consistent use of 'Comments' sections to describe the society's efforts to address the standards or its deficits in addressing the standard. Also the Lead/Co-lead bullet check may catch inconsistencies if special attention is paid to the Child Profile and planning sections of the case reports.
5. Processing Directives – All directives to be issued will be conferenced with the team through a group conferencing format on a daily basis – suggest 3pm each day. The person wishing to issue a directive will identify the case on a case review sheet and the team will gather at a set time each day. The evidence considered for the directive will be presented by the Reviewer with input from all others on the team invited. The responsibility for making the decision remains with the case reviewer with consideration of the team. Cases that are clearly requiring directives due to documented missed/late visits will not require team conferencing.
 6. No changes to any case reports can be made without consultation with the author of the report. If a report cannot be discussed with the reviewer prior to the



PRC, the changes must be discussed with the author after the fact by the person making the changes to the case report.

Appendix 4

ROLE OF THE CROWN WARD REVIEW LEAD

While this assumption of this role and the responsibilities attached to it may require additional activities and decision making with regards to the review process, it should not be implied that this position is one of a supervisory or authoritative nature. The collegiality (the sharing of power and authority among colleagues) of the team is to be encouraged and supported by all team members who may be leads on occasion or on a regular basis.

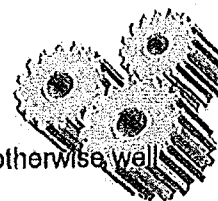
The Lead is responsible for:

AHEAD OF THE REVIEW:

- ✓ Ensuring contact with the Society identified for review, its Program Supervisor and where applicable, the Licensing Specialist
- ✓ Ensuring that appropriate accommodation arrangements are made, where necessary for the team of Reviewers (this may be entrusted to the Co-lead)
- ✓ Checking to ensure that all Reviewers have appropriate transportation arrangements in place. The office is to be provided with a list of those requiring air or train reservations at least six weeks prior to the first day of the review
- ✓ Where possible, securing the child and youth questionnaires ahead of the review; indicating on the master list of Crown Wards for Review those that have completed questionnaires and those requesting an interview; and providing the Society with a list of those requesting an interview
- ✓ Ensuring that the office has been given the name of the Society's contact and has provided the team with adequate supplies to complete the review

DURING THE REVIEW:

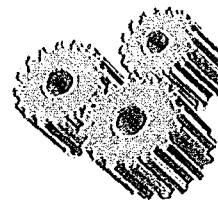
- ✓ Ensuring that files are in place and ready for review upon the arrival of the team and that an adequate number of files are made available to the team throughout the Review period
- ✓ Matching the questionnaires to the names on the Review List if this has not been done ahead of time and adding additional names as late questionnaires come in
- ✓ Together with the Co-lead, attending the Entry Meeting and reporting back to the Review Team, the findings from this meeting
- ✓ Acting as a consultant with individual team members who may require clarification regarding individual files
- ✓ Together with the co-lead, reviewing individual case reports to ensure that the bullets are marked according to the guidelines and the information contained in the reports
- ✓ Together with the co-lead, ensuring that if comments are made throughout the body of the report, they are brought forward to the summary -- i.e. highlights of the review and areas requiring further attention.



- ✓ Collecting key compliance information missing from files that are otherwise well managed
- ✓ Co-ordinating a daily Team Review Meeting where cases of concern that may not be considered to be in full legislative compliance, are group conferenced with the team
- ✓ Ensuring that all required documentation is obtained from the Society with regards to cases that are not eligible for review but were included on the Review List (Adoption Finalizations, Status Reviews, Discharges)
- ✓ Identifying with the Society, the location of the appropriate place for replication of data to prepare for the final roll up
- ✓ Co-ordinating the final Team Meeting to solicit input regarding observations from team members about the files they reviewed, the areas of strength observed and the areas that require the Society's attention
- ✓ Ensuring that all case file reports are printed and placed in alphabetical order and that duplicate copies of reports are made where necessary

POST REVIEW:

- ✓ Preparing the final data roll up and checking for inconsistencies
- ✓ Preparation of the Powerpoint presentation and corresponding presentation notes incorporating the feedback
- ✓ Preparation of a CD and hard copies of the presentation for the Program Supervisor and Senior management
- ✓ Together with the Co-lead, completing the delivery of the Powerpoint presentation
- ✓ Ensuring that the Program Supervisor is provided with copies of all High Risk case reports
- ✓ Writing of the final report and ensuring that sections of the Agency Report highlight the recommendations that have been made by members of the Review team.



Appendix 6

ROLE OF THE CO-LEAD

The role of the Co-lead is to assist the Lead in all of the responsibilities identified above. Depending on the Review and its size, the Co-lead may be able to play a significant role in supporting the Lead in his/her responsibilities. Some of the areas in which a Co-Lead may play a role include:

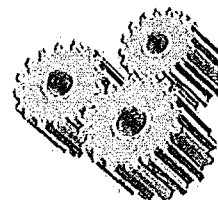
- ✓ arranging for team accommodation and travel
- ✓ completing the review of the questionnaires and noting on the Review List if a questionnaire has been completed or if an interview has been requested
- ✓ ensuring that all interviews requested have been arranged
- ✓ checking to ensure that bullets have been appropriately selected and that consistency is monitored in individual case reports
- ✓ acting in the place of the Lead if he/she is not available
- ✓ summarizing the questionnaires and reporting on the feedback from children and youth in care to the Societies as part of the PRC Powerpoint presentation

NEW RESPONSIBILITY OF THE CO-LEAD:

Under the list of specific objectives of the Crown Ward Review is:

"To make recommendations about particular cases, general policy and practices and to encourage and monitor their implementation".

The Co-lead will also be expected to review the previous year's Agency report to identify prior to the Review, areas of service concern and to request information about the Society's activities in response to the previous year's recommendations at the Entry Meeting.



Appendix 6

Legislative References for Directives and Recommendations

A. DIRECTIVES

1. Record of Contacts

R.R.O. 1990, REGULATION 71
Amended to O. Reg. 213/00

5. (3) Every society shall ensure that each child placed in a foster home or other home by the society is visited by a social worker,

- (a) within seven days after the child's admission to the home;
- (b) at least once within thirty days of the placement; and
- (c) at least once every three months after the visit referred to in clause (b),

or at such other interval as the local director directs. R.R.O. 1990, Reg. 71, s. 5 (3).

2. Documentation

a) Social History Requirements

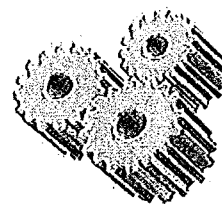
R.R.O. 1990, REGULATION 70
Amended to O. Reg. 493/06

- | | |
|------------------------------------------------|-----------------|
| 1. Create Social History | Reg 111 (7) |
| 2. Family History to be Included | Reg 111 (8) (c) |
| 3. Use Social History in creating Plan of Care | Reg 111(10) |

111. (7) Every placing agency shall initiate a social history of each child that it places in foster care within 60 days after the child is placed and shall update it annually thereafter. O. Reg. 493/06, s. 17 (4).

(8) The social history of a child shall include,

- (a) identifying information;
- (b) admission information;
- (c) family history;
- (d) birth history;
- (e) developmental history;
- (f) health history;
- (g) academic history;



- (h) history of court involvement;
- (i) experiences of separation;
- (j) personality and behaviour; and
- (k) aptitudes and abilities. O. Reg. 493/06, s. 17 (4).

(9) If the placing agency is not the licensee, the placing agency shall share the social history that it has prepared with the licensee. O. Reg. 493/06, s. 17 (4).

(10) A licensee shall use the social history of a child as a resource in adapting the foster plan of care for the child. O. Reg. 493/06, s. 17 (4).

b) c) Medical and Dental Care and Reporting

- Residents 91 (c) R.R.O. 1990, REGULATION 70,
Amended to O. Reg. 493/06
- Residents 99(e) R.R.O., 1990, REGULATION 70,
Amended to O. Reg. 493/06
- Foster Care 4(2) R.R.O. 1990, REGULATION 71,
Amended to O. Reg. 213/00
- FOSTER CARE 4(3) R.R.O. 1990, REGULATION 71
AMENDED TO O. REG. 213/00

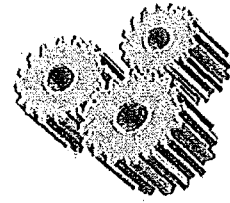
Residents

91. (1) Every licensee shall ensure that the written policies and procedures in each residence operated by the licensee with respect to the health program referred to in clause 73 (1) (g) provide for,

- (c) at least an annual assessment of the health, vision, dental and hearing condition of the residents;

99. (1) Every licensee shall maintain a written case record for each resident in a residence operated by the licensee that is regularly updated as information changes or becomes available and that includes, ...

- (e) reports of all medical examinations and treatment given to the resident upon admission and while in the residence;



Foster Care

R.R.O. 1990, REGULATION 71

Amended to O. Reg. 213/00

4. (1) Every society shall ensure that each child in care of the society is given a medical and dental examination as soon as is practical after the admission of the child to care. R.R.O. 1990, Reg. 71, s. 4 (1).

(2) Every society shall ensure that each child who is in care of the society is given a medical examination and dental examination at least once a year. R.R.O. 1990, Reg. 71, s. 4 (2).

(3) Every society shall keep a record of each medical examination and dental examination of each child admitted into care by the society. R.R.O. 1990, Reg. 71, s. 4 (3).

d) Plan of Care – Foster Care

e) Review within 30 Days

R.R.O. 1990, REGULATION 70

Amended to O. Reg. 493/06

111 (4) The licensee, within 30 days after placement of a child in a foster home, shall,

- (a) review the assessment prepared under subsection (2); and
- (b) participate in the development and finalization of a foster plan of care with,
 - (i) the placing agency, where the placing agency is not the licensee,
 - (ii) the foster parents,
 - (iii) the child, where the child is 12 years of age or over, and
 - (iv) the child's parents, where appropriate. O. Reg. 493/06,

s. 17 (2).

115. (1) Every licensee shall review and if necessary amend the foster plan of care for each child it places in foster care. R.R.O. 1990, Reg. 70, s. 115 (1); O. Reg. 493/06, s. 18 (1).

(2) The review referred to in subsection (1) shall be carried out with the involvement of the licensee, the placing agency where the placing agency is not the licensee, the child where the child is 12 years of age or over, the foster parents and, where appropriate, the child's parents,

- (a) three months after placement, six months after placement and at least every six months thereafter; or
- (b) earlier than the timeframes referenced in clause (a) if,
 - (i) there is a material change in circumstances which necessitates a review of the plan; or
 - (ii) there is a change in the child's placement. O. Reg. 493/06, s. 18 (2).

(3) The date of each review and any changes made in the foster plan of care shall be documented by the licensee in the child's file. O. Reg. 493/06, s. 18 (3).

f) Review of Plan by Supervisor

R.R.O. 1990, REGULATION 70

Amended to O. Reg. 493/06

115 (4) A supervisor shall examine the child's file at the time of each review to ensure that the required recording and documentation have been carried out and shall sign and date the record. R.R.O. 1990, Reg. 70, s. 115 (4).

g) Develop Plan of Care that Addresses Child's Specific Needs

1. CHILD AND FAMILY SERVICES ACT, R.S.O. 1990, C. 11

105. (1) A child in care has a right to a plan of care designed to meet the child's particular needs, which shall be prepared within thirty days of the child's admission to the residential placement.

2. R.R.O. 1990, REGULATION 70

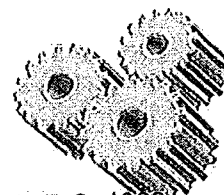
Amended to O. Reg. 493/06

i) Residents

86. (1) Every licensee shall develop or participate in the development of a written plan of care for each resident admitted to a residence operated by the licensee within thirty days of admission of the resident. R.R.O. 1990, Reg. 70, s. 86 (1).

(2) A plan of care for a resident shall include,

- (a) a description of the resident's needs that is developed with reference to the findings of current or previous assessments of the resident;
- (b) identification of desired outcomes, based on each resident's specific strengths and needs;
- (c) a plan to secure, within specified timeframes, specialized consultation, specialized treatment and supports, or any one or combination of them, identified to promote the desired outcomes for the resident;
- (d) a statement of the educational program that is developed for the resident in consultation with the school boards in the area in which the residence is located;
- (e) where applicable, a statement of the ways in which a parent of the resident will be involved in the plan of care including arrangements for contact between the resident and a parent of the resident and the resident's family;
- (f) particulars of any specialized service to be provided directly or arranged for by the licensee;
- (g) particulars of the dates for review of the plan of care;



- (h) a list of revisions, if any, to the plan of care; and
- (i) a statement of the anticipated plan for discharge of the resident. R.R.O. 1990, Reg. 70, s. 86 (2); O. Reg. 493/06, s. 9.

II) Foster Care

111 (5) The licensee shall ensure that the foster plan of care,

- (a) takes into account all available information on the child as set out in any existing reports related to specialized consultation, specialized treatment and supports;
- (b) identifies desired outcomes based on each child's specific strengths and needs; and
- (c) includes a plan to secure, within specified timeframes, the specialized consultation, specialized treatment and supports, or any one or combination of them, identified to promote the desired outcomes for the child. O. Reg. 493/06, s. 17 (3).

h) Annual School Report

i) Educational Rights

Child and Family Services Act, R.S.O. 1990, c. C.11 - Section 61. (3)

Education

(3) The society having care of a child shall ensure that the child receives an education that corresponds to his or her aptitudes and abilities. R.S.O. 1990, c. C.11, s. 61 (3).

ii) Reporting of Education

R.R.O. 1990, REGULATION 70

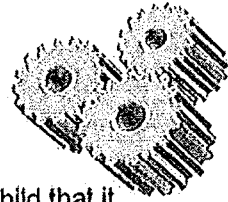
Amended to O. Reg. 493/06

Reg. 99(1) (h)

i) Residents

99. (1) Every licensee shall maintain a written case record for each resident in a residence operated by the licensee that is regularly updated as information changes or becomes available and that includes,...

- (h) school records and reports concerning the resident, where applicable;



II) Foster Care

111 (7) Every placing agency shall initiate a social history of each child that it places in foster care within 60 days after the child is placed and shall update it annually thereafter. O. Reg. 493/06, s. 17 (4).

(8) The social history of a child shall include,

(g) academic history;

I) Discussion of Rights

Child and Family Services Act, R.S.O. 1990, CHAPTER C.11

Right to be Informed

108. A child in care has a right to be informed, in a language suitable for the child's level of understanding, of,

- (a) the child's rights under this Part;
- (b) the internal complaints procedure established under subsection 109 (1) and the further review available under section 110;
- (c) the existence of the Office of Child and Family Service Advocacy referred to in section 102;
- (d) the review procedures available for children twelve years of age or older under sections 34, 35 and 36 of Part II (Voluntary Access to Services);
- (e) the review procedures available under section 97 of Part IV (Youth Justice), in the case of a child described in clause (b) of the definition of "child in care" in section 99;
- (f) the child's responsibilities while in the placement; and
- (g) the rules governing day-to-day operation of the residential service, including disciplinary procedures,

upon admission to the residential placement, to the extent that is practical given the child's level of understanding. R.S.O. 1990, c. C.11, s. 108; 2006, c. 19, Sched. D, s. 2 (34).

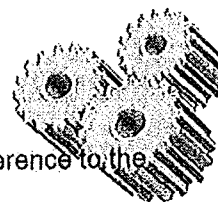
I) Residential Plans of Care

R.R.O. 1990, REGULATION 70

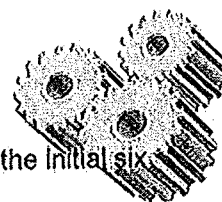
Amended to O. Reg. 493/06

86. (1) Every licensee shall develop or participate in the development of a written plan of care for each resident admitted to a residence operated by the licensee within thirty days of admission of the resident. R.R.O. 1990, Reg. 70, s. 86 (1).

(2) A plan of care for a resident shall include,



- (a) a description of the resident's needs that is developed with reference to the findings of current or previous assessments of the resident;
 - (b) identification of desired outcomes, based on each resident's specific strengths and needs;
 - (c) a plan to secure, within specified timeframes, specialized consultation, specialized treatment and supports, or any one or combination of them, identified to promote the desired outcomes for the resident;
 - (d) a statement of the educational program that is developed for the resident in consultation with the school boards in the area in which the residence is located;
 - (e) where applicable, a statement of the ways in which a parent of the resident will be involved in the plan of care including arrangements for contact between the resident and a parent of the resident and the resident's family;
 - (f) particulars of any specialized service to be provided directly or arranged for by the licensee;
 - (g) particulars of the dates for review of the plan of care;
 - (h) a list of revisions, if any, to the plan of care; and
 - (i) a statement of the anticipated plan for discharge of the resident. R.R.O. 1990, Reg. 70, s. 86 (2); O. Reg. 493/06, s. 9.
- (3) The initial plan of care referred to in subsection (1) and particulars of any reviews of the plan of care shall be entered in the resident's case record. R.R.O. 1990, Reg. 70, s. 86 (3).
- (4) Every licensee shall ensure that, where possible,
- (a) a parent of the resident or the person who placed the resident;
 - (b) any children's aid society or probation officer who is supervising or otherwise providing services to a child, but who is not a parent; and
 - (c) the resident, where the resident is twelve years of age or over,
- are consulted and involved with the development of each plan of care for each resident in a residence operated by the licensee. R.R.O. 1990, Reg. 70, s. 86 (4).
- (5) Where the plan of care is developed without the consultation or involvement referred to in subsection (4), the reason for the lack of consultation or involvement shall be noted in the resident's case record. R.R.O. 1990, Reg. 70, s. 86 (5).
- (6) Every licensee shall ensure that the development of each resident in each residence operated by the licensee in relation to the plan of care developed for the resident is reviewed at least every thirty days during the first six months that the resident is in the residence and at least every six months thereafter. R.R.O. 1990, Reg. 70, s. 86 (6).
- (7) A resident shall be given an opportunity to express his or her views during each review referred to in subsection (6). R.R.O. 1990, Reg. 70, s. 86 (7).
- (8) Every licensee shall ensure that each plan of care with respect to each resident in a residence operated by the licensee is reviewed three months and six months after the resident is admitted to the residence and if requested by any person



involved with the development of the plan of care every six months after the initial six month review. R.R.O. 1990, Reg. 70, s. 86 (8).

(9) A review of the plan of care referred to in subsection (8) shall involve,

- (a) the resident;
- (b) a parent of the resident; and
- (c) any other person who was involved in the development of the plan of care.
R.R.O. 1990, Reg. 70, s. 86 (9).

(10) Where it is not possible to review the plan of care with each person referred to in subsection (8), the reasons for the lack of a review shall be noted in the resident's case record. R.R.O. 1990, Reg. 70, s. 86 (10).

7. Any Directive in the child's best interest

Child and Family Services Act, R.S.O. 1990, CHAPTER C.11

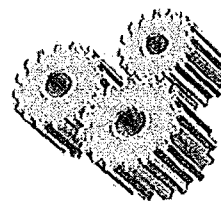
Director's annual review of Crown wards

66. (1) A Director or a person authorized by a Director shall, at least once during each calendar year, review the status of every child,

- (a) who is a Crown ward;
- (b) who was a Crown ward throughout the immediately preceding twenty-four months; and
- (c) whose status has not been reviewed under this section or under section 65.2 during that time. R.S.O. 1990, c. C.11, s. 66 (1); 2006, c. 5, s. 25 (1).

Idem

(2) After a review under subsection (1), the Director may direct the society to make an application for review of the child's status under subsection 65 (1) or give any other direction that, in the Director's opinion, is in the child's best interests. R.S.O. 1990, c. C.11, s. 66 (2); 2006, c. 5, s. 25 (2).



B. RECOMMENDATIONS

1. Criminal Injuries Compensation

Child and Family Services Act, R.S.O. 1990, c. C.11

Recovery because of abuse

81. (1) In this section,

"to suffer abuse", when used in reference to a child, means to be in need of protection within the meaning of clause 37 (2) (a), (c), (e), (f), (f.1) or (h). R.S.O. 1990, c. C.11, s. 81 (1); 1999, c. 2, s. 29.

Recovery on child's behalf

(2) When the Children's Lawyer is of the opinion that a child has a cause of action or other claim because the child has suffered abuse, the Children's Lawyer may, if he or she considers it to be in the child's best interests, institute and conduct proceedings on the child's behalf for the recovery of damages or other compensation. R.S.O. 1990, c. C.11, s. 81 (2); 1994, c. 27, s. 43 (2).

Idem: society

(3) Where a child is in a society's care and custody, subsection (2) also applies to the society with necessary modifications. R.S.O. 1990, c. C.11, s. 81 (3).

2. Other Survivor Compensation

ONTARIO REGULATION 67/92

Amended to O. Reg. 283/05

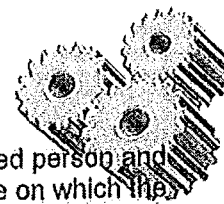
20. (1) The child or children of a person who is survived by a spouse are entitled on the death of the spouse to a survivor allowance if,

- (a) the person died while receiving or entitled to a pension under this Part; and
- (b) the spouse received a survivor allowance under this Part in respect of the person. O. Reg. 283/05, s. 4.

(2) The annual amount of the survivor allowance under this section is an amount equal to the annual amount of the survivor allowance to which the spouse of the deceased person was entitled on the date of the spouse's death. O. Reg. 283/05, s. 4.

21. (1) The child or children of a person who dies while receiving or entitled to a pension under this Part and who is not survived by a spouse are entitled to a survivor allowance. O. Reg. 283/05, s. 4.

(2) The annual amount of the survivor allowance under this section is an amount equal to the annual amount of the survivor allowance to which the spouse of the deceased person would be entitled under this Part if the deceased person were survived by a spouse. O. Reg. 283/05, s. 4.



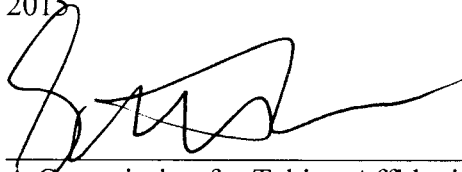
(3) Subsection (1) does not apply in respect of a child of a deceased person and the spouse of the deceased person if they became spouses after the date on which the deceased person ceased to hold office. O. Reg. 283/05, s. 4.

22. (1) A child's entitlement to a survivor allowance under this Part terminates when any of the following circumstances exist:

1. The child has attained sixteen years of age and has withdrawn from the control of the person entitled to custody of the child.
2. The child has attained eighteen years of age and is not attending a secondary school or a post-secondary educational institution recognized as such by the Board.
3. The child has attained eighteen years of age and five years have elapsed since the child completed secondary school. O. Reg. 67/92, s. 22 (1).

(2) Despite subsection (1), if the child is dependent on the survivor allowance because of a physical or mental disability when the entitlement to the allowance would terminate under subsection (1), the entitlement to the allowance shall not terminate until the child ceases to be dependent on the survivor allowance because of the disability. O. Reg. 67/92, s. 22 (2).

This is Exhibit **"BBB"** referred to in the affidavit of David Rosenfeld, sworn before me, this 11th day of September, 2015.

A handwritten signature in black ink, appearing to read 'Garth Myers', written over a horizontal line.

A Commission for Taking Affidavits
Garth Myers

COMMUNIQUE

MINISTRY OF CHILDREN AND YOUTH SERVICES

December 14, 2009

Communiqué: streamlining our communication to meet your needs

Communiqué – a vehicle we developed to provide you with the information you need in a more compact and convenient form – was launched in November 2008. It has been our intention to streamline communications as much as possible to cut down on the paper we send out and to circulate information to a larger audience. We have produced nine editions to date. *Communiqué* has included articles on the Ontario Child Benefit Equivalent funds, the Eliminating Barriers and Building on Successes initiative, and the Commission to Promote Sustainable Child Welfare, among many other topics.

We hope you have found *Communiqué* to be a useful tool, and we encourage you to continue sharing each issue with directors, managers and staff. If you have any suggestions for improving this publication, we welcome your comments.

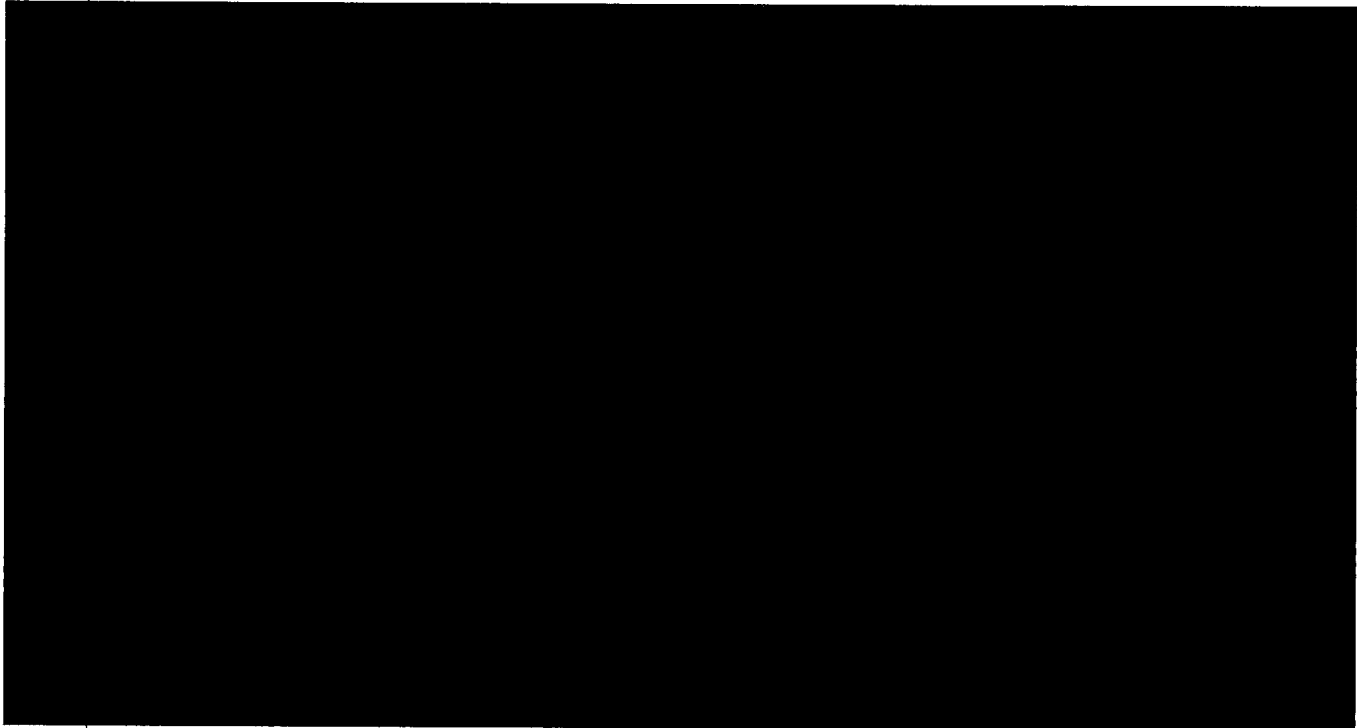
For questions or comments about *Communiqué*, please contact Gabe Minor at Gabe.Minor@ontario.ca or (416) 325-5109.

Aryeh Gitterman
Assistant Deputy Minister

Nancy Matthews
Assistant Deputy Minister



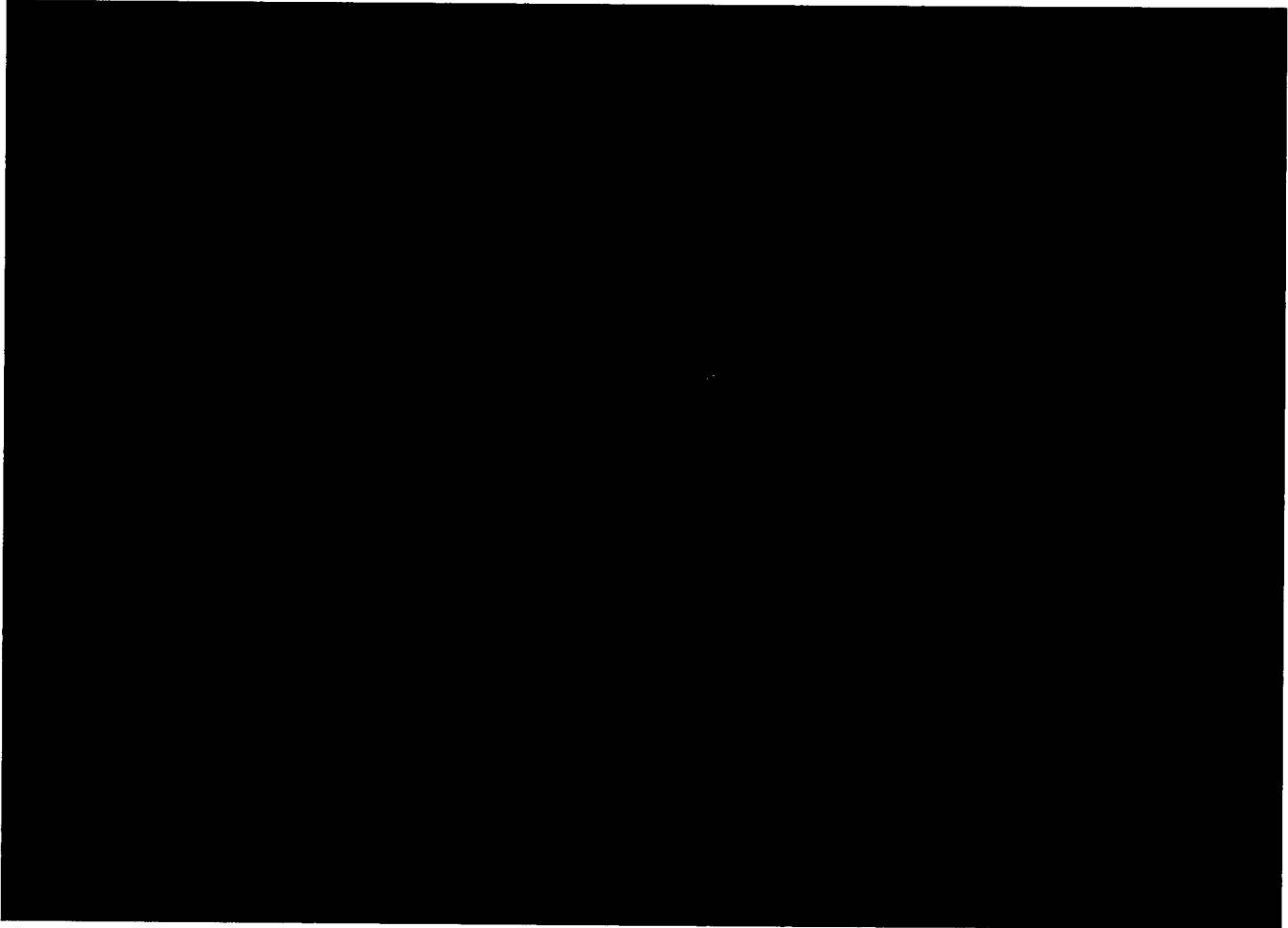
In this edition of *Communiqué*, we are pleased to provide you with important announcements and updates on the following initiatives:



- **Criminal Injuries Compensation Board**
Suggestions regarding application process

9





The Criminal Injuries Compensation Board

Children and youth in the care of a CAS may be eligible for financial compensation from the Criminal Injuries Compensation Board (CICB). CICB is an independent agency of the Ministry of the Attorney General. CICB was established by the *Compensation for Victims of Crime Act (CVCA)* in 1971. The role of CICB is to award financial compensation to victims of violent crimes committed in the Province of Ontario. To be eligible for compensation, the applicant must prove that a crime of violence occurred, and that injury was sustained as a result of the crime(s).

Compensation for minor victims (victims who sustained injury under the age of 18 years old) may be awarded for those who have sustained physical or psychological injury resulting from:

- Physical assaults
- Sexual assaults/abuse
- Criminal negligence.

