

**ONTARIO  
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

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

Plaintiffs/Moving Parties

and

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

Defendant/Responding Party

Proceeding under the *Class Proceedings Act, 1992*

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**VOLUME II OF VI: MOTION RECORD OF THE DEFENDANT,  
HER MAJESTY THE QUEEN IN THE PROVINCE OF ONTARIO**  
(Motion for Certification, returnable January 24, 2017)

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June 14, 2016

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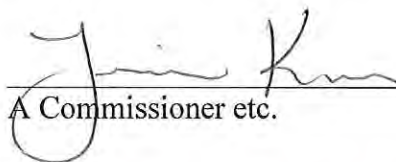
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This is **Exhibit “9”** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.

  
A Commissioner etc.

Jessica Kras, a Commissioner, etc.,  
Province of Ontario, while a  
Student-at-Law.  
Expires May 9, 2019.



# Crown Ward Review Tools & Business Practices

Child Welfare Review Unit  
Ministry of Children and Youth Services

Revised February 2014



# CROWN WARD REVIEW PROCESS

## TOOLS & BUSINESS PRACTICES REVISED FEBRUARY 2014

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# MANUAL TO SUPPORT

## 1 THE CROWN WARD REVIEW PROCESS

### 1.1 INTRODUCTION

The following manual has been developed to support the implementation of a revised Crown ward review process. The revised process includes changes to the Crown Ward Review (CWR) and Crown Ward Review – Adoption Probation (CWR-AP) tools used to assess Crown ward files. Business practices are provided to direct completion of these tools.

The Crown ward review tools are designed to review compliance with the requirements of the CFSA, Reg. 70, Reg. 71 and Reg. 206/00, Reg. 496/06 as well as various policy directives including but not limited to: CW 005-06; CW 001-08; and CW 001-09.

Procedures have also been included in this manual to support all phases of the Crown ward review process including, for example, the identification of roles and responsibilities of all parties involved in pre-to-post review activity.

The contents of the manual are intended to be a resource to support transparency and consistency in the Crown ward review process. The information contained will be updated and provided to all users as changes to the Crown ward review process occur.

### 1.2 MANDATE AND PURPOSE

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

A Crown Ward Review is an annual audit process undertaken by the ministry's Child Welfare Review Unit, in co-operation with each children's aid society and MCYS Regional Offices. 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:

- A. Monitor compliance with the legislation, regulations and directives in relation to the care of each Crown ward;
- B. Look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the Crown ward;
- C. Issue directives regarding non-compliance or where the review indicates that other actions would be in the child's best interest;
- D. Make recommendations about particular cases and monitor their implementation;
- E. 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;
- F. Provide information on useful methods employed in other societies and jurisdictions;
- G. Using a strengths-based approach, identify and convey to societies the strengths of service delivery.

### **1.3 PHILOSOPHY AND GUIDING PRINCIPLES**

Changes to the Crown ward review process are 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 reporting process involves presentation of data without any kind of evaluative assessment - i.e., balanced reporting.

The process will continue to enforce accountability as it holds CASs accountable for compliance with ministry requirements.

In order to promote “transparency”, all tools and business practices will be supplied to the child welfare sector.

The process has been developed to ensure that CASs are treated fairly and given every opportunity to provide the necessary review evidence.

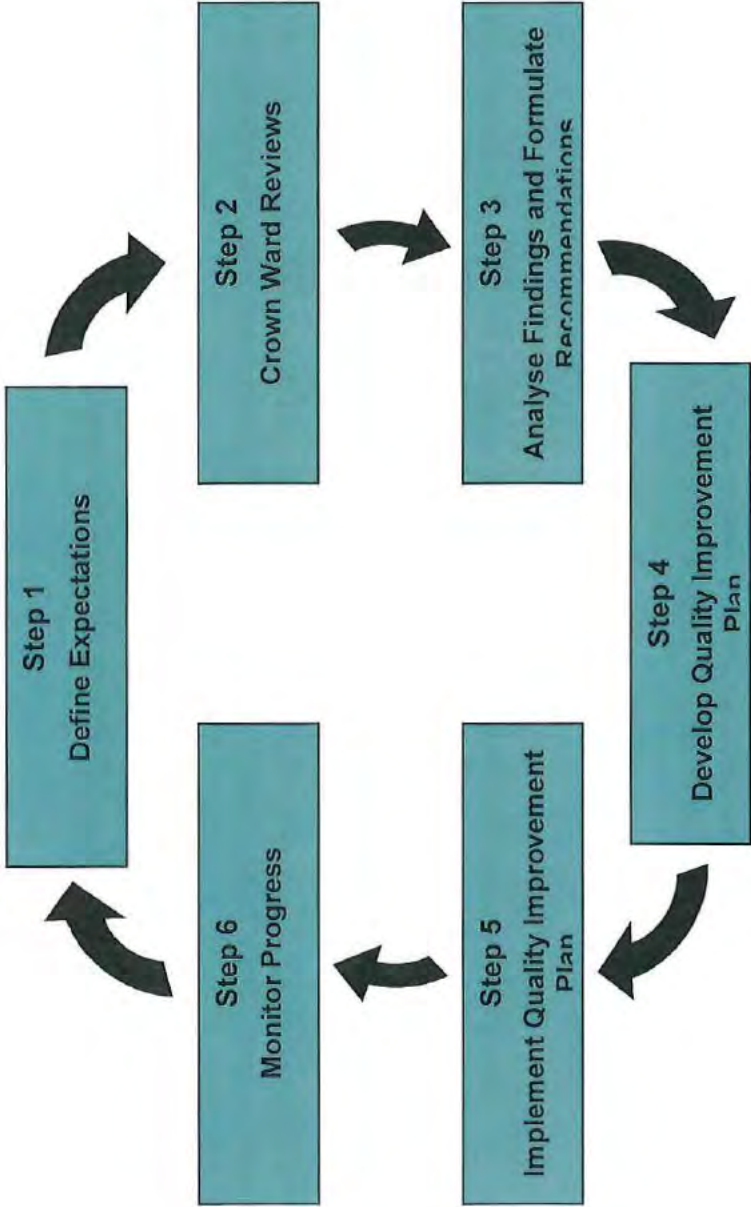
## **1.4 CONTINUOUS QUALITY IMPROVEMENT**

The Crown ward review process is part of a larger strategy to support continuous quality improvement or ‘CQI’ – an ‘ongoing cycle of practice performance improvement’. The underpinnings of CQI include the notion that, rather than having the focus on individual change, it is on organizational and systemic change. The ongoing nature of CQI suggests that it is a process rather than a single event.

In this context, the focus for CQI relates to compliance with ministry requirements that will lead to improved services and outcomes for children and youth.

The following diagram shows the steps of the CQI cycle in relation to the Crown ward review process:





## 1.5 THE REVIEW PROCESS

### 1.5.1 Overview:

Crown ward reviews are completed annually for children who have been Crown wards for more than 24 consecutive months and may include Crown wards who are on adoption probation.

The goals of the review are to:

- Monitor compliance with the legislation, regulations and directives in relation to the care of each Crown ward;
- Look for adequate assessment of needs, suitable placement, supporting services, and realistic planning for and with the Crown ward;
- Issue directives regarding non-compliance or where the review indicates that other actions would be in the child's best interest;
- Make recommendations about particular cases and monitor their implementation;
- 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;
- Provide information on useful methods employed in other societies and jurisdictions;
- Using a strengths-based approach, identify and convey to societies the strengths of service delivery.

The Child Welfare Review Unit (CWRU) of the Client Services Branch, Service Delivery Division, is responsible for conducting Crown ward reviews. The CWRU works in cooperation with CASs and the nine MCYS regional offices throughout the province to conduct the reviews. Reviews are conducted on-site at each CAS.

Each year, the CWRU completes a comprehensive file review of approximately 4600 Crown wards. In reviewing Crown ward files, reviewers complete individual case reports using tools to provide feedback to caseworkers, society managers and program supervisors.

Reviewers issue “directives” when documentation in a child’s file does not support full compliance with requirements. Reviewers issue “recommendations” as a signal to a society that, while directives are not indicated, file documentation may not fully support ministry requirements. In response, CASs are required to address all directives with the ministry within 60 days of the review.

Similarly, CASs are required to report to the ministry within 30 days when a case has been designated by a reviewer as “high risk” and requires further action by the society to address the identified risks to a child. A child is designated as ‘high risk’ when he or she consistently exhibits behaviours that present harm to either him or herself or others.

The CWRU provides an agency report to each CAS which gives an overview of the agency’s strengths and areas requiring improvement.

### **1.5.2 The Review Team:**

- The Crown ward review is conducted by a team of reviewers that consists of both full-time ministry staff and consultants with child welfare experience.
- Other team members include the CWRU administrative assistant and the appropriate regional program supervisor in addition to CAS staff.

Below is a description of the activities for each phase of the review, including the roles and responsibilities of the review team.

### **1.5.3 Pre-Review**

Pre-Review activities include:

- Determination of review dates;
- Confirmation of list of eligible Crown wards to be reviewed;
- Provision of notice to the CAS;
- Finalization of list of Crown wards to be reviewed;

- Identification of review team and CAS contact;
- Confirmation of logistical arrangements.

During the Pre-Review period, the CWRU prepares for the reviews with assistance from the CASs. In September of the preceding year, a letter is sent to all CASs requesting they provide an updated list of all Crown wards at December 31<sup>st</sup> of that year. Unless the review is happening at the beginning of the next year, societies are asked to submit their lists early in January.

Three months ahead of a review, the CWRU sends another letter to each CAS that provides the dates for their review. At this time, the CWRU sends out information concerning "case notes", and the "Pre-Review Identification Lists" along with the Crown Ward Questionnaires for distribution.