The following are not compensable under the CVCA:

- Emotional or psychological abuse
- Acts not included in the *Criminal Code*
- Neglect or abandonment
- Injuries sustained in a motor vehicle incident.

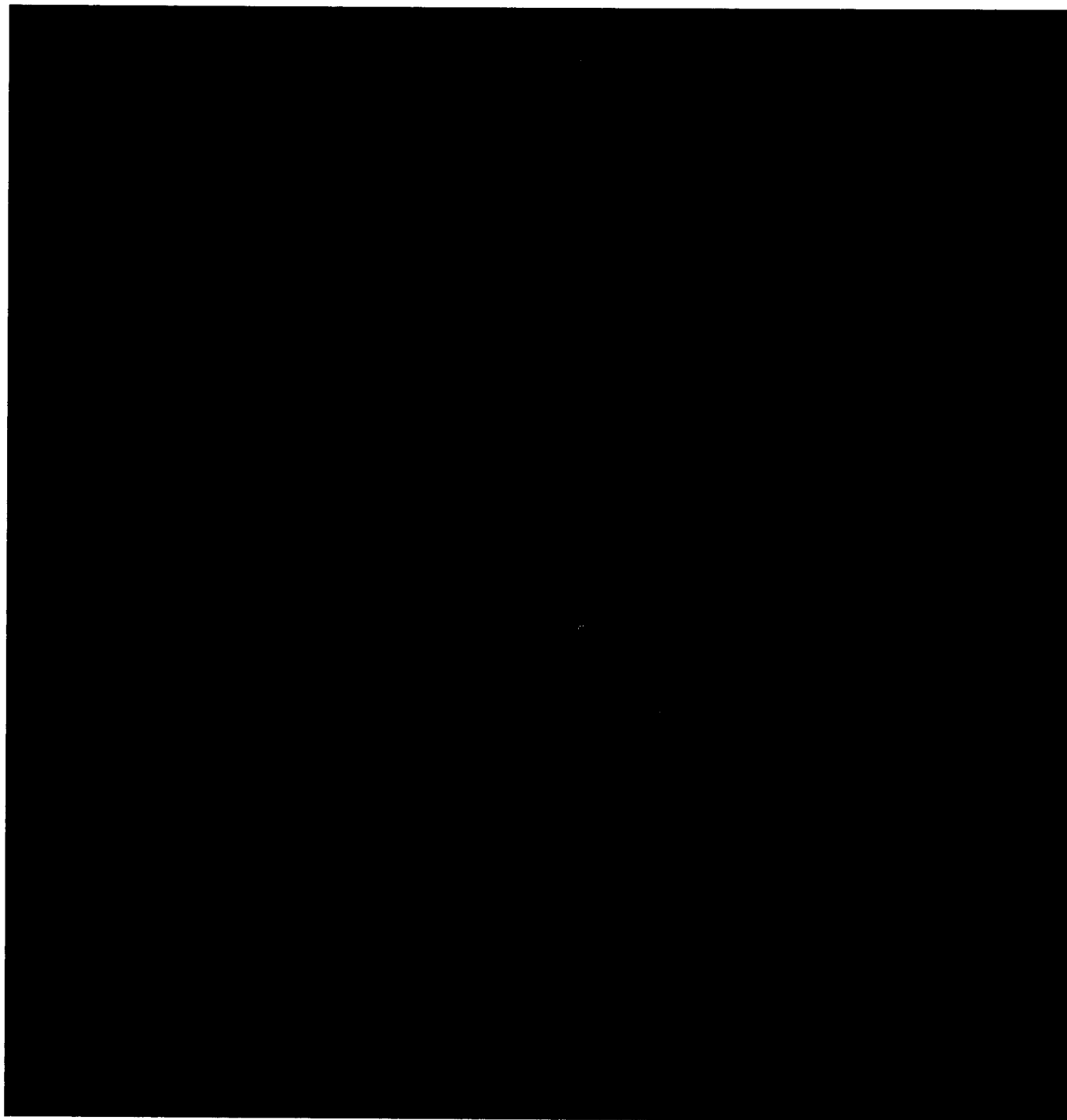
The legal guardian of a minor victim, including a CAS, may apply for compensation on his or her behalf, and CICB indicates that it receives many applications from CASSs. CICB notes that the quality of these applications is generally high, but has provided some practice notes to assist CASSs in determining when and how to make these applications.

When making an application on behalf of a minor victim...

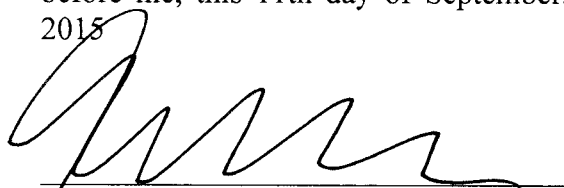
- Ensure that there is adequate evidence of a crime of violence before submitting an application. Evidence can include a proof of conviction, police reports, CAS investigation reports, hospital reports and medical records.
- Ensure that there is adequate evidence that the victim sustained injuries as a result of the criminal act(s) before submitting an application. Evidence can include CAS investigation reports, hospital/therapy reports and medical records.
- Provide as much evidence as possible to support the claim to CICB when the application is made.
- Clarify the purpose of the application (for example, that compensation is required for future counselling expenses, pain and suffering)
- If an application is brought to the Board prematurely (without adequate evidence to substantiate the crime and/or injury), you may request that the application be closed to await sufficient evidence. Please note that if an application is adjudicated prematurely or without sufficient evidence to support the claim, and the claim is therefore denied, the applicant/victim has no recourse beyond appeal.
- Please note that if the victim is 16 or older at the time of hearing, his or her oral testimony may be important at the hearing.
- When compensation is awarded to minor victims, the sum is paid to The Accountant of the Superior Court of Justice until the victim turns 18 (or sometimes older). At 18, the victim will receive the Order and the compensation. Ensure the minor knows that they received an award and how to access it from the Accountant (at 18). The written Decision will be given to the minor (at 18) describing details of the crimes and injuries.
- Provide the Board with a recommendation regarding when to release the funds to the minor. If there is a recommendation to release the money later than 18 years, please provide an explanation as to why the monies should be held longer.

If you have any questions, or for information about determining when and how to
Ministry of Children and Youth Services: Communiqué

make an application, please contact CICB at 1(800) 372-7463. Many questions are also answered on their website: www.cicb.jus.gov.on.ca.



This is Exhibit "CCC" referred to in the
affidavit of David Rosenfeld, sworn
before me, this 11th day of September,
2015

A handwritten signature in black ink, appearing to read 'Garth Myers', written over a horizontal line.

A Commission for Taking Affidavits
Garth Myers

Ministry of Children and Youth Services
ASSISTANT DEPUTY MINISTER'S INFORMATION NOTE
 Confidential Advice

TITLE: Engagement of CASs regarding the revised Crown ward review process

PURPOSE:

- ♦ To provide information about the efforts made to consult with and inform the child welfare sector regarding development and implementation of the revised Crown ward review process.

KEY INFORMATION:

- ♦ Beginning in 2008, the Child Welfare Review Unit (CWRU) used many methods to engage with the OACAS and CASs regarding the revised Crown ward review process including:
 - Consultations with the Quality Network comprised of quality assurance and service managers regarding the Integrated File Review (IFR);
 - A meeting with OACAS and Dr. Robert Flynn to discuss outcome measures for children in care;
 - A meeting with the OACAS children in care standards project to discuss the current review process;
 - Regular updates to the OnLAC Lead Hands;
 - Regular updates to the Caring for Children and Youth Council (CCY Council);
 - Field tests of the IT platform at four CASs: Kawartha-Haliburton; Windsor-Essex; Toronto Catholic; and Native Child and Family Services of Toronto;
 - A response to Brant CAS' recommendations regarding the current process; and finally
 - A consultation with OACAS regarding the best way to communicate with CASs regarding the planned implementation.
- ♦ Throughout all of the contact with the child welfare sector, their feedback was candid and consistent:
 - Reviewers are inconsistent in their interpretation of requirements. Review results can be dependent on whoever happens to review a society's files.
 - Different interpretations of the requirements by licensing and the CWRU are an annoyance. When both teams review the same files, it is not unusual for licensing, for example, to say the plans of care for the children are acceptable while the CWRU finds them noncompliant (and vice versa);
 - The expectations of the Unit are described as 'moving goalposts' due to:

- o The sector's lack of familiarity with the Crown Ward Review Guidelines;
 - o The absence of a set of Child in Care standards or requirements (like there is for Protection Services and Kinship Service);
 - o The failure of the CWRU to communicate changes; as well as
 - o Reviewer inconsistency.
- The method for determining a society's rating of compliance is both unfair and discouraging. The rating is based on compliance per file rather than compliance by requirement. Whether a file has one directive or ten directives, the society's compliance rating is the same. For example, one society received a rating of 68% even though their average rate of compliance by requirement was 93%.
- CASs want:
 - o Access to the raw data resulting from their reviews;
 - o An increased focus on the achievement of positive outcomes;
 - o A decreased focus on a society's compliance rating with more concentration placed on continuous quality improvement;
 - o Acknowledgment of the impact on agency performance that will result with changes to the process.
- As a result of the feedback from the sector, the review process was revised to:
 - Create more transparency by incorporating the 2006 amendments to the OFSA, replacing manual CWR processes resulting from legislative change and clearly conveying all legislative/regulatory requirements to CASs;
 - Promote more consistent interpretation of legislative/regulatory requirements;
 - Determine society compliance by legislative requirement versus individual file;
 - Incorporate operational policies and procedures for quality management;
 - Reduce administrative burden by changing the requirements for responding to recommendations;
 - Produce findings-based reports;
 - Incorporate a continuous quality improvement process;
 - Provide agencies with raw data to support continuous quality improvement.
- As well, the first year of the implementation of the revised process will be used to provide the ministry with baseline data.
- In addition to the updates regarding the revised process provided on a regular basis to the CCY Council and OnLAC lead hands, both Ron Cormier, CWRU manager, and the lead reviewers have been consistent in their messages to CASs that change is imminent.

- For more detail regarding the efforts made and the CWRU response to sector feedback, refer to Appendix A.

NEXT STEPS:**BACKGROUND:**

- Revisions to the Crown ward review process were under development for almost four years.
- Originally, the revised Crown ward review was one of the tools being developed for the Integrated File Review (IFR).
- [REDACTED]
- Using products developed for the IFR, work continued on the Crown ward review to address the concerns of the sector and:
 - Replace outdated technology no longer supported by the ministry's I&IT Cluster;
 - Respond to recommendations of the Ministry of Finance audit of the Child Welfare Review Unit;
 - Strengthen the role of the ministry's program supervisors in their accountability relationship with agencies.

PREPARED BY: Ann Lumsden
PHONE: (416) 325-7733

APPROVED BY: Greg Douglas
(A) Director, Client Services Branch
(416) 326-3170

DATE: July 15, 2011

APPENDIX A

CONTACTS WITH THE CHILD WELFARE SECTOR REGARDING THE REVISED
CROWN WARD REVIEW PROCESS

I. QUALITY NETWORK (QNet)

- Lynne Lee and Sally Johnson requested consultations with QNet regarding the Integrated File Review (IFR).
- QNet is accountable to the local directors;
- Three meetings were held in 2008: October 16, 2008; May 16, 2008; June 13, 2008.
- Invitees included two Executive Directors and OACAS staff:
 - Joan Conrad, Kawartha-Haliburton Children's Aid Society
 - Darlene Niemi, Thunder Bay Children's Aid Society
 - Marianne Borg, Dilco Anishnabek Family Care
 - Bruce Leslie, Toronto Catholic Children's Aid Society
 - Deb Goodman, Toronto Children's Aid Society
 - Johanne Rochfort-Mathieu, Children's Aid Society for the Districts of Nipissing and Parry Sound
 - Rod Potgieter, Executive Director, Family and Children's Services of St. Thomas and Elgin
 - Allison Scott, Family and Children's Services of Kitchener and Waterloo Region
 - Mary Juric, Toronto Catholic Children's Aid Society
 - Andy Koster, Executive Director, Children's Aid Society Brant County
 - Gail Vandermeulen, Ontario Association of Children's Aid Society
 - Myra Hurst, Ontario Association of Children's Aid Society
- The following attended at least one meeting: Joan Conrad; Bruce Leslie; Mary Juric; Rod Potgieter; Brian O'Connor; Marianne Borg; Allison Scott; Johanne Rochfort-Mathieu (by phone); Gail Vandermeulen; Andy Koster; Brian O'Connor (Toronto Children's Aid Society); and Myra Hurst.
- Draft IFR Crown Ward Review tools were distributed to this working group for these meetings.
- As a result of these consultations, the revised Crown ward review process includes:
 - The distribution of raw data to societies after each review;
 - Summaries of findings in the agency report according to safety, permanency and wellbeing;
 - Reviewers' use of the 'Comments' sections on the tools for clarification rather than judgment;
 - The presentation of 'ranges' of compliance in the agency report;
 - A revised set of business practices for the tools that will promote consistent reviews by Crown ward and licensing reviewers;
 - A focus on continuous improvement;

- The streamlining of recommendations and a request to program supervisors and CASs to address recommendations as systemic issues where necessary;
- The establishment of a baseline during the first year of implementation to recognize a period of transition.

II. MEETING TO DISCUSS OUTCOME MEASURES FOR CHILDREN IN CARE

- On July 31, 2008, OACAS and ministry staff met with Dr. Robert Flynn of Ottawa University regarding the possibility that the IFR Crown ward review tool could include questions related to outcomes found in the Ontario Looking After Children Assessment and Action Record (OnLAC AAR).
- It was hoped that by doing this, the Crown ward review would produce findings related to the achievement of positive outcomes for Crown wards in relation to safety, permanency and wellbeing.
- Those attending the meeting included OACAS staff (Bernadette Gallagher, Myra Hurst, Gail Vandermeulen) and ministry staff (Lynne Lee, Sally Johnson, and Ann Lumsden).
- Dr. Flynn indicated that measuring outcomes by this method was not possible.
- He indicated that Crown ward reviewers were in a unique position to determine whether or not plans of care have, in fact, been implemented.
- [REDACTED]

III. OACAS PROJECT RE CHILDREN IN CARE STANDARDS

- Greg Douglas was invited by Rocco Gizzarelli, Director of Service, Hamilton Catholic Children's Aid Society, to attend a meeting of child welfare personnel (Directors of Service and a QA manager) along with a consultant who were working on a project regarding children in care standards.
- The request was to discuss the differences in the interpretation of children in care standards on the part of ministry staff during the licensing and Crown ward review processes.
- This group was accountable to the regional zone chairs for their project results.
- The project resulted in *An Analysis of the Children in Care Standards and the Relevant Foster Care Licensing Regulations in Achieving Better Outcomes for Children – July 2010* (Analysis of Children in Care Standards).
- The meeting occurred at OACAS on December 15, 2009.
- Attendees included: R. Disarelli, Hamilton Catholic CAS; R. Hallberg, consultant; M. Rutledge, Family Youth and Child Services of Muskoka; M. Reber, Durham CAS; L. Marshall, London CAS.
- Included in the concerns raised were:
 - Duplication and redundancies re Crown ward and licensing reviews;
 - The lack of a consolidated set of children in care standards;
 - Reviewers' inconsistencies.

- The ministry's Review of Child In Care Requirements project will include a review of the OACAS Analysis of Children In Care Standards.
- On June 22, 2010, Mr. Gizzarelli indicated in an email to Greg Douglas, 'We met earlier this year at OACAS and your comments were helpful to us.'

IV. ONLAC LEAD HANDS

- Ministry staff, Ann Lumsden (program analyst) and Marcle Goldhar (Crown ward reviewer) responded to an invitation to attend the OnLAC Lead Hands meeting held on May 10, 2010. Concerns were expressed at that meeting related to:
 - Differences between Crown ward and licensing reviews;
 - Inconsistencies regarding the application of 'grace periods';
 - Inconsistencies regarding reviewer acceptance of 'departures' from requirements;
 - The lack of communication with the CWRU regarding ministry expectations re child in care requirements;
 - The unfair method of rating compliance by file – regardless of the number of directives assigned to a file;
 - Reviewer inconsistencies;
 - The reviewers' requirement for supervisory sign off of the AAR.
- Ron Cormier attended the OnLAC Lead Hands meeting on March 3, 2011. He referred to new Crown ward review tools in response to a number of concerns raised by the lead hands. Ron indicated that he was anticipating approval would be received to implement the new tools in the summer of 2011.
- In May, 2011, Ron Cormier responded in writing to the questions posed earlier by the OnLAC Lead Hands. In his response, he indicated that:
 - The ministry intended to discontinue the informal practice of allowing grace periods for determining compliance dates for plans of care and would communicate this to agencies at a later date.
 - A revised Crown ward review process will be more open and transparent. Agencies will receive a compliance check list in advance of their review.
 - Under the revised Crown ward review process, the plan of care is considered to be complete on the date that it was approved by the supervisor. As a result, two directives will not be issued for a late plan of care – i.e., one for late completion and one for late supervisory sign off.
 - Applications for Criminal Injuries Compensation will not be reviewed under the revised Crown ward review process.
 - Beginning in 2011 and under the revised Crown ward review, the AAR is considered to be completed on the 'date completed' section provided on the first page of the AAR.

V. CARING FOR CHILDREN AND YOUTH COUNCIL (CCY Council)

- Ministry staff attended meetings of the CCY Council on:

- o May 27, 2010, when Greg Douglas provided an update on the Crown Ward Review process and introduced Ron Cormier as the dedicated manager for CWRU.
- o July 29, 2010, when Ron Cormier reported that while IFR had been deferred until further notice he was continuing to look at streamlining Crown ward review processes. This item was put on the 'pending updates' section of the minutes for future updates.
- o January 27, 2011, when Ann Lumsden advised that Ron Cormier was reviewing the questions received from the OnLAC Lead Hands and also reviewing the Crown ward review process. She reported he was planning a pilot to be held at Toronto Catholic CAS to look at reducing duplication and inconsistencies of the Crown ward reviews and licensing.
- o May 26, 2011, when Ron Cormier indicated that revised tools were nearing completion.

Comment [A11]: Not clear – was this of the CCYC meeting or OnLAC lead hands?

VI. FIELD TESTS OF THE IT PLATFORM

- Four field tests were conducted to test the IT platform for the revised Crown ward review process.
- In November, 2009, tests of the IFR Crown ward review tools were carried out at Kawartha-Haliburton CAS and Catholic CAS of Toronto. Both agencies were provided with draft tools at that time.
- Parts of the revised process were introduced to:
 - o Windsor-Essex CAS at a field test in October, 2010;
 - o Native Child and Family Services of Toronto at a final test in May, 2011.

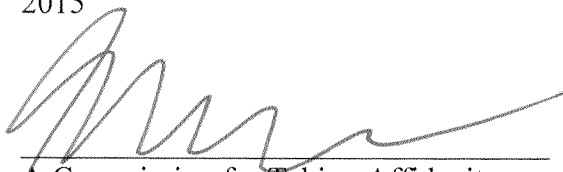
VII. RECOMMENDATIONS RECEIVED FROM BRANT CAS

[REDACTED]

VIII. CONSULTATION WITH OACAS

- Following June 10, 2011 ADM approval to proceed with implementation of the revised Crown ward review process, a meeting was organized for June 16, 2011 with OACAS staff (Myra Hurst and Bernadette Gallagher) to discuss possible communication strategies for informing and orienting CASs to the revised process. Training for reviewers re OnLAC was also arranged.
- [REDACTED]

This is Exhibit "**DDD**" referred to in the affidavit of David Rosenfeld, sworn before me, this 11th day of September, 2015

A handwritten signature in dark ink, appearing to be 'Garth Myers', written over a horizontal line.

A Commission for Taking Affidavits
Garth Myers

COMMUNIQUE

We are pleased to provide you with important announcements and updates on the following initiatives:

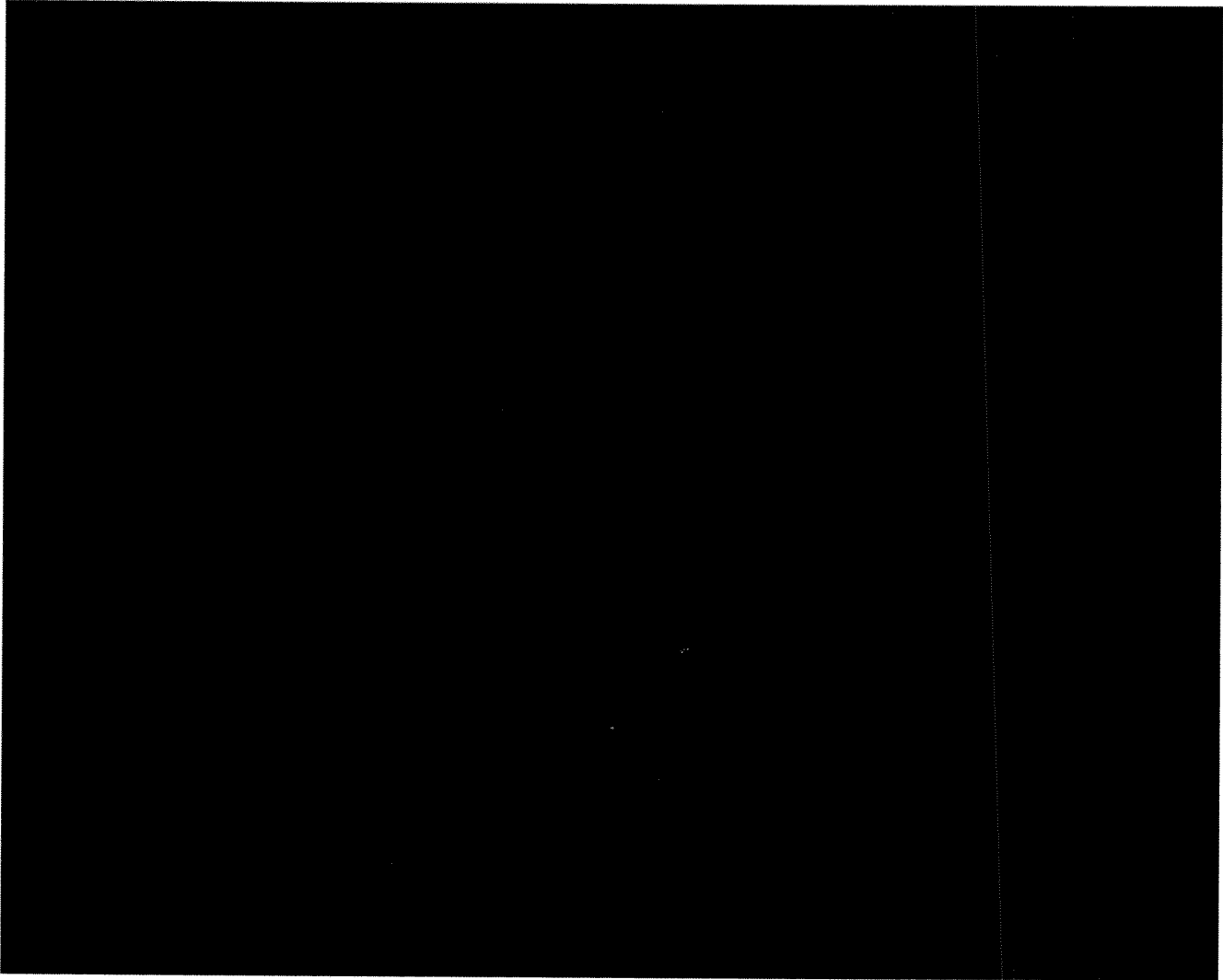
Criminal Injuries Compensation Board

A refresher about the process for filing a claim on behalf of a minor child

8

Aryeh Gitterman
Assistant Deputy Minister

Nancy Matthews
Assistant Deputy Minister



The Criminal Injuries Compensation Board

The Criminal Injuries Compensation Board is an independent adjudicative agency that administers the *Compensation for Victims of Crime Act*. In fiscal 2011-12, the Board processed 4,241 applications, held 3,944 hearings and awarded \$36.2 million to victims of crime. On average, it took 16.3 months to complete claims filed within the two-year limitation period. For claims filed beyond the two-year limitation period, average processing time was 18.8 months.

The average award in 2011-12 was \$8,791 for claims in which an award was granted.

Children in the care of a Children's Aid Society ("CAS") may be eligible for financial compensation from the Board if they sustained physical or psychological injuries as a result of one or more violent crime(s) committed in Ontario. Violent

crimes may include attempted murder, firearm offences, poisoning, arson and other offences such as assault, sexual assault, domestic assault, child physical assault and child sexual abuse.

It is important to note that the Board does not award compensation for emotional or psychological abuse, crimes committed outside Ontario, suicide, neglect or abandonment of children (except where it amounts to criminal negligence), monetary loss due to fraud, damaged, lost or stolen property, acts not included in the *Criminal Code*, or injuries sustained in a motor vehicle incident (except where the vehicle was used deliberately to assault or harm another person).

Where victims are minor children (under the age of 18) their legal guardians, including a CAS, may apply for compensation on their behalf. However, the minor children automatically become the applicants of record with the Board upon reaching the age of majority (age 18), unless they lack capacity to make decisions for themselves. Recently the Board has noticed an increase in the number of CAS applications being filed when minor children are approaching the age of majority (eg. around 17 ½ years of age). This is problematic as the proceedings will likely not be completed before the minor children turn 18 and some may not be ready to manage a Board proceeding on their own upon reaching the age of majority.

CASs can submit applications on behalf of minor children following the conclusion of criminal court proceedings or by age 15 or 16 bearing in mind that the average time to complete claims is 16.3 months. This will allow sufficient time for the Board's decision prior to the children turning 18 and would allow the CAS to provide support to the minor children throughout the process.

The following are some helpful hints to follow when filing a claim with the Board on behalf of a minor child:

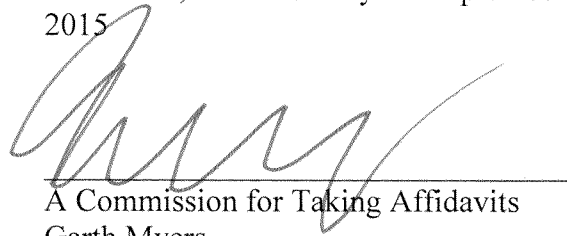
- Make sure that you provide sufficient supporting documentation with the application to satisfy the Board that a crime of violence occurred and that the minor child was injured as a result. Evidence can include a proof of conviction, police reports, CAS investigation reports, hospital reports, psychological assessments and medical records.
- If legal guardians, including CAS, apply to the Board on behalf of minor children and choose not to pursue the claims (eg. due to lack of evidence or any other reason), the minor children are entitled to reapply to the Board on their own behalf upon turning 18 years of age.
- If an application is brought to the Board prematurely (without adequate evidence to substantiate the crime and/or injury), you may request that the application be withdrawn in which case the application may be resumed once the minor child turns 18. If an application is adjudicated prematurely

or without sufficient evidence to support the claim, and the claim is therefore denied, the minor child has no recourse beyond appeal.

- Please note that if a minor child (the victim) is 16 years of age or older at the time of hearing, his/her oral testimony may be requested to support the claim.
- The Board directs that awards for minor children be held in trust by the Accountant of the Superior Court of Justice. The awards are generally held in trust for the benefit of the minor children until they turn 18 years of age or until other conditions are met. If you believe that the funds should be released later than 18, it is helpful to provide the Board with a recommendation and an explanation as to why the funds should be held longer.
- At age 18, the victim will receive a copy of the Board's decision with the award. Please ensure that the minor child knows about the proceeding and how to access the award from the Accountant of the Superior Court of Justice. Please notify the Accountant's office of any changes to the minor child's address. If the Accountant's office is not provided with this information, the minor child may risk not receiving his/her award.
- Recently the Board launched a new web-based feature designed to help applicants prepare for their hearings. The "Virtual Hearing Room" http://www.Board.gov.on.ca/en/hearingroom_front.htm) is based on the Board's Toronto location, but demonstrates features typically found at Board locations around the province. You are encouraged to try out this new feature and to recommend it to potential applicants.

If you have any questions, or for information about determining when and how to make an application, please contact the Board at 1(800) 372-7463 (Toronto calling area: 416-326-2900). Many questions are also answered on the Board's website: www.cicb.gov.on.ca.

This is Exhibit "EEE" referred to in the affidavit of David Rosenfeld, sworn before me, this 11th day of September, 2015



A Commission for Taking Affidavits
Garth Myers

Exempt: Section 21 – Personal Privacy

File Number:
Case Type:
Case Status:

Review Year:
Reviewer Name:

CWR Individual Case Report

Family Name: XXX

Agency: 999999--XYZ CAS

Given Name: XXX

Regional Office: EASTERN REGION

Tab 1: Review Information

Child ID:

Gender: ☒ Male ☐ Female

Date of Birth:

Date of Crown Wardship:

Date of Review:

Is this a First Review? ☐ Yes ☒ No

Age at Review:

Is the child of Aboriginal heritage? ☐ Yes ☒ No

Age at Crown Wardship:

Length of Crown Wardship:

Was the Child questionnaire received: ☐ Yes ☒ NoWas interview requested: ☐ Yes ☒ NoWere there previous admissions? ☐ Yes ☒ No ☐ Cannot Determine

Primary reason for admission to care: Caregiver Capacity

Other factors for admission to care:

Adoption Information: ☒ N/A ☐ Disruption ☐ BreakdownWas placing agency notified? ☐ Yes ☒ No ☐ N/A

Current placement type:

☐ Emergency/Receiving Homes

☒ Regular foster home (CAS)

☐ Specialized foster care (CAS)

☐ Treatment foster care (CAS)

☐ CAS operated group home

☐ CAS operated parent model

☐ OPI parent model

☐ OPI foster

☐ OPI staffed

☐ CMHC

☐ YOA

☐ Independence

☐ Provisional foster home

☐ Parental home

☐ Community caregiver

Start date of current placement:

Length of current placement:

Comments:

Number of placements since Crown Wardship: 1

Average placement Duration

Are there siblings in care: ☒ Yes ☐ No ☐ Cannot DetermineIs access to sibling exercised? ☒ Yes ☐ No ☐ N/A

Access at Crown Wardship (check all that apply):

Mother:

☒ Court ordered ☒ Exercised

☐ Court silent

☐ Court ordered no

☐ Cannot determine

☐ Parent deceased

Father:

- ☒ Court ordered
☐ Court silent
☐ Court ordered no
☐ Cannot determine
☐ Parent deceased

☒ Exercised

Extended family:

- ☐ Court ordered
☒ Court silent
☐ Court ordered no
☐ Cannot determine

☐ Exercised

Comments on access:

Number of workers since
current Crown Wardship: 4

Number of worker contacts
in previous 12 months:

Average worker duration: 10.0 months

YOA activity involvement :

Current ☐ Yes ☒ No

History ☐ Yes ☒ No

History of YOA placement? ☐ Yes ☒ No

Tab 2: Permanency Planning

Current plan
involving (check
one):

- ☒ Adoption
- ☐ Return home
- ☐ Long term foster care
- ☐ Adult services
- ☐ Long term residential group care
- ☐ Independence
- ☐ Not clear

Comments on
permanency
planning:

Tab 3: Education

Is child enrolled in a school program? ☐ Yes ☒ No ☐ N/A

Has child been IPRC'd? ☐ Yes ☒ No ☐ N/A

Does the child have an Individual Education Plan? ☐ Yes ☒ No ☐ N/A

Has child been suspended in previous 12 months: ☐ Yes ☒ No ☐ N/A

Education Level: Elementary IEP

Progress: ☐ Progressing well toward promotion
☐ Progressing with some difficulty towards promotion
☐ Promotion at risk
☐ Cannot determine
☒ N/A

Comments:

Tab 4: Child Profile

Does child have special needs: ☐ Yes ☒ No

Primary Diagnosis:
(Select one)

Other Diagnosis:
(Choose as many as are appropriate)

Primary Behavioural Issue:
(Select one)

Other Behavioural Issues:
(Choose as many as are appropriate)

Is the child on psychotropic medication? ☐ Yes ☒ No ☐ N/A

Is the child in therapy? ☐ Yes ☒ No ☐ N/A

Serious occurrence in previous 12 months? ☐ Yes ☒ No ☐ Cannot Determine ☐ N/A

Serious occurrence report on file? ☒ No ☐ Yes ☐ N/A

Comment:

Sexual abuse Home: ☒ None ☐ Verified

Resources: ☒ None ☐ Verified

Physical abuse: Home: ☒ None ☐ Verified

Resources: ☒ None ☐ Verified

Comment:

Is the child's immunization record on file ☐ Yes ☒ No ☐ Cannot determine

Tab 5: Planning

Plan of care reflects child's Specific needs: ☒ Appropriate ☐ Needs work

Goals in the plan of care are measurable: ☒ Appropriate ☐ Need work

Goals in the plan of care are achievable: ☒ Appropriate ☐ Need work

Did the child participate in the planning: ☐ Yes ☒ No ☐ N/A

For Licensing Purpose Only

1. Foster parents ☐ Yes ☐ No ☒ N/A

2. Child's parents ☐ Yes ☐ No ☒ N/A

3. The child (over 12) ☐ Yes ☐ No ☒ N/A

4. Placing agency ☐ Yes ☐ No ☒ N/A

If no, are the reasons documented? ☐ Yes ☐ No ☒ N/A

Comments

Comments on whether child's needs are being met:

Cultural/Religious

Are cultural needs being addressed? ☐ Yes ☒ No ☐ N/A

Are religious needs being addressed? ☐ Yes ☒ No ☐ N/A

Comment:

Social/Recreational

Is child involved in a social activity? ☐ Yes ☒ No ☐ N/A

Is child involved in ☐ Yes ☒ No ☐ N/A

recreational activity?

Comment:

Case Planning

Foster Care:

☐ Yes ☒ No ☐ N/A

1. Were plans of care for previous 12 months completed on time?

2. Was supervisory endorsement of plans of care for the previous 12 months completed on time?

☐ Yes ☒ No ☐ N/A

Supervising Agency:

1. Were plans of care from the supervising agency for previous 12 months completed on time?

☐ Yes ☒ No ☐ N/A

Outside Resources:

1. Were plans of care from outside resources for previous 12 months completed on time?

☐ Yes ☒ No ☐ N/A

Comment:

Tab 6: Directives

SUBJECT	Compliance	Issue Directive
1. Record of contacts		
a) 7 day visit	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A	
b) 30 day visit	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A	
c) Minimum 90 day visits by social worker	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A	
d) Private visits	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A	
2. Documentation		
a) Child's family history	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A	
b) Annual medical exam	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A	
c) Annual dental exam	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A	
d) 3 month review of plan of care	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A	
e) Review within 30 days if child moves	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A	
f) Review of plan by supervisor	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A	
g) Develop plan of care that		

addresses child's specific needs	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A
h) Annual school report	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A
i) Discussion of rights	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A
j) Plans of care residential resources	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A
k) File Serious Occurrence Report	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A
4. Comply with terms of Court order	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A
5. Status Review	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A
6. File to be reviewed by Program Supervisor	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A
7. File to be reviewed by senior management	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A
8. Other (see comments):	<input checked="" type="radio"/> In compliance <input type="radio"/> Not in compliance <input type="radio"/> N/A
Is case in full Compliance?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Were Directives Issued?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Comments	

Tab 7: Recommendations

Amend present plan to:

- ☐ Reassess needs
 - ☐ Consider more appropriate placement
 - ☐ Assess feasibility of return to parents
 - ☐ Review access arrangements
 - ☐ Assess feasibility of adoption
 - ☐ Review permanency planning
 - ☐ Counselling
 - ☐ Determine eligibility for native status
 - ☐ Convene case conference
 - ☐ Ensure more frequent worker contact
 - ☐ Prepare for independence
 - ☐ Consider vocational assessment
 - ☐ Consider educational support
 - ☐ Other
-

File documentation to include:

Apply To Criminal Injuries Compensation Board:

☐ Yes

Enhance/Update Recording:

Consider Psychological Assessment:

☐ Yes

Consider Psychiatric Assessment:

☐ Yes

Ensure Worker Continuity:

☐ Yes

File Serious Incident Report:

☐ Yes

Re-review Rights:

☐ Yes

Review Rights with Care Providers:

☐ Yes

Consider Group Activity (social, recreational, life skills, peer group):

☐ Yes

Notify placing Agency of Adoption Breakdown:

☐ Yes

Comments:

High Risk Report Indicator ☒ Yes ☐ No

Summation of Case Report by Reviewer

HIGH RISK

Child ID:

**High Risk
Characteristics**

This case has been
identified as **high
risk** because of the
following
characteristics:

- ☐ Aggressive/assaultive behavior
- ☐ Suicidal gestures or ideation
- ☐ Alcohol/substance abuse
- ☐ 2 or more placements in previous 12 months
- ☐ YOA activity
- ☐ Frequent AWOL - 2 or more runs in the past 12 months
- ☐ Serious emotional problems
- ☐ Serious behavioral problems
- ☐ Serious psychiatric disorder
- ☐ School suspension/expulsion
- ☐ Sexual acting out
- ☐ Serious Occurrence

Comment:

Action Required : ☐ No Action Required
 ☒ Action Required

Action required
by Agency

Agency to
provide update to
:

Within days

Comment:

Created: Irene Perro (09/05/2011)

Update: joanne harrington(12/05/2011)

Action Required on High Risk Case

IPHASE II

The following describes changes that need to be made in Phase II of the FieldWorker Crown ward review project. These changes need to be made before Year 2 of the roll out of the revised Crown ward review process – i.e., by August 8, 2012.

RAW DATA

The raw data left with societies contains all kinds of non-Crown Ward Review (CWR) and non-CWR- Adoption Probation data – including IFR data! Currently lead reviewers must delete this data before it is handed to societies.

PROVINCIAL AND REGIONAL REPORTS

A provincial report needs to be programmed. It should be an aggregate of the individual agency reports.

CROWN WARD REVIEW TOOLS

Changes to the Crown ward review tools – the CWR and the CWR-AP follow below:

- Red font indicates instructions for what should happen to data when a file is being re-reviewed.
- Blue font indicates changes that should be made to the tool for all reviews – initial or re-review.

Please note that numbering will also change as indicated by 'track changes'.

CROWN WARD REVIEW (CWR)

Changes to the CWR are indicated below.

CROWN WARD REVIEW Individual Case Report

Regional Office:	Carry forward regional office identifier
Agency:	Carry forward agency identifier
Case Identifier:	Carry forward case identifier
Date of Review:	
Name of Reviewer	
Review Type	<input type="checkbox"/> Lead <input type="checkbox"/> Team
Date of Exit Meeting	

SECTION A: CHILD INFORMATION		
A1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female Carry forward	
A2. Date of Birth:	MM/DD/YY	Carry forward
A3. Age at Review:	Years/months	#years #months
A4. Date of Crown wardship:	MM/DD/YY	Carry forward
A5. Date of most recent admission to care	MM/DD/YY	Date: MM/DD/YY Carry forward
A6. Age at most recent admission to care	##	Age: #years #months Carry forward
A7. Age at Crown Wardship	##	#years #months Carry forward
A8. Length of Crown Wardship	##	#years #months
A9. Primary reason for most recent admission to care:	<input type="checkbox"/> Physical/Sexual Harm By Commission <input type="checkbox"/> Harm By Omission <input type="checkbox"/> Emotional Harm/Exposure To Conflict <input type="checkbox"/> Abandonment/Separation (including Caregiver-Child Conflict/Child Behaviour) <input type="checkbox"/> Caregiver Capacity <input type="checkbox"/> CD	Carry forward unless CD
A10. Other reasons for the child's most recent admission to care:	Comment:	Carry forward. (It may be blank.)
A11 a. Was the child in care prior to the most recent admission to care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Carry forward
A11 b. If yes, number of prior admissions to care for this child	##	Carry forward
A12. Current placement type:	<input type="checkbox"/> Emergency receiving – institutional <input type="checkbox"/> Emergency receiving – family-based <input type="checkbox"/> Regular foster care – family-based <input type="checkbox"/> Specialized foster care (CAS) – family-based <input type="checkbox"/> Treatment foster care (CAS) – family based <input type="checkbox"/> CAS operated group home – institutional <input type="checkbox"/> CAS operated parent model group home –	

SECTION A: CHILD INFORMATION		
	family based <input type="checkbox"/> OPR parent model group home - family based <input type="checkbox"/> OPR foster care – family based <input type="checkbox"/> OPR staffed group home – institutional <input type="checkbox"/> Children's Mental Health Centre – institutional <input type="checkbox"/> Kinship Care – family-based <input type="checkbox"/> Formal Customary Care – family based <input type="checkbox"/> Independence (planned & includes semi - independence) – independence <input type="checkbox"/> Other (unplanned or YCJA) – other	
A13. Has there been a placement change in the last 18 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A14. Was the completed child questionnaire received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A15. Was an interview requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A16. Was the interview completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A17. If the interview was not completed, why not?	<input type="checkbox"/> child declined <input type="checkbox"/> child AWOL <input type="checkbox"/> child not available for other reasons <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> N/A	
A18. Is the child registered or entitled to be registered as an Indian or is the child being served by Dilico Ojibway Child and Family Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD (If yes, Indian and Native Children/Youth section will appear.)	Carry forward if 'yes'.
Comments:		

Previous Reviews		
A19. Has this child been reviewed previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A20 a. Were directives made in last year's review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A20 b. If yes, has the agency addressed all of the directives identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If no:		
A20 b (i). Review of file by senior management re failure to address directives from the previous year (with exception of directives related to plans of care or the child's safety)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Review of file by program supervisor related to failure to address directives from the previous year re:		
A20 b (ii) 1. Plan of care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A20 b (ii) 2. Child's safety	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A21 a. Were recommendations made in last year's review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Delete
A21 b. If yes, has the agency addressed all of the recommendations identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Delete
A21 b (i). If no, directive for review of file by senior management to be issued re failure to address recommendations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Delete
Comments:		

INDIAN AND NATIVE CHILDREN/YOUTH REPORT		
Identifying Information		
1. Is the child a Band Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> in process <input type="checkbox"/> CD	Carry forward only if 'yes'.

INDIAN AND NATIVE CHILDREN/YOUTH REPORT		
Indian and Native Children Planning		
2. Have efforts been made to place the child with a member of the child's extended family, a member of the child's band or native community or another Indian or native family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	
3. Does the child have contact with his or her band or native community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
4 a. Was ADR considered to resolve any issue related to the child in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4 b. Was the band/native community consulted regarding alternative methods for dispute resolution in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
Where ADR was proposed in the past 12 months, was notification provided to:		
5 a. Office of the Children's Lawyer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
5 b. Band/Native Community	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
In the 12 months before the review date, did the society give notice to a representative of the child's band or native community in relation to:		
6 a. Child welfare legal proceedings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
6 a (i). If the society did give notice, did the representative attend?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
6 b. Placement change	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
6 b (i). If the society did give notice, did the representative attend?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
7 a. Did the child live continuously with a foster parent for 2 years or more and was removal of the child or a placement change proposed in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIAN AND NATIVE CHILDREN/YOUTH REPORT		
7 b. If yes, was notification provided to the band/native community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
Comments:		

SECTION B: CHILD SAFETY		
B1. Has this child experienced verified physical or sexual abuse while in care prior to this review period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	Carry forward if yes.
B2. Has this child experienced any other form of verified maltreatment while in care prior to this review period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	Carry forward if yes.
B3 a. Has the child been the subject of any protection investigation in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes:		
B3 b. Was physical or sexual abuse verified on at least one occasion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
B3 c. Was any other form of maltreatment verified on at least one occasion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
B3 d. Where did the verified maltreatment occur? Check as many as apply.	<input type="checkbox"/> With current placement caregivers <input type="checkbox"/> With current respite caregivers <input type="checkbox"/> With past placement caregivers <input type="checkbox"/> With natural family or kin <input type="checkbox"/> Community caregiver <input type="checkbox"/> N/A <input type="checkbox"/> CD	
B4. Is a review by Senior Management required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
B5. If the child was placed in a kinship care home before it was approved as a kinship care home, was the kinship care home designated or approved as a place of safety prior to the child's placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	

SECTION B: CHILD SAFETY		
B6 a. If the child was placed in a formal customary care home before it was approved as a formal customary care home, was the formal customary care home designated or approved as a place of safety prior to the child's placement?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	Delete – note that numbering will be impacted.
B6 b. If yes: Was the child's band or native community consulted throughout the subsequent assessment process?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	Delete – note that numbering will be impacted.
B7 B6 a. If the home was designated as a Place of Safety, was it either approved or not approved within 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
B7 B6 b. If the home was not approved, was the child moved to another placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
B8 B7. If the society placed a child in a person's home that was a 'place of safety', were requirements to conduct a home visit and interview the primary caregiver, meet in private with the child and obtain consent carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	
B9 B8 a. Is child identified as high risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	B9 B8 b. If yes: Reasons for High Risk Designation: <input type="checkbox"/> Aggressive/assaultive behaviour <input type="checkbox"/> Suicidal gestures or ideation <input type="checkbox"/> Substance abuse (drugs/alcohol) <input type="checkbox"/> 2 or more placements in previous 12 months <input type="checkbox"/> Frequent AWOL-2 or more runs in the past 12months	

SECTION B: CHILD SAFETY		
	<input type="checkbox"/> Serious psychological/emotional problems <input type="checkbox"/> Persistent serious behavioural problems <input type="checkbox"/> Psychiatric disorder <input type="checkbox"/> School suspension/expulsion <input type="checkbox"/> Inappropriate sexual behaviour <input type="checkbox"/> Serious Occurrence <input type="checkbox"/> Medically fragile <input type="checkbox"/> Other: _____	
B9-B8 c. If yes, is follow up required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
B9-B8 c (i) Action required:	<input type="checkbox"/> Provide revised and updated plan of care within 30 days. <input type="checkbox"/> Respond to issues raised <input type="checkbox"/> Case conference <input type="checkbox"/> Case to be reviewed by Senior Management <input type="checkbox"/> Other – please specify _____	
Comments:		

SECTION C: PERMANENCY		
C1. Current permanency plan: (check one)	<input type="checkbox"/> Adoption, <input type="checkbox"/> Long term foster care <input type="checkbox"/> Long term residential group care <input type="checkbox"/> Independence <input type="checkbox"/> Family reunification <input type="checkbox"/> Legal custody <input type="checkbox"/> Kin Services <input type="checkbox"/> Adult services <input type="checkbox"/> Kinship care <input type="checkbox"/> Customary care <input type="checkbox"/> CD	
C2. Does the child's permanency plan address continuity of the child's placement and relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C3. Does the child have any significant enduring relationships in his or her life? If no, comment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

SECTION C: PERMANENCY		
under 'Comments' below		
C4. Does the permanency plan reflect an exploration of permanency options: adoption; custody order; or customary care (CFSA s. 63.1)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C5. If the plan is customary care, is there a plan to terminate Crown wardship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C6. Has child experienced a breakdown with legal custody prior to admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carry forward 'yes' or 'no'.
Comments:		
Placement		
C7. Start date of current placement	MM/DD/YY	
C8. Number of placements last 18 months	##	
C9. Number of placements last 12 months	#	Note impact on numbering.
C9C10. Number of placements since most recent admission to care	##	Carry forward # from previous year and add C9. Number of placements last 12 months.
C10C11. Average placement duration since most recent admission to care	Years/months	
C11C12. Number of placements since Crown wardship	#	Carry forward # from previous year and add C9. # placements last 12 months
C12C13. Average placement duration since Crown wardship	Years/months	
C13C14. Length of current placement	##	
C14C15. Prior to the current placement, was the child placed in kinship care during the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C15. Prior to the current placement, was the child placed in formal customary care during the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Delete

SECTION C: PERMANENCY				
C16 a. Did the child live continuously with a foster parent for 2 years or more and was removal of the child or a placement change proposed in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C16 b. If yes, was notification provided to the foster parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD			
C17. If the child experienced a change in placement in the last 12 months: i. provide dates for those moves				
	C17 a (i). Most recent placement change #1 : MM/DD/YY Enter the date of the most recent placement change in the review period.	C17 b (i). Second most recent placement change #2: MM/DD/YY Enter the date of the second most recent placement change in the review period.	C17 c (i). Third most recent placement change #3 : MM/DD/YY Enter the date of the third most recent placement change in the review period.	
ii. were the moves planned?	C17 a (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No	C17 b (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No	C17 c (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No	
Access				
C18. Has access been ordered or agreed to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD			
C19. Specify Access Ordered/Agreed to	C20. Exercised	C21 (i). Are there documented issues with access?	C21 (ii) Are there documented issues with access requiring review? If yes, comment in field notes.	
C19 a. Mother: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD	C20 a. <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	C21 a (i) <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	C21 a (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION C: PERMANENCY			
C19 b. Father: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD	C20 b. <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	C21 b (i) <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	C21 b (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No
C19 c. Sibling: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD	C20 c. <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	C21 c (i) <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	C21 c (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No
C19 d. Extended family: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD	C20 d. <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	C21 d (i) <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	C21 d (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No
C19 e. Other: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD	C20 e. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	C21 e (i) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	C21 e (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No
C19 e (i). Specify			
C22. Does the child live with his or her siblings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
C23. Does the access order support permanency plans for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Delete. Also impact on agency report – Table 4 – below.
Comments			

SECTION D: CHILD WELLBEING		
Child's Special Needs		
D1 a. Does child have a special need?	<input type="checkbox"/> Yes <input type="checkbox"/> No – diagnosis pending <input type="checkbox"/> No – not indicated <input type="checkbox"/> No – may require diagnosis/assessment	Carry forward – reviewers should be able to undo and make another selection
	D1 b. Primary Diagnosis: (select as many as appropriate) Medical <input type="checkbox"/> Neurological Disorder (including Tourette's Syndrome) <input type="checkbox"/> Physical Disability <input type="checkbox"/> Medical Condition <input type="checkbox"/> Medically Fragile Developmental <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Dual Diagnosis (psychological/developmental delay) <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> FASD Spectrum <input type="checkbox"/> Brain Injury Psychological/Psychiatric <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Adjustment Disorder (such as Emotional Difficulties, Post	Carry forward – reviewers should be able to undo and add to the list in Year 2.

SECTION D: CHILD WELLBEING		
	Traumatic Stress Disorder, or Attachment Disorder) <input type="checkbox"/> Bi-polar <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Oppositional-Defiant Disorder <input type="checkbox"/> Obsessive Compulsive Disorder <input type="checkbox"/> Conduct Disorder <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Depressive Disorder <input type="checkbox"/> Learning Disability <input type="checkbox"/> Other	
	D1 c. If yes: <input type="checkbox"/> medical <input type="checkbox"/> psychological/psychiatric <input type="checkbox"/> developmental	
D2 a. Does the child have any behavioural issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment below as necessary	
	D2 b. If yes, do they occur in (check as many as apply): <input type="checkbox"/> school <input type="checkbox"/> placement/home <input type="checkbox"/> community	
	D2 c. Behavioural issues: (select as many as appropriate) <input type="checkbox"/> behaviour problems at school <input type="checkbox"/> truancy <input type="checkbox"/> failing <input type="checkbox"/> suspension <input type="checkbox"/> expulsion <input type="checkbox"/> AWOL <input type="checkbox"/> relationship issues with caregiver <input type="checkbox"/> relationship issues with other children in placement <input type="checkbox"/> prostitution <input type="checkbox"/> inappropriate sexual behaviour <input type="checkbox"/> property damage <input type="checkbox"/> verbal assaultive/aggressive behaviour <input type="checkbox"/> physical assaultive/aggressive behaviour <input type="checkbox"/> fire setting <input type="checkbox"/> self harm including cutting, burning <input type="checkbox"/> suicidal ideation/gesturing current and/or historic <input type="checkbox"/> socially withdrawn <input type="checkbox"/> mood swings <input type="checkbox"/> disengaged <input type="checkbox"/> no friends <input type="checkbox"/> substance abuse (drugs/alcohol)	

SECTION D: CHILD WELLBEING		
	<input type="checkbox"/> unusual/bizarre thoughts <input type="checkbox"/> scared/unexplained fears <input type="checkbox"/> odd behaviour <input type="checkbox"/> auditory or visual hallucinations – hearing/seeing things <input type="checkbox"/> disrespectful – defiant, noncompliant <input type="checkbox"/> theft <input type="checkbox"/> threatening <input type="checkbox"/> lying <input type="checkbox"/> extreme tantrums <input type="checkbox"/> bullying (perpetrator) <input type="checkbox"/> bullying (victim) <input type="checkbox"/> other	
D3. Has the child received/completed treatment relevant to his or her special needs or behavioural issues in past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No – planned <input type="checkbox"/> No – recommended on file & not provided <input type="checkbox"/> No – child refuses <input type="checkbox"/> No – on Wait List/or in process <input type="checkbox"/> N/A	
D4. Were creative/specialized programs used by the society to assist with special needs and behavioural difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Comments:		
Education		
D5 a. Is the child registered in a school program?	<input type="checkbox"/> Yes D5 a (i). If yes, check one <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary School <input type="checkbox"/> Post Secondary D5 a (ii). If secondary, check all that apply <input type="checkbox"/> Academic <input type="checkbox"/> Applied <input type="checkbox"/> Essential	<input type="checkbox"/> No D5 b (i) If no, is child of school age? <input type="checkbox"/> Yes <input type="checkbox"/> No D5 b (ii) If no, check one as applicable <input type="checkbox"/> Workplace <input type="checkbox"/> Apprenticeship <input type="checkbox"/> N/A

SECTION D: CHILD WELLBEING			
	<input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Workplace		
	D5 a (iii). If post secondary, check one <input type="checkbox"/> University <input type="checkbox"/> College		
D6. Is child eligible for an RESP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carry forward.	
D7. Does the child have an RESP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Carry forward if 'yes'.	
D8 a. Has child been assessed as having special educational needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No D8 b. If yes, check all that apply: <input type="checkbox"/> IPRC <input type="checkbox"/> IEP <input type="checkbox"/> Not reflected in File		
D9 a. Has child been suspended in previous 12 months? (If yes, number of suspensions).	<input type="checkbox"/> Yes <input type="checkbox"/> No D9 b. ##		
D10 a. Has child changed schools in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No D 10 b. If yes: <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned		
D10 c. If child is experiencing a new academic placement (sometime during the previous 12 months), has the appropriate planning occurred for a smooth transition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
D11. Is the child attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
D12 a. Educational Progress:	<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> N/A <input type="checkbox"/> CD		

SECTION D: CHILD WELLBEING			
	<p>D12 a (i) If elementary, check one</p> <p><input type="checkbox"/> Performance matches ability</p> <p><input type="checkbox"/> Performance somewhat below ability</p> <p><input type="checkbox"/> Performance seriously below ability</p> <p>If secondary</p> <p>D12 b (i) Credits attempted _____</p> <p>D12 b (ii) Credits earned _____</p> <p>D12 b (iii) <input type="checkbox"/> Progress <input type="checkbox"/> Some progress <input type="checkbox"/> No progress</p>		
Comments:			
Caseworker Continuity			
D13 a. Has the caseworker changed in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D13 b. If yes, indicate the number of worker changes	##		
D14. Number of caseworkers since the child's admission to care	##		Carry forward # from previous year and add D13 b. number of worker changes
D15. Average caseworker duration in months since admission?	##		
D16. Number of face to face contacts in the past 12 months?	##		
Caseworker Contact in the Last 12 Months			
D17. Dates of placement change in the past 18 months	Dates of placement change in the past 18 months will be automatically generated. Only the dates of placement change in the past 12 months (i.e., the review period) are relevant to the review.		
D18. If there has been no placement change in the past 18 months, start date of current placement	The start date of current placement will be automatically generated.		
Contact with child by Caseworker	Compliant	Directive	
No placement change			

SECTION D: CHILD WELLBEING			
D19. 7 day visit	D19 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D19 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
D20. 30 day visit	D20 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D20 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Most recent placement change #1			
D19. 7 day visit	D19 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D19 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
D20. 30 day visit	D20 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D20 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Second most recent placement change #2			
D19. 7 day visit	D19 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D19 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
D20. 30 day visit	D20 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D20 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Third most recent placement change #3			
D19. 7 day visit	D19 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D19 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
D20. 30 day visit	D20 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D20 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
D21. Minimum 3 month visits by caseworker	D21 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D21 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
D22. If the child was placed out of province and being supervised by an out-of-province agency, is there evidence that the society made a reasonable effort to negotiate visits consistent with Ontario's requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Comments:			

SECTION D: CHILD WELLBEING		
PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)		
D23. If the child experienced a material change in the last 12 months, did the society conduct a review of the plan of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D24 a. Is there any evidence that ADR was considered in the past 12 months for resolving issues related	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

SECTION D: CHILD WELLBEING				
PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)				
to the child or a plan for the child's care?				
D24 b. Where ADR was proposed in the past 12 months, was notification provided to the Office of the Children's Lawyer?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD		
Comments:				
D25. Strengths and Needs Identified by the Plan of Care:			Have strengths and needs in every dimension been addressed in the plans of care? If no, provide comment in the field notes.	Have the tasks identified in the plans of care been implemented according to the time targets presented?
		a. Health	D25 a (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 a (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		b. Education	D25 b (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 b (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		c. Identity	D25 c (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 c (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		d. Social and Family Relationships	D25 d (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 d (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		e. Social Presentation	D25 e (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 e (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		f. Emotional and Behavioural	D25 f (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 f (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		g. Self-care Skills	D25 g (i). <input type="checkbox"/> Yes <input type="checkbox"/> No	D25 g (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		D26. Implementation of Plans of Care		<input type="checkbox"/> Fully implemented <input type="checkbox"/> Partially implemented

SECTION D: CHILD WELLBEING		
PLAN OF CARE <i>as reflected through Ontario Looking After Children (OnLAC)</i>		
	<input type="checkbox"/> Not at all implemented	
D27. All dimensions addressed in plans of care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D28. Is further assessment needed to identify the child's strengths and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:		
D29. Are the identified objectives monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D30. Are the identified objectives specific?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, comment in field note)	
D31. Are the identified objectives measurable?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, comment in field note)	
D32. Are the identified objectives time targeted?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, comment in field note)	
D33. Are individuals identified as responsible for completing tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D34. Are recommendations of assessments integrated into plans of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D35. Reasons are noted for failure to obtain specialized consultation, specialized treatment and supports for the child within the specified timeframe.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D36. Did the child participate in the planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

SECTION D: CHILD WELLBEING		
PLAN OF CARE <i>as reflected through Ontario Looking After Children (OnLAC)</i>		
D37. Did significant others participate in the planning as required and/or appropriate or were efforts made to engage them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D38. Were reasons for non-participation of the child and/or significant others documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D39. Does the child's placement appear to be consistent with the child's plan of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D40. Has the AAR been completed in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D41. Has the AAR/ONLAC been used to develop the plans of care?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	
Comments:		

SECTION D: CHILD WELLBEING				
Timely Completion of Plans of Care				
D42 a. Was a 6 month review of plan of care due during the 6 months prior to this period of review?	Yes	No		
D42 b. Indicate 'yes'	Yes	No		
D42 b (i). If yes, provide the due date of the last 6 month plan of care due during the 6 months prior to the review period.	MM/DD/YY			
Requirement	Date Due	Date Done	Compliant	Directive
No placement change				
D43. 30 days	D43 a.	D43 b.	D43 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D43 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D44. 3 months	D44 a.	D44 b.	D44 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D44 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D45. First 6 month	D45 a.	D45 b.	D45 c.	D45 d.