The ministry is committed to accurately reflecting society performance with the revised Crown ward reviews. It is anticipated that, with the variety of recording systems throughout the province, societies will have unique ways of recording the required information. As a result, societies are requested to explain their recording systems to the CWRU reviewers prior to a review. As well, societies are requested to assist reviewers by indicating where information requiring review is located within the files.

Six weeks prior to the review, the CWRU contacts the society and speaks to the staff who prepared the list and asks if there have been any changes. One week before the review, the finalized list numbers are sent to the regional office.

### **1.5.3.1 Process to Determine Eligible Crown Wards**

Prior to the end of the calendar year, the CWRU sends letters to CASs requesting an updated list of all Crown wards in their care as of December 31<sup>st</sup> of that year.

By the beginning of the new calendar year, all CASs send a list of all their Crown wards to the CWRU. The CWRU then analyzes the lists provided by the societies and compares it with internal ministry lists to check for accuracy and update as necessary.

Three months prior to a review, the CWRU works with the society to finalize the list of eligible Crown wards. Names of Crown wards are removed who have either turned 18 since the society first submitted their list, or have been placed in a permanent adoption finalized by the court, or have been discharged from care. The CWRU then emails the finalized list to the lead reviewer and the final

list numbers to the appropriate regional program supervisor and includes it in a pre-review package that is sent to the society prior to its Entry meeting.

### **1.5.3.2 Roles and Responsibilities During Pre-Review**

During the Pre-Review process, the CWRU:

- Requests file lists from CASs;
- Works with CASs to determine the final file list;
- Identifies the review team;
- Invites the program supervisor, CAS, licensing specialists to the scheduled Entry Meeting of the society's review.

The 'lead' reviewer is the primary CWRU contact throughout all phases of the review.

During the Pre-Review process, the program supervisor

- Engages the CAS in the revised Crown ward review process;
- Supports completion and submission of the list of files to be reviewed;
- Supports communication between the CAS and the CWRU, as appropriate;
- Follows up with CAS if file lists are overdue;
- Ensures the CAS is prepared for the review;
- Advises the lead reviewer of any special circumstances related to the CAS that may impact the review.

During the Pre-Review process, the CAS:

- Works with CWRU to finalize the file list;
- Ensures timely submission of the file list;
- Ensures files are available and accessible for review;
- Assigns an agency contact who will assist with setting up interviews with Crown wards;
- Arranges for staff to be available for both the Entry and Exit meetings.

## **1.5.4 During the Review**

The following activities are carried out during the review:

- Completion of Entry meeting;
- Review of files;
- Completion of Crown ward interviews;
- Preparation of preliminary agency report;
- Completion of Exit meeting;
- Distribution of individual reports, preliminary agency report and raw data to society.

### **1.5.4.1 Data Reviewed**

The findings of the Crown ward reviews are based on the review of society files. Crown ward review findings are also based on questionnaires completed by Crown wards as well as through client interviews.

In complex and/or high risk cases, society caseworkers and managers may also be consulted. In the event that reviewers are unable to find the necessary information in the file, they will, after consulting with the lead reviewer, request the information from the society. 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 lead reviewer as soon as possible.

### **1.5.4.2 Case Notes**

Although reviewers are not expected to review case notes, selected case notes presented by the society to support compliance specifically related to client contacts may be reviewed.



### 1.5.4.3 Feedback to Societies

Societies are provided with feedback in several ways including: the individual case reports; the Exit meeting; and the agency summary report.

#### Comments

Reviewers may utilize the “Comments” sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention. As well, the reviewer may draw attention to the strengths of a case. The content of these sections will be ‘brought forward’ to the Case Summary or Directives as applicable.

#### Directives

Directives are issued when the documentation in a child’s file does not support full compliance with legislative and ministry requirements. ‘Compliance’ and ‘Non-compliance’ are defined as follows:

- **Compliance:** In order for a requirement to be considered ‘in compliance’, the requirement must have been adequately met and relevant to the child’s situation for the period under review.
- **Non-compliance:** In order for a requirement to be considered ‘noncompliant’, documentation provided for review does not confirm that the requirement was met.

When the following exceptional circumstances exist, ‘yes’ or ‘no’ is checked to indicate whether the visits or plans of care/recordings are in compliance. Directives are applied as indicated:

1. **Out of Province:** Statutory requirements such as 7 and 30 day visits and plans of care may be unenforceable when the child is placed out of province and being supervised by an out-of-province agency. The society is nevertheless expected to document that every effort was made to meet the requirements.
2. **Circumstances beyond the Society’s Control:** When non-compliance occurs because of child-specific circumstances beyond the society’s control, non-compliance will be indicated but no directive/unmet requirement will be given. For example, if a child is AWOL, and the society documented that reasonable efforts were made to meet the requirement(s), the case will

be non-compliant but no directive/unmet requirement will be issued. (A society is expected to complete all required plans of care on behalf of a child who is AWOL.)

3. **Strike:** All requirements are considered not applicable for the entire period of any labour disruption and for two weeks following the labour disruption.

#### Reports

Three reports are generated:

1. 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 requirements.
2. 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 regional office for planning purposes and performance outcome monitoring. It provides the basis for the Quality Improvement Plan.
3. A report summarizing provincial performance is produced annually.

As well, raw data from the review is made available to all CASs at the conclusion of the review.

#### **1.5.4.4 Youth Criminal Justice**

Reviewers must not collect any information that identifies the child as having been dealt with under the *Young Offenders Act* or the *Youth Criminal Justice Act*.

#### **1.5.4.5 Exit Meeting**



The lead reviewer presents the review findings at a prescheduled Exit meeting. At the end of the presentation, the program supervisor is invited to initiate the post review process in keeping with the continuous quality improvement process.

At the Exit meeting, the society is provided with e-copies of:

- Individual case reports;
- High risk case reports;
- High risk case reports requiring follow up;
- Case reports requiring review by senior management or program supervisor;
- The preliminary agency report.

At the Exit meeting, the society is also provided with an e-copy of the raw data from the review.

#### **1.5.4.6 Roles and Responsibilities During the Review**

During the review process, the CWRU:

- Manages the review team;
- Conducts the Entry meeting;
- Meets with a society contact daily as predetermined to address areas of inquiry and manage issues that may arise;
- Reviews files in accordance with the business practices outlined in the *Crown Ward Review Tools and Business Practices (2013)*;
- Conducts interviews with Crown wards as required;
- Conducts the Exit meeting;
- Prepares and distributes individual reports, the preliminary agency report and raw data.

During the review process, the program supervisor:

- Attends Entry and Exit meetings;
- At the Exit meeting, links findings to the Post-Review QIP process for CQI;

- Is available during the review for consultation with the review team.

During the review process, the CAS:

- Attends Entry and Exit meetings;
- Orients CWRU reviewers to client recording systems and the location of information requested on pre-review identification lists;
- Ensures reviewers have all files/information required on the first day of the review;
- Ensures CWRU reviewers have adequate working space and equipment (computer access, etc.);
- Provides an agency contact to address with the review lead areas of inquiry and management of any issues that may arise;
- Responds to questions from the lead reviewer;
- Receives individual reports, the preliminary agency report and raw data.

### **1.5.5 Post-Review**

These are the activities related to the Post-Review period:

- Distribution of the final agency report within one month of the Exit meeting;
- Completion of follow up;
- CASs' response to:
  - High risk cases requiring follow up within 30 days of the Exit meeting;
  - Directives within 60 days of the Exit meeting;
- Development and implementation of the QIP;
- Submission of required updates regarding the QIP.

#### **1.5.5.1 Follow Up**

Agencies receive individual case reports at the end of any Crown ward review which identify directives and recommendations for the reviews. Each case report is accompanied, as applicable, by summaries of directives and recommendations issued on the case.

Initial follow up for Crown ward reviews is carried out by the CWRU as described below. Further follow up to directives is assumed by regional offices and will be reviewed by the CWRU prior to the beginning of the next year's review.

#### **1.5.5.2 Quality Improvement Plan (QIP)**

Following the review, the society and program supervisor are required to analyse the data from the review to develop a QIP according to the CQI cycle above. Using the ministry format provided, the CAS submits the QIP for the approval of the program supervisor within 90 days of the Exit meeting. The program supervisor submits the QIP to the CWRU along with required updates provided to him/her by the CAS.

#### **1.5.5.3 Appeal Process**

Crown ward reviews are conducted in accordance with Section 66 of the *Child and Family Services Act*. (CFSA). These onsite reviews allow direct observation and engagement with children's aid societies (CASs) to share best practice, promote effective services, and enhance capacity for continuous quality improvement. The Crown ward review focuses on outcomes and those areas that need attention. Directives are issued when the documentation in a child's file does not support full compliance with the Ministry of Children and Youth (MCYS) legislation, regulation and policy requirements.

MCYS is committed to ensuring that the ministry's review process is fair and transparent. The Child Welfare Review Unit (CWRU) has developed an appeal process to provide societies the opportunity to request a review of directives issued as part of the Crown ward review process.

The appeal process is not a mechanism to answer questions or concerns from societies regarding the legislation governing the Crown ward review process. Instead, the appeal process is a vehicle whereby a society can appeal a directive that has been issued. The appeal process also serves as a quality assurance mechanism to ensure directives are accurate and based on ministry requirements.

## Appeal Criteria

A society may request a review through the appeal process when the:

- Crown ward review results in a directive(s) on a child's file; and
- Society's data or information in the files is inconsistent with the information obtained during the review or the society has additional data or other evidence that explains or supports a determination of compliance.