SECTION D: CHILD WELLBEING				
review			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Most recent placement change #1				
D43. 30 days	D43 a.	D43 b.	D43 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D43 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D44. 3 months	D44 a.	D44 b.	D44 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D44 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D45. First 6 month review	D45 a.	D45 b.	D45 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D45 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
Second most recent placement change #2				
D43. 30 days	D43 a.	D43 b.	D43 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D43 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D44. 3 months	D44 a.	D44 b.	D44 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D44 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D45. First 6 month review	D45 a.	D45 b.	D45 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D45 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
Third most recent placement change #3				
D43. 30 days	D43 a.	D43 b.	D43 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D43 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D44. 3 months	D44 a.	D44 b.	D44 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D44 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D45. First 6 month review	D45 a.	D45 b.	D45 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D45 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D46. Subsequent 6 months #1	D46 a.	D46 b.	D46 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D46 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
D47. Subsequent 6 months #2	D47 a.	D47 b.	D47 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D47 d. <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D: CHILD WELLBEING		
D48. If the child was placed out of province and being supervised by an out-of-province agency, is there evidence that the society made a reasonable effort to review plans of care consistent with Ontario's requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Comments:		
Social History		
D49. Is there a social history on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carry forward 'yes'.
D50. Is there a current annual social history update?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51. Does the social history and do the annual updates address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51 a. Child's history prior to care		
D51 b. Reason for admission & Crown wardship	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51 c. Information about the parents, siblings and extended family	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51 d. Current family relationships and functioning including info re access	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51 e. Child's health	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51 f. Child's physical and emotional development	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51 g. Child's personality and behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51 h. Child's academic history	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51 i. Child's separation and placement history	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D51 j. Child's strengths, talents and interests	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:		
Medical, Dental and Other		
D52 a. Annual Medical conducted?	<input type="checkbox"/> compliant <input type="checkbox"/> directive <input type="checkbox"/> noncompliant – no directive	
D52 b. Date of Previous		

SECTION D: CHILD WELLBEING		
D52 c. Date of Most Recent		Carry forward D52 c. to D52 b.
D53 a. Annual Dental conducted?	<input type="checkbox"/> compliant <input type="checkbox"/> directive <input type="checkbox"/> noncompliant – no directive	
D53 b. Date of previous		
D53 c. Date of most recent		Carry forward D53 c. to D53 b
D54 a. Have psychotropic medications been prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No - not required	
D54 b. If yes, is the psychotropic medication made available to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes – child refuses <input type="checkbox"/> No	
D55. Have the child's rights been discussed with the child as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:		

CASE SUMMARY		
IDENTIFYING INFORMATION		<ul style="list-style-type: none"> Comments re identifying information
PAST DIRECTIVES		<ul style="list-style-type: none"> Directives from previous year's review not addressed
INDIAN AND NATIVE CHILDREN/YOUTH REPORT		<ul style="list-style-type: none"> Issues related to the Indian and Native Children/Youth Report
CHILD SAFETY		<ul style="list-style-type: none"> High Risk: Any issues that require follow up by the society are itemized. Efforts made by the society to address the needs of a challenging child or youth are recognized. Additional comments related to

CASE SUMMARY		
PERMANENCY		child safety
		<ul style="list-style-type: none"> • Other comments re permanency
		<ul style="list-style-type: none"> • Child's significant, enduring relationships
		<ul style="list-style-type: none"> • Suitability of the child's placement in light of the child's plan of care
CHILD WELLBEING	Child's Special Needs	<ul style="list-style-type: none"> • Comments re access
		Special needs diagnoses
		Behavioural issues
		Special Needs: Any additional commentary re the child's special needs
		Behavioural Issues: Any additional commentary re the child's behavioural issues
	Education	Creative/Specialized Programs: Specifics regarding any creative or specialized programs used to assist this child with special needs or behavioural issues.
		Comments re education
		Comments re caseworker continuity and contact
		Comments re caseworker continuity and contact
		Comments re caseworker continuity and contact
	Plan of Care	<ul style="list-style-type: none"> • re material change
		<ul style="list-style-type: none"> • Strengths and needs in every OnLAC dimension not addressed by plans of care: <ul style="list-style-type: none"> ○ Health ○ Education ○ Identity ○ Social and Family Relationships ○ Social Presentation ○ Emotional and Behavioural ○ Self-care
		<ul style="list-style-type: none"> • Concurrent planning
		<ul style="list-style-type: none"> • Support to child's placement
		<ul style="list-style-type: none"> • Serious occurrences
		<ul style="list-style-type: none"> • Ontario Child Benefit Equivalent
		<ul style="list-style-type: none"> • Rationale for need for further assessment of strengths and needs
		<ul style="list-style-type: none"> • Specific efforts made to address the child's special

CASE SUMMARY		
		<p>needs and the child's subsequent progress;</p> <ul style="list-style-type: none"> • Availability and effectiveness of the services and supports provided to the child and caregivers • Progress noted on the basis of outcomes of recent assessments, the effectiveness of interventions • Any other aspects of planning • Specific objectives • Measurable objectives • Time targeted objectives <p>Comments re timely completion of plans of care</p>
Implementation of Plans of Care	<input type="checkbox"/> Fully implemented <input type="checkbox"/> Partially implemented <input type="checkbox"/> Not at all implemented Health Education Identity Social and Family Relationships Social Presentation Emotional and Behavioural Self-care Skills	
Social History	Comments re social history	
Medical, Dental and Other	Comments re medical, dental and other	
Comments:		

DIRECTIVES				
Directives will be generated automatically.				
SAFETY			Kinship Care Home designated as Place of Safety when child placed prior to approval	
			Formal Customary Care Home designated as Place of Safety when child placed prior to approval	
			Home designated as a Place of Safety for 60 days or less	
			Place of Safety requirements met	
PERMANENCY	INDIAN AND NATIVE CHILDREN REPORT	Identifying Information & Planning	Attend to child's Indian or native culture, heritage, and traditions - A directive results when 26% or more	Child's Band membership Efforts made to place child with family, band or native community or

DIRECTIVES				
Directives will be generated automatically.				
			<p><i>of these responses in relation to a child's culture, heritage, and traditions are negative A directive also results when a recommendation to attend to child's Indian or native culture, heritage and traditions is 'issued' two years in a row. In the second year, the recommendation becomes a directive.*</i></p> <p>Directive to attend to child's Indian or native culture, heritage and traditions</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* See Recommendations below</p>	other Indian or native family
				Child's contact with band or native community
CHILD WELLBEING	Caseworker Contact			Band/native community notified re child welfare legal proceedings
				Band/native community notified re: placement change; move after two years in foster care
				Foster parents notified of child move
				<ul style="list-style-type: none"> 7 day visit <ul style="list-style-type: none"> No placement change Most recent placement change #1 Second most recent placement change #2 Third most recent placement change #3 30 day visit <ul style="list-style-type: none"> No placement change Most recent placement change #1 Second most recent

DIRECTIVES			
Directives will be generated automatically.			
			placement change #2 • Third most recent placement change #3
			• Three month visit
	Plan of Care		Plan of care reviewed in relation to a material change
			AAR completed in the past year
		Plan of care addresses strengths and needs	Strengths and needs in every dimension not addressed in plans of care re:
			Health
			Education
			Identity
			Social and Family Relationships
			Social Presentation
			Emotional and Behavioural
			Self-care Skills
			Enhance plan of care - A directive results when 26% or more of these responses in relation to a child's plan of care are negative. A directive also results when a recommendation to enhance plan of care is 'issued' two years in a row. In the second year, the recommendation becomes a directive.**
			Permanency plan clarified
			Identified objectives monitored
			Identified objectives specific
			Identified objectives measurable
			Identified objectives time targeted
			Individuals identified as responsible for completing tasks
			Recommendations of assessments integrated into plans of care
		Reasons noted for failure to obtain specialized consultation, specialized treatment and supports for the child within the specified timeframe	
		Child participated	
		Directive to enhance plan of care <input type="checkbox"/> Yes <input type="checkbox"/> No **See Recommendations below	

DIRECTIVES							
Directives will be generated automatically.							
				in the planning			
				Significant others participated in the planning as required and/or appropriate			
				Reasons for significant others not participating in planning documented			
				AAR/ONLAC used to develop plans of care			
		Timely completion plan of care	Plan of Care	Timely	30 day	No changes	
						Most recent placement change #1	
						Second most recent placement change #2	
						Third most recent placement change #3	
					3 months	No changes	
						Most recent placement change #1	
						Second most recent placement Change #2	
						Third most recent placement Change #3	
First six month	No changes						
	Most recent placement change #1						
	Second most recent placement change #2						
	Third most recent placement change #3						

DIRECTIVES					
Directives will be generated automatically.					
			Subsequent 6 Months #1		
			Subsequent 6 Months #2		
	Social History		Social history on file		
			Current social history update		
			<i>Enhance social history – A directive results when 26% or more of these responses in relation to a child's social history are negative. A directive also results when a recommendation to enhance social history is 'issued' two years in a row. In the second year, the recommendation becomes a directive.***</i>	Child's history prior to care	
				Reason for admission and Crown wardship	
				Information about parents, siblings, extended family	
				Current family relationships and functioning including information about access	
				Child's health	
				Child's physical and emotional development	
				Child's personality and behaviour	
				Child's academic history	
				Child's separation and placement history	
				Child's strengths, talents and interests	
			Directive to enhance social history <input type="checkbox"/> Yes <input type="checkbox"/> No * **See Recommendations below		
	Medical, Dental & Other	Medical	Annual medical		
Dental		Annual dental			
		Discussion of rights			
REVIEW OF FILE BY SENIOR MANAGEMENT	<ul style="list-style-type: none"> • re previous directives • re protection investigation D56. Additional <input type="checkbox"/> Yes <input type="checkbox"/> No				

DIRECTIVES		
Directives will be generated automatically.		
REVIEW OF FILE BY PROGRAM SUPERVISOR	<ul style="list-style-type: none"> re previous directives re plan of care re previous directives re safety <p>D57. Additional <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
D58. OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RECOMMENDATIONS				
PERMANENCY	INDIAN AND NATIVE CHILDREN REPORT	Identifying Information & Planning	Attend to child's Indian or native culture, heritage, and traditions.	Name of Band/Native community
			A recommendation results when 1% to 25% of these responses in relation to a child's Indian or native culture, heritage and traditions are negative	Child's Band membership
			Recommendation to attend to child's Indian or native culture, heritage, and traditions	Efforts made to place child with family, band or native community or other Indian or native family
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Child's contact with band or native community
			*If a recommendation to attend to child's Indian or native culture, heritage and traditions is issued two years in a row, it automatically becomes a directive in the second year.	
CHILD	Plan of care addresses	Enhance plan of	Clarify	

RECOMMENDATIONS			
WELLBEING	strengths and needs	<p>care - A recommendation results when 1% to 25% of these responses in relation to a child's plan of care are negative</p> <p>Recommendation to enhance plan of care <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>**If a recommendation to enhance plan of care is issued two years in a row, it automatically becomes a directive in the second year.</p>	permanency plan
			Identified objectives monitored
			Identified objectives specific
			Identified objectives measurable
			Identified objectives time targeted
			Individuals identified as responsible for completing tasks
			Recommendations of assessments integrated into plans of care
			Reasons noted for failure to obtain specialized consultation, specialized treatment and supports for the child within the specified timeframe
			Child participated in the planning
			Significant others participated in the planning as required and/or appropriate
			Reasons for significant others not participating in planning are documented
			AAR/ONLAC used to develop plans of care
	Enhance social history	Enhance social history - A recommendation results when 1%	<p>Child's history prior to care</p> <p>Reason for admission and</p>

RECOMMENDATIONS			
		to 25% of these responses in relation to a child's social history are negative	Crown wardship
			Information about parents, siblings, extended family
			Current family relationships and functioning including information about access
			Child's health
			Child's physical and emotional development
			Child's personality and behaviour
			Child's academic history
			Child's separation and placement history
			Child's strengths, talents and interests

FOLLOW UP		
	Date Due	Date Received
Agency response to directives		
Agency address High Risk issues		
File to be reviewed and a response provided by Senior Management to issues raised.		
File to be reviewed and a response provided by Program Supervisor to issues raised		
Other		
Program Supervisor sign off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

FOLLOW UP		
Child Welfare Review Unit sign off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Comments:		

CROWN WARD REVIEW – ADOPTION PROBATION

Changes to the Crown Ward Review – Adoption Probation are indicated below.

CROWN WARD REVIEW – ADOPTION PROBATION

Individual Case Report

Legend: ORANGE=Safety AQUA=Permanency VIOLET=Wellbeing

Regional Office:	Carry forward regional office identifier	
Agency:	Carry forward agency identifier	
Case Identifier:	Carry forward case identifier	
Date of Review		
Name of Reviewer:		
Review Type	<input type="checkbox"/> Lead <input type="checkbox"/> Team	
Date of Exit Meeting	MM/DD/YY	

CHILD INFORMATION

1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
2. Date of Birth:	MM/DD/YY	
3. Age at Review:	##	
4. Date of Crown Wardship	MM/DD/YY	
5. Age at Crown Wardship	##	
6. Is the child registered or entitled to be registered as an Indian or is the child being served by Dilico Ojibway Child and Family Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	Carry forward if 'yes'.
7. Statement of Live Birth on file:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carry forward if 'yes'.

PREVIOUS REVIEWS		
8. Has this child been reviewed previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9 a. Were directives made in last year's review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9 b. If yes, has the agency addressed all of the directives identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If no:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9 b (i). Review of file by senior management re failure to address directives from the previous year (with exception of directives related to recordings or the child's safety)?		
Review of file by program supervisor related to failure to address directives from the previous year re:		
9 b (ii) 1. Recording	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9 b (ii) 2. Child's safety	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10 a. Were recommendations made in last year's review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Delete
10 b. If yes, has the agency addressed all of the recommendations identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Delete
Comments:		

PLACEMENT INFORMATION		
14.0. Date of placement on adoption probation:	MM/DD/YYYY	Carry forward.

PLACEMENT INFORMATION

4211. Length of adoption probation at time of review:		
4312. Who is supervising the adoption placement?	<input type="checkbox"/> Parent Society <input type="checkbox"/> Private Adoption Practitioner <input type="checkbox"/> Other	Carry forward.

ADOPTION PLAN

4413. Is the plan to finalize adoption probation at the end of six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	Carry forward yes or no.
4514. Is the plan to extend the probation at the end of six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	Carry forward yes or no..
4615. Does the plan address post adoption services once adoption finalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	Carry forward yes.
176. If old enough, has the child participated in the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	Carry forward 'yes'.
187. Has a life book been prepared for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	Carry forward 'yes'.
198. Has written non-identifying information of the social and medical history of parents and child, for the adoptive parents, been completed and given to the prospective adoptive parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carry forward 'yes'.
Comments		

ALTERNATIVE DISPUTE RESOLUTION

20-19 a. Was ADR considered to resolve any issue related to the child in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
----------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	--

ALTERNATIVE DISPUTE RESOLUTION

20-19 b. Was the band/native community consulted regarding alternative methods for dispute resolution in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	
Where ADR was proposed in the past 12 months, was notification provided to:		
24-20 a. Office of the Children's Lawyer	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	
24-20 b. Band/Native Community	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	

CURRENT ADJUSTMENT OF CHILD – REFLECTIVE OF ONLAC DIMENSIONS

2221. Did the society provide a pre-placement visit for the child with the prospective adoptive parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carry forward.
2322. Was the child's AAR reviewed prior to the child's placement on adoption probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carry forward.

RECORDING

Dimension	2423. Does 30 day recording comment on any objectives established or issues highlighted in the child's previous plan of care and how these will be incorporated into adoption probation? If no, provide comment below.	2524. Do the three month recordings report information as applicable, including both significant issues for the child, and the adoptive family's response or plan? If no, provide comment below.	2625. Do the six month recordings report information as applicable, including both significant issues for the child, and the adoptive family's response or plan? If no, provide comment below.
Health	2324 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2425 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2526 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Education	2324 b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2425 b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2526 b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

RECORDING			
Identity	2324 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2425 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2526 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Social and Family Relationships	2324 d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2425 d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2526 d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Social Presentation	2324 e. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2425 e. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2526 e. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Emotional and Behavioural	2324 f. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2425 f. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2526 f. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Self-care Skills	2324 g. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2425 g. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2526 g. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2726. All OnLAC dimensions addressed in recording	<input type="checkbox"/> Yes <input type="checkbox"/> No		
COMMENTS Health <ul style="list-style-type: none"> • 30 day • Three month • Six month Education <ul style="list-style-type: none"> • 30 day • Three month • Six month Identity <ul style="list-style-type: none"> • 30 day • Three month • Six month Social and Family Relationships <ul style="list-style-type: none"> • 30 day • Three month • Six month Social Presentation <ul style="list-style-type: none"> • 30 day • Three month • Six month Emotional and Behavioural <ul style="list-style-type: none"> • 30 day • Three month • Six month 			

RECORDING**Self-care**

- 30 day
- Three month
- Six month

TIMELY COMPLETION OF RECORDING

28-27 a. Was a six month recording due during the six months prior to this review period?	<input type="checkbox"/> yes <input type="checkbox"/> no	
28-27 b. Indicate 'yes'	<input type="checkbox"/> yes <input type="checkbox"/> no	
28-27 b (i) If yes, provide the due date of the last six month recording due during the six months prior to this review period.		

Requirement	Date Due	Date Done	Compliant	Directive
2928. 30 days This can only be evaluated once.	2829 a. Carry forward	2829 b. Carry forward	2829 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a Carry forward	2829 d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a This should be n/a in any subsequent review (i.e., the second, third, fourth, etc. reviews)
3029. Three month This can only be evaluated once.	2930 a. Carry forward	2930 b. Carry forward	2930 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a Carry forward	2930 d. <input type="checkbox"/> Yes <input type="checkbox"/> No This should be n/a in any subsequent review (i.e., the second, third, fourth, etc. reviews)
3430. First six month This can only be evaluated once.	3031 a. Carry forward	3031 b. Carry forward	3031 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a Carry forward	3031 d. <input type="checkbox"/> Yes <input type="checkbox"/> No This should be n/a in any subsequent review (i.e., the second, third, fourth, etc.

TIMELY COMPLETION OF RECORDING

				reviews)
3231. Subsequent six month #1	3132 a.	3132b.	3132 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a	3132 d. <input type="checkbox"/> Yes <input type="checkbox"/> No
3332. Subsequent six month #2	3233 a.	3233 b.	3233 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a	3233 d. <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER REQUIREMENTS

3433. Is Registration of Placement on File?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Carry forward 'yes'.
3534. Is the supplement to Registration of Placement on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Carry forward 'yes'.
3635. If the child is Indian or a native person, was the Band or native community given 60 days written notice of the agency's intention to begin planning for the child's adoption?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Carry forward 'yes' or 'no'.
376. Where the child's band or native community submitted its own plan for the care of the child to the society, did the society consider the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Carry forward 'yes' or 'no'.
3837. Is the Social History of Child on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalent	Carry forward 'yes' or 'equivalent'.
3938. Medical History of Child on file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalent	Carry forward 'yes' or 'equivalent'
4039. Social/Medical History of Birth Mother on file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalent	Carry forward 'yes' or 'equivalent'
4140. Social/Medical History of Birth Father on file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalent	Carry forward 'yes' or 'equivalent'
4241. Acknowledgement of Adoption on file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Carry forward 'yes'.

CASEWORKER CONTACT

4342. Total number of supervisory visits since placement:

Carry forward # from previous year and add #43. number of supervisory visits since date of last review

4443. If this is a re-review, number of supervisory visits since date of last review

See #42 above.

Contact with child by Caseworker

Compliant

Directive

4544. 7 day visit

This can only be evaluated once.

4445 a.

- ☐ Yes
☐ No
☐ N/A

Carry forward

4445 b.

- ☐ Yes
☐ No
☐ N/A

This should be n/a in any subsequent review (i.e., the second, third, fourth, etc. reviews)

4645. 30 day visit

This can only be evaluated once.

4546 a.

- ☐ Yes
☐ No
☐ N/A

Carry forward.

4546 b.

- ☐ Yes
☐ No
☐ N/A

This should be n/a in any subsequent review (i.e., the second, third, fourth, etc. reviews)

4746. Minimum 3 month visits by caseworker

4647 a.

- ☐ Yes
☐ No
☐ N/A

4647 b.

- ☐ Yes
☐ No
☐ N/A

Summary: including a summary of child's adjustment to placement and comments on supervisory visits and recordings (30 day, three month and six month)

DIRECTIVES

Pre-placement visit

If this was a directive in the first or any subsequent review, it cannot be re-issued.

Review of AAR prior to placement

If this was a directive in the first or any subsequent review, it cannot be re-issued.

DIRECTIVES		
30 day recording comments on objectives established or issues highlighted in the child's previous plan of care and how these will be incorporated into adoption probation	Health	
	Education	
	Identity	
	Social and Family Relationships	
	Social Presentation	
	Emotional and Behavioural	
	Self-care Skills	
Three month recording report information as applicable, including both significant issues for the child, and the adoptive family's response or plan	Health	
	Education	
	Identity	
	Social and Family Relationships	
	Social Presentation	
	Emotional and Behavioural	
	Self-care Skills	
Six month recordings reports information as applicable, including both significant issues for the child, and the adoptive family's response or plan	Health	
	Education	
	Identity	
	Social and Family Relationships	
	Social Presentation	
	Emotional and Behavioural	
	Self-care Skills	
Timely completion of recording	30 Days	
	3 month	
	First six month	
	Subsequent 6 months #1	
	Subsequent 6 months #2	
Registration of placement on file	If this was a directive in the first or any subsequent review, it cannot be re-issued.	
Supplement to Registration of Placement on file	If this was a directive in the first or any subsequent review, it cannot be re-issued.	
Indian/native person, band/native community given 60 days notice re intention to begin planning for the child's adoption	If this was a directive in the first or any subsequent review, it cannot be re-issued.	
Society considered plan of band/native community for care of child	If this was a directive in the first or any subsequent review, it cannot be re-issued.	

DIRECTIVES		
Social History of Child on file		
Medical History of Child on file		
Social/Medical History of Birth Mother on file		
Social/Medical History of Birth Father on file		
Acknowledgement of Adoption on file	If this was a directive in the first or any subsequent review, it cannot be re-issued.	
7 day visit	If this was a directive in the first or any subsequent review, it cannot be re-issued.	
30 day visit	If this was a directive in the first or any subsequent review, it cannot be re-issued.	
Three month visits		
<p>Recommendation re-issued</p> <p>If any recommendation is issued two years in a row, it automatically becomes a directive (in year 2) – 'Recommendation re-issued' in the second year. Any <u>one</u> recommendation re-issued becomes <u>one</u> directive. If two recommendations are re-issued, it is still ONE directive re recommendation re-issued. The recommendations re-issued should show on the individual case report beside the directive – much as the directive re complete plan of care shows all the related requirements not met.</p> <p>If a recommendation is re-issued in year 2, 3, 4, etc., it becomes one directive</p>	File Statement of Live Birth	
	Address post adoption services	
	Ensure child's participation in plan	
	Prepare life book	
	Complete and give written non-identifying information of the social and medical history of parents and child, for adoptive parents	

DIRECTIVES		
(as described above) in year 2, 3, 4, etc.		
REVIEW OF FILE BY SENIOR MANAGEMENT	<ul style="list-style-type: none"> re previous directives 4847. Additional <input type="checkbox"/> Yes <input type="checkbox"/> No	
REVIEW OF FILE BY PROGRAM SUPERVISOR	<ul style="list-style-type: none"> re previous directives re recording re previous directives re safety 4848. Additional <input type="checkbox"/> Yes <input type="checkbox"/> No	
5049. OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: Review of file by senior management re directives Review of file by program supervisor re directives re recordings Review of file by program supervisor re directives re child's safety Additional directive to review of file by senior management Additional directive to review of file by program manager Additional directive re other		

RECOMMENDATIONS	
will be generated	
File Statement of Live Birth	If any recommendation to is issued two years in a row, it automatically becomes a directive – 'Recommendation re-issued' in the second year. Any one recommendation re-issued becomes one directive. If two recommendations are re-issued, it is still ONE directive re recommendation re-issued. The recommendations re-issued should show on the individual case report beside the directive – much as the directive re complete plan of care shows all the related requirements not met. If a recommendation is re-issued in year 2, 3, 4, etc., it becomes one directive (as described above) in year 2, 3, 4, etc.
Address post adoption services	
Ensure child's participation in plan	
Prepare life book	
Complete and give written non-identifying information of the social and medical history of parents and child, for adoptive parents	

FOLLOW UP		
	Date Due	Date Received
Agency response to directives		
File to be reviewed and a response provided by Senior Management to issues raised.		
File to be reviewed and a response provided by Program Supervisor to issues raised		
Other		
Program Supervisor sign off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date:
Child Welfare Review Unit sign off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date:
Comments:		

AGENCY REPORT

What follows is the Agency Report. Changes for Phase II are addressed with red font.

CROWN WARD REVIEWS AGENCY REPORT

Version 1.0

Name of the Society:

Dates of the Review:

Lead Reviewer:

Reviewers:

The following report provides a summary of the results of Crown ward reviews. It is based on the following tools for the review of Crown ward files:

- A. Crown Ward Review;
- B. Crown Ward Review – Adoption Probation.

Findings for each tool are presented in relation to:

- Compliance by Requirement;
- Compliance Summary; and
- Compliance and Outcomes.

Further supplementary information is provided for each tool. The 'ideal' percentage for this supplementary information varies. It is presented in the supplementary information tables as either 0% (where a lower rate is desirable) or 100% (where a higher rate is desirable).

Colour coding shown on the tables and figures indicates compliance results according to ranges of ratings:

- Gold for 'full' compliance at 100%;
- Green for 'high' compliance – 75% to 99%;
- Yellow for 'moderate' compliance – 51% to 74%;
- Red for 'low' compliance – 50% or less.

Results related to positive outcomes for children are identified by:

- 'S' for child safety;
- 'P' for permanence;
- 'W' for wellbeing.

A. CROWN WARD REVIEW

The Crown Ward Review (CWR) is an annual process undertaken by the Ministry of Children & Youth Services' Child Welfare Review Unit, in co-operation with each child welfare agency and ministry regional offices to determine if the placement, services, educational and social needs of Crown wards in Ontario are being identified and appropriately addressed. The CWR is an accountability mechanism used by the ministry to determine if children's aid societies are undertaking appropriate planning and services for each child reviewed. The review monitors compliance with legislation and requirements related to the care of children.

The objectives of the CWR are:

- To monitor agency compliance with the *Child and Family Services Act* and its requirements in relation to the care of each Crown ward;
- To look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the Crown ward;
- To issue directives regarding non-compliance and to make recommendations concerning service provision in selected specific areas as appropriate.
- To give Crown wards with enough understanding, an opportunity, through questionnaires and interviews, to comment on the care they are receiving, contacts with their biological families, case plans and current circumstances;
- To provide information on useful methods employed in other societies and jurisdiction.

The CWR findings are based on the review of society files, questionnaires completed by Crown wards, and client interviews. In complex and/or high-risk cases, society caseworkers and managers may also be consulted. Each case file is reviewed in the year following 24 months of successive Crown wardship and every year after that.

PROFILE OF CROWN WARDS

Table 1 provides a summary description of the children and youth reviewed with the CWR tool.

Table 1 CWR – Child Profile

CHILD PROFILE		
Total Crown wards reviewed	#	
Gender	<ul style="list-style-type: none"> • X% female • X% male 	
Age at time of review	Average age: <ul style="list-style-type: none"> • # of children per age range**: <ul style="list-style-type: none"> ○ 0-9 years: ○ 10-12 years: ○ 13-17 years: 	
Current placement type	Placement Type	%
	Family-based	%
	Institutional	%

CHILD PROFILE		
	CMHC	%
	Independence	%
	Other	%
Indian and native children/youth ¹	X or y% of total Crown wards:	
Special Needs	X or y% of total Crown wards <ul style="list-style-type: none"> • Top three diagnoses*: <ul style="list-style-type: none"> ○ % ○ % ○ % • Percentage of children with diagnoses: <ul style="list-style-type: none"> ○ Medical: % ○ Developmental: % ○ Psychological/psychiatric: % 	
Behavioural issues	X or y% of total Crown wards <ul style="list-style-type: none"> • Top three behavioural issues*: <ul style="list-style-type: none"> • % • % • % • Percentage of children with behavioural issues occurring: <ul style="list-style-type: none"> • At school: % • At placement/home: % • In community: % 	
Children registered in a school program	X or y% of school age children	
Children with special educational needs	X or y% of total children registered	

* Diagnoses or behavioural issues with the same counts may not all be reflected.

** Youth who turn 18 during the month of review are not reflected.

FINDINGS

Compliance by Requirement/Directive

Table 2 shows agency compliance performance regarding the requirements reviewed with the CWR tool. The failure to comply with these requirements results in directives.

Table 2 CWR Agency Compliance by Requirement/Directive

CROWN WARD REVIEW AGENCY COMPLIANCE PERFORMANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outco
Kinship Care Home designated as Place of Safety when child placed prior to approval			%	

¹ Children registered or entitled to be registered as an Indian or a native person.

CROWN WARD REVIEW
AGENCY COMPLIANCE PERFORMANCE BY REQUIREMENT/DIRECTIVE

REQUIREMENTS		# of eligible files	# files meeting requirements	% Compliance	Outco
Formal Customary Care Home designated as Place of Safety when child placed prior to approval				%	S
Home designated Place of Safety for 60 days or less				%	S
Place of Safety requirements met				%	S
Attending to child's Indian or native culture, heritage and traditions ²				%	V
	a) Child's Band membership			%	
	b) Efforts to place child with family, Band or native community or other Indian or native family			%	
	c) Child has contact with Band or native community			%	
Band/native community notified re child welfare legal proceedings				%	I
Band/native community notified re placement change				%	I
Notify foster parents of child move				%	V
Seven day visit ³				%	V
30 day visit ⁴				%	V
Three month visit ⁵				%	V
Plan of care reviewed in relation to material change				%	V
AAR completed in the past year				%	V
All OnLAC dimensions addressed in Plan of Care re ⁶ :				%	V
	Health			%	
	Education			%	
	Identity			%	
	Social and Family Relationships			%	
	Social Presentation			%	

² Compliance results when at least two of requirements attending to child's Indian or native culture, heritage and traditions are compliant.

³ Number of files meeting requirements does not include non-compliant files no directives.

⁴ Number of files meeting requirements does not include non-compliant files no directives.

⁵ Number of files meeting requirements does not include non-compliant files no directives.

⁶ Compliance results when all dimensions are compliant. Number of files meeting requirements = # of files where all dimensions compliant.

CROWN WARD REVIEW AGENCY COMPLIANCE PERFORMANCE BY REQUIREMENT/DIRECTIVE					
REQUIREMENTS		# of eligible files	# files meeting requirements	% Compliance	Outc
	Emotional and Behavioral			%	
	Self-Care Skills			%	
Complete plan of care ⁷				%	V
	a) Permanency plan clarified			%	
	b) Objectives monitored			%	
	c) Objectives specific			%	
	d) Objectives measurable			%	
	e) Objectives time targeted			%	
	f) Individuals identified for completing tasks			%	
	g) Recommendations of assessments integrated into plans of care			%	
	h) Reasons for failure to obtain specialized consultation and/or treatment and supports for the child within the specified timeframe			%	
	i) Child participated in planning			%	
	j) Significant others participated in planning as required/appropriate			%	
	k) Reasons for significant others not participating in planning documented			%	
	l) AAR/OnLAC used to develop plans of care			%	
Timely completion plan of care ⁸	30 day			%	V
	Three months			%	V
	First six month			%	V
	Subsequent six month #1			%	V
	Subsequent six month #2			%	V

⁷ Compliance results when at least 75% of requirements re complete plan of care are compliant.

⁸ Number of files meeting requirements does not include non-compliant files no directives

CROWN WARD REVIEW					
AGENCY COMPLIANCE PERFORMANCE BY REQUIREMENT/DIRECTIVE					
REQUIREMENTS		# of eligible files	# files meeting requirements	% Compliance	Outc
Social history on file				%	V
Current social history update				%	V
Complete social history ⁹				%	V
	a) Child's history prior to care			%	
	b) Reason for admission and CW			%	
	c) Information about parents, siblings, extended family			%	
	d) Current family relationships functioning including information about access			%	
	e) Child's health			%	
	f) Child's physical and emotional development			%	
	g) Child's personality and behavior			%	
	h) Child's academic history			%	
	i) Child's separation and placement history			%	
	j) Child's strengths, talents and interests			%	
Annual medical ¹⁰				%	V
Annual dental ¹¹				%	V

Table 3 provides a summary of compliance in relation to the ranges of full, high, moderate, and low compliance.

Table 3 CWR Compliance Summary

Compliance Performance	Percentage of Total Requirements
Full	
High	
Moderate	
Low	

⁹ Compliance results when at least 75% of requirements re complete social history are compliant.

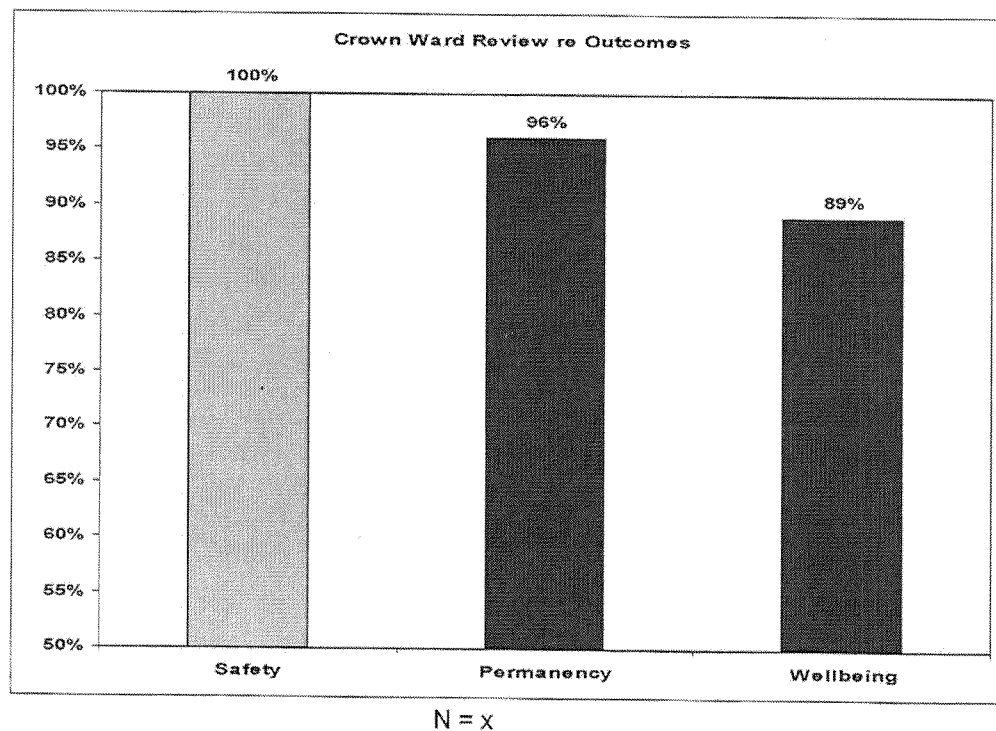
¹⁰ Number of files meeting requirements does not include non-compliant files no directives

¹¹ Number of files meeting requirements does not include non-compliant files no directives

Compliance and Outcomes

The figure below provides a summary of agency performance regarding requirements for Crown wards in relation to child safety, permanency and wellbeing.

Figure 1 *CWR Agency Performance re Findings related to Outcomes*



Supplementary Information

Supplementary information re findings related to outcomes as well as the number of directives to review of file by senior management or program supervisor and 'other' is shown in Table 4.

Table 4 *CWR Supplementary Information re Outcomes and Directives*

CROWN WARD REVIEW		# of eligible files	Actual #	%	Ideal %
SAFETY					
Physical or sexual abuse verified during review period				%	0%
Other maltreatment verified during review period				%	0%
Verified maltreatment occurred with:					
	Current placement caregiver			%	0%
	Current respite caregivers			%	0%

CROWN WARD REVIEW		# of eligible files	Actual #	%	Ideal %
	Past placement caregivers			%	0%
	Natural family or kin			%	0%
High risk children requiring follow-up				%	0%
PERMANENCY					
Permanency plan addresses continuity of the child's placement and relationships				%	100%
Permanency plan reflects exploration of permanency options				%	100%
Access order supports permanency plan for the child				%	100%
DELETE – tho' it may already be deleted according to log developed during launch. See C23 above.					
Average number of placements per child/youth since most recent admission					
Average number of placements per child/youth since Crown Wardship					
WELLBEING					
Child received/completed treatment relevant to special needs or behavioural issues in the past 12 months				%	100%
Children experiencing progress at the elementary level (i.e., performance matches or is slightly below ability)				%	100%
Youth experiencing progress (including some progress) at the secondary level				%	100%
AAR completed in the past year				%	100%
All OnLAC dimensions addressed				%	100%
Average number of caseworkers since the child's admission to care					
Average number of face to face contacts in the past 12 months					
Number of children with RESP					
Appropriate planning for new academic placement to ensure smooth transition				%	100%
Creative/specialized programs used to assist with special needs and behavioral difficulties					
Number of youth attending post secondary education					
Number of youth attending apprenticeship programs					
Review of file by senior management				%	0%
Review of file by program supervisor				%	0%
Other (directive)				0%	0%

Service User Feedback

- X Crown Ward Questionnaires completed

- Y interviews requested
- Z interviews completed

Table 5 provides a summary of responses to selected questions from the Crown Ward Questionnaire.

Table 5 *Crown Ward Questionnaire – Key Responses*

CROWN WARD QUESTIONNAIRE		#	%
Feel valued and part of their homes			%
Want to stay in their homes			%
Most frequently identified extracurricular activities			%
			%
			%
Most frequently identified wish for the future			%
			%
			%
Most frequently identified ideas to make being in care better			%
			%
			%

B. CROWN WARD REVIEW - ADOPTION PROBATION

The files of children placed on adoption probation are reviewed with the Crown Ward Review – Adoption Probation (CWR – AP) tool if they have been Crown wards for more than 24 months.

PROFILE OF CROWN WARDS ON ADOPTION PROBATION

A total of x children were reviewed – y males and z females.

FINDINGS

Compliance by Requirement/Directive

Table 6 shows agency compliance performance regarding the requirements reviewed with the CWR – AP tool. The failure to comply with these requirements results in directives.

Table 6 *CWR - AP Agency Compliance by Requirement/Directive*

CROWN WARD REVIEW - ADOPTION PROBATION AGENCY COMPLIANCE PERFORMANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcomes
Pre-placement visit			%	W

CROWN WARD REVIEW - ADOPTION PROBATION AGENCY COMPLIANCE PERFORMANCE BY REQUIREMENT/DIRECTIVE					
REQUIREMENTS		# of eligible files	# files meeting requirements	% Compliance	Outcomes
Review of AAR prior to placement				%	W
30 day recording addresses ¹²				%	W
	Health			%	
	Education			%	
	Identity			%	
	Social and Family Relationships			%	
	Social Presentation			%	
	Emotional and Behavioral			%	
	Self-Care Skills			%	
Three month recording addresses ¹³				%	W
	Health			%	
	Education			%	
	Identity			%	
	Social and Family Relationships			%	
	Social Presentation			%	
	Emotional and Behavioral			%	
	Self-Care Skills			%	
Six month recordings address ¹⁴				%	W
	Health			%	
	Education			%	
	Identity			%	
	Social and Family Relationships			%	
	Social Presentation			%	
	Emotional and Behavioral			%	
	Self-Care Skills			%	
Timely completion of recording	30 days			%	W
	Three month			%	W

¹² Compliance results when 100% of requirements re 30 day recording re OnLAC dimensions are compliant. Number of files meeting requirements = # of files where all dimensions compliant.

¹³ Compliance results when 100% of requirements re 90 day recording re OnLAC dimensions are compliant. Number of files meeting requirements = # of files where all dimensions compliant.

¹⁴ Compliance results when 100% of requirements re closing recording re OnLAC dimensions are compliant.

CROWN WARD REVIEW - ADOPTION PROBATION AGENCY COMPLIANCE PERFORMANCE BY REQUIREMENT/DIRECTIVE					
REQUIREMENTS		# of eligible files	# files meeting requirements	% Compliance	Outcomes
	First six month			%	W
	Subsequent six months #1			%	W
	Subsequent six months #2			%	W
Registration of Placement on file				%	P
Supplement to Registration of Placement on file				%	P
Indian/native person, Band/native community given 60 days notice re adoption				%	P
Where child's Band or native community submitted its own plan, the society considered the plan				%	P
Social history of child on file				%	W
Medical history of child on file				%	W
Social/Medical history of birth mother on file				%	W
Social/Medical history of birth father on file				%	W
Acknowledgement of Adoption on file				%	P
7 day visit				%	W
30 day visit				%	W
Three month visits				%	W
Recommendation(s) re-issued re:				%	
	a) Statement of Live Birth filed			%	P
	b) Post adoption services addressed			%	W
	c) Child participated in plan			%	W
	d) Life book prepared			%	W
	e) Non-identifying information social/medical history given to adoptive parents			%	W

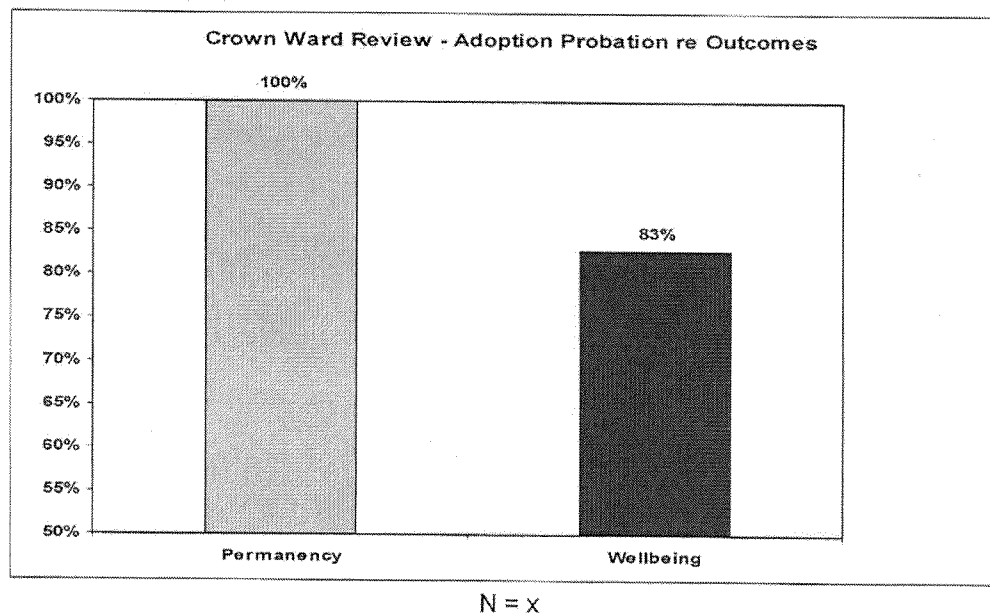
Table 7 provides a summary of compliance in relation to the ranges of full, high, moderate, and low compliance.

Table 7 *CWR - AP Compliance Summary*

Compliance Performance	Percentage of Total Requirements
Full	
High	
Moderate	
Low	

Compliance and Outcomes

The figure below provides a summary of agency performance regarding requirements for Crown wards on adoption probation in relation to child safety, permanency and wellbeing.

Figure 2 *CWR – AP Agency Performance re Findings related to Outcomes*

Supplementary Information

Supplementary information re findings related to outcomes is shown in Table 8.

Table 8 *CWR - AP Supplementary Information re Outcomes*

CROWN WARD REVIEW – ADOPTION PROBATION	# of eligible files	Actual #	%	Ideal %
SAFETY				
Review of file by senior management			%	0%
Review of file by program supervisor			%	0%
Other (directive)			%	0%
PERMANENCY				

CROWN WARD REVIEW – ADOPTION PROBATION	# of eligible files	Actual #	%	Ideal %
Number of files with plan which includes efforts to retain the child's cultural identity			%	100%
60 days written notice to Band/native community of agency's intention to begin planning for the child's adoption			%	100%
Average length of adoption probation at time of review				
WELLBEING				
Files with review of AAR prior to placement on adoption probation			%	100%
All OnLAC dimensions addressed in recording			%	100%
Average number of supervisory visits since placement				

This is Exhibit "FFF" referred to in the affidavit of David Rosenfeld, sworn before me, this 11th day of September, 2015

A handwritten signature in dark ink, appearing to read 'Garth Myers', written over a horizontal line.

A Commission for Taking Affidavits
Garth Myers

New Ontario Crown Wards by Year

The following is a breakdown of the number of new/discrete Crown Wards per year since 1991 based on the recording of court-issued Crown Ward orders.

Year	New Crown Ward Orders recorded
1991	1062
1992	1121
1993	1225
1994	1099
1995	1209
1996	1286
1997	1366
1998	1563
1999	1788
2000	2096
2001	2441
2002	2341
2003	2451
2004	2419
2005	2218
2006	2025
2007	1907
2008	2119
2009	1867
2010	1721
2011	1556
2012	1712
2013	1199

Source: Adoption and Crown Ward database (ACW), June 11, 2014

These data represent an annual count of new Crown Ward order activity records since 1991. Data are dependent on the receipt of court-issued Crown Ward orders and subsequent ACW system entry. Data are point-in-time, and subject to change on an ongoing basis following the receipt and/or entry of related or additional information.

Court File No.: CV-14-0018

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

**HOLLY PAPASSAY, TONI GRANN, ROBERT MITCHELL,
DALE GYSELINCK and LORRAINE EVANS**

Plaintiffs

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

Proceeding under the *Class Proceedings Act*, 1992

AFFIDAVIT OF SYLVIA TSE

I, **Sylvia Tse**, of the City of Toronto, in the Province of Ontario, MAKE OATH AND SAY

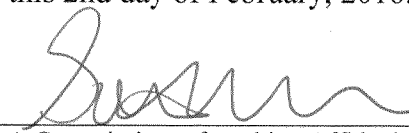
1. I am an assistant in the class action department at Koskie Minsky LLP. Koskie Minsky LLP is counsel to the plaintiffs in the above styled class action. I therefore have personal knowledge of the matters set out below.
2. Attached hereto as **Exhibit "A"** is a copy of the Agency Report Crown Ward Review downloaded from the Brant Family and Children's Services website at http://www.brantfacs.ca/files/9614/0026/8258/AgencyCW_review.pdf.
3. Attached hereto as **Exhibit "B"** is a copy of the Agency Report Crown Ward Review downloaded from the Bruce Grey Child and Family Services website at <http://www.bgcfs.ca/wp-content/uploads/2015/04/2014-Crown-Ward-Review-Results.pdf>.

4. Attached hereto as **Exhibit "C"** is a copy of the Agency Report Crown Ward Review downloaded from the Sarnia-Lambton Children's Aid Society website at <<http://www.slcas.on.ca/sites/default/files/Crown%20Ward%20Review%20Report%20for%20website%202015.pdf>>.

5. Attached hereto as **Exhibit "D"** is a copy of the Youth Leaving Care: An OACAS Survey of Youth and CAS Staff" (April 2006) downloaded from the Canadian Child Welfare Research Portal at < http://cwrp.ca/sites/default/files/publications/en/ON-YouthLeavingCare_OACASReport.pdf>.

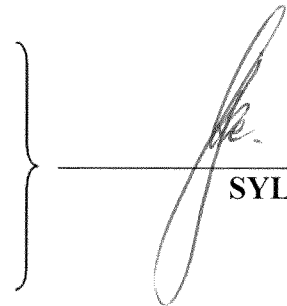
6. I swear this affidavit in support of the plaintiffs' motion for certification and for no other or improper purpose.

SWORN BEFORE ME at the City of Toronto,
this 2nd day of February, 2016.



A Commissioner for taking Affidavits (or as may be)
Garth Myers

Garth Myers



SYLVIA TSE

AGENCY REPORT CROWN WARD REVIEW

Version 2.0

Society Identifier: 5

Dates of the Review: 2014-03-17---2014-03-27

Lead Reviewer: leblanna

Reviewers: waltonpa, peckhama, shawga, harveysa, carrieca, pikordo, haddocja

Exit Meeting Date: 2014-03-28

The following report provides a summary of the results of Crown Ward Reviews. It is based on the following tools:

- Crown Ward Review - Individual Case Report
- Crown Ward Review - Adoption Probation - Individual Case Report

Findings for each tool are presented in relation to:


- Compliance by Requirement;
- Compliance Summary
- Supplementary Information
- Outcome Measures

Colour coding shown on the "Compliance by Requirement" table indicates compliance results according to ranges of achievement:

- Gold for 'full' compliance at 100%;
- Green for 'high' compliance - 75% to 99%;
- Yellow for 'moderate' compliance - 51% to 74%;
- Red for 'low' compliance - 50% or less.

Results related to positive outcomes for children are identified by:

- 'S' for child safety;
- 'P' for permanence;
- 'W' for wellbeing.

This is Exhibit A referred to in the
affidavit of Sylvia Be
sworn before me, this 2nd
day of February 2016

A COMMISSIONER FOR TAKING AFFIDAVITS

A. CROWN WARD REVIEW

The annual Crown Ward Review (CWR) is undertaken by the Ministry of Children & Youth Services' Child Welfare Review Unit, in co-operation with each child welfare agency and ministry regional offices. The purpose of the review is to determine if the placement, services, educational and social needs of Crown wards in Ontario are being identified and appropriately addressed. The CWR is an accountability mechanism used by the ministry to determine if children's aid societies are undertaking appropriate planning and services for each child reviewed. The review monitors compliance with legislation and requirements related to the care of children.

The objectives of the CWR are:

- To monitor agency compliance with the *Child and Family Services Act* and its requirements in relation to the care of each Crown ward;
- To look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the Crown ward;
- To issue directives regarding non-compliance and to make recommendations concerning service provision in selected specific areas as appropriate;
- Using a strengths-based approach, identify and convey to societies the strengths of service delivery.

B. PHILOSOPHY AND GUIDING PRINCIPLES

The Crown ward review process is in keeping with the principles identified in child welfare transformation as reflected in the 2006 revisions to the *CFSA*:

- A strengths and outcomes based approach to case planning;
- A recognition of children's need for continuity with family, community and culture;
- A commitment to best practice including a focus on child safety, permanency and wellbeing.

The Crown ward review process supports and promotes:

- Continuous quality improvement;
- Balanced reporting;
- Accountability;
- Transparency;
- An accurate reflection of CAS performance.

The Crown ward review process is part of a continuous quality improvement cycle with the expectation being that, over time, societies will strive to improve performance from one review to the next using the information collected from each review.

The CWR findings are based on the review of society files. In complex and/or high-risk cases, society caseworkers and managers may also be consulted. Each case file is reviewed in the year following 24 months of successive Crown wardship and every year after that.

PROFILE OF CROWN WARDS

Table 1 provides a summary description of the children and youth reviewed with the CWR tool.

Table 1 CWR Child Profile

CWR CHILD PROFILE		
Total Crown wards reviewed	89	
Gender	39.3% female 60.7% male	
Age at time of review	Average age: 14.2 # of children per age range o 0-9 years: 9 o 10-12 years: 14 o 13-17 years: 66	
Current placement type	Placement Type	%
	Family Based: 74	83.1%
	Group: 4	4.5%
	CMHC: 0	0.0%
	Independence: 11	12.4%
	Other: 0	0.0%
	Unapproved: 0	0.0%
Indian and native children/youth with status or eligible for status ¹	24 or 27.0% of total Crown wards	
Children with prior admissions to care	47 or 52.8% of total Crown wards	
Average # of previous admissions to care	1.6	

¹ Children registered or entitled to be registered as an Indian or a native person.

FINDINGS

Compliance by Requirement/Directive

Table 2 shows agency compliance performance regarding the requirements reviewed with the CWR tool.

Table 2 CWR Agency Compliance by Requirement/Directive

CWR AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
Indian/Native Children & Youth				
Child/youth provided with the opportunity to have contact with their home community, family and/or extended family, band, or other native community	24	23	95.8%	W
Efforts have been made to place the child with a member of the child's extended family, a member of the child's band or native community or another Indian or native family	6	5	83.3%	P
Band/native community notified re child welfare legal proceedings	3	3	100.0%	
Band/native community notified re placement change	6	2	33.3%	
Written notice provided to the band/native community at least 10 days prior to the removal or child from placement	0	0	N/A	W
CHILD SAFETY				
Kinship Care Home designated as Place of Safety when child placed prior to approval	1	1	100.0%	S
Home designated Place of Safety for 60 days or less	1	0	0.0%	S
Place of Safety requirements met	1	1	100.0%	S
PERMANENCY				
Permanency plan reflects exploration of options	89	66	74.2%	P
Notify foster parents of child removal	0	0	N/A	
WELL-BEING				
Caseworker Contact				
Seven day visit	23	21	91.3%	W
30 day visit	21	19	90.5%	W
Three month visit	89	78	87.6%	W
Review of rights & responsibilities upon admission to placement	22	20	90.9%	W
Planning Requirements - OnLAC Dimensions				
All OnLAC dimensions addressed in Plan of Care re:	89	59	66.3%	W
a) Health	89	79	88.8%	
b) Education	89	70	78.7%	

CWR AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
c) Identity	89	81	91.0%	
d) Social and Family Relationships	89	77	86.5%	
e) Social Presentation	89	85	95.5%	
f) Emotional and Behavioural	89	83	93.3%	
g) Self-Care Skills	89	81	91.0%	
Planning Requirements - Development				
Development of Plans of Care	89	83	93.3%	W
a) Tasks realistic & achievable	89	85	95.5%	
b) Tasks support achievement of goal	89	78	87.6%	
c) Tasks specific & measureable	89	80	89.9%	
d) Target dates evident	89	87	97.8%	
e) Individuals identified for completing tasks	89	88	98.9%	
f) Recommendations of assessments integrated into plans of care	40	34	85.0%	
g) Reasons for failure to obtain specialized consultation and/or treatment and supports for the child within the specified timeframe	7	4	57.1%	
h) Child participated in planning	82	81	98.8%	
i) Significant others participated in planning as required/appropriate	86	85	98.8%	
j) Reasons for significant others not participating in planning documented	2	1	50.0%	
k) AAR/OnLAC used to develop plans of care	89	44	49.4%	
Planning Requirements - Timely Completion				
Timely completion plan of care				
30 Day	19	14	73.7%	W
Three months	17	14	82.4%	W
First six month	17	13	76.5%	W
Six month plan of care #1	83	69	83.1%	W
Six month plan of care #2	66	52	78.8%	W
AAR annual update completed within the required time frame	89	83	93.3%	W
Social History Requirements				
Social history on file	89	89	100.0%	W
Current social history update	89	83	93.3%	W
Required content of social history	89	87	97.8%	W
a) Child's history prior to care including birth history	89	82	92.1%	
b) Reason for admission and CW & history of court involvement	89	82	92.1%	

CWR AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
c) Information about parents, siblings, extended family	89	86	96.6%	
d) Current family relationships functioning including information about access	89	85	95.5%	
e) Child's health	89	89	100.0%	
f) Child's physical and emotional development	89	88	98.9%	
g) Child's personality and behaviour	89	88	98.9%	
h) Child's academic history	89	87	97.8%	
i) Child's separation and placement history	89	85	95.5%	
j) Child's strengths, talents and interests	89	89	100.0%	
Medical & Dental Requirements				
Annual medical	89	76	85.4%	W
Annual dental	89	64	71.9%	W

Compliance Summary

Table 3 provides a summary of compliance in relation to the ranges of full, high, moderate, and low compliance.

Table 3 CWR Compliance Summary

CWR COMPLIANCE SUMMARY	
Compliance Performance	Percentage of Total Requirements
Full	16.0%
High	60.0%
Moderate	16.0%
Low	8.0%

Supplementary Information

Supplementary information re: findings related to outcomes as well as the number of directives to review of file by senior management or program supervisor and other is shown in Table 4.

Table 4 CWR Supplementary Information

CWR SUPPLEMENTARY INFORMATION				
CROWN WARD REVIEW	# of eligible files	Actual #	%	Outcome
Indian & Native Children & Youth				
Child has Band membership	26	23	88.5%	
Child/youth provided with opportunity for native services and programming	26	25	96.2%	W
Safety				
Protection concerns verified in the past 12 months ²	89	1	98.9%	S
Protection/safety concerns addressed in documentation	11	7	63.6%	S
Children/youth identified as high risk ³	89	10	88.8%	W
High risk children requiring follow-up ⁴	10	4	60.0%	S
Verified abuse/maltreatment occurred with:				
Current placement caregiver	1	0	0.0%	
Current respite caregivers	1	0	0.0%	
Past placement caregivers	1	0	0.0%	
Natural family or kin	1	0	0.0%	
Community caregiver	1	0	0.0%	
No perpetrator identified	1	0	0.0%	
Cannot determine	1	0	0.0%	
Other	1	1	100.0%	
Permanency				
Permanency plan addresses efforts to secure enduring relationships	89	86	96.6%	P
Post-care planning for transitional aged youth 17+	17	11	64.7%	P
Adult developmental services planning for youth 16+	6	5	83.3%	P
Average number of placements per child/youth since most recent admission		3.6		
Average number of placements per child/youth since Crown Wardship		2.5		
Average placement duration since Crown wardship		49.3 months		
Documented issues with access addressed	41	34	82.9%	P
Well-Being: Child's Special Needs				
Children/youth diagnosed with a special need	89	60	67.4%	
Percentage of children diagnosed with a special need				
Medical		13	21.7%	
Developmental		35	58.3%	
Psychological/Psychiatric		42	70.0%	

² This area is based on an ideal rating of 0%. The percentage shown is inverted in order to ensure correct representation in the Outcome bar graph - Figure 1.

³ This area is based on an ideal rating of 0%. The percentage shown is inverted in order to ensure correct representation in the Outcome bar graph - Figure 1.

⁴ This area is based on an ideal rating of 0%. The percentage shown is inverted in order to ensure correct representation in the Outcome bar graph - Figure 1.

CWR SUPPLEMENTARY INFORMATION				
CROWN WARD REVIEW	# of eligible files	Actual #	%	Outcome
Well-Being: Child's Behaviour				
Children identified with clinically significant behavioural difficulties	89	49	55.1%	
Top 3 behavioural issues:				
#1 most frequent behaviour: Disrespectful – defiant, noncompliant, rude		27	55.1%	
#2 most frequent behaviour: Verbal assaultive/aggressive behaviour		18	36.7%	
#3 most frequent behaviour: Truancy		15	30.6%	
Well-Being: Treatment Services				
Child received/completed treatment relevant to development, special needs or behavioural issues in the past 12 months	48	40	83.3%	W
Top 3 services provided:				
#1 most frequent service: Therapist/Counsellor		23	47.9%	
#2 most frequent service: Recreational activities/programming		12	25.0%	
#3 most frequent service: Specialized school supports		8	16.7%	
Children prescribed psychotropic medication	89	33	37.1%	
Well-Being: Education				
School-aged children registered in a school program	88	86	97.7%	W
Children/youth with an RESP	89	13	14.6%	
IPRC exceptional designation	33	31	93.9%	
Children provided with an IEP	86	39	45.3%	
Appropriate planning for new academic placement to ensure smooth transition	30	27	90.0%	W
Children provided with additional supports, services, or programming within the school setting	50	40	80.0%	W
Children experiencing progress at the elementary level (i.e., progressing well or progressing with difficulty)	35	33	94.3%	W
Youth experiencing progress (including some progress) at the secondary level	51	47	92.2%	W
Well-Being: Caseworker Continuity & Contact				
Caseworker change in the past 12 months ⁵	89	23	74.2%	W
Average number of caseworkers since the child's admission to care		5.6		
Average number of face to face contacts in the past 12 months		13.7		
Efforts to ensure visits with children placed outside of Ontario	0	0	N/A	W
Well-Being: Case Planning				
Plan of care reviewed for material change	0	0	N/A	W

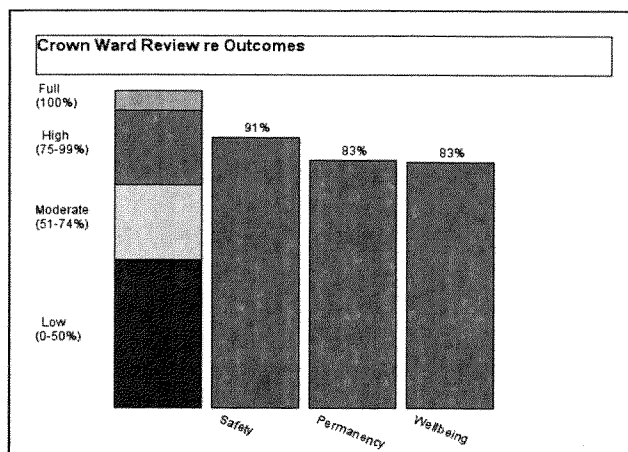
⁵ This area is based on an ideal rating of 0%. The percentage shown is inverted in order to ensure correct representation in the Outcome bar graph - Figure 1.

CWR SUPPLEMENTARY INFORMATION				
CROWN WARD REVIEW	# of eligible files	Actual #	%	Outcome
OCBE activity funds utilized	81	69	85.2%	W
OCBE Savings Program addressed in planning	48	18	37.5%	W
Plan of Care Implementation	89	57	64.0%	W
Health	89	76	85.4%	
Education	89	67	75.3%	
Identity	89	79	88.8%	
Social and Family Relationships	89	77	86.5%	
Social Presentation	89	84	94.4%	
Emotional and Behavioural	89	80	89.9%	
Self-Care Skills	89	82	92.1%	
Timely completion of supervisory endorsement of plans of care	88	42	47.7%	W
Other				
Review of file by senior management	89	2	2.2%	
Review of file by program supervisor	89	0	0.0%	
Other (directive)	89	0	0.0%	

Outcome Measures

The figure below provides a summary of agency performance for Crown wards in relation to child safety, permanency and wellbeing.

Figure 1 Crown Ward Review re Findings Related to Outcomes



Service User Feedback

- 9 Crown Ward Questionnaires completed
- 4 interviews requested
- 4 interviews completed

Table 5 provides a summary of responses to selected questions from the Crown Ward Questionnaire.

Table 5 Crown Ward Questionnaire - Key Responses

CROWN WARD QUESTIONNAIRE - KEY RESPONSES			
Q1. Do you feel valued and a part of this home?	Question not answered	0	0.0%
	Yes	8	88.9%
	No	0	0.0%
	Not sure	1	11.1%
	Sometimes	0	0.0%
Q2. Do you feel that you are getting enough help with school?	Question not answered	1	11.1%
	Yes	7	77.8%
	No	1	11.1%

CROWN WARD QUESTIONNAIRE - KEY RESPONSES			
Q3. Besides school, are you involved in any other activities such as:	Question not answered	1	11.1%
	Games	3	
	Sports	4	
	Brownies/Guides	0	
	Cubs/Scouts	1	
	Gym	2	
	Music	0	
	Art	1	
	Cadets	0	
	Hobbies	3	
	Camp	4	
	Dance	1	
	Drama	1	
	Craft classes	0	
	Youth groups	3	
	Cultural	0	
	Religious	1	
	Martial Arts	0	
	After school programs	0	
	Boys and Girls clubs	0	
	Other	1	
Q4. Does your caseworker:	Question not answered	2	22.2%
	See you alone?	7	
	Help if you have problems with your placement?	7	
	Talk about why you are in care?	6	
	Talk to you about school?	7	
	Talk to you about visits with your family?	5	
	Talk to you about rights and responsibilities?	7	
	Talk about supports available to you at the age of 18?	3	
Q5. Do you trust your caseworker?	Question not answered	1	11.1%
	Yes	8	88.9%
	No	0	0.0%
	Not sure	0	0.0%
Q6. Is there anything you would like to change about your visits?	Question not answered	0	0.0%
	Yes	1	11.1%
	More often	0	
	Longer	0	
	Overnight	0	
	Unsupervised	0	
	Different location	0	
	To not have visits	0	
	Other	1	
	No	8	88.9%

CROWN WARD QUESTIONNAIRE - KEY RESPONSES			
Q7. Do you know why you came into care?	Question not answered	2	22.2%
	Yes	6	66.7%
	No	1	11.1%
	Not sure	0	0.0%
Q8. What is your wish for the future?	Question not answered	0	0.0%
	Stay where you are currently living	3	
	Live elsewhere	0	
	To be adopted by the family you live with	2	
	To be adopted by a different family	0	
	Return to your family	1	
	Get an education	6	
	Get a job and live on your own	7	
Q9. If you could make being in care better, what would you change?	Question not answered	1	11.1%
	Change nothing/everything is fine	4	44.4%
	Other	4	44.4%

Table 6 CHILD/YOUTH COMMENT SUMMARY

CHILD/YOUTH COMMENT SUMMARY	
Other activities	service clubs
Other changes to visits	I would like to move back home.
Changes to being in care	Comment pertaining to if child feels valued: In my house foster is not a word.
	No We are very lucky.
	No because it could spoil them.
	- "to make sure that they are getting what they need and feel happy and loved"
	Don't know
	Make 100% sure the homes they're placed in are safe and they get treated right.

C. CROWN WARD REVIEW - ADOPTION PROBATION

The files of children placed on Adoption Probation are reviewed with the Crown Ward Review Adoption Probation (CWR AP) tool if they have been Crown wards for more than 24 months.

PROFILE OF CROWN WARDS ON ADOPTION PROBATION

A total of 4 children were reviewed:

- 3 Males
- 1 Female

A total of 2 children or 50.0% were identified as registered or entitled to be registered as an Indian or the child is being served by Dilico Ojibway Child & Family Services.

FINDINGS

Compliance by Requirement/Directive

Table 7 shows agency compliance performance regarding the requirements reviewed with the CWR-AP tool.

Table 7 CWR - AP Agency Compliance by Requirement/Directive

CWR - AP AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
Pre-placement visit	4	4	100.0%	W
Review of AAR prior to placement	4	4	100.0%	W
Registration of Placement on file	2	2	100.0%	P
Supplement to Registration of Placement on file	2	2	100.0%	P
Acknowledgement of Adoption on file	2	2	100.0%	P
Statement of Live Birth filed	4	4	100.0%	P
Post adoption services addressed	4	4	100.0%	W
Child participated in plan	2	2	100.0%	W
Life book prepared	4	4	100.0%	W
Non-identifying information social/medical history given to adoptive parents	4	4	100.0%	W
Recording requirements				
All OnLAC dimensions addressed in recording	2	2	100.0%	W
30 day recording	2	2	100.0%	W
3 month recording	2	2	100.0%	W
6 month recording	0	0	N/A	W

CWR - AP AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
Timely completion of recording				
30 days	2	2	100.0%	W
3 month	2	2	100.0%	W
First six months	0	0	N/A	W
Six month plan of care #1	0	0	N/A	W
Six month plan of care #2	0	0	N/A	W
Indian & Native requirements				
Indian/native person, Band/native community given 60 days notice re adoption	2	2	100.0%	P
Where child's Band or native community submitted its own plan, the society considered the plan	2	2	100.0%	P
Social history requirements				
Social history of child on file	4	4	100.0%	W
Medical history of child on file	4	4	100.0%	W
Social/Medical history of birth mother on file	4	2	50.0%	W
Social/Medical history of birth father on file	4	2	50.0%	W
Contact requirements				
30 day visit	2	2	100.0%	W
3 month visit	2	2	100.0%	W

Compliance Summary

Table 8 provides a summary of compliance in relation to the ranges of full, high, moderate, and low compliance.