## The Appeal Process

The following outlines the steps involved in the Crown ward review appeal process:

- The lead reviewer notifies the society of the Crown ward review findings as part of the Exit meeting at the completion of the onsite review. Individual case reports are provided to the society at this meeting.
- If a society wishes to contest a decision regarding a directive, the society may file an appeal in writing to the CWRU within 60 calendar days of receiving the individual case reports. The written appeal should be submitted separately from the Society's response to other directives
- An appeal will be considered if it is filed within the allotted timeframe.
- The society may provide additional information through written statements as part of the request for an appeal. Submissions can be made in the form of copies of recordings or other reports. Documentation may include additional information or file documentation that explains or supports a determination of compliance.
- Case notes will not be accepted to demonstrate compliance after the onsite review – unless they were previously presented as part of the review.

## Response to the Society's Request for Appeal

Within ten calendar days of receipt of a society's request for appeal, the CWRU will acknowledge receipt of the appeal in writing. The letter will confirm whether the appeal is accepted according to the specified timeframes.

If the appeal is accepted, it will be referred to a CWRU staff person (designate) who was not involved with the original decision to issue a directive.

### Procedure for Conducting the Review

- Within six weeks of the CWRU's notification to the society regarding acceptance of their request for an appeal, the CWRU will communicate to the society the disposition of that appeal.
- The CWRU designate will review:
  1. The individual case report prepared as part of the Crown ward review; and
  2. All written statements and relevant information submitted by the society.
- The CWRU designate will recommend to the CWRU manager that the original directive be:
  - Upheld; or
  - Overturned.
- The CWRU designate will prepare a file containing all of the pertinent review information, a recommendation regarding the disposition of the appeal and all pertinent correspondence to support the recommendation.
- The CWRU manager will review the recommendation as well as the supporting documentation to make a final determination.
- If the final decision is to overturn the original directive, the CWRU manager or designate will:
  - Communicate the decision to the lead reviewer and the reviewer who made the original directive;
  - Amend the individual case report and the agency report;
  - Notify the agency in writing of the CWRU decision and attach a copy of the amended individual case report and the agency report with a copy of the notification and amended agency report to the program supervisor.
  - Log the decision in the CWRU Appeal Log

- If the final decision is to uphold the original directive, the CWRU manager or designate will:
  - Communicate the decision to the lead reviewer and reviewer who made the original directive;
  - Notify the agency in writing (with a copy to the MCYS program supervisor) of the CWRU decision;
  - Log the decision in the CWRU Appeal Log.

#### **1.5.5.4 Roles and Responsibilities Post-Review**

Post-review, the CWRU:

- Monitors and reports on Crown ward review follow up;
- Releases the final agency report;
- Prepares regional reports as required;
- Completes annual provincial reports;
- Reviews QIPs and updates from program supervisors;

After the review is complete, the program supervisor:

- Responds to any request for review of file by program supervisor;
- Engages with the society to support development and implementation of QIP;
- Submits the QIP to CWRU;
- Monitors implementation of the QIP;
- Provides quarterly updates on the progress of the QIP to CWRU.

During the post-review period, the CAS:

- Receives the final agency report;

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- Responds to:
  - High risk cases requiring follow up;
  - Directives including requests for senior management's review of any file;
- In conjunction with the program supervisor, develops a QIP to address priorities for improvement;
- Implements QIP;
- Provides QIP and quarterly updates to their program supervisor.

## 1.6 DEFINITIONS

### 1.6.1 Kinship Service or Kinship Care

The Child Welfare Transformation Agenda (2005) provided a policy framework for the provision of child welfare services that would maintain the focus on child safety while enhancing permanency options for children receiving services from Societies in Ontario. Kinship Service and Kinship Care are service directions that were developed at that time.

Kinship Care is provided to children who are placed with members of the child's extended family or community and admitted to the care of the society. Child in care requirements apply to these situations.

Kinship Service is provided to children who are placed with members of the child's extended family or community for protection reasons, but are not admitted to the society's care. Because these children are not 'in care', the Crown ward reviews do not apply to them.

### 1.6.2 Customary Care

Customary care is defined for the purposes of Part X in the *Child and Family Services Act* as "the care and supervision of an Indian or native child by a person who is not the child's parent according to the custom of the child's band or native community" *CFSA* s. 208.



An Indian child is an "Indian" as defined in the *Indian Act*. A native child is a "native person" as defined in the *Child and Family Services Act*.

"native person" means a person who is a member of a native community but is not a member of a band, and "native child" has a corresponding meaning; ("autochtone", "enfant autochtone")

"native community" means a community designated by the Minister under section 209 of Part X (Indian and Native Child and Family Services); ("communauté autochtone")

Formal customary care is defined by the ministry in the Ontario Permanency Funding Policy Guidelines as follows:

Where a society determines that an Indian or native child is in need of protection, removal of the child from the parents/caregiver is required and there is a customary care declaration by the band of either parent, the society will grant a subsidy to the person caring for the child. The home must meet foster care licensing regulations and standards.

The child is supervised by a children's aid society pursuant to the band declaration.

There must be a customary care agreement in place as per ONTARIO PERMANENCY FUNDING POLICY GUIDELINES January 26, 2007.



## 2 Crown Ward Review

### 2.1 CHILD WELFARE TRANSFORMATION Changes

These changes have resulted in the consideration of additional evidence for compliance. Planning documentation must now reflect a review of a child or youth's Ontario Looking After Children (OnLAC) Assessment and Action Record (AAR). OnLAC is an approach to caring for children who are in residential care settings outside their own homes. It is based on a developmental model designed to promote optimal outcomes for children and youth across seven dimensions of development: health; education; identity; family and social relationships; social presentation; emotional and behavioural development; and self-care. The seven dimensions are measured annually by means of an AAR. There are age-appropriate versions of the AAR for age groups to 17 years.

Further evidence reviewed includes planning that:

- Fully addresses the child's special needs;
- Reflects specific consideration of a child's cultural needs;
- Ensures children are supported in the development of enduring relationships.

### 2.2 Eligibility for review

The case file of each Crown ward is reviewed in the year following 24 successive months of Crown wardship and every year thereafter. Eligible Crown wards who are 17 years old during the review period (which does not include the Exit meeting) must be reviewed as well.

A file is not reviewed where there has been a status review conducted by the court within the current calendar year and there has been a final disposition of that status review application (SRA) within the current calendar year. The intent of this is that Crown ward reviews not be missed for two or more consecutive years because of a pending status review. Although only those files where there

has been a disposition of the SRA in the calendar year are to be excluded, reviewers may wish to consult with the CWRU manager, who may in turn refer the matter to the Legal Services Branch, in other situations where a status review has been initiated and extenuating circumstances may preclude a review. Examples of when this might occur are the:

- Judge has reserved and it is anticipated a decision will issue shortly;
- Physical file is not available because of preparation for or participation in the SRA;
- Status review is in process and the conducting of a Crown Ward Review could escalate a hotly contested matter.

If the Crown ward has had at least 24 successive months of Crown wardship and is on Adoption Probation, then the Crown Ward Review – Adoption Probation (CWR – AP) tool should be used.

All eligible Crown wards are reviewed using the Crown Ward Review (CWR). The Indian and Native Children/Youth section of the CWR tool will also be completed for Indian and native Crown wards.

## **2.3 REVIEW OF PREVIOUS REPORT**

In preparation for any review related to a Crown ward, the reviewer reviews the previous year's report – whether it is a Crown Ward Review or Crown Ward Review - Adoption Probation Individual Case Report. This is done to ensure that the reviewer appreciates the context for the current review and monitors the results of the earlier review.

## **2.4 REVIEW PERIOD**

The period of review for a Crown ward review (including Adoption Probation) is a 12 month period which begins 12 months prior to the day of the review. If the file is reviewed by the reviewer on June 23, 2011, for example, the period of review begins June 23, 2010 and finishes June 23, 2011.

## **2.5 CLIENT IDENTIFICATION**

Reviewers identify Crown wards on the tools with a 'case identifier' comprised of the agency file number. The child or youth's name is not referenced in the review. Instead, the child or youth is referred to as 'the child' or 'the youth' or 'he' or 'she'. This is done to protect the privacy of children and youth under review.

## **2.6 RECOMMENDATIONS**

Recommendations are used as a signal to a society that, while directives are not indicated, file documentation does not fully support requirements in relation to: plans of care; social histories; or a child's Indian or native culture, heritage and traditions.

While there is no requirement for societies to respond to any recommendations, the recommendations may indicate systemic issues to program supervisors and CASs which may be resolved through the development and implementation of the QIP.

## **2.7 FOLLOW UP**

Follow up occurs as follows for all Crown Ward Reviews including Adoption Probation Reviews:

1. Within 30 days of the Exit meeting, agencies respond to the CWRU and the program supervisor regarding follow up for cases designated as 'high risk' with action required.
2. Follow up for each directive is received by the Program Supervisor/Regional Office and the CWRU within 60 days of the Exit meeting.
3. Program Supervisors respond to a directive to review a file by indicating to the CWRU, in writing, that this has occurred along with any comments.

Following receipt by the CWRU of a society's response to all directives and any request for follow up to a high risk case, a letter is sent to the Program Supervisor/Regional Office requesting sign off on the review. This sign off signifies the end of the review.

## **2.8 CROWN WARD REVIEW INDIVIDUAL CASE REPORT**

The Crown Ward Review Individual Case Report is to be completed according to the following business practices.

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**MINISTRY OF CHILDREN AND YOUTH SERVICES**  
**CROWN WARD REVIEW**  
**Individual Case Report**  
*Version 2.0*

**CROWN WARD REVIEW**  
**Individual Case Report**

The Crown Ward Review - Adoption Probation tool should be used for any child on Adoption Probation who has been a Crown ward for 24 months or more as of the date that the agency's review of files is completed (not including the date of the Exit Meeting).

2.8.1 INDIVIDUAL CASE INFORMATION	
Regional Office:	Regional Office numeric code identifier
Agency:	Agency under review numeric code identifier
Case Identifier:	Agency file number
Date of Review:	YYYY-MM-dd
Reviewer Name:	Reviewer name



2.8.1 INDIVIDUAL CASE INFORMATION	
Review Type	<input type="checkbox"/> Lead <input type="checkbox"/> Team The reviewer will indicate whether she or he is the lead reviewer or a member of the reviewing team.
Date of Exit Meeting	YYYY-MM-DD

2.8.2 SECTION A: CHILD INFORMATION			
2.8.2.1 Child Information			
		Business Practice	Additional References
A1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
A2. Date of Birth:	YYYY-MM-DD	Verify for accuracy by referring to the child's birth certificate, statement of live birth, or passport on file.	
A3. Age at Review:	Years/months	#years #months	
A4. Date of Crown wardship:	YYYY-MM-DD	Verify for accuracy by referring to the Crown Ward Order on file. The date is located on the top left side of the document.  Where there are subsequent orders on file relating to status review, and when the child has remained in the continuous care of the Society, the original date of Crown wardship shall be used. In the event that the Crown	<b>CFSA PART I FLEXIBLE SERVICES</b> CHILDREN'S AID SOCIETIES <b>Children's Aid Society</b> <b>15. (3)</b> The functions of a children's aid society are to, (d) provide care for children assigned or committed to its care under this Act;

2.8.2 SECTION A: CHILD INFORMATION		
2.8.2.1 Child Information		
	ward order is not on file, comment in the Child Information Comment box.	<p><b>PART III CHILD PROTECTION REVIEW</b></p> <p><b>Director's annual review of Crown wards</b></p> <p><b>66.</b> (1) A Director or a person authorized by a Director shall, at least once during each calendar year, review the status of every child,</p> <p>(a) who is a Crown ward;</p> <p>(b) who was a Crown ward throughout the immediately preceding twenty-four months; and</p> <p>(c) whose status has not been reviewed under this section or under section 65.2 during that time.</p> <p>R.S.O. 1990, c. C.11, s. 66 (1); 2006, c. 5, s. 25 (1).</p> <p>Children's aid societies are always foster care licensees pursuant to CFSA s. 193(1)(b) as they provide, directly or indirectly, residential care for three or more children not of common parentage in places that are not children's residences and so must be licensed to do so. This means that societies must comply with the foster care licensee provisions of Regulation 70 – which are found in sections 111 to 121, with respect to all children in</p>

2.8.2 SECTION A: CHILD INFORMATION			
2.8.2.1 Child Information			
	YYYY-MM-DD	Date: YYYY-MM-dd	their care.
A5. Date of most recent admission to care		<p>Indicate the date upon which the child was most recently admitted to the care of a Children's Aid Society.</p> <p>Where a child was admitted to care by another child welfare authority and later transferred to another Society, the child's date of admission should be the date the child was admitted to care, not the date the child was transferred to the new parent Society.</p>	
A6. Age at most recent admission to care	##	Age: #years #months	
A7. Age at Crown Wardship	##	#years #months	
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	<p>Check the most applicable reason for the child's most recent admission to care according to information found in the Social History.</p> <p>If CD was selected in a previous review year and the reviewer now has information on file to determine the reason for admission, the</p>	<p><b>Reg. 70</b></p> <p><b>111. (8)</b> The social history of a child shall include,</p> <p>(b) admission information</p>



## 2.8.2 SECTION A: CHILD INFORMATION

### 2.8.2.1 Child Information

	<p>(including Caregiver-Child Conflict/Child Behaviour)</p> <p><input type="checkbox"/> Caregiver Capacity</p> <p><input type="checkbox"/> CD</p>	<p>reviewer shall choose the most applicable reason based on the updated information.</p> <p>Indicate 'CD' if the information is not found in the Social History.</p>	<p>The following is excerpted from the <b>Eligibility Spectrum 2006</b>:</p> <p><b>Physical/Sexual Harm by Commission:</b> The child has suffered physical or sexual harm or there is a risk that the child is likely to suffer physical or sexual harm as a result of an act or action by a caregiver.</p> <p><b>Harm by Omission:</b> The child has been harmed or there is a risk that the child is likely to be harmed as a result of the caregiver's failure to adequately care for, provide for, supervise, or protect the child.</p> <p><b>Emotional Harm/Exposure to Conflict:</b> The child has been emotionally harmed or is at risk of emotional harm as a result of specific behaviours or pattern of neglect of the caregiver towards the child or resulting from the caregiver failing to adequately address the emotional condition. This includes adult conflict and partner violence.</p> <p><b>Abandonment/Separation:</b> The child has been abandoned or is at risk of</p>
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2.8.2 SECTION A: CHILD INFORMATION			
2.8.2.1 Child Information			
	YYYY-MM-DD	Date: YYYY-MM-dd	their care.
A5. Date of most recent admission to care		<p>Indicate the date upon which the child was most recently admitted to the care of a Children's Aid Society.</p> <p>Where a child was admitted to care by another child welfare authority and later transferred to another Society, the child's date of admission should be the date the child was admitted to care, not the date the child was transferred to the new parent Society.</p>	
A6. Age at most recent admission to care	##	Age: #years #months	
A7. Age at Crown Wardship	##	#years #months	
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	<p>Check the most applicable reason for the child's most recent admission to care according to information found in the Social History.</p> <p>If CD was selected in a previous review year and the reviewer now has information on file to determine the reason for admission, the</p>	<p><b>Reg. 70</b></p> <p><b>111. (8)</b> The social history of a child shall include,</p> <p>(b) admission information</p>

## 2.8.2 SECTION A: CHILD INFORMATION

## 2.8.2.1 Child Information

(including Caregiver-Child Conflict/Child Behaviour) <input type="checkbox"/> Caregiver Capacity <input type="checkbox"/> CD	reviewer shall choose the most applicable reason based on the updated information.  Indicate 'CD' if the information is not found in the Social History.	<p>The following is excerpted from the <b>Eligibility Spectrum 2006</b>:</p> <p><b>Physical/Sexual Harm by Commission:</b> The child has suffered physical or sexual harm or there is a risk that the child is likely to suffer physical or sexual harm as a result of an act or action by a caregiver.</p> <p><b>Harm by Omission:</b> The child has been harmed or there is a risk that the child is likely to be harmed as a result of the caregiver's failure to adequately care for, provide for, supervise, or protect the child.</p> <p><b>Emotional Harm/Exposure to Conflict:</b> The child has been emotionally harmed or is at risk of emotional harm as a result of specific behaviours or pattern of neglect of the caregiver towards the child or resulting from the caregiver failing to adequately address the emotional condition. This includes adult conflict and partner violence.</p> <p><b>Abandonment/Separation:</b> The child has been abandoned or is at risk of</p>
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## 2.8.2 SECTION A: CHILD INFORMATION

### 2.8.2.1 Child Information

being separated from the caregiver as a result of intentional or unintentional actions of the caregiver. Separation may be a result of caregiver-child conflict or the child's behaviour

**Caregiver Capacity:** No harm has yet come to the child and no evidence is apparent that the child may be in need of intervention for a reason indicated in Sections 1 through 4. The caregiver, however, demonstrates characteristics that indicate that without intervention, the child would be at risk in one of the previous sections.

SECTION	SCALE
SECTION 1 Physical/Sexual Harm by Commission	1. Physical Force and/or maltreatment
	2. Cruel/Inappropriate Treatment
	3. Abusive Sexual Activity
	4. Threat of Harm
SECTION 2 Harm by Omission	1. Inadequate supervision
	2. Neglect of Child's Basic Physical Needs
	3. Caregiver Response to

2.8.2 SECTION A: CHILD INFORMATION			
2.8.2.1 Child Information			
			Child's Physical Health
			4. Caregiver Response to Child's Mental, Emotional Development Condition
			5. Caregiver Response to Child Under 12 Who Has Committed a Serious Act
		SECTION 3 Emotional Harm/Exposure to Conflict	1. Caregiver Causes and/or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm
			2. Child Exposure to Adult Conflict
			3. Child Exposure to Partner Violence
		SECTION 4 Abandonment/Separation	1. Orphaned/ Abandoned Child
			2. Caregiver-Child Conflict/ Child Behaviour
		SECTION 5 Caregiver Capacity	1. Caregiver Has History of Abusing/ Neglecting
			2. Caregiver Inability to Protect
			3. Caregiver with Problem
			4. Caregiving Skills

## 2.8.2 SECTION A: CHILD INFORMATION

### 2.8.2.1 Child Information

	Comment:	
A10. Other reasons for the child's most recent admission to care:	Comment on any other reasons for the child's most recent admission to care. This may include secondary or additional Eligibility Spectrum Sections.	
A11 a. Was the child in care prior to the most recent admission to care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate 'yes' or 'no' whether the child was ever admitted to care by any child welfare authority in Ontario or other jurisdiction prior to the most recent admission.
A11 b. If yes, number of prior admissions to care for this child	##	If the child was admitted to care prior to the most recent admission, indicate the # number of those previous admissions. All admissions to care regardless of length should be counted.
A12. Current placement type:	<input type="checkbox"/> Regular foster care (CAS) – 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 staffed residence – group care <input type="checkbox"/> CAS operated parent model group home – family based <input type="checkbox"/> OPR parent model group home - family based	<p>The type of placement refers to the most recent society-approved placement</p> <p>Unapproved placement refers to non-society-approved living situations such as a youth who is AWOL, residing in an unapproved independent living situation, or other unapproved situation. – This may also include those cases where youth are living with parent(s) without the consent of the Society</p> <p>CMHC staffed treatment residence refers to an allocated placement at CPR1 or Thistletown Regional Centre for long-term treatment (as opposed to a short-term period of assessment).</p>