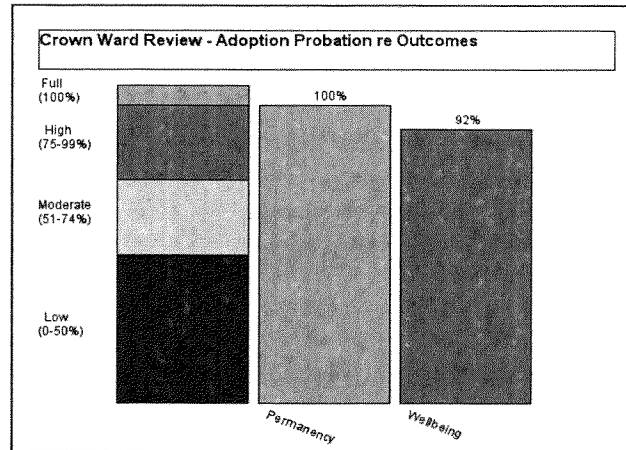
Table 8 CWR - AP Compliance Summary

CWR - AP COMPLIANCE SUMMARY	
Compliance Performance	Percentage of Total Requirements
Full	91.3%
High	0.0%
Moderate	0.0%
Low	0.0%

Outcome Measures

The figure below provides a summary of agency performance regarding requirements for Crown wards on Adoption Probation in relation to permanency and wellbeing.

Figure 2 CWR AP Agency Performance re Findings Related to Outcomes



Supplementary Information

Supplementary information re: findings related to outcomes is shown in Table 9.

Table 9 CWR - AP Supplementary Information

CWR - AP SUPPLEMENTARY INFORMATION				
CROWN WARD REVIEW - ADOPTION PROBATION	# of eligible files	Actual #	%	Outcome
Review of file by senior management	4	0	0.0%	
Review of file by program supervisor	4	0	0.0%	
Other (directive)	4	0	0.0%	
Average length of adoption probation at time of review		1.5 months		
Average number of supervisory visits since placement		1.5		

AGENCY REPORT CROWN WARD REVIEW

Version 2.0

Society Identifier: 23

Dates of the Review: 2014-09-02---2014-09-04

Lead Reviewer: waltonpa

Reviewers: mcintomi, linklali, peckhama, betswoli, shieldju, pikordo, haddocja

Exit Meeting Date: 2014-09-05

The following report provides a summary of the results of Crown Ward Reviews. It is based on the following tools:

- Crown Ward Review - Individual Case Report
- Crown Ward Review - Adoption Probation - Individual Case Report

Findings for each tool are presented in relation to:


- Compliance by Requirement;
- Compliance Summary
- Supplementary Information
- Outcome Measures

Colour coding shown on the "Compliance by Requirement" table indicates compliance results according to ranges of achievement:

- Gold for 'full' compliance at 100%;
- Green for 'high' compliance - 75% to 99%;
- Yellow for 'moderate' compliance - 51% to 74%;
- Red for 'low' compliance - 50% or less.

Results related to positive outcomes for children are identified by:

- 'S' for child safety;
- 'P' for permanence;
- 'W' for wellbeing.

This is Exhibit B referred to in the
affidavit of Sylvia Tse
sworn before me, this 2nd
day of February 2016

A COMMISSIONER FOR TAKING AFFIDAVITS

A. CROWN WARD REVIEW

The annual Crown Ward Review (CWR) is undertaken by the Ministry of Children & Youth Services' Child Welfare Review Unit, in co-operation with each child welfare agency and ministry regional offices. The purpose of the review is to determine if the placement, services, educational and social needs of Crown wards in Ontario are being identified and appropriately addressed. The CWR is an accountability mechanism used by the ministry to determine if children's aid societies are undertaking appropriate planning and services for each child reviewed. The review monitors compliance with legislation and requirements related to the care of children.

The objectives of the CWR are:

- To monitor agency compliance with the *Child and Family Services Act* and its requirements in relation to the care of each Crown ward;
- To look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the Crown ward;
- To issue directives regarding non-compliance and to make recommendations concerning service provision in selected specific areas as appropriate;
- Using a strengths-based approach, identify and convey to societies the strengths of service delivery.

B. PHILOSOPHY AND GUIDING PRINCIPLES

The Crown ward review process is in keeping with the principles identified in child welfare transformation as reflected in the 2006 revisions to the *CFSA*:

- A strengths and outcomes based approach to case planning;
- A recognition of children's need for continuity with family, community and culture;
- A commitment to best practice including a focus on child safety, permanency and wellbeing.

The Crown ward review process supports and promotes:

- Continuous quality improvement;
- Balanced reporting;
- Accountability;
- Transparency;
- An accurate reflection of CAS performance.

The Crown ward review process is part of a continuous quality improvement cycle with the expectation being that, over time, societies will strive to improve performance from one review to the next using the information collected from each review.

The CWR findings are based on the review of society files. In complex and/or high-risk cases, society caseworkers and managers may also be consulted. Each case file is reviewed in the year following 24 months of successive Crown wardship and every year after that.

PROFILE OF CROWN WARDS

Table 1 provides a summary description of the children and youth reviewed with the CWR tool.

Table 1 CWR Child Profile

CWR CHILD PROFILE		
Total Crown wards reviewed	48	
Gender	50.0% female 50.0% male	
Age at time of review	Average age: 15.2 # of children per age range o 0-9 years: 3 o 10-12 years: 4 o 13-17 years: 41	
Current placement type	Placement Type	%
	Family Based: 43	89.6%
	Group: 2	4.2%
	CMHC: 0	0.0%
	Independence: 3	6.3%
	Other: 0	0.0%
	Unapproved: 0	0.0%
Indian and native children/youth with status or eligible for status ¹	10 or 20.8% of total Crown wards	
Children with prior admissions to care	16 or 33.3% of total Crown wards	
Average # of previous admissions to care	1.4	

¹ Children registered or entitled to be registered as an Indian or a native person.

FINDINGS

Compliance by Requirement/Directive

Table 2 shows agency compliance performance regarding the requirements reviewed with the CWR tool.

Table 2 CWR Agency Compliance by Requirement/Directive

CWR AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
Indian/Native Children & Youth				
Child/youth provided with the opportunity to have contact with their home community, family and/or extended family, band, or other native community	10	10	100.0%	W
Efforts have been made to place the child with a member of the child's extended family, a member of the child's band or native community or another Indian or native family	3	2	66.7%	P
Band/native community notified re child welfare legal proceedings	0	0	N/A	
Band/native community notified re placement change	3	1	33.3%	
Written notice provided to the band/native community at least 10 days prior to the removal or child from placement	0	0	N/A	W
CHILD SAFETY				
Kinship Care Home designated as Place of Safety when child placed prior to approval	0	0	N/A	S
Home designated Place of Safety for 60 days or less	0	0	N/A	S
Place of Safety requirements met	0	0	N/A	S
PERMANENCY				
Permanency plan reflects exploration of options	48	36	75.0%	P
Notify foster parents of child removal	0	0	N/A	
WELL-BEING				
Caseworker Contact				
Seven day visit	10	8	80.0%	W
30 day visit	10	10	100.0%	W
Three month visit	48	34	70.8%	W
Review of rights & responsibilities upon admission to placement	10	10	100.0%	W
Planning Requirements - OnLAC Dimensions				
All OnLAC dimensions addressed in Plan of Care re:	48	39	81.3%	W
a) Health	48	48	100.0%	
b) Education	48	47	97.9%	

CWR AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
c) Identity	48	48	100.0%	
d) Social and Family Relationships	48	46	95.8%	
e) Social Presentation	48	48	100.0%	
f) Emotional and Behavioural	48	47	97.9%	
g) Self-Care Skills	48	43	89.6%	
Planning Requirements - Development				
Development of Plans of Care	48	44	91.7%	W
a) Tasks realistic & achievable	48	47	97.9%	
b) Tasks support achievement of goal	48	44	91.7%	
c) Tasks specific & measureable	48	45	93.8%	
d) Target dates evident	48	47	97.9%	
e) Individuals identified for completing tasks	48	48	100.0%	
f) Recommendations of assessments integrated into plans of care	26	24	92.3%	
g) Reasons for failure to obtain specialized consultation and/or treatment and supports for the child within the specified timeframe	2	0	0.0%	
h) Child participated in planning	43	43	100.0%	
i) Significant others participated in planning as required/appropriate	48	48	100.0%	
j) Reasons for significant others not participating in planning documented	0	0	N/A	
k) AAR/OnLAC used to develop plans of care	48	10	20.8%	
Planning Requirements - Timely Completion				
Timely completion plan of care				
30 Day	9	3	33.3%	W
Three months	13	5	38.5%	W
First six month	13	8	61.5%	W
Six month plan of care #1	40	34	85.0%	W
Six month plan of care #2	34	20	58.8%	W
AAR annual update completed within the required time frame	48	24	50.0%	W
Social History Requirements				
Social history on file	48	47	97.9%	W
Current social history update	48	34	70.8%	W
Required content of social history	48	43	89.6%	W
a) Child's history prior to care including birth history	48	40	83.3%	
b) Reason for admission and CW & history of court involvement	48	40	83.3%	

CWR AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
c) Information about parents, siblings, extended family	48	46	95.8%	
d) Current family relationships functioning including information about access	48	42	87.5%	
e) Child's health	48	42	87.5%	
f) Child's physical and emotional development	48	44	91.7%	
g) Child's personality and behaviour	48	44	91.7%	
h) Child's academic history	48	44	91.7%	
i) Child's separation and placement history	48	46	95.8%	
j) Child's strengths, talents and interests	48	44	91.7%	
Medical & Dental Requirements				
Annual medical	48	28	58.3%	W
Annual dental	48	26	54.2%	W

Compliance Summary

Table 3 provides a summary of compliance in relation to the ranges of full, high, moderate, and low compliance.

Table 3 CWR Compliance Summary

CWR COMPLIANCE SUMMARY	
Compliance Performance	Percentage of Total Requirements
Full	14.3%
High	33.3%
Moderate	33.3%
Low	19.0%

Supplementary Information

Supplementary information re: findings related to outcomes as well as the number of directives to review of file by senior management or program supervisor and other is shown in Table 4.

Table 4 CWR Supplementary Information

CWR SUPPLEMENTARY INFORMATION				
CROWN WARD REVIEW	# of eligible files	Actual #	%	Outcome
Indian & Native Children & Youth				
Child has Band membership	10	8	80.0%	
Child/youth provided with opportunity for native services and programming	10	10	100.0%	W
Safety				
Protection concerns verified in the past 12 months ²	48	0	100.0%	S
Protection/safety concerns addressed in documentation	7	5	71.4%	S
Children/youth identified as high risk ³	48	11	77.1%	W
High risk children requiring follow-up ⁴	11	0	100.0%	S
Verified abuse/maltreatment occurred with:				
Current placement caregiver	0	0	N/A	
Current respite caregivers	0	0	N/A	
Past placement caregivers	0	0	N/A	
Natural family or kin	0	0	N/A	
Community caregiver	0	0	N/A	
No perpetrator identified	0	0	N/A	
Cannot determine	0	0	N/A	
Other	0	0	N/A	
Permanency				
Permanency plan addresses efforts to secure enduring relationships	48	47	97.9%	P
Post-care planning for transitional aged youth 17+	15	9	60.0%	P
Adult developmental services planning for youth 16+	5	4	80.0%	P
Average number of placements per child/youth since most recent admission		3.6		
Average number of placements per child/youth since Crown Wardship		2.7		
Average placement duration since Crown wardship		46.1 months		
Documented issues with access addressed	18	13	72.2%	P
Well-Being: Child's Special Needs				
Children/youth diagnosed with a special need	48	45	93.8%	
Percentage of children diagnosed with a special need				
Medical		9	20.0%	
Developmental		28	62.2%	
Psychological/Psychiatric		33	73.3%	

² This area is based on an ideal rating of 0%. The percentage shown is inverted in order to ensure correct representation in the Outcome bar graph - Figure 1.

³ This area is based on an ideal rating of 0%. The percentage shown is inverted in order to ensure correct representation in the Outcome bar graph - Figure 1.

⁴ This area is based on an ideal rating of 0%. The percentage shown is inverted in order to ensure correct representation in the Outcome bar graph - Figure 1.

CWR SUPPLEMENTARY INFORMATION				
CROWN WARD REVIEW	# of eligible files	Actual #	%	Outcome
Well-Being: Child's Behaviour				
Children identified with clinically significant behavioural difficulties	48	28	58.3%	
Top 3 behavioural issues:				
#1 most frequent behaviour: Disrespectful – defiant, noncompliant, rude		12	42.9%	
#2 most frequent behaviour: Self harm including cutting, burning		10	35.7%	
#3 most frequent behaviour: Physical assaultive/aggressive behaviour		10	35.7%	
Well-Being: Treatment Services				
Child received/completed treatment relevant to development, special needs or behavioural issues in the past 12 months	36	35	97.2%	W
Top 3 services provided:				
#1 most frequent service: Therapist/Counsellor		16	44.4%	
#2 most frequent service: Psychiatrist		14	38.9%	
#3 most frequent service: Specialized school supports		11	30.6%	
Children prescribed psychotropic medication	48	25	52.1%	
Well-Being: Education				
School-aged children registered in a school program	48	45	93.8%	W
Children/youth with an RESP	48	6	12.5%	
IPRC exceptional designation	23	23	100.0%	
Children provided with an IEP	45	27	60.0%	
Appropriate planning for new academic placement to ensure smooth transition	20	18	90.0%	W
Children provided with additional supports, services, or programming within the school setting	24	24	100.0%	W
Children experiencing progress at the elementary level (i.e., progressing well or progressing with difficulty)	12	10	83.3%	W
Youth experiencing progress (including some progress) at the secondary level	33	30	90.9%	W
Well-Being: Caseworker Continuity & Contact				
Caseworker change in the past 12 months ⁵	48	33	31.3%	W
Average number of caseworkers since the child's admission to care		6.9		
Average number of face to face contacts in the past 12 months		12.9		
Efforts to ensure visits with children placed outside of Ontario	0	0	N/A	W
Well-Being: Case Planning				
Plan of care reviewed for material change	0	0	N/A	W

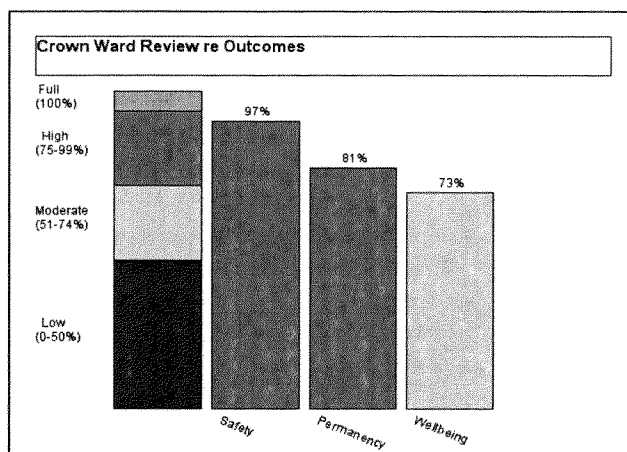
⁵ This area is based on an ideal rating of 0%. The percentage shown is inverted in order to ensure correct representation in the Outcome bar graph - Figure 1.

CWR SUPPLEMENTARY INFORMATION				
GROWN WARD REVIEW	# of eligible files	Actual #	%	Outcome
OCBE activity funds utilized	48	45	93.8%	W
OCBE Savings Program addressed in planning	33	10	30.3%	W
Plan of Care Implementation	48	35	72.9%	W
Health	48	47	97.9%	
Education	48	42	87.5%	
Identity	48	46	95.8%	
Social and Family Relationships	48	43	89.6%	
Social Presentation	48	48	100.0%	
Emotional and Behavioural	48	44	91.7%	
Self-Care Skills	48	43	89.6%	
Timely completion of supervisory endorsement of plans of care	48	14	29.2%	W
Other				
Review of file by senior management	48	0	0.0%	
Review of file by program supervisor	48	0	0.0%	
Other (directive)	48	0	0.0%	

Outcome Measures

The figure below provides a summary of agency performance for Crown wards in relation to child safety, permanency and wellbeing.

Figure 1 Crown Ward Review re Findings Related to Outcomes



Service User Feedback

- 17 Crown Ward Questionnaires completed
- 0 interviews requested
- 0 interviews completed

Table 5 provides a summary of responses to selected questions from the Crown Ward Questionnaire.

Table 5 Crown Ward Questionnaire - Key Responses

CROWN WARD QUESTIONNAIRE - KEY RESPONSES			
Q1. Do you feel valued and a part of this home?	Question not answered	0	0.0%
	Yes	16	94.1%
	No	0	0.0%
	Not sure	0	0.0%
	Sometimes	1	5.9%
Q2. Do you feel that you are getting enough help with school?	Question not answered	1	5.9%
	Yes	16	94.1%
	No	0	0.0%

CROWN WARD QUESTIONNAIRE - KEY RESPONSES			
Q3. Besides school, are you involved in any other activities such as:	Question not answered	2	11.8%
	Games	3	
	Sports	3	
	Brownies/Guides	0	
	Cubs/Scouts	0	
	Gym	2	
	Music	4	
	Art	3	
	Cadets	0	
	Hobbies	3	
	Camp	2	
	Dance	0	
	Drama	1	
	Craft classes	0	
	Youth groups	4	
	Cultural	0	
	Religious	4	
	Martial Arts	1	
	After school programs	2	
	Boys and Girls clubs	0	
	Other	4	
Q4. Does your caseworker:	Question not answered	1	5.9%
	See you alone?	15	
	Help if you have problems with your placement?	15	
	Talk about why you are in care?	14	
	Talk to you about school?	16	
	Talk to you about visits with your family?	13	
	Talk to you about rights and responsibilities?	15	
	Talk about supports available to you at the age of 18?	13	
Q5. Do you trust your caseworker?	Question not answered	0	0.0%
	Yes	13	76.5%
	No	2	11.8%
	Not sure	2	11.8%
Q6. Is there anything you would like to change about your visits?	Question not answered	2	11.8%
	Yes	3	17.6%
	More often	1	
	Longer	0	
	Overnight	0	
	Unsupervised	0	
	Different location	0	
	To not have visits	1	
	Other	2	
	No	12	70.6%

CROWN WARD QUESTIONNAIRE - KEY RESPONSES			
Q7. Do you know why you came into care?	Question not answered	0	0.0%
	Yes	17	100.0%
	No	0	0.0%
	Not sure	0	0.0%
Q8. What is your wish for the future?	Question not answered	0	0.0%
	Stay where you are currently living	7	
	Live elsewhere	2	
	To be adopted by the family you live with	2	
	To be adopted by a different family	0	
	Return to your family	2	
	Get an education	12	
	Get a job and live on your own	13	
Q9. If you could make being in care better, what would you change?	Question not answered	4	23.5%
	Change nothing/everything is fine	6	35.3%
	Other	7	41.2%

Table 6 CHILD/YOUTH COMMENT SUMMARY

CHILD/YOUTH COMMENT SUMMARY	
Other activities	other - work
	"other" is not defined.
	volunteering occasionally
	reported as other but not specified.
Other changes to visits	get to see them and say "I Love You"
	Things to do, better scheduling.
Changes to being in care	Other -visits - make my own choices
	"I want more freedom"
	I would change people's opinions and want people, especially caregivers, to be less judgemental. Too many people label youth in care and it limits their success for their future because no one gives them a chance.
	"I would change 3 things. To be adopted it should be up to the child in care and then approved by judge. Then I would like if government gave out money to adopted families/caregivers so they can afford medical... school... ect."
	Allowed to do more things like going out with friends, sleeping over, going to their houses, friends coming over to our house maybe sleeping over.
	"I like kittens/puppies/monkeys"
	"to get a normal life"

C. CROWN WARD REVIEW - ADOPTION PROBATION

The files of children placed on Adoption Probation are reviewed with the Crown Ward Review Adoption Probation (CWR AP) tool if they have been Crown wards for more than 24 months.

PROFILE OF CROWN WARDS ON ADOPTION PROBATION

A total of 1 child was reviewed:

0 Males

1 Female

A total of 0 children or 0.0% were identified as registered or entitled to be registered as an Indian or the child is being served by Dilico Ojibway Child & Family Services.

FINDINGS

Compliance by Requirement/Directive

Table 7 shows agency compliance performance regarding the requirements reviewed with the CWR-AP tool.

Table 7 CWR - AP Agency Compliance by Requirement/Directive

CWR - AP AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
Pre-placement visit	1	1	100.0%	W
Review of AAR prior to placement	1	1	100.0%	W
Registration of Placement on file	1	1	100.0%	P
Supplement to Registration of Placement on file	1	1	100.0%	P
Acknowledgement of Adoption on file	1	1	100.0%	P
Statement of Live Birth filed	1	1	100.0%	P
Post adoption services addressed	1	1	100.0%	W
Child participated in plan	0	0	N/A	W
Life book prepared	1	1	100.0%	W
Non-identifying information social/medical history given to adoptive parents	1	1	100.0%	W
Recording requirements				
All OnLAC dimensions addressed in recording	1	1	100.0%	W
30 day recording	1	1	100.0%	W
3 month recording	1	1	100.0%	W
6 month recording	1	1	100.0%	W

CWR - AP AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
Timely completion of recording				
30 days	1	0	0.0%	W
3 month	1	0	0.0%	W
First six months	1	1	100.0%	W
Six month plan of care #1	0	0	N/A	W
Six month plan of care #2	0	0	N/A	W
Indian & Native requirements				
Indian/native person, Band/native community given 60 days notice re adoption	0	0	N/A	P
Where child's Band or native community submitted its own plan, the society considered the plan	0	1	N/A	P
Social history requirements				
Social history of child on file	1	1	100.0%	W
Medical history of child on file	1	1	100.0%	W
Social/Medical history of birth mother on file	1	1	100.0%	W
Social/Medical history of birth father on file	1	1	100.0%	W
Contact requirements				
30 day visit	1	1	100.0%	W
3 month visit	1	1	100.0%	W

Compliance Summary

Table 8 provides a summary of compliance in relation to the ranges of full, high, moderate, and low compliance.

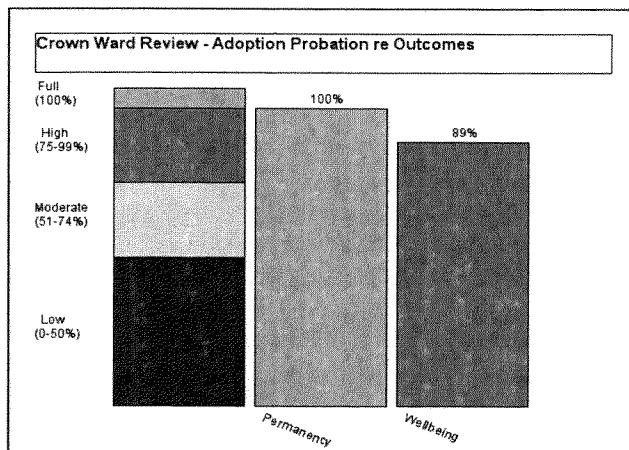
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CWR - AP COMPLIANCE SUMMARY	
Compliance Performance	Percentage of Total Requirements
Full	90.9%
High	0.0%
Moderate	0.0%
Low	0.0%

Outcome Measures

The figure below provides a summary of agency performance regarding requirements for Crown wards on Adoption Probation in relation to permanency and wellbeing.

Figure 2 CWR AP Agency Performance re Findings Related to Outcomes



Supplementary Information

Supplementary information re: findings related to outcomes is shown in Table 9.

Table 9 CWR - AP Supplementary Information

CWR - AP SUPPLEMENTARY INFORMATION				
CROWN WARD REVIEW - ADOPTION PROBATION	# of eligible files	Actual #	%	Outcome
Review of file by senior management	1	0	0.0%	
Review of file by program supervisor	1	0	0.0%	
Other (directive)	1	0	0.0%	
Average length of adoption probation at time of review		8.0 months		
Average number of supervisory visits since placement		6.0		

AGENCY REPORT CROWN WARD REVIEW

Version 2.0

Society Identifier: 27

Dates of the Review: 2015-04-27---2015-04-29

Lead Reviewer: linklali

Reviewers: batriemi, shawga, harrinjo, shieldju, pikordo

Exit Meeting Date: 2015-04-30

The following report provides a summary of the results of Crown Ward Reviews. It is based on the following tools:

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Colour coding shown on the "Compliance by Requirement" table indicates compliance results according to ranges of achievement:

- Gold for 'full' compliance at 100%;
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- Yellow for 'moderate' compliance - 51% to 74%;
- Red for 'low' compliance - 50% or less.

Results related to positive outcomes for children are identified by:

- 'S' for child safety;
- 'P' for permanence;
- 'W' for wellbeing.

This is Exhibit C referred to in the
affidavit of Sylvia Tse
sworn before me, this 2nd
day of February 2016.

A COMMISSIONER FOR TAKING AFFIDAVITS

A. CROWN WARD REVIEW

The annual Crown Ward Review (CWR) is undertaken by the Ministry of Children & Youth Services' Child Welfare Review Unit, in co-operation with each child welfare agency and ministry regional offices. The purpose of the review is to determine if the placement, services, educational and social needs of Crown wards in Ontario are being identified and appropriately addressed. The CWR is an accountability mechanism used by the ministry to determine if children's aid societies are undertaking appropriate planning and services for each child reviewed. The review monitors compliance with legislation and requirements related to the care of children.

The objectives of the CWR are:

- To monitor agency compliance with the *Child and Family Services Act* and its requirements in relation to the care of each Crown ward;
- To look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the Crown ward;
- To issue directives regarding non-compliance and to make recommendations concerning service provision in selected specific areas as appropriate;
- Using a strengths-based approach, identify and convey to societies the strengths of service delivery.

B. PHILOSOPHY AND GUIDING PRINCIPLES

The Crown ward review process is in keeping with the principles identified in child welfare transformation as reflected in the 2006 revisions to the *CFSA*:

- A strengths and outcomes based approach to case planning;
- A recognition of children's need for continuity with family, community and culture;
- A commitment to best practice including a focus on child safety, permanency and wellbeing.

The Crown ward review process supports and promotes:

- Continuous quality improvement;
- Balanced reporting;
- Accountability;
- Transparency;
- An accurate reflection of CAS performance.

The Crown ward review process is part of a continuous quality improvement cycle with the expectation being that, over time, societies will strive to improve performance from one review to the next using the information collected from each review.

The CWR findings are based on the review of society files. In complex and/or high-risk cases, society caseworkers and managers may also be consulted. Each case file is reviewed in the year following 24 months of successive Crown wardship and every year after that.

PROFILE OF CROWN WARDS

Table 1 provides a summary description of the children and youth reviewed with the CWR tool.

Table 1 CWR Child Profile

CWR CHILD PROFILE		
Total Crown wards reviewed	27	
Gender	55.6% female 44.4% male	
Age at time of review	Average age: 16.0 # of children per age range o 0-9 years: 0 o 10-12 years: 1 o 13-17 years: 26	
Current placement type	Placement Type	%
	Family Based: 22	81.5%
	Group: 3	11.1%
	CMHC: 0	0.0%
	Independence: 1	3.7%
	Other: 1	3.7%
	Unapproved: 0	0.0%
Indian and native children/youth with status or eligible for status ¹	6 or 22.2% of total Crown wards	
Children with prior admissions to care	21 or 77.8% of total Crown wards	
Average # of previous admissions to care	2.8	

¹ Children registered or entitled to be registered as an Indian or a native person.

FINDINGS

Compliance by Requirement/Directive

Table 2 shows agency compliance performance regarding the requirements reviewed with the CWR tool.

Table 2 CWR Agency Compliance by Requirement/Directive

CWR AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
Indian/Native Children & Youth				
Child/youth provided with the opportunity to have contact with their home community, family and/or extended family, band, or other native community	6	6	100.0%	W
Efforts have been made to place the child with a member of the child's extended family, a member of the child's band or native community or another Indian or native family	2	1	50.0%	P
Band/native community notified re child welfare legal proceedings	0	0	N/A	
Band/native community notified re placement change	2	2	100.0%	
Written notice provided to the band/native community at least 10 days prior to the removal or child from placement	0	0	N/A	W
CHILD SAFETY				
Kinship Care Home designated as Place of Safety when child placed prior to approval	0	0	N/A	S
Home designated Place of Safety for 60 days or less	0	0	N/A	S
Place of Safety requirements met	0	0	N/A	S
PERMANENCY				
Permanency plan reflects exploration of options	27	23	85.2%	P
Notify foster parents of child removal	0	0	N/A	
WELL-BEING				
Caseworker Contact				
Seven day visit	10	10	100.0%	W
30 day visit	10	10	100.0%	W
Three month visit	27	25	92.6%	W
Review of rights & responsibilities upon admission to placement	10	9	90.0%	W
Planning Requirements - OnLAC Dimensions				
All OnLAC dimensions addressed in Plan of Care re:	27	21	77.8%	W
a) Health	27	27	100.0%	
b) Education	27	24	88.9%	

CWR AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
c) Identity	27	26	96.3%	
d) Social and Family Relationships	27	27	100.0%	
e) Social Presentation	27	26	96.3%	
f) Emotional and Behavioural	27	27	100.0%	
g) Self-Care Skills	27	25	92.6%	
Planning Requirements - Development				
Development of Plans of Care	27	23	85.2%	W
a) Tasks realistic & achievable	27	26	96.3%	
b) Tasks support achievement of goal	27	23	85.2%	
c) Tasks specific & measureable	27	23	85.2%	
d) Target dates evident	27	24	88.9%	
e) Individuals identified for completing tasks	27	26	96.3%	
f) Recommendations of assessments integrated into plans of care	22	21	95.5%	
g) Reasons for failure to obtain specialized consultation and/or treatment and supports for the child within the specified timeframe	7	6	85.7%	
h) Child participated in planning	27	27	100.0%	
i) Significant others participated in planning as required/appropriate	27	27	100.0%	
j) Reasons for significant others not participating in planning documented	0	0	N/A	
k) AAR/OnLAC used to develop plans of care	27	11	40.7%	
Planning Requirements - Timely Completion				
Timely completion plan of care				
30 Day	9	8	88.9%	W
Three months	7	6	85.7%	W
First six month	6	2	33.3%	W
Six month plan of care #1	25	20	80.0%	W
Six month plan of care #2	19	14	73.7%	W
AAR annual update completed within the required time frame	27	21	77.8%	W
Social History Requirements				
Social history on file	27	27	100.0%	W
Current social history update	27	22	81.5%	W
Required content of social history	27	26	96.3%	W
a) Child's history prior to care including birth history	27	23	85.2%	
b) Reason for admission and CW & history of court involvement	27	26	96.3%	

CWR AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
c) Information about parents, siblings, extended family	27	26	96.3%	
d) Current family relationships functioning including information about access	27	26	96.3%	
e) Child's health	27	26	96.3%	
f) Child's physical and emotional development	27	27	100.0%	
g) Child's personality and behaviour	27	27	100.0%	
h) Child's academic history	27	26	96.3%	
i) Child's separation and placement history	27	27	100.0%	
j) Child's strengths, talents and interests	27	26	96.3%	
Medical & Dental Requirements				
Annual medical	27	22	81.5%	W
Annual dental	27	21	77.8%	W

Compliance Summary

Table 3 provides a summary of compliance in relation to the ranges of full, high, moderate, and low compliance.

Table 3 CWR Compliance Summary

CWR COMPLIANCE SUMMARY	
Compliance Performance	Percentage of Total Requirements
Full	23.8%
High	61.9%
Moderate	4.8%
Low	9.5%

Supplementary Information

Supplementary information re: findings related to outcomes as well as the number of directives to review of file by senior management or program supervisor and other is shown in Table 4.