## 2.8.2 SECTION A: CHILD INFORMATION

### 2.8.2.1 Child Information

<p><input type="checkbox"/> OPR foster care – family based</p> <p><input type="checkbox"/> OPR staffed residence – group care</p> <p><input type="checkbox"/> Children's Mental Health Centre staffed treatment residence - group care</p> <p><input type="checkbox"/> Kinship Care – family-based</p> <p><input type="checkbox"/> Independence - planned</p> <p><input type="checkbox"/> Semi-independence – planned</p> <p><input type="checkbox"/> Parental home approved by Society – family-based</p> <p><input type="checkbox"/> Unapproved placement</p> <p><input type="checkbox"/> Other placement</p>	<p>A child/youth placed in a mental health facility on an emergency basis or for a 30 day assessment does not constitute a change in primary placement. The child's primary placement should be reflected by the selection in this list.</p> <p>Independence includes any society-approved living situations involving youth over 16 living on their own or in a room &amp; board arrangement and where an independent living contract with the Society is in place.</p> <p>Semi-independence includes placement in a specified supported semi-independence or transitional program.</p> <p>Respite placements or placements in hospital, camp, children's mental health centres for an assessment or crisis(30 days or less) emergency receiving, and YCJA are not considered to be the child's 'current placement'.</p> <p>'Other' should be selected when the child/youth's primary placement is not accurately captured by any of the other categories or if the youth is residing in a YCJA facility for an extended period and does not</p>	
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## 2.8.2 SECTION A: CHILD INFORMATION

### 2.8.2.1 Child Information

		have any other primary placement. If 'other' is selected, the reviewer must provide an explanation in the mandatory field note which states "other Ministry placement".	
		OPR foster care should be selected for children placed in a purchased foster home provided by a non-designated Native Child and Family Service.	
A13. Has there been a placement change in the last 18 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate whether the child has changed placement in the past 18 months – i.e., changed caregivers or, in the case of a youth living independently, a change in address. Moves to respite, hospital, YCJA, or camp placements and placements in children's mental health centres for an assessment or crisis (30 days or less) are not considered to be placement changes.	
A14. Was the completed child questionnaire received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate 'yes' or 'no' whether the child's completed questionnaire was received. If the completed questionnaire was received, complete the questionnaire tool.	
A15. Was an interview requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate 'yes' or 'no' whether the child requested an interview according to his or her questionnaire.	



## 2.8.2 SECTION A: CHILD INFORMATION

## 2.8.2.1 Child Information

A16. Was the interview completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Indicate whether the child received an interview as requested.	
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	Indicate why the child did not receive an interview as requested. Provide specifics if the selection is 'other'.	
A18a. Is the child registered or entitled to be registered with Indian status or is the child being served by Dilico Anishnabek Family Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD (If yes, Indian and Native Children/Youth section will appear.)	The file should clearly indicate whether the child is registered as an Indian, or is entitled to be registered as an Indian or is receiving service from Dilico Anishnabek Family Care. If it does not, check, 'CD'.  Under the CFSA, "Indian" has the same meaning as in the Indian Act (Canada). Under the Indian Act, Indian means a person who is registered as an Indian or is entitled to be registered as an Indian. This includes the Mushuau Innu and the Innu of Sheshatshiu in Labrador who were recognized as bands under the Indian Act and registration of their members began in 2002.  According to s.6 of the <b>Indian Act</b> , a child is	<b>CFSA</b> subsection 1  <b>Paramount Purpose</b> 1. (1) The paramount purpose of this Act is to promote the best interests, protection and well being of children. Other purposes (2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well being of children, are: 5. To recognize that Indian and native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and native children and families should be provided in a manner that

## 2.8.2 SECTION A: CHILD INFORMATION

### 2.8.2.1 Child Information

		entitled to be registered if they are a member of a band.  A child may be entitled to be registered if the society has been informed that the child's parents are members of a band, for example.  Under the CFSA, a "Native person" means a person who is member of a "native community" which is a community designated by the Minister but is not a member of a band (Indian).  There has only been one designation made by the Minister and this was to designate a group of First Nations as native communities for the purposes of the designation of Dilico Anishnabek Family Care.  If 'yes' is checked, the review for Indian and native children will be generated for completion.	recognizes their culture, heritage and traditions and the concept of the extended family. 1999, c. 2, s. 1; 2006, c. 5, s. 1.
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2.8.2 SECTION A: CHILD INFORMATION		
2.8.2.1 Child Information		
A18b. Is the child served by a designated Native child welfare authority or does the child/youth identify himself/herself as Native?	<div><input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, Indian and Native Children/Youth section will appear.)</small></div>	Indicate whether the child/youth is currently being served by a Native Children's Aid Society designated by the Ministry or is being served by a non-designated child welfare service on behalf of a designated Society. Additionally, if a child/youth identifies himself or herself as Native, the reviewer may select "yes" to this question even though the child/youth does not have status or is not eligible for status.
Comments:		
The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the		



## 2.8.2 SECTION A: CHILD INFORMATION

### 2.8.2.1 Child Information

areas requiring attention.

2.8.2.2 Previous Reviews		
A19. Has this child been reviewed previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check one of 'yes' or 'no' depending on the existence of a previous Crown Ward Report.
A20 a. Were directives made in last year's review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check one of 'yes' or 'no' according to whether directives were issued in last year's Crown Ward Report.
A20 b. If yes, has the agency adequately addressed all of the directives identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>The reviewer reviews the directives issued in the previous year's review and determines, by the evidence on the file, whether each of the directives were adequately addressed. The reviewer may refer to the society's plan to address the directive but this is not the sole reference to be used. If 'no' is selected, the reviewer is required to provide an explanatory note.</p> <p>It is possible to issue directives to review of file by both senior management and the program supervisor in relation to a failure to address identified directives. These directives can be issued along with a full explanation in questions D56. and D57. respectively.</p> <p>If 'yes' is selected, provide an explanatory</p>
		<p>2006 Annual Report of the Office of the Auditor General of Ontario</p> <p><b>RECOMMENDATION 9</b></p> <p>To ensure that care and services provided to Crown wards are appropriate and in compliance with regulatory requirements, the Ministry of Children and Youth Services' review of Crown-ward files should assess whether directives and recommendations have been followed up</p>

2.8.2.2 Previous Reviews		
		comment below.
Comments: <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.</p>		

2.8.3 INDIAN AND NATIVE CHILDREN /YOUTH REPORT
<p>To be completed if the child is Indian or native – i.e., 'yes' checked in response to 'Is the child registered or entitled to be registered as an Indian or is the child being served by Dilico Anishnabek Family Care?' Societies have special obligations with respect to children who are Indian or native.</p>



## 2.8.3 INDIAN AND NATIVE CHILDREN/YOUTH REPORT

### 2.8.3.1 Attending to children's Indian or native culture, heritage, and traditions

<p>1. Is the child a Band Member?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> in process  <input type="checkbox"/> CD</p>	<p>Indicate 'yes' if the file contains evidence of the child's band membership.</p> <p>'No' is selected when there is evidence on file that the child is not eligible for band membership or has declined membership.</p> <p>Indicate 'CD' if the file contains no information about the child's band membership or if documentation indicates that the child is eligible for band membership but no confirmation can be located.</p> <p>If the society is in the process of determining whether the child is a member of a band, check 'in process'.</p>	<p>CFSA 1. (2) 5.  <b>Reg. 70</b>  111. (8) The social history of a child shall include,  (a) identifying information</p>
<p>2. Is the child/youth provided with an opportunity to participate in native cultural activities and/or traditions, services, and/or programming?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> in process  <input type="checkbox"/> CD</p>	<p>Indicate 'yes' if documentation indicates that the child/youth is participating or has been offered the opportunity to participate in native culture, traditions, and services, even if the child/youth has declined. Also indicate 'yes' if the child is being served by a native child welfare service.</p> <p>Indicate 'no' if the child is not being served by a native child welfare authority AND the file contains no information about the efforts of the Society to provide the child/youth with opportunities to participate in native culture, traditions, or services.</p>	<p><b>W</b>  <b>CFSA 61. (2)</b> The society having care of a child shall choose a residential placement for the child that,  (d) where the child is an Indian or a native, is 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, if possible</p>



### 2.8.3 INDIAN AND NATIVE CHILDREN / YOUTH REPORT

		<p>If the Society is in the process of engaging the child/youth in cultural and traditional programming i.e. A referral has been made, indicate 'in progress'.</p> <p>Indicate 'CD' if the file contains some information regarding the Society's efforts to provide the child with these opportunities but the outcome cannot be ascertained.</p>	
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## 2.8.3 INDIAN AND NATIVE CHILDREN/YOUTH REPORT

### 2.8.3.2 Indian & Native Children/Youth Requirements

<p>3. Has the child/youth been provided with the opportunity to have contact with their home community, family and/or extended family, band, or other native community?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CD</p>	<p>'Yes' is chosen when file documentation indicates that the Society has provided the child/youth with an opportunity to have contact with their home community, family and/or extended family, band, or other native community. If the child/youth has declined, also choose 'yes'.</p> <p>Indicate 'no' if there is no evidence on file that opportunity for contact has been provided by the Society.</p> <p>'CD' is selected when documentation suggests that the Society may have made efforts in this area but information on file can neither confirm or deny whether the child/youth has been provided with an opportunity for contact.</p> <p>Contact with a child's band or native community can take many forms – email, in person, by telephone, etc.</p>	<p><b>W</b></p> <p><i>CFS4</i> 1. (1) The paramount purpose of this Act is to promote the best interests, protection and well being of children.</p> <p>Other purposes</p> <p>(2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well being of children, are:</p> <p>5. To recognize that Indian and native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family. 1999, c. 2, s. 1; 2006, c. 5, s. 1.</p>
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## 2.8.3 INDIAN AND NATIVE CHILDREN/YOUTH REPORT

<p>4a. Where there has been a placement change in the past 12 months, 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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>'Efforts' can include a discussion with the child who decides that he or she is not interested in a placement with a member of the child's extended family, for example. Examples of other 'efforts' may include meetings with the band, a protocol between the band and the society, etc.</p> <p>Select 'n/a' where there has not been a placement change in the past 12 months. 'CD' is utilized when there has been a placement change in the past 12 months and where evidence of efforts to place the child according to these criteria are perhaps suggested but not clearly documented in the file.</p> <p>'No' is selected when the file clearly demonstrates that the Society did not make efforts to place the child with a member of his/her extended family, a member of the child's band or native community or another Indian or native family.</p> <p>'Yes' is chosen when efforts were clearly documented, even in those cases where the child/youth declined the placement.</p>	<p><b>P</b></p> <p><b>CFSA 61. (2)</b> The society having care of a child shall choose a residential placement for the child that,</p> <p>(d) where the child is an Indian or a native, is 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, if possible</p>
<p>4b. If so, has the First Nation been contacted to consider Formal Customary Care as a placement option?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>Information on file should reflect the efforts of the Society to contact the child's First Nation in order to explore whether Formal Customary Care is an option for the child's permanency as required by section 63.1 (3) of the <u>CFSA</u>. These efforts should be documented as having occurred since</p>	<p><b>CFSA:</b></p> <p><b>63.1</b> Where a child is made a Crown ward, the society shall make all reasonable efforts to assist the child to develop a positive, secure and enduring relationship within a family through one of the following:</p> <p>1. An adoption.</p>

### 2.8.3 INDIAN AND NATIVE CHILDREN/YOUTH REPORT

<p>the child was made a Crown ward.</p>	<p>2. A custody order under subsection 65.2 (1).</p> <p>3. In the case of a child who is an Indian or native person, a plan for customary care as defined in Part X. 2006, c. 5, s. 21.</p> <p>Formal customary care is defined by the ministry in the Ontario Permanency Funding Policy Guidelines as follows:</p> <p>Where a society determines that an Indian or native child is in need of protection, removal of the child from the parents/caregiver is required and there is a customary care declaration by the band of either parent, the society will grant a subsidy to the person caring for the child. The home must meet foster care licensing regulations and standards.</p> <p>The child is supervised by a children's aid society pursuant to the band declaration.</p> <p>There must be a customary care agreement in place as per ONTARIO PERMANENCY FUNDING POLICY GUIDELINES January 26, 2007.</p>
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### 2.8.3 INDIAN AND NATIVE CHILDREN/YOUTH REPORT

<p>5a. Is there documentation indicating that ADR was considered for an issue arising in the past 12 months?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A  <input type="checkbox"/> CD</p>	<p>A society must consider whether Alternative Dispute Resolution (ADR) could assist in resolving any issue related to the child or a plan for the child's care. ADR methods include: child protection mediation, family group conferencing; Aboriginal approaches; or other methods satisfying ministry criteria and approved by the Executive Director of the society involved.</p> <p>'No' is selected when ADR should have been considered but the file contains evidence that ADR was not considered.</p> <p>'CD' is indicated when ADR should have been considered but the file contains no evidence of whether ADR approaches were explored.</p>	<p><b>CFSA Part I Flexible Services</b></p> <p><b>CHILDREN'S AID SOCIETIES</b></p> <p>Resolution of issues by prescribed method of alternative dispute resolution</p> <p>20.2 (1) If a child is or may be in need of protection under this Act, a society shall consider whether a prescribed method of alternative dispute resolution could assist in resolving any issue related to the child or a plan for the child's care. 2006, c. 5, s. 5.</p>
<p>5b. Was the band or other native community consulted regarding methods for ADR in the past 12 months?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A  <input type="checkbox"/> CD</p>	<p>When the child is an Indian or native, the band or native community must be consulted to determine whether an ADR process established by the band or native community or another prescribed process will assist. If efforts were made to consult with the band or native community without success, the response is</p>	<p><b>MINISTRY OF CHILDREN AND YOUTH SERVICES POLICY DIRECTIVE: CW 005-06</b></p> <p><b>REPORTING REQUIREMENTS:</b></p> <p>Children's aid societies must record in the appropriate file (i.e. child's file, child protection file, adoptive family file) that ADR was considered, what decision was reached and the supporting reasons. Where an ADR takes place the outcome of the process must also be recorded in the appropriate file.</p> <p><b>CFSA 20.2 (2)</b> If the issue referred to in subsection (1) relates to a child who is an Indian or native person, the society shall consult with the child's band or native community to determine whether an alternative dispute resolution process established by that band or native community or another prescribed process</p>

### 2.8.3 INDIAN AND NATIVE CHILDREN/YOUTH REPORT

		'yes'. 'N/A' is indicated if there was no relevant issue.	will assist in resolving the issue. 2006, c. 5, s. 5.
5c. Was notification of ADR proceedings 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	<p>If ADR is proposed, the Office of the Children's Lawyer (OCL) must be notified for children:</p> <ul style="list-style-type: none"> <li>• under 12, where there is mutual agreement among the participants to pursue ADR;</li> <li>• 12 and over and minor parents, where ADR is being proposed but a consent has not been entered into by the children's aid society and the children's aid society has not discussed the ADR proposal with the child or minor parent.</li> </ul>	<p><i>CFS4</i> 20.2 (3) If a society or a person, including a child, who is receiving child welfare services proposes that a prescribed method of alternative dispute resolution be undertaken to assist in resolving an issue relating to a child or a plan for the child's care, the Children's Lawyer may provide legal representation to the child if in the opinion of the Children's Lawyer such legal representation is appropriate. 2006, c. 5, s. 5.</p> <p><b>MINISTRY OF CHILDREN AND YOUTH SERVICES POLICY DIRECTIVE: CW 005-06</b></p> <p>This policy directive requires societies when using alternative dispute resolution to:</p> <p>5. provide notice to the Office of the Children's Lawyer, where alternative dispute resolution is proposed.</p> <p><b>REQUIREMENTS:</b> Children's aid societies must notify the Office of the Children's Lawyer (OCL), as</p>



### 2.8.3 INDIAN AND NATIVE CHILDREN / YOUTH REPORT

			<p>follows:</p> <p>For children under 12, where there is mutual agreement among the participants to pursue ADR. For children 12 and over and minor parents, where ADR is being proposed but a consent has not been entered into by the children's aid society and the children's aid society has not discussed the ADR proposal with the child or minor parent. (CFS s.20.2 (1) and (3) )</p> <p>Varying or terminating openness orders before adoption:</p> <p>Where the court adjourns for ADR and the child is not already represented by counsel. (CFS s.145.2 (7) )</p>
5d. Was notification of ADR proceedings provided to the band or native community?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> N/A</div> <div><input type="checkbox"/> CD</div>	If ADR is proposed, the band or native community must be notified.	CFS s.20.2 (4) If a society makes or receives a proposal that a prescribed method of alternative dispute resolution be undertaken under subsection (3) in a matter involving a child who is an Indian or native person, the society shall give the child's band or native community notice of the proposal. 2006, c. 5, s. 5.

### 2.8.3 INDIAN AND NATIVE CHILDREN/YOUTH REPORT

<p>6. In the past 12 months, did the society give written notice to a representative of the child's band or native community in relation to:</p> <p>Legal proceedings?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A  <input type="checkbox"/> CD</p>	<p>If child welfare legal proceedings regarding the child/youth took place at any time during the 12 month review period, indicate whether the society served notice to a representative of the child's band or native community. If legal proceedings did not occur during this time period, indicate 'N/A'.</p>	<p><i>CPSA</i> s.39 (1) The following are parties to a proceeding under this Part:</p> <ol style="list-style-type: none"> <li>1. The applicant</li> <li>2. The society having jurisdiction in the matter</li> <li>3. The child's parent</li> <li>4. Where the child is an Indian or a native person, a representative chosen by the child's band or native community.</li> </ol>
<p>7. In the past 12 months where a child has experienced a placement change, was notice advising of the placement change and requesting a case consultation given to a representative of the child's band or native community within the prescribed time frame?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A  <input type="checkbox"/> CD</p>	<p>If the child/youth experienced a placement change during the 12 month review period, indicate whether the society gave notice to a representative of the child's band or native community and documented the date and time of the notice if the notice was verbal.</p> <p>Active involvement by the child's band or native community in plans of care should also be reported. Failure by the society to facilitate native community or band representation will result in a directive.</p>	<p><i>CPSA</i> 213.1 A society or agency that proposes to provide a prescribed service to a child who is an Indian or native person or to exercise a prescribed power under this Act in relation to such a child shall consult with a representative chosen by the child's band or native community in accordance with the regulations. 2006, c. 5, s. 43.</p> <p><b>Reg. 70</b> 123. The following are prescribed powers for the purposes of section 213.1 of the Act:</p>

### 2.8.3 INDIAN AND NATIVE CHILDREN / YOUTH REPORT

1. The completion by a society of a full child protection investigation, if after the investigation there is a determination that a child is in need of protection under Ontario Regulation 206/00 (Procedures, Practices and Standards of Service for Child Protection Cases) made under the Act and the society makes a determination that the case requires a plan for ongoing protection services.