Table 4 CWR Supplementary Information

CWR SUPPLEMENTARY INFORMATION				
CROWN WARD REVIEW	# of eligible files	Actual #	%	Outcome
Indian & Native Children & Youth				
Child has Band membership	8	6	75.0%	
Child/youth provided with opportunity for native services and programming	8	7	87.5%	W
Safety				
Protection concerns verified in the past 12 months ²	27	0	100.0%	S
Protection/safety concerns addressed in documentation	4	2	50.0%	S
Children/youth identified as high risk ³	27	5	81.5%	W
High risk children requiring follow-up ⁴	5	0	100.0%	S
Verified abuse/maltreatment occurred with:				
Current placement caregiver	0	0	N/A	
Current respite caregivers	0	0	N/A	
Past placement caregivers	0	0	N/A	
Natural family or kin	0	0	N/A	
Community caregiver	0	0	N/A	
No perpetrator identified	0	0	N/A	
Cannot determine	0	0	N/A	
Other	0	0	N/A	
Permanency				
Permanency plan addresses efforts to secure enduring relationships	27	27	100.0%	P
Post-care planning for transitional aged youth 17+	13	9	69.2%	P
Adult developmental services planning for youth 16+	5	5	100.0%	P
Average number of placements per child/youth since most recent admission		3.9		
Average number of placements per child/youth since Crown Wardship		2.6		
Average placement duration since Crown wardship		35.0 months		
Documented issues with access addressed	16	12	75.0%	P
Well-Being: Child's Special Needs				
Children/youth diagnosed with a special need	27	22	81.5%	
Percentage of children diagnosed with a special need				
Medical		0	0.0%	
Developmental		16	72.7%	
Psychological/Psychiatric		18	81.8%	

² This area is based on an ideal rating of 0%. The percentage shown is inverted in order to ensure correct representation in the Outcome bar graph - Figure 1.

³ This area is based on an ideal rating of 0%. The percentage shown is inverted in order to ensure correct representation in the Outcome bar graph - Figure 1.

⁴ This area is based on an ideal rating of 0%. The percentage shown is inverted in order to ensure correct representation in the Outcome bar graph - Figure 1.

CWR SUPPLEMENTARY INFORMATION				
CROWN WARD REVIEW	# of eligible files	Actual #	%	Outcome
Well-Being: Child's Behaviour				
Children identified with clinically significant behavioural difficulties	27	20	74.1%	
Top 3 behavioural issues:				
#1 most frequent behaviour: Disrespectful – defiant, noncompliant, rude		14	70.0%	
#2 most frequent behaviour: Verbal assaultive/aggressive behaviour		8	40.0%	
#3 most frequent behaviour: Theft		6	30.0%	
Well-Being: Treatment Services				
Child received/completed treatment relevant to development, special needs or behavioural issues in the past 12 months	22	21	95.5%	W
Top 3 services provided:				
#1 most frequent service: Therapist/Counsellor		13	59.1%	
#2 most frequent service: Recreational activities/programming		12	54.5%	
#3 most frequent service: Psychologist		11	50.0%	
Children prescribed psychotropic medication	27	17	63.0%	
Well-Being: Education				
School-aged children registered in a school program	27	27	100.0%	W
Children/youth with an RESP	27	3	11.1%	
IPRC exceptional designation	20	20	100.0%	
Children provided with an IEP	27	20	74.1%	
Appropriate planning for new academic placement to ensure smooth transition	9	9	100.0%	W
Children provided with additional supports, services, or programming within the school setting	21	19	90.5%	W
Children experiencing progress at the elementary level (i.e., progressing well or progressing with difficulty)	6	6	100.0%	W
Youth experiencing progress (including some progress) at the secondary level	21	19	90.5%	W
Well-Being: Caseworker Continuity & Contact				
Caseworker change in the past 12 months ⁵	27	10	63.0%	W
Average number of caseworkers since the child's admission to care		4.3		
Average number of face to face contacts in the past 12 months		13.0		
Efforts to ensure visits with children placed outside of Ontario	0	0	N/A	W
Well-Being: Case Planning				
Plan of care reviewed for material change	1	1	100.0%	W
OCBE activity funds utilized	27	20	74.1%	W

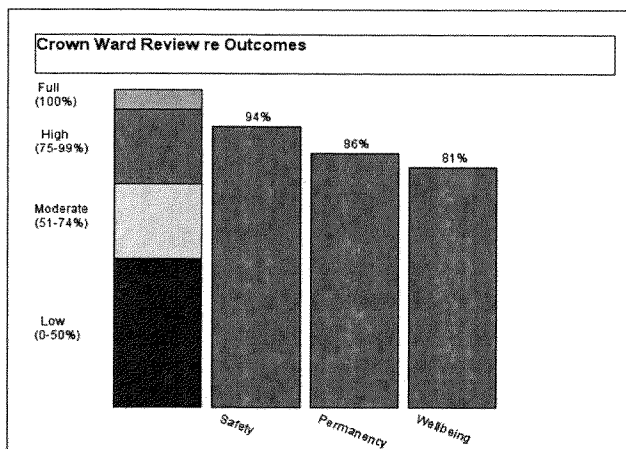
⁵ This area is based on an ideal rating of 0%. The percentage shown is inverted in order to ensure correct representation in the Outcome bar graph - Figure 1.

CWR SUPPLEMENTARY INFORMATION				
CROWN WARD REVIEW	# of eligible files	Actual #	%	Outcome
OCBE Savings Program addressed in planning	20	8	40.0%	W
Plan of Care Implementation	27	20	74.1%	W
Health	27	27	100.0%	
Education	27	23	85.2%	
Identity	27	25	92.6%	
Social and Family Relationships	27	27	100.0%	
Social Presentation	27	25	92.6%	
Emotional and Behavioural	27	26	96.3%	
Self-Care Skills	27	25	92.6%	
Timely completion of supervisory endorsement of plans of care	27	9	33.3%	W
Other				
Review of file by senior management	27	0	0.0%	
Review of file by program supervisor	27	0	0.0%	
Other (directive)	27	0	0.0%	

Outcome Measures

The figure below provides a summary of agency performance for Crown wards in relation to child safety, permanency and wellbeing.

Figure 1 Crown Ward Review re Findings Related to Outcomes



Service User Feedback

- 8 Crown Ward Questionnaires completed
- 1 interview requested
- 1 interview completed

Table 5 provides a summary of responses to selected questions from the Crown Ward Questionnaire.

Table 5 Crown Ward Questionnaire - Key Responses

CROWN WARD QUESTIONNAIRE - KEY RESPONSES			
Q1. Do you feel valued and a part of this home?	Question not answered	0	0.0%
	Yes	7	87.5%
	No	0	0.0%
	Not sure	0	0.0%
	Sometimes	1	12.5%
Q2. Do you feel that you are getting enough help with school?	Question not answered	0	0.0%
	Yes	7	87.5%
	No	1	12.5%

CROWN WARD QUESTIONNAIRE - KEY RESPONSES			
Q3. Besides school, are you involved in any other activities such as:	Question not answered	0	0.0%
	Games	1	
	Sports	4	
	Brownies/Guides	0	
	Cubs/Scouts	0	
	Gym	1	
	Music	1	
	Art	0	
	Cadets	1	
	Hobbies	3	
	Camp	5	
	Dance	1	
	Drama	0	
	Craft classes	0	
	Youth groups	4	
	Cultural	0	
	Religious	2	
	Martial Arts	1	
	After school programs	2	
	Boys and Girls clubs	0	
	Other	3	
Q4. Does your caseworker:	Question not answered	0	0.0%
	See you alone?	7	
	Help if you have problems with your placement?	7	
	Talk about why you are in care?	6	
	Talk to you about school?	7	
	Talk to you about visits with your family?	7	
	Talk to you about rights and responsibilities?	8	
	Talk about supports available to you at the age of 18?	4	
Q5. Do you trust your caseworker?	Question not answered	0	0.0%
	Yes	7	87.5%
	No	0	0.0%
	Not sure	1	12.5%
Q6. Is there anything you would like to change about your visits?	Question not answered	0	0.0%
	Yes	3	37.5%
	More often	2	
	Longer	2	
	Overnight	0	
	Unsupervised	0	
	Different location	0	
	To not have visits	0	
	Other	0	
	No	5	62.5%

CROWN WARD QUESTIONNAIRE - KEY RESPONSES			
Q7. Do you know why you came into care?	Question not answered	0	0.0%
	Yes	6	75.0%
	No	1	12.5%
	Not sure	1	12.5%
Q8. What is your wish for the future?	Question not answered	0	0.0%
	Stay where you are currently living	3	
	Live elsewhere	2	
	To be adopted by the family you live with	1	
	To be adopted by a different family	0	
	Return to your family	2	
	Get an education	4	
	Get a job and live on your own	6	
Q9. If you could make being in care better, what would you change?	Question not answered	0	0.0%
	Change nothing/everything is fine	4	50.0%
	Other	4	50.0%

Table 6 CHILD/YOUTH COMMENT SUMMARY

CHILD/YOUTH COMMENT SUMMARY	
Other activities	Rebound
	Running group
	"Other" was checked but not specified.
Other changes to visits	N/A
Changes to being in care	The Rules
	not hogging the bedroom so the other kids can have their own room
	I want to know what my parents did wrong while raising me. And I want to know the truth about (removed due to privacy & confidentiality) and how she called CAS to take us away.
	"N/A"

C. CROWN WARD REVIEW - ADOPTION PROBATION

The files of children placed on Adoption Probation are reviewed with the Crown Ward Review Adoption Probation (CWR AP) tool if they have been Crown wards for more than 24 months.

PROFILE OF CROWN WARDS ON ADOPTION PROBATION

A total of 1 child was reviewed:

- 1 Male
- 0 Females

A total of 0 children or 0.0% were identified as registered or entitled to be registered.

FINDINGS

Compliance by Requirement/Directive

Table 7 shows agency compliance performance regarding the requirements reviewed with the CWR-AP tool.

Table 7 CWR - AP Agency Compliance by Requirement/Directive

CWR - AP AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
Pre-placement visit	1	1	100.0%	W
Review of AAR prior to placement	1	1	100.0%	W
Registration of Placement on file	1	1	100.0%	P
Supplement to Registration of Placement on file	1	1	100.0%	P
Acknowledgement of Adoption on file	1	1	100.0%	P
Statement of Live Birth filed	1	1	100.0%	P
Post adoption services addressed	1	0	0.0%	W
Child participated in plan	1	1	100.0%	W
Life book prepared	1	1	100.0%	W
Non-identifying information social/medical history given to adoptive parents	1	1	100.0%	W
Recording requirements				
All OnLAC dimensions addressed in recording	1	1	100.0%	W
30 day recording	1	1	100.0%	W
3 month recording	1	1	100.0%	W
6 month recording	0	0	N/A	W

CWR - AP AGENCY COMPLIANCE BY REQUIREMENT/DIRECTIVE				
REQUIREMENTS	# of eligible files	# files meeting requirements	% Compliance	Outcome
Timely completion of recording				
30 days	1	1	100.0%	W
3 month	1	1	100.0%	W
First six months	0	0	N/A	W
Six month plan of care #1	0	0	N/A	W
Six month plan of care #2	0	0	N/A	W
Indian & Native requirements				
Indian/native person, Band/native community given 60 days notice re adoption	0	0	N/A	P
Where child's Band or native community submitted its own plan, the society considered the plan	0	0	N/A	P
Social history requirements				
Social history of child on file	1	1	100.0%	W
Medical history of child on file	1	1	100.0%	W
Social/Medical history of birth mother on file	1	1	100.0%	W
Social/Medical history of birth father on file	1	1	100.0%	W
Contact requirements				
30 day visit	1	1	100.0%	W
3 month visit	1	1	100.0%	W

Compliance Summary

Table 8 provides a summary of compliance in relation to the ranges of full, high, moderate, and low compliance.

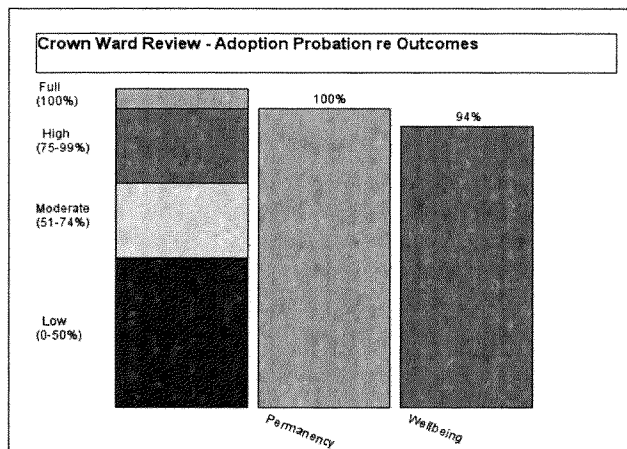
Table 8 CWR - AP Compliance Summary

CWR - AP COMPLIANCE SUMMARY	
Compliance Performance	Percentage of Total Requirements
Full	95.2%
High	0.0%
Moderate	0.0%
Low	4.8%

Outcome Measures

The figure below provides a summary of agency performance regarding requirements for Crown wards on Adoption Probation in relation to permanency and wellbeing.

Figure 2 CWR AP Agency Performance re Findings Related to Outcomes



Supplementary Information

Supplementary information re: findings related to outcomes is shown in Table 9.

Table 9 CWR - AP Supplementary Information

CWR - AP SUPPLEMENTARY INFORMATION				
CROWN WARD REVIEW - ADOPTION PROBATION	# of eligible files	Actual #	%	Outcome
Review of file by senior management	1	0	0.0%	
Review of file by program supervisor	1	0	0.0%	
Other (directive)	1	0	0.0%	
Average length of adoption probation at time of review		5.0 months		
Average number of supervisory visits since placement		4.0		



*Youth Leaving Care: An
OACAS Survey of Youth
and CAS Staff*

April 2006

This is Exhibit D referred to in the
affidavit of Sylvia Be
sworn before me, this 2nd
day of February 2016

[Signature]

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Ontario Association of
Children's Aid Societies

PARTICIPATING CHILDREN'S AID SOCIETIES

Algoma Children's Aid Society
 Brant Children's Aid Society
 Chatham-Kent Integrated Children's Service
 Dilico Ojibway Children's & Family Services
 Durham Children's Aid Society
 City of Kingston & County of Frontenac Children's Aid Society
 Haldimand-Norfolk Children's Aid Society
 Halton Children's Aid Society
 Children's Aid Society of Hamilton
 Services Familiaux Jeanne Sauvé Family Services
 Lanark Children's Aid Society
 London-Middlesex Children's Aid Society
 Nipissing & Parry Sound Children's Aid Society
 The Children's Aid Society of Ottawa
 Peel Children's Aid Society
 Children's Aid Society of Simcoe County
 Sudbury-Manitoulin Children's Aid Society
 Thunder Bay Children's Aid Society
 Child and Family Services of Timmins and District
 Children's Aid Society of Toronto
 Toronto Catholic Children's Aid Society
 Waterloo Family & Children's Services
 Windsor-Essex Children's Aid Society

The OACAS would like to thank the members of the Youth Leaving Care Steering Committee for their collective wisdom and dedication to the concerns of youth leaving care. The members of the Steering Committee are:

Allison Adamovits, Lanark
 Patrice Benjamin, OACAS
 Cleo Charlebois, Jeanne Sauvé
 Mary Dean, London
 Jill Evertman, OACAS
 Richard Garneau, Sudbury-Manitoulin
 Rory Gleeson, CAST
 Mark Hardy, Dilico
 Daniel Moore, Child Welfare Secretariat
 Sharon Norrington, Haldimand-Norfolk
 Virginia Rowden, OACAS
 Anne Marie Walsh, OACAS

Financial support offered to the OACAS by the Ministry of Children and Youth Services assisted in ensuring the contribution of over 300 youth participants in the Youth Leaving Care Project.

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EXECUTIVE SUMMARY

The Ontario Association of Children's Aid Societies (OACAS) gathered the comments and advice of over 300 youth and over 300 Children's Aid Society (CAS) staff about the issues facing youth leaving the care of CASs. Twenty-three agencies participated in forming youth focus groups comprised of former crown wards who were on Extended Care and Maintenance (ECM) agreements with a CAS. Youth in these groups told us what the experience of leaving care was like, what were their worries and what would work to make it better. Each participating agency also asked their staff to comment on current practice and to make suggestions for improvement in the ways CASs help youth to prepare for independence. These results form the content of this paper.

In general terms, the findings of this broad survey of youth who are on ECM and of the staff who serve them can be concentrated in three statements: 1) Agencies should treat the youth "as a good parent would." Many youth in Canada today continue to receive the support of their parents well into their twenties. 2) The transition to independence should be gradual; and 3) Youth should be permitted to make mistakes

Both youth and staff groups agreed that the primary concern for youth leaving the care of CASs is that they have at least one supportive adult relationship of support as they make the transition to independence. Youth have told us that they face significant anxiety when anticipating and then living with the abrupt and permanent severance from the emotional and social supports they have had while in care. Youth feel that, unlike their peers who have parental support throughout the transition and well into their mid-twenties in many cases, they have no assurance that they will have the support, the coping skills or the resources to make a successful move into independence.

Financial support was also mentioned as a significant concern for youth leaving care. In particular, the ability to live on the small amount of money that they are provided was mentioned by youth as concerning especially if financial restrictions threatened to prevent their finishing secondary and post secondary schooling.

The survey provides rich data that cannot be fully mined within this paper. Here, the focus has been on defining a set of minimum standards for service to youth leaving care. A subsequent compilation is expected to identify best practices with regard to these youth.

The recommendations of the Youth Leaving Care Project of the OACAS include the following minimum standards:



- **Emotional support:** Each youth should leave care with a significant relationship in place with a supportive adult. Increased worker time should be available to ECM cases. An agency policy should be maintained of 'door always open' to former Crown wards beyond 'emancipation'.
- **Financial assistance:** Establish a minimum provincial base rate for ECM and ensure that the rate is indexed to the cost of living. Allow the ECM rate to flexibly match the needs of youth including provisions for a foster parent to continue to receive the same per diem if a youth remains in their home until finished school.
- **Educational supports:** Tuition for post secondary programs should be paid in full for all Crown wards. There should be no required change of homes while the youth is still attending high school.
- **Extended age of eligibility:** Extend ECM funding and/or worker support to age 25 from 21. Ensure that all former crown wards, including any who have terminated Crown wardship before their eighteenth birthday, be eligible to receive ECM supports as needed after they turn 18
- **After care:** Youth should be able to return at any time to CAS to connect with workers, receive referrals, enjoy youth meals, make holiday arrangements, develop further life skills, or just "drop in" (i.e., have a place where they belong.) With youth consent, agencies should continue to provide follow-up contact with youth for at least 5 years for their assistance and to enable longitudinal research about how they fare after care.
- **Health/mental health:** All medical/dental care should be provided until age 21 (or 25). Former Crown wards should have free priority access to mental health therapy until at least until age 25.
- **Case work/planning:** Decisions regarding termination of involvement with youth should be made by senior management in consultation with the youth, worker and supervisor. Case work should include the establishment of a minimum contact requirement for workers with youth on ECM. Youth must be assisted to find housing by direct involvement with agency staff. An effective assessment tool for determining readiness of youth for independence should be created and youth who are *not* ready to move to independence should not be expected to do so.
- **Recording and Reviews:** Keep ECM youth within the Crown ward review, review these cases annually and review all ECM files closed in the past year. The Ministry should review all ECM files annually.
- **Government documentation:** All youth should leave with government documentation (SIN, birth certificate, health card and landed immigration papers or Canadian



citizenship.) Legal immigration costs should be covered for youth over the age of 21 when needed.

Parental responsibility is seen to be adequately addressed for Crown wards of Ontario until the age of 18. At that point, for those who are ready, independence offers a challenge that can be capably met. But for many youth, age 18 is too young to expect successful independence particularly given the disrupted early lives of these young people. Youth and staff together express concern for what will be the outcome for young people who are expected to become independent while still needing, like so many of their peers, to remain dependent on parental supports for a little longer to ensure their success as adults.



YOUTH LEAVING CARE: An OACAS survey of youth and CAS staff

Labeled the "Crowded Nest Syndrome," about 41 per cent of young Canadians aged 20-29 were living with their parents in 2001. Twenty years ago, the proportion was only 27 per cent. Statistics Canada analysts offer several explanations: adult children returning home after failed marriages, delayed marriage, more people in their 20s still in school, the difficulty of those young adults in finding jobs.

Youth leaving care have life challenges and experiences much more traumatic than the general population yet they have no "nest" to return to and no one to support them to learn from their "mistakes and failures." They offer their perspective on this, and on ideas about what would help them make successful transitions to independence.

INTRODUCTION

In 2005, in Ontario, there were almost 19,000 children in the care of Children's Aid Societies (CASs). Of these over 7,500 were aged 13 - 17 and anticipating "leaving the nest" and 1,500 were over 18 and struggling with early emancipation.

Across Canada and the US, much study has been done over the past 15 - 20 years on "youth leaving care," giving us a body of research with entirely consistent findings. The research tells us that youth leaving care don't do as well as other young people; young people have told us what challenges they face, what they need and want, and their worries about their future.

In the Autumn of 2005, the Ontario Ministry of Children and Youth Services (MCYS) approached the Ontario Association of Children's Aid Societies (OACAS) to ask for policy and program design advice from youth and staff in CASs. The Ministry also provided limited funding to support the involvement of youth in the project. This report represents the voices of over 300 youth in care¹, and is supported by input from over 300 staff. It is the single largest survey of views and advice from people who are directly affected by the system intended to support them. In this study we have asked them, once more, about their concerns. More than this, we asked for advice on what helps, what has worked for them, and what best practices they would put in place for themselves and their peers.

¹ Youth focus groups and/or individual interviews were held in a broad cross-section of agencies representing youth from every region of the province, including Aboriginal youth in Northern settings and youth in urban and rural settings.



Despite the fact that many youth demonstrate remarkable resiliency and succeed in making the transition to independence, the research² tells us that youth leaving care are more likely to:

- be undereducated - many have not completed high school
- be unemployed or underemployed
- if employed, have low earnings and live below the poverty line
- be dependent on social assistance
- become a parent at a younger age
- be homeless or live in unstable housing arrangements
- have mental health issues
- be at risk for substance abuse
- be incarcerated/involved in the criminal justice system

The research also tells us that youth leaving care have needs similar to those of other youth when moving toward independence. But most face conditions which are complicated or made more difficult by lack of family support, family and personal disruption, and by bureaucratic restrictions of state 'parents'.

Despite these challenges, these youth still hope to be successful adults. In general, they need more time and – like other youth – they need the chance to learn from their mistakes. For the youth that do very well, they report that services, supports and on-going relationships help them to succeed.

All youth have experience and ideas that could help improve outcomes for themselves and others. In November 2005 OACAS invited its member agencies to participate in the study. Twenty-three of fifty-three agencies responded and subsequently organized separate focus groups for staff and youth. In all, over 300 youth and 300 staff participated, offering their views on what would best support the youths' transition to adulthood. The following provides the summary of the advice both groups provided.

ADVICE FROM YOUTH

Many might expect that the predominant themes in the advice from youth would be related to instrumental supports: financial assistance to continue high school, financial assistance to access and complete post secondary school, access to affordable and stable

² See Appendix C for specific highlights of research related to youth leaving care.



housing, information about budgeting, and basic documentation (identification and health card). These were definitely included in the responses. The response to these areas is straightforward, and could be facilitated by a financial response – either from the CAS or the Province.

However, the strongest theme imbedded into the responses to all questions in all focus groups is relationship. What helps most? The answer was consistently – on-going and long-term emotional and social support – someone to call, someone to care, someone who would help when help was wanted or needed. Youth cited foster parents, group home staff, CAS workers and family members as those they wanted to be able to go to for help. Peers were mentioned as being a form of emotional support, but youth appeared to favor supportive adults as those they would want to be able to turn to for emotional support.

Youth often said they wanted to be able to continue to call their worker “24/7/365”, for five to ten years or more after formally leaving care. The response to this theme is more challenging – it is very difficult to program “caring.”

SUMMARY OF YOUTH RESPONSES

In reviewing the responses from over 300 youth on ECM or recent graduates of CAS, it was expected that the primary concern voiced by youth would be that of financial insecurity and insufficiency. And although finances were high on the list of concerns for the youth, the primary concern voiced as response in every question area was for the lack of support especially the lack of reliable emotional support from a parent or worker. Underlying all the worries and plans that youth have for their futures, issues of loneliness, having no one to talk to, having no one to turn to when uncertain or confused were most commonly and poignantly expressed by youth. Many youth commented that they just did not have the same ease going into independence as their peers who live in families. For many there was a sense of looming severance from the agency which had supported them in various ways until now, but which was going to ‘terminate’ involvement leaving the youth with unresolved anxiety about how they would cope with myriad new experiences associated with moving to independence.

What follows is a summary of responses to the seven questions asked of youth. The response areas identified for each question appear in order of their relative frequency in youth focus groups.

**Question #1: What has helped you so far?**

The responses to this question emphasize what the youth already have learned in preparation for independence.

- **Emotional /social support**

Very often the youth's worker (or sometimes an independence worker) was mentioned as being most significant in providing various forms of emotional support – talking about “anything”, someone to call when needed, assisting with moves and apartment searches, checking in to see how the youth is doing, helping with budgeting, and setting goals. Support was found to be helpful from foster parents, group home staff, family members and other youth who have already made the transition from care.

Mental health services were seen as helpful to several youth. Peers and “having a social life” were mentioned as forms of emotional support. Emotional support tended to blend with the provision of instrumental support as youth felt emotionally supported by having “someone” who could help them, for example, in apartment searches, in gaining knowledge about rights as a tenant and in knowing what to look for in a living space.

- **Knowledge/Life Skills**

Budgeting knowledge was noted frequently, including the opportunity to save money before independence. Often budgeting information was provided by foster parents; school programs such as math, business and life skills were mentioned as helpful to several. Life skills were seen as very important especially how to find housing, how to cook, how to shop for groceries, how to look for a job (resumes, interviews) and learning what community resources are available and how to access them. Having the opportunity to *practice* skills (laundry, cooking, making doctors' appointments etc.) was important. Several mentioned that moving to independence from a group home was very difficult since they had little opportunity to practice independence skills beforehand. Youth also welcomed the chance to take independence programs before moving out.

- **Financial support**

Financial support was seen as having been very helpful to youth, particularly planning for or understanding how to obtain bursaries and other financial assistance for educational pursuits. Financial (or in-kind) support was seen as helpful for transportation and for start-up when making the transition to independence. A



number of youth indicated that they wanted or appreciated having someone (foster parent, worker) save money for them while in care so that they had something to draw on as they went to independence.

Question #2: What would have helped?

- Emotional /social support

Emotional or social support as reported by youth included

- staying in foster home longer;
- staying in care longer;
- more worker time/involvement/ knowledge/interest;
- a steady friend;
- someone to keep close contact (even daily, one youth suggested);
- someone with them on first night out on own;
- more time to transition into independence;
- mentors;
- some support provided for after care;
- information about what they are entitled to regarding money and services from the CAS and from community (to be provided well before the youth leaves care.)

Youth reported a range of needs – from needing to be given more privacy from intrusive workers to needing someone who would check in frequently and provide support as they need it. Many youth expressed a sensitivity to the workers' heavy workload and implicitly did not want to "ask for too much" despite the fact that they needed more help. Where support existed (e.g., from foster parents that would be available to support the youth after they leave, or from a worker maintaining close contact) youth felt ready to take on the challenge of moving to independence. However, for many youth, the sense of readiness was undermined by the need to move out whether they were ready or not and for these there was often the expressed need to have much more time with workers, (or someone else – a mentor, a child and youth worker, a consistent long term adult who is "not a student or a volunteer"...) and for workers to be better informed about what youth are going through and might need.

- Financial

The most common short answer was: "just more money," in addition to:

- more start-up funds to get established;
- not losing the ECM funds when working part-time (in some agencies ECM is reduced if youth has income from a job);



- help to understand and complete taxes;
- more information regarding money and budgeting
- help to get a part-time job;
- financial and other support for post-secondary undertakings;
- savings;
- more low income housing
- Opportunity to live semi-independently.

Although the suggestion that those preparing for independence be permitted a 'trial period' was raised seldom, it is a suggestion that seems inherently positioned to address a number of concerns raised by youth (and staff) in terms of emotional supports required to successfully guide the transition to independence for some youth. Such a plan would permit youth to live in an independent setting with substantial staff support, either by living nearby or through 24-hour availability of staff for concerns as they arise and for instrumental support, coaching, instruction through a transition period of several months, depending on the youth need.

Question #3: What are your worries, fears?

- **Emotional support**

"No one is going to push me to do stuff and I might not know what to do or where to go for help. I will be lost."

"Who do you belong to when you're cut off?"

The most common worry expressed by youth is that they will lose their worker and the continuation of personal (rather than financial) 'support' from the agency and that "I can't call my worker any more" for help. For some, the worker felt like the only person that cared about them and they were going to have to end that relationship. The most repeated worry about being independent in this regard was that of being lonely, living alone and having no relationships.

Other worries and fears included: feeling too young and not ready to leave even at age 21; not being able to come back after you are cut off; giving up the good things when you lived at home; not feeling secure; feeling unable to motivate myself; losing all the structure and routines; having no one to check in on me; no safety net; no one to call when I need help/no one to answer questions; missing other people (that I used to live with in foster or



group home); worrying that I could end up with wrong people to live or hang out with; not confident that I can cope/take care of self.

- **Financial**

"When I left care I did not have any fears, but now that I have been cut off for a year, I have."

The two most common financial fears were;

- not having enough or not managing the money to pay bills and
- not having enough financial support to finish high school or pay for post secondary schooling.

Other worries and fears included: being broke; ending up on welfare; ending up in a shelter; not being able to find safe affordable housing; having to look for a home in the "bad parts of town because that's all I can afford;" failing; having to pay for everything; not getting a job; having to pay back loans.

- **Education**

"I have been abused and am trying to heal and getting into trouble and not able to focus on school as a result of so many other impediments, but I got back on track and now I'm two years into my school and aged out of the system. *WHY is my parent a system?*"

Worries included: finishing high school; getting "cut off" just as you are starting college/university; not having enough money to go to or to finish school; having to work while going to school; paying for but then failing school.

Question #4: What supports should be available for all youth leaving care?

- **Health**

Extended benefits for dental, eye care, drugs, birth control supplies and transportation to medical appointments

- **Financial /employment**

Clothing allowance; recreational allowance; financial support to celebrate birthday and Christmas (or other culturally relevant festival); help to save money while still in care; help in finding employment before leaving care.



- **Access to community services/mental health services/therapy**

"I think therapy should be available once you're out of the system...Issues usually come up when you're older and that's when you need to talk to someone."

Counselling or therapy was the dominant service that was mentioned for childhood issues, anger management, grief work, crisis help and ongoing psychotherapy. Access and financial assistance to obtain therapy should continue as long as needed into adulthood.

Other access that should be provided to all former youth in care: help in locating resources, in knowing what is available in the local community; independence programs; an easily accessible community station/drop-in for independent youth; access to medical help established before leaving care especially in communities where there is a shortage of doctors; support finding housing; available low income housing; free transportation

- **Government documentation**

Minimum requirement for documentation that should accompany youth when they are leaving care includes: SIN, birth certificate, health card, driver's license and landed immigrant papers or Canadian citizenship.

- **Emotional supports**

Youth generally wanted more time with their worker and availability of their worker on short notice; more training of workers to understand the needs of independent youth.

Question #5: What are the barriers to your becoming successfully independent?

- **Emotional issues/Lack of support**

When considering barriers to success, many youth pointed out personal habits that might work against them. Frequent reference was made to being lazy, lacking discipline, fear of failing, not working hard enough, "my attitude," lack of confidence, procrastination, having poor coping skills, lack of motivation, "my own stupidity." Although youth tended to provide self-critical measures, their statements reflect the lack of preparedness that they feel when leaving care before they are ready, and before their peers are required to leave home. At a young age, they are often poised to assume responsibility for their failure.

Other emotional barriers included stress; not having enough support; loneliness; depression; not being able to set limits with family; being unable to be with family members.