3. The placement of a child, by a society, in a children's residence as defined in section 192 of the Act or in a foster home as defined under subsection 3 (1) of the Act. O. Reg. 493/06, s. 21.

#### O. Reg. 70 s.124

124. (1) When exercising a power prescribed by section 123 the society shall,

(a) provide notice to a representative chosen by the child's band or native community by the end of the next day after exercising the prescribed



### 2.8.3 INDIAN AND NATIVE CHILDREN/YOUTH REPORT

- power to request that a case consultation occur as soon as practicable, but no later than five days after receipt of the notice, if the child is a member of a band or native community that is within the territorial jurisdiction of the society; or
- (b) provide written notice to a representative chosen by the child's band or native community within five days after exercising the prescribed power to request that a case consultation occur as soon as practicable, but no later than 30 days after receipt of the notice, if the child is a member of a band or native community that is not within the territorial jurisdiction of the society. O. Reg. 493/06, s. 21.
- (2) Notice under clause (1) (a) may be verbal but, if there are existing arrangements between the society and the band or native community, the notice shall be given in a manner that is consistent with those arrangements. O. Reg. 493/06, s. 21.
- (3) If notice under clause (1) (a) is verbal, the society shall record the date and time of the notice and the name of the person to whom notice was given. O. Reg. 493/06, s. 21.
- (4) Notice under clause (1) (b) may be given by

### 2.8.3 INDIAN AND NATIVE CHILDREN / YOUTH REPORT

regular mail or by fax. O. Reg. 493/06, s. 21.

(5) If notice is sent by regular mail, it shall be sent to the most recent address of the representative of the band or native community known to the society and is deemed to be received on the fifth day after it is mailed. O. Reg. 493/06, s. 21.

(6) If the notice is sent by fax, it is deemed to be received on the day after it is sent, unless that day is a holiday, in which case the copy is deemed to be received on the next day that is not a holiday. O. Reg. 493/06, s. 21.

(7) If a representative of the band or native community that acts in good faith does not, through absence, accident, illness or other cause beyond the representative's control, receive the notice until a later date than the deemed date of receipt, subsection (5) or (6), as the case may be, does not apply. O. Reg. 493/06, s. 21.

### 2.8.3 INDIAN AND NATIVE CHILDREN/YOUTH REPORT

<p>8 a. In the past 12 months, did the Society propose the removal of the child from a placement where the child had resided for 2 years or more and where the caregivers opposed the removal?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If a child is a Crown ward and has lived continuously with a foster parent (CAS or OPR) for two years and a society proposes to remove the child from the foster parent, the society must:</p> <ul style="list-style-type: none"> <li>(i) give the foster parent at least 10 days notice in writing of the proposed removal</li> <li>(ii) if the child is an Indian or native, <ul style="list-style-type: none"> <li>• give at least 10 days notice in writing of the proposed removal to a representative chosen by the child's band or native community</li> </ul> </li> </ul>	
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### 2.8.3 INDIAN AND NATIVE CHILDREN/YOUTH REPORT

<p>8b. If yes, was written notice provided to the band/native community at least 10 days prior to the removal?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A  <input type="checkbox"/> CD</p>	<p>Indicate 'yes' or 'no' whether notification was provided when it was required.</p> <p>"CD" is selected when information on file suggests that the band/native community may have had knowledge of the removal of the child from the home but the Society has failed to provide the required written notice in the file.</p> <p>"N/A" should only be selected in those cases where a child/youth with status or eligible for status is clearly not a member of a band or affiliated with Dilico Anishnabek Family Care.</p>	<p><b>W</b></p> <p><b>CFSA 61. (7)</b> If a child is a Crown ward and has lived continuously with a foster parent for two years and a society proposes to remove the child from the foster parent under subsection (6), the society shall,</p> <p>(b) if the child is an Indian or native person,</p> <p>(i) give at least 10 days notice in writing of the proposed removal to a representative chosen by the child's band or native community</p> <p><b>Comments:</b></p> <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.</p> <p>Comment on any issues related to the Indian and Native Children/Youth Report.</p>
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## 2.8.4 SECTION B: CHILD SAFETY

A primary objective of Ontario's child welfare system is to ensure that children in care are protected from further maltreatment. The purpose of Section B: Child Safety is to assess compliance with requirements related to the child's safety according to the focus of Child Welfare Transformation.

<p><b>B1. Prior to this review period, has the child experienced verified physical and/or sexual abuse or other form of maltreatment while in care?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CD</p>	<p>Indicate whether, <u>prior to</u> this review period of the past 12 months, the child was the subject of a protection investigation and physical and/or sexual abuse or other child protection concern was verified as a result, including verified protection concerns during access.</p> <p>If yes, provide a brief explanatory note in the mandatory comment box.</p>	
<p>In the event that the child/youth being reviewed was interviewed as part of a protection investigation regarding another child or if documentation does not indicate a history of abuse or maltreatment while in care, the answer is "no".</p>		<p>"CD" is selected when file information suggests that verified abuse and/or maltreatment may have occurred prior to the review period but additional information is not available from the Society in order to make a clear determination.</p>	
<p>If "CD" provide a brief explanatory note in the mandatory comment box.</p>			



## 2.8.4 SECTION B: CHILD SAFETY

<p><b>B2. Were allegations of abuse or maltreatment of the child made in the past 12 months?</b></p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CD         </p>	<p>Indicate 'yes', 'no', or 'cd' whether allegations of abuse or other maltreatment regarding the child in care have been raised or reported in the past 12 months. A response of "CD" is used when file documentation suggests that protection concerns may have been present but the Society is unable to provide additional documentation for clarification.</p> <p>The reviewer should have access to information about the nature of any allegation (past or present), the outcome of the investigation, and any treatment required. The reviewer should request this information if it is not available on the file.</p> <p>A "yes" or "CD" answer requires an explanatory note in the comment box.</p>
<p><b>B3 a. Were child protection concerns verified on at least one occasion in the past 12 months?</b></p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CD         </p>	<p>Indicate 'yes' or 'no' whether, following an investigation, physical or sexual abuse or other form of maltreatment was verified. In the event that the Society cannot provide documentation to clarify the outcome of the investigation, the answer is 'CD'.</p> <p>If the investigation is in progress at the time of review, indicate "no" and provide an explanatory note. The outcome of the investigation is to be reviewed the following year.</p> <p style="text-align: center;"><b>S</b></p>

## 2.8.4 SECTION B: CHILD SAFETY

<p><b>B3 b. By whom was the verified abuse or maltreatment perpetrated in the past 12 months?</b></p>	<div data-bbox="300 1396 1182 1627"> <input type="checkbox"/> Current placement caregivers  <input type="checkbox"/> Current respite caregivers  <input type="checkbox"/> Past placement caregivers  <input type="checkbox"/> Natural family or kin  <input type="checkbox"/> Community caregiver  <input type="checkbox"/> N/A – no perpetrator identified  <input type="checkbox"/> CD  <input type="checkbox"/> Other </div> <div data-bbox="300 724 1182 1396"> <p>Indicate whether the verified maltreatment (physical or sexual abuse or otherwise) that occurred during the previous 12 months took place with:</p> <ul style="list-style-type: none"> <li>• Current placement caregivers</li> <li>• Current respite caregivers</li> <li>• Past placement caregivers – i.e., during the previous 12 months</li> <li>• Natural family or kin</li> <li>• Another community caregiver such as a: baby sitter; day care provider; coach; scout leader or teacher (Protection Standard #1 – Community Caregiver).</li> <li>• N/A – where the Eligibility Spectrum Code does not identify a specific perpetrator</li> <li>• Other: Examples could include an extended family member or child in the foster home who is not in a caregiving role (11J)</li> </ul> </div>
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### 2.8.4 SECTION B: CHILD SAFETY

<p><b>B4. In the past 12 months, have there been circumstances which present safety risks to the child which did not require an investigation but which required attention?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	<p>Safety concerns for a child/youth which may arise due to the actions or inactions of others but which do not form the basis for a formal investigation may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• risk due to the behaviour of another child or adult</li> <li>• concerns presenting a safety risk during access</li> <li>• unapproved contact with a person deemed to be a risk to the child/youth</li> <li>• concerns in a foster home which may impact the child but which did not require a protection investigation</li> </ul>	
<p><b>B5. In the past 12 months where verified protection concerns or other safety risks</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	<p>Indicate whether file documentation includes a description or plan to address verified protection concerns or other risks to the ongoing safety of</p>	<p>A "yes" or "CD" answer requires an explanatory note.</p> <p>Safety issues relating to a child or youth's high risk behaviour should be addressed in the high risk section below. Similarly, concerns regarding safety planning for high risk issues should be addressed in the high risk and follow-up section below.</p>



## 2.8.4 SECTION B: CHILD SAFETY

<p>have been identified, does the file documentation include a description or plan to address risk to the child?</p>	<p><input type="checkbox"/> In progress</p>	<p>the child. A "no" response is indicated where safety concerns are present and the Society confirms that no action has been taken or is planned. "CD" is selected when safety planning is suggested but not able to be located on file. "In progress" is selected when file documentation indicates that a safety plan for the child/youth is in the developmental stages.</p> <p>If the reviewer determines that documentation reflects insufficient safety planning and the child is/may be at risk, the reviewer can issue a directive for review by senior management, program supervisor, or a directive under other in D56, D57, and D58.</p>	<p><b>S</b></p>
<p>B6a. In the past 12 months, if the child was placed with kin caregivers who were not yet approved, did the Society designate the home as a place of safety?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A  <input type="checkbox"/> CD</p>	<p>This question pertains to the twelve months prior to the review date.</p> <p>Prior to a child in care's placement with kin or a community member, the home must be approved as a Kinship care home, including cases where children are Indian or native. When placement prior to approval of the home as a Kinship care home is advised, the home must first be designated or approved as a Place of Safety before the child is placed.</p> <p>Kin can include relatives and extended family. A community member is a member of the child's community with whom the child has an established relationship. Extended family, in the</p>	<p><b>S</b></p> <p><b>CFSA Designation of places of safety</b></p> <p>18. For the purposes of Part III, a Director or local director may designate a place as a place of safety and may designate a class of places as places of safety. 2006, c. 5, s. 4.</p> <p>37. (1) In this Part, "place of safety" means a foster home, a hospital, a person's home that satisfies the requirements of subsection (5) or a place or one of a class of places designated as a place</p>