- Financial

Youth mentioned the need for financial support to “match what you need;” funds should not be clawed back if youth is working; money management problems; debts; being cut off when 21 when still in school; first and last months’ rent; being unable to afford post secondary schooling.

Question #6: What role do you see for your worker? (How often contact? How should you spend time together? What would be helpful?)

- Emotional support

Youth looked to their workers to provide the following:

- Advice and knowledge
- Contact more than once a month

Youth indicate a range of responses to considerations of worker involvement – from wanting daily or 2-3 time weekly contact (when newly independent) to wanting workers to provide the cheque and then leave them in privacy. The largest number of youth wanted more contact than once a month when they are independent and many wanted to ensure that they would have access to a worker based on their need as it arises. There were many notations of workers not meeting youth needs; not having enough time for youth, not knowing what resources are available within the community, not pushing hard enough with expectations for youth, and sometimes asking too many questions about a youth’s private life.

Many youth indicated a positive relationship with their worker – one in which they are able to make plans for the future, have uncertainties explored and addressed, and deal with problems whether emotional or concrete in nature. There were a number of youth-and-worker relationships that have lasted over a number of years in which youth feel that even after age 21, they will be able to maintain contact with the worker.

In general, youth wanted a worker who respected their opinion and wishes and who provided concrete assistance in achieving goals related to independence (help with finding apartments, jobs, budgeting as well as genuine nurturing and emotional support through the different passages.)



Question #7: If we could create the perfect youth leaving care kit what would be in it?

- **Household items**
Including furniture, dishes, linens, supplies etc., to establish a living space; computer; personal hygiene supplies.
- **Information**
Books on learning on how to cook, clean, find community resources, budget; a list of emergency numbers; an on-line resource kit; nutritional guidelines; a leaving care resource book.
- **Financial support**
Some start up funds; savings while in care so that there is a safety amount when leaving; access to emergency funds.

There were different understandings of this question, with some groups addressing the idea of a “start-up” kit for moving into independence, while others thought of a kit broadly including services, emotional support and concrete assistance. Youth mentioned the following additional items as helpful in starting up: first and last month’s rent; help with transportation; no abrupt ‘cut-off’ but rather a gradual letting go of CAS support; clothing allowance; drivers’ license; not linking the cut off date with the birthday of the youth; unlimited emotional support – with extended welcome to come back to visit [CAS] at any time; gift certificates (hardware, housewares, groceries).

CAS STAFF RESPONSES

CAS Staff (including a small number of foster parents) were asked to give their perceptions of the policy and practice needs of youth leaving care in the following four areas: best practices, minimum standards, staff needs, and barriers to youth success.

When asked to indicate both best practices and minimum standards for youth leaving care, CAS staff produced long and detailed lists recommending improvements in current practice and policy. For the purposes of this paper, the issue of minimum standards will be addressed by highlighting the most consistent themes gathered in this survey. Best practices as defined by CAS staff and in conjunction with the youth input of this survey will be the subject of a more thorough paper in future.



PRIMARY MESSAGES FROM CAS STAFF

A review of the responses by CAS staff to the questions of youth leaving care reveals a common philosophical orientation shared or implied by almost every respondent and can be expressed in three primary statements:

1. The philosophical underpinning for any approach to youth leaving care must be that CASs treat the youth "as a good parent would."
2. The transition to independence should be gradual, and should include a continuum of supports extended to youth based on their individual needs and readiness for independence. The continuum of supports should include periods of semi-independence, supported independence, and continued emotional support provided by the agency after financial support is withdrawn.
3. Youth should be permitted to make mistakes. Youth who leave care to become independent should be entitled to return to agency support if they find that they are not ready at any time before they are discharged.

MINIMUM STANDARDS

"Our relationship with youth often terminates when they need support the most."

"Too many of our kids just disappear and we don't know what happens to them. We are not good parents."

Independence should be a celebration; but "most kids [in care] approach age 18 with dread".

"These kids are not included in the Crown Ward Review and they are not in the press so they are...forgotten kids."

Staff of Children's Aid Societies recognize that those youth who make a successful transition to independence are usually supported by family, foster parents or other adults well beyond their 18th birthday and are helped to link to community services such as housing, education, social engagement, health and mental health resources. Nevertheless, there are a significant number who turn 18 and have the same needs as they did before their 18th birthday. They may have been in group homes with high levels of structure, they



may have mental health needs, or be developmentally younger than 18 based on early trauma and disruption in family life and they may not yet have completed milestones such as secondary education.

Faced with challenges exceeding those of other youth, Crown wards can become focused on the idea of independence at the earliest possible opportunity. They may move out on their own only to discover that they lack the skills and resources to succeed at age 16 or 18. These youth then require an avenue for return to the support of CAS until such time as they are prepared for true independence. CAS staff strongly believe that we must ensure a system of corporate parenting that is understanding and tolerant enough to allow youth to make mistakes. CAS should be able to welcome them back when they have encountered obstacles to their success. And we should be able, within our parental role, to stay connected with them when they act in rebellious or "non-compliant" ways rather than eagerly showing them the door which will remain thereafter permanently closed.

The significant themes identified by CAS staff as minimum standards for youth leaving care included the following:

- Relationship/emotional support
- Financial support
- After Care
- Age of Eligibility
- Education supports
- Case work/planning
- Other

For each theme, several of the key points, shared by many of the responding agencies are provided below.

Relationship/emotional support

- CAS staff, like youth, found that youth leaving care needed to have at least one significant relationship with a caring adult (aside from their worker) to provide emotional support and continuity when moving to independence.
- Workers must be enabled to have more time with youth for time-intensive activities such as graduations, birthday dinners, shopping for clothes, attending medical dental appointments, job and apartment searches and working to link the youth with family of origin where possible.



- The provision of emotional support through the agency was seen to be important even when the youth is no longer receiving financial assistance from the agency.
- Foster parents should be permitted and supported financially to maintain a youth in their home so that youth do not need to leave a stable home particularly when they are still involved in educational pursuits.

Financial support

- Allow a foster parent to continue to receive the same per diem if a youth remains in their home until finished school.
- Youth should leave care with a minimal amount of savings (\$2000.00 was suggested by one agency.)

After Care

- Youth in transition to independence need to remain linked to the CAS informally and according to their individual wishes to maintain contact. Youth should be able to return to the CAS at any time to connect with workers, receive referrals, drop in (have a place where they belong).
- The same after care service should be available through any CAS to youth who have moved to a new region to be independent.
- Alternatively, programs such as PARC in Toronto could provide an ongoing place of belonging along with a range of services to youth leaving care for as long as they need such support.
- Each agency should seek the youth's written consent within the ECM contract to follow up with them after they leave CAS care. Follow-up contacts should continue for a minimum of 5 years to understand how they are doing and to intervene with assistance as needed. This practice would facilitate longitudinal research on how youth fare once out of care.

Age of Eligibility

- The age of eligibility for youth leaving care should relate to the norm in society for other youth who frequently receive parental assistance into their mid-twenties and beyond.
- Extend ECM and agency supports to age 24-25 or until youth finishes post secondary education or equivalent. It was felt that if the age for receipt of ECM were extended, CASs would not see a significant increase in numbers but this would keep open the door to those who need or may want to 'come back' when a little more mature.



- ECM should be available to all former Crown wards when they reach age 18, including those who voluntarily terminated Crown wardship before they turn 18. Youth should be able to “make a mistake” and return for the assistance they need until they are ready for independence.

Education supports

- Tuition at college and university should be fully paid for former Crowns Wards.
- Youth should not be required to move into independence while they are still completing high school.

Case work/planning

- The final decision to terminate involvement with any youth before age 21 should be taken very seriously and should rest with the Director of Service or the Executive Director in consultation with the youth, the assigned worker and supervisor. There was some feeling that the agency should not terminate involvement with *any* youth before age 21 unless the youth initiates the termination.
- Youth must be assisted to find housing by direct involvement with agency staff.
- Continue to offer life skills/ independence planning groups to youth who have left care and started to live on their own.
- Establish a minimum contact requirement for workers with youth on ECM. In the first six months of independence, contact level would be very high and would decrease according to youth ability to manage independence. Contact would not be determined by funding formula provisions for 3 hours of time per month on an ECM file.
- Start independence planning early in child’s life including in OPRs.
- Create an effective assessment tool for determining readiness of youth for independence and do not expect youth who are not ready to move to independence.
- All youth should leave with knowledge of their personal history, their “story,” through a life book, material from the file shared by the worker and any other relevant means.

Health/Mental health care

- All medical/dental care should be provided until age 21 (or 25)
- Former Crown wards should have priority access to therapy, treatment for addictions, and other mental health services
- CAS should cover the cost of such treatment the youth may need at least to age 24-25, since it is recognized that as they get older, youth will be better able to make use of some therapeutic services.



DISCUSSION

The needs of youth leaving the care of Children's Aid Societies as depicted by a broad review of Ontario's youth and the staff who serve them, are in many ways the same needs of all youth preparing for independence. Youth leaving care, however, are challenged by two additional factors: 1) they have to manage the emotional and other impacts upon them of early disruptions in their familial life, often including serious forms of abuse and neglect and 2) the system which provided for their care during the necessary childhood separation from birth families, requires that these youth leave care in an arbitrary fashion unrelated to the readiness or capacities of the youth.

Results of the surveys of both youth and staff indicate that the primary concern of both groups is for the emotional support of youth making the transition to independence. Although they sometimes used different language, both youth and staff noted the difficulty for youth of having an abrupt cut off of supports and a move to independence based on their 18th birthday; similarly both groups noted the harmful effects of anticipating and then arriving at the final cutoff of all supports at the 21st birthday.

Youth frequently remarked that they worried about who would help them deal with the many hurdles (housing, finances, school completion, loneliness, routines) when they are required to leave their foster or group homes at age 18. Quite often, youth assumed responsibility for a range of possible failures blaming themselves or worrying about their being unmotivated or lazy. They also mentioned feeling unprepared, with nowhere to go once they are "cut-off" from CAS and their worker's support.

Staff, on the other hand, frequently took a firm stance against the practice of requiring youth to be independent at age 18 noting that the usual parental involvement with youth at this time in our society extends well into their mid-twenties for most youth. Staff very strongly indicated that as a corporate parent, child welfare fails the test of a good parent by abandoning too soon those they are meant to nurture. Most youth are not expected to leave home at age 18; expecting Crown wards to leave before they are ready overburdens youth with responsibilities they cannot handle well. Furthermore, the support offered to youth – through worker time or case review – is reduced when the youth leaves care.

In an additional appeal to good parenting, staff and youth expressed the need for youth to be able to make mistakes. Thus, if a youth insists on moving to independence (sometimes against the advice of their worker), they should be permitted to come back to agency support at any time until they are age 21 (or 25) if they want agency support. Youth who



choose to terminate Crown wardship before they are age 18 should be eligible to return to ECM supports if needed. The move to independence should also be gradual with youth having a range of possibilities to accommodate their readiness for independence. For example, youth as needed, should be able to "try out" living independently, perhaps in a semi-independent, staff-supported setting in which life skills are practiced and learned before the youth is expected to move to full independence.

In addition, staff feel they do not have enough time to adequately support the youth who are living independently and consider the agency resources to be drastically reduced for this population. As corporate parents, staff report, we are far from exemplary and we are operating below the standard of ordinary parenting with regard to the cessation of supports, financial and emotional.

The absence of emotional supports (or uncertainty about relationship connections), while first on the lists of both youth and staff, cannot be separated from the importance of financial supports to youth leaving care in this survey. Youth often did not feel informed about what they are entitled to receive; they were struggling to live on the amounts of money they did receive; they were having trouble finishing high school or attending post secondary school because they had to work to supplement their meager allowances. Staff too were generally concerned that the amount of money available to youth is very low (though the amounts vary considerably from agency to agency). When staff were asked about what youth need, in addition to recommending job preparations, staff frequently advised ensuring that youth be set up with welfare and access to food banks: clearly even CAS staff do not imagine many of the youth at age 18 or 21 being truly independent from social service systems.

Yet it is the provision of inadequate financial resources in combination with insufficient emotional supports which is of gravest concern to the youth who leave CAS care. For youth leaving care, and for all youth moving to independence, it is a shared experience that financial resources will be somewhat stretched for several years until the young person is more established in terms of employment and housing. But most youth who reside with their parents have the emotional security of knowing that they *can* obtain additional supports including a return to the parental home for several years if needed. Youth leaving care reported significant anxiety regarding the sense of being "cut off" from any person or group to whom they could unconditionally turn for the range of supports they may need.



The absence of emotional and of adequate financial supports impacts significantly on the likelihood that a youth will be able to complete post-secondary schooling, and sometimes even high school. And even for those young persons who have emotional support of foster family, birth family or worker, post-secondary education is seen as so important that it was felt that all former Crown wards should be entitled to free tuition and as much financial support as an agency can provide.

RECOMMENDATIONS FOR MINIMUM STANDARDS FOR YOUTH LEAVING CARE

We provide the following recommendations as minimum standards for a program for youth leaving care. The survey dealt with the issue of best practices as well as minimum standards for youth leaving care, and it is our intention to address the larger field of best practices in a subsequent paper directed to Children's Aid Societies. For the purposes of this paper, and in hope of influencing the development of policy at the level of provincial regulations and directives, minimum standards as derived from the input of the current survey of youth and staff, are recommended:

1. Emotional support

Youth should have adequate emotional support in preparing for independence and while living in independence. The following are considered necessary provisions to ensure that any youth has the minimum security and nurturance with regard to emotional support:

- Each youth should leave care with a significant relationship in place with a supportive adult. This relationship should be developed long before the youth is age 18 and should be a concern of the Plan of Care for each youth.
- Increased worker time should be dedicated to ECM cases (at least the same time as allowed for children in care.)
- Youth living independently should have frequent contact with their worker or an assigned independence worker. Contact may need to be daily or weekly at the beginning and in times of transition or crisis.
- Continue to assign a worker to offer support to each youth for one year beyond the point of discontinuation of ECM funds.



In addition, the following agency supports would be emotionally helpful to many youth:

- Availability of one-to-one independence or child and youth workers
- Access to a 24 hour on-call system of support
- Each agency should have an after care program (see recommendation below). After care programs would extend services to all independent youth including those who have been emancipated.
- Agency policy of 'door always open' to former Crown wards beyond 'emancipation'. Agencies should develop means by which any former Crown ward can return to talk to a worker or supervisor, feel welcome to return and receive services such as referrals or information about community supports (housing, jobs, income, therapeutic assistance.)

2. Financial assistance

- Establish a minimum provincial base rate for ECM and ensure that the rate is indexed to the cost of living. Such a rate should be set well above the poverty rate. The Youth Leaving Care steering committee members felt that youth on ECM should receive the full amount that is provided by the Ministry to CASs for all youth in care, a per diem of approximately \$41.00.
- Allow the ECM rate to flexibly match the needs of youth including provisions for a foster parent to continue to receive the same per diem if a youth remains in their home until finished school.
- Do not claw back ECM automatically when a youth is employed.
- Provide transitional funds for moving, annual clothing allowance, transportation, etc.
- Ensure every youth has first and last months' rent and start-up furnishings for their new home.

3. Educational supports

- Tuition for post secondary programs should be paid in full for all Crown wards.
- There should be no required change of homes while the youth is still attending high school.
- Structures and funding should be in place to assist children throughout their tenure in care to achieve their highest possible educational potential.³

³ Educational assistance needed by children may include tutoring; in-class educational supports for those with special needs; modified programs to help with the disruption of coming into care, with grief and abuse. As well, agencies must develop good working relationships with their local boards of education to address critical issues such as limiting the number of school moves for children in care.



4. Extended age of eligibility

- Extend ECM funding and/or worker support to age 25 from 21.
- Ensure that all former Crown wards, including any who have terminated Crown wardship before their eighteenth birthday, be eligible to receive ECM supports as needed after they turn 18.

5. After care

- Youth should be able to return at any time to CAS to connect with workers, receive referrals, enjoy youth meals, make holiday arrangements, develop further life skills, or just “drop in” (i.e., have a place where they belong.)
- The same after care service should be available through any CAS to youth who have moved to a new region to be independent.
- Each agency should seek the youth’s written consent as part of the ECM contract to follow up with them after they leave CAS care. Follow-up contact should continue for a minimum of 5 years to understand how they are doing and to intervene with assistance as needed. This practice would facilitate longitudinal research on how youth fare once out of care.

6. Health/mental health

- All medical/dental care should be provided until age 21 (or 25)
- Former Crown wards should have free priority access to mental health therapy, treatment for addictions, other mental health services at least until age 25.

7. Case work/planning

- The final decision to terminate involvement with any youth before age 21 should be taken very seriously and should rest with the Director of Service or the Executive Director in consultation with the youth, the assigned worker and supervisor.
- Establish a minimum contact requirement for workers with youth on ECM. Contact should not be determined by the previous funding formula provisions based on 3 hours per month.
- Youth must be assisted to find housing by direct involvement with agency staff.
- All youth should leave with knowledge of their personal history, their “story,” through a life book, material from the file shared by the worker or other relevant means
- Continue to offer life skills/independence planning groups to youth who have left care and are living independently.



- Create an effective assessment tool for determining readiness of youth for independence and do not expect youth who are *not* ready to move to independence.
- Start independence planning early in child's life including in OPRs. Youth must be integrated into the community and demonstrate an ability for self-sufficiency without staff support before they leave care.
- The agency should provide for every youth leaving care concrete knowledge of community supports and how to access them (a resource book, list of numbers to call, emergency numbers, etc.).

8. Recording and Reviews

- Keep ECM youth within the Crown ward review so they remain visible to the Ministry
- Reduce recording requirements on ECM files so that workers are freed to be with the youth.
- The Ministry should review all Crown ward/ECM files closed in the past year to ensure an overview of the critical last few months of care.
- The Ministry should review all ECM files annually.
- Develop a detailed list of expectations for the review of ECM files to allow both monitoring of standards and case planning for independence.⁴

9. Government documentation

- All youth should leave with government documentation (SIN, birth certificate, health card and landed immigration papers or Canadian citizenship.)
- Legal immigration costs should be covered for youth over the age of 21 when needed.

CONCLUSION

Over 300 youth have told us what their needs are as they leave the care of Children's Aid Societies; they have provided information about the shortcomings of the present system and what can be done to make it better. CAS staff too have offered their consideration of what would improve the experience and outcomes for the Crown wards with whom they work so closely.

The changes that we recommend here represent a preliminary step toward a practice of good corporate parenting beyond the protection and in-care services which are so amply

⁴ See Appendix D for an example of a list of requirements for review of ECM files.



accorded to Crown wards until they are 18. We seek to ensure that those children who are the parental responsibility of the Province, have the opportunity to complete their growing up with the requisite emotional, financial, educational and social supports they need to offset the early disruptions in their lives and to continue to contribute their understanding, their voice and their unique gifts to our shared society.



APPENDIX A: OACAS Youth Leaving Care Project 2006: Questions to Guide Youth Focus Groups

1. What has helped you prepare for independence so far? What is working for you now?
2. What would be / would have been helpful? What else would help you to be prepared?
3. What are you worried about for the future? What are your fears about leaving care?
4. What supports should be available to you when you are living independently while still in care or on ECM?
 - (Health [dental, glasses], education, therapy, housing, financial, other?)
 - What are the programs in your community that might be helpful to you?
 - Have you got a S.I.N. card and a copy of your birth certificate?
5. What are the barriers to your becoming successfully independent?
6. What role do you see for your worker? How often should you have contact? What should be talked about? What would you like to happen during your time together? What is the most helpful thing your worker does or provides? How could they be more helpful?
7. If we could create the perfect youth leaving care kit, what would be in it?



APPENDIX B: OACAS Youth Leaving Care Project: Questions for CAS Staff

1. What would Best Practices look like to ensure the optimum experience for youth leaving care? (Talk about your ideal picture, dreams, the best possible world)
2. What should be the *minimum standards* for all youth leaving care in the province? (Include comments on educational supports for youth as well as areas of physical/mental health care, community supports, housing, length of CAS involvement, financial support etc.)
3. What do staff need to assist youth as they leave care?
4. What barriers prevent youth leaving care from receiving the best services or attaining their best outcomes?
5. Please provide any other comments you feel are important to our considerations regarding youth leaving care.



APPENDIX C: Research and contextual foundation for OACAS youth and staff surveys

The paper prepared by Anne Tweddle entitled *Youth leaving care-how do they fare?*⁵ points out that “youth in care face considerable challenges in making the transition from state care to independence and adulthood. They bear the scars of physical and emotional trauma, yet are expected to function independently, usually with little social or financial support, once they reach age 18.”⁶ Outcomes for youth leaving care are poor in the areas of education, employment, housing, and financial support, according to Tweddle’s review of Canadian, United Kingdom and US literature.⁷ At the same time, many youth, despite difficulties in childhood, demonstrate high levels of resiliency. The experience of resiliency is important in understanding factors which strengthen the capacity of a young person to overcome obstacles and move successfully into independence. It is intuitively felt among workers and reported by many youth that few placement or worker changes, the presence of at least one significant nurturing relationship and access to resources for education and meaningful recreation contributed to successful outcomes for youth leaving care.

Background: Ontario context for youth leaving care

In Ontario, there were 18,834 children in care at March 31, 2005 of whom 9,301 were Crown wards. Of the total number of children in care, 40% (or 7532 children) were ages 13-17 and 8% (or 1506 youth) were over age 18.⁸ Youth can leave the care of Children’s Aid Societies to become “independent” at any time after their sixteenth birthday but Children’s Aid Societies can offer services to youth who are permanent or “Crown” wards until the age of 21 under current provincial legislation. Crown wards are entitled to remain in care until they turn 18 at which time, to continue to receive services, they may enter into an “extended care and maintenance” (ECM) agreement with the agency serving them. ECM is available, within agency determined parameters (usually the youth must be in school or seeking fulltime employment) until the youth turns age 21.

Youth leaving care face the same life challenges as most youth, yet they are very often coping with a multitude of additional challenges and barriers beyond the experience of other youth. Several studies have recently been completed providing some information on

⁵ Tweddle, Anne. (March 2005). *Youth leaving care-how do they fare? Revised briefing paper*. Prepared for the Modernizing Income Security for Working Age Adults (MISWAA) Project with recommendations from the Laidlaw Foundation. Toronto.

⁶ Ibid, p. 3

⁷ Ibid, p.3

⁸ CAS Facts. April 2005. OACAS website www.oacas.org



the circumstances of youth leaving care. Anne Tweddle⁹ compiled a brief overview of research and studies examining outcomes of youth who “age out” of the child welfare system. Her report on findings within Canada (as well as in The United States and the United Kingdom) indicate that former youth in care demonstrate the following concerning characteristics when compared with their peers¹⁰: they are more likely to be undereducated, unemployed or in low-paying jobs, more likely to become parents at a younger age, to be incarcerated, homeless, on social assistance, have mental health issues.

Tweddle’s report includes some statistics pertinent to Ontario particularly in Toronto where “48% of ‘street youth’ seeking post-transition services from Covenant House in Toronto were former children in care (Leslie and Hare, 2000)”¹¹ Tweddle also refers to a study of former youth in care of the Toronto CAS, completed in 1995 by Fay Martin. Martin found that of the 29 former youth in care in her sample, 66% were still in high school and none had completed high school, 50% of the females were parents and 38% of all participants were parents, 90% had moved in the previous year.

Data from the Ontario Looking After Children (OnLAC) pilot project involving 6 Children’s Aid Societies over 3 years, indicates that for children in care, educational outcomes are significantly poorer than for other children whereas in the other domains addressed by Looking After Children (such as health, identity, emotional and behavioural development) children in care score the same or above other children.¹²

Poor educational outcomes for children in care are significant since early educational failure can be associated with early school leaving^{13, 14}. The Early School Leavers report of the Hospital for Sick Children¹⁵ finds that while reasons for leaving school are complex and layered, failures to obtain educational goals at elementary levels can contribute to a continuing pathway of educational failures culminating in leaving without completing high school. While the Early School Leavers report did not overtly address a cohort of youth in

⁹ Tweddle, Anne. (September 2005). *Youth leaving care-how do they fare? Briefing paper*. Prepared for the Modernizing Income Security for Working Age Adults (MISWAA) Project with recommendations from the Laidlaw Foundation. Toronto.

¹⁰ Ibid, p. 9

¹¹ Quoted in Tweddle, p. 7

¹² Flynn, R., Moffat, S., and Petrick, S. (November 2005) *Looking After Children, Ontario Report (Year 3)*. Centre for Research on Community Services, University of Ottawa. Pp 34-54.

¹³ Community Health Systems Resource Group of the Hospital for Sick Children. (May, 2005). *Early school leavers: Understanding the lived reality of student disengagement from secondary school*. Prepared for the Ministry of Education and Training Special Education Branch (Ontario). Toronto.

¹⁴ Flynn, R. and Byrne, B.A. (April 2005) *Overview and findings to date of research in the Ontario Looking After Children project in OACAS Journal*, Vol. 49, No.1, p.16.

¹⁵ Community Health Systems Resource Group of the Hospital for Sick Children, p.48



care, their sample of 193 participating youth, ages 17-18, identified 54% who were not living with their primary caregiver at the time of the study, and we might assume that many of this number had connections to CAS or shared characteristics of youth leaving the care of CAS.

In recent discussion groups sponsored by Hamilton CAS and the local community¹⁶, over 100 staff working with youth when asked about their perceptions and recommendations for youth leaving care, raised the intersecting concerns that independence be connected to youth readiness and that youth be permitted to make the normal 'mistakes' that other youth make. The Hamilton survey (2006) as well as the reports of Tweddle¹⁷, and Leslie¹⁸ mention the discrepancy in state care offered to youth whether to age 16 for protection or to 18 for permanent wards compared to common practice of parents maintaining various levels of responsibility for youth into their mid twenties.

A recurring theme in studies of youth leaving care is the importance of (and frequent absence of) at least one sustaining adult supportive relationship for each youth as they enter the transition from in-care to out-of-care status. Leslie¹⁹ and Tweddle²⁰ have noted the need for youth to have significant relationships with supportive adults before and beyond the point where they leave care. Researchers in the area of resilience²¹ point to the presence of significant relationships in the lives of those youth who do well despite the difficulty of early life experiences. Youth too have identified the importance to them of long term relationships whether with kin, worker, foster parent or mentor. Several presentations^{22, 23} by youth in Ontario have highlighted the importance felt by them of connection to siblings as persons with whom the youth has the possibility of a life long attachment and shared heritage.

Youth in the care of CASs are 'emancipated' from care, regardless of individual level of preparedness, at age 21. Anecdotal information from youth who have left care indicates that some have been in the middle of post-secondary studies when their twenty-first

¹⁶ Wingard, J. and Reid, E. (March 2006). *Transitions to adulthood: summary of the consultation session February 22, 2006 hosted by the Children's Aid Society of Hamilton*. Social Planning and Research Council of Hamilton. Website: sprc.hamilton.on.ca

¹⁷ Tweddle, p.6

¹⁸ Leslie, B. and Hare, F. (2000). *Improving the outcomes for youth in transition from care* in OACAS Journal, Vol.44, no. 3. p. 24

¹⁹ *ibid*, p.24

²⁰ Tweddle, p. 6, 15, 16.

²¹ Kufeldt and Silva-Wayne In Tweddle, p. 8

²² unrecorded youth presentation at *Voices of Youth* forum, Autumn 2005. Limbo Task Force.

²³ youth presentation to OACAS CFSA committee, October 2004.



birthday arrives and they are abruptly cut from the support of the agency purporting to be 'parent' to them²⁴. That this severance occurs on the birthday of the youth adds unsavoury irony to a policy more driven by calendar and funding framework than by parental regard for the youth under its protection.

Selected Resource Material related to Youth Leaving Care

CAS Facts. April 2005. OACAS website www.oacas.org

Centre of Excellence for Child Welfare. (March, 2006). *Building a future together: issues and outcomes for transition-aged youth*. With Child Welfare League of Canada and national Youth in Care Network.

Community Health Systems Resource Group of the Hospital for Sick Children. (May, 2005). *Early school leavers: Understanding the lived reality of student disengagement from secondary school*. Prepared for the Ministry of Education and Training Special Education Branch (Ontario). Toronto.

Courtney, M., Dworsky, A., Gretchen, R., Keller, T., Hayliceck, J., and Bost, N. (May 2005). *Midwest evaluation of the adult functioning of former foster youth: outcomes at age 19*. Chapin Hall Centre for Children at University of Chicago. www.chapinhall.org

Flynn, R. and Byrne, B.A. (April 2005) *Overview and findings to date of research in the Ontario Looking After Children project* in OACAS Journal, Vol. 49, No.1, p.16.

Flynn, R., Moffat, S., and Petrick, S. (November 2005) *Looking After Children, Ontario Report (Year 3)*. Centre for Research on Community Services, University of Ottawa. Pp 34-54.

Goar, C. (2005) *Smoothing a brutal transition*. Toronto Star, Oct. 28, 2005.

Jim Casey Youth Opportunities Initiative. (2004). *Aging Out : a discussion guide for youth, communities and employers*. To accompany the documentary film *Aging Out* (2003) by Roger Weinberg and Vanessa Roth. See Casey Family Services website.

²⁴ *ibid.*



Leslie, B. and Hare, F. (2000). *Improving the outcomes for youth in transition from care* in OACAS Journal, Vol.44, no. 3. p. 24

McConville, M. (2004) "We don't do well with adolescents" *Teens and the Justice System*. Presentation to the Judicial Development Institute, January 21-23, 2004, Toronto.

Rutman, D., Hubberstey, C., Barlow, A., & Brown, E. (August 2005). *When youth age out of care - A report on baseline findings* School of Social Work. University of Victoria.

Tweddle, Anne. (March 2005). *Youth leaving care-how do they fare? Revised briefing paper*. Prepared for the Modernizing Income Security for Working Age Adults (MISWAA) Project with recommendations from the Laidlaw Foundation. Toronto.

Wingard, J. and Reid, E. (March 2006). *Transitions to adulthood: summary of the consultation session February 22, 2006 hosted by the Children's Aid Society of Hamilton*. Social Planning and Research Council of Hamilton. Website: sprc.hamilton.on.ca



APPENDIX D: Sample Standards List for Youth Leaving Care

The following are provided as examples of concrete measures of the ability of a youth to make a successful transition to independence and emancipation. Such a list is intended to provide structure to worker involvement and a means by which a Ministry reviewer might have an overview of a youth's needs and progress toward independence.

1. Documentation of worker private contact every X months.
2. Yearly annual medical
3. Yearly dental
4. ECM contract on file. Review of goals linked to previous goals with results briefly noted.
5. Child has the following ID: SIN, Health Card, Birth Certificate, etc.
6. Youth has X in savings.
7. Youth has means to be financially self-sufficient post-21.
8. Youth has X number of long-term relationships post-21 which the worker finds supportive and safe, and the youth finds meaningful and of value.
9. School grade/level reached
10. Youth currently attends school.
11. Youth takes any required medication independently and can financially afford to continue this post-21.
12. Youth can function independently in the community in a safe and self-reliant manner without staff support.
13. Youth has had X part-time and X full-time jobs.
14. Youth currently has a job.
15. Youth has filed taxes X times.
16. Youth has moved X times since moving out independently.
17. Youth has stable and ongoing housing post-21.
18. Foreign-born Crown wards have completed legal process of Canadian citizenship.
19. Youth can complete daily living skills such as making food, doing laundry, shopping, basic budgeting, taking public transportation.
20. Is there a mental health or developmental diagnosis and can youth self-manage or have supports in place to manage post-21?
21. Does youth need any adult supports/services and are these in place and approved in anticipation of emancipation?

OACAS, in support of its members, is...

*the voice of child welfare in Ontario, dedicated to
providing leadership for the achievement of excellence in
the protection of children and in the promotion of their
well-being within their families and communities.*



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and HER MAJESTY THE QUEEN IN RIGHT
OF THE PROVINCE OF ONTARIO

Court File No.: CV-14-0018

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Proceeding commenced at Thunder Bay
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