## 2.8.4 SECTION B: CHILD SAFETY

		<p>case of a child who is an Indian or native, includes any member of the child's band or native community.</p> <p>'N/A' is appropriate when the child is already placed and/or the placement was approved prior to the child's placement.</p>	<p>of safety by a Director or local director under section 18, but does not include,</p> <ul style="list-style-type: none"> <li>(a) a place of secure custody as defined in Part IV, or</li> <li>(b) a place of secure temporary detention as defined in Part IV. ("lieu sûr") R.S.O. 1990, c. C.11, s. 37 (1); 2006, c. 19, Sched. D, s. 2 (5); 2006, c. 5, s. 6 (1, 2).</li> </ul> <p><b>Place of safety</b></p> <p>(5) For the purposes of the definition of "place of safety" in subsection (1), a person's home is a place of safety for a child if,</p> <ul style="list-style-type: none"> <li>(a) the person is a relative of the child or a member of the child's extended family or community; and</li> <li>(b) a society or, in the case of a child who is an Indian or native person, an Indian or native child and family service authority designated under section 211 of Part X has conducted an assessment of the person's home in accordance with the prescribed procedures and is satisfied that the person is willing and able to provide a safe home environment for the child. 2006, c. 5, s. 6 (4).</li> </ul>
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## 2.8.4 SECTION B: CHILD SAFETY

<p>B6 b. If the kin home was initially designated as a Place of Safety, was the decision to either approve or not approve the home made within 60 days?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A  <input type="checkbox"/> CD</p>	<p>A society is exempted from the licensing requirements under Part IX of the Act in respect of a person's home for up to 60 days after a child has been placed in the person's home. (Reg. 70 s. 33.1)</p> <p>'No' or 'C.D' will result in a directive N/A is selected when the home assessment process is in progress at the time of review or in the event that the child moved from the home prior to the completion of the home assessment process.</p>	<p><b>S</b></p> <p>Reg. 70 PLACE OF SAFETY PRIOR TO PLACEMENT</p> <p>33.1 A society is exempted from the licensing requirements under Part IX of the Act in respect of a person's home for up to 60 days after a child has been placed in the person's home, if the society is satisfied that the person is willing and able to provide a place of safety for purposes of subsection 37 (5) of the Act. O. Reg. 493/06, s. 2.</p>
<p>B7. Where the kin home was not approved, was the child moved to another placement?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A  <input type="checkbox"/> CD</p>		
<p>B8. 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?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A  <input type="checkbox"/> CD</p>	<p>Indicate whether the requirements were carried out as required:</p> <p>If more than one place of safety was used during the previous 12 months, requirements for both placements need to have been met in order to choose 'yes'.</p>	<p><b>S</b></p> <p>Reg. 70 PLACE OF SAFETY PRIOR TO PLACEMENT</p> <p>33.2 (1) In conducting an assessment of a person's home as a place of safety pursuant to clause 37 (5) (b) of the Act, the following procedures shall be followed:</p> <p>1. A child protection worker or a family</p>

## 2.8.4 SECTION B: CHILD SAFETY

			<p>service worker employed by an Indian or native child and family service authority shall obtain information,</p> <ol style="list-style-type: none"> <li>i. as to the identity of every person who is 18 years of age or older and resides in the home in which the child will be placed, and</li> <li>ii. as to the nature of the relationship between the child and every person referred to in subparagraph i.</li> </ol> <p>2. A child protection worker or a family service worker employed by an Indian or native child and family service authority shall meet with the proposed primary caregiver and conduct an interview of the caregiver.</p> <p>3. A child protection worker or a family service worker employed by an Indian or native child and family service authority shall meet in private with the child who will be placed and conduct an interview appropriate to the child's age and developmental capacity.</p> <p>4. A child protection worker or a family service worker employed by an Indian or native child and family service authority or a person designated by the society shall conduct an assessment of the home environment, including an assessment of the physical aspects of the home.</p> <p>5. A child protection worker shall conduct a review of the society's records and files for information relating to any person who is 18 years of age or older and resides in the</p>
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## 2.8.4 SECTION B: CHILD SAFETY

		<p>home in which the child will be placed.</p> <p>6. A child protection worker or a family service worker employed by an Indian or native child and family service authority shall obtain the consent of the proposed primary caregiver to a criminal record check.</p> <p>7. A child protection worker or a family service worker employed by an Indian or native child and family service authority shall obtain the consent of the proposed primary caregiver to the disclosure of information related to themselves by any society in Ontario or any child protection authority outside of Ontario. O. Reg. 493/06, s. 2.</p> <p>(2) If an assessment under subsection (1) is being conducted by a designated Indian or native child and family service authority that is not a society, the authority shall advise the society that may be placing the child of the name of any person who is 18 years of age or older and resides in the home in which the child will be placed. O. Reg. 493/06, s. 2.</p> <p>(3) A society that is advised under subsection (2) of the name of a person who is 18 years of age or older and resides in the home where it is proposed that a child will be placed,</p> <p>(a) shall conduct a review of the society's records and files for information relating to the person; and</p> <p>(b) shall forthwith respond to the Indian or native child and family service authority</p>
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## 2.8.4 SECTION B: CHILD SAFETY

		<p>indicating,</p> <ul style="list-style-type: none"> <li>(i) whether or not information relating to the person exists in the society's files or records, and</li> <li>(ii) whether the society has reasonable grounds to suspect that a child may be at risk if placed in the home. O. Reg. 493/06, s. 2.</li> </ul> <p>(4) A society that receives a request from an Indian or native child and family service authority for information about a person who is 18 years of age or older and resides in the home in which a child may be placed and a consent from that person to the disclosure of information shall forthwith respond to the authority indicating the nature of the information in the society's files or records. O. Reg. 493/06, s. 2.</p> <p>(5) As soon as practicable but not later than 30 days after conducting an assessment under this section, a child protection worker or, where applicable, a family services worker employed by an Indian or native child and family service authority shall document the assessment of the person's home. O. Reg. 493/06, s. 2.</p> <p>O. Reg 206/00: PLACE OF SAFETY AFTER PLACEMENT</p> <p><b>12.</b> (1) Within seven days after a society has placed a child in a person's home that is a place of safety under ss. 37 (5) of the Act, a child protection worker or a</p>
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#### 2.8.4 SECTION B: CHILD SAFETY

		<p>person designated by the society shall,</p> <ul style="list-style-type: none"><li>(a) conduct a home visit to the home where the child is placed;</li><li>(b) conduct an interview with the primary caregiver;</li><li>(c) meet in private with the child and conduct an interview appropriate to the child's age and developmental capacity; and</li><li>(d) contact every other person who is 18 years of age or older and resides in the home to obtain the person's consent to a criminal record check and to the disclosure of information by any society or any child protection authority in a jurisdiction outside of Ontario.</li></ul> <p>(2) Between the 25th day and the 30th day after a society has placed a child in a person's home that is a place of safety under subsection 37 (5) of the Act, a child protection worker or a person designated by the society shall repeat the steps taken under clauses (1) (a), (b) and (c). O. Reg. 523/06, s. 3.</p> <p>(3) The steps taken under subsections (1) and (2) are the minimum steps a society shall take in visiting a person's home that is a place of safety where a child has been placed and nothing in them prevents or limits the ability of the society to visit such a home.</p>
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## 2.8.4 SECTION B: CHILD SAFETY

O. Reg. 523/06, s. 3.

### 2.8.4.1 High Risk

B9 a. Is child identified as high risk?

☐ Yes  
☐ No

B9 b. If yes:  
Reasons for  
High Risk  
Designation:

- ☐ Aggressive/assaultive behaviour
- ☐ Suicidal gestures or ideation
- ☐ Self-harm
- ☐ Substance abuse (drugs/alcohol)
- ☐ 2 or more placements in previous 12 months
- ☐ Frequent AWOL-2 or more runs in

Children are considered at 'high risk' when they are at risk of harming themselves and/or others and exhibit at least one of the listed characteristics. Check all that apply. If a high risk characteristic exhibited by the child is not listed, check 'other' and provide a description of this characteristic in the field note. Note that if a child is medically fragile, this in itself may be significant enough to warrant a 'high risk' designation without any of the other characteristics.

**W**



## 2.8.4 SECTION B: CHILD SAFETY

<p>B9 c. If yes, is follow up required?</p>	<p>the past 12 months</p> <p><input type="checkbox"/> Serious psychological/emotional problems</p> <p><input type="checkbox"/> Persistent serious behavioural problems</p> <p><input type="checkbox"/> Psychiatric disorder</p> <p><input type="checkbox"/> School suspension/expulsion</p> <p><input type="checkbox"/> Inappropriate sexual behaviour</p> <p><input type="checkbox"/> Serious Occurrence</p> <p><input type="checkbox"/> Medically fragile</p> <p><input type="checkbox"/> Other:</p>			<p><b>S</b></p>
<p>The reviewer should determine whether the society is addressing the child's needs. If the society is already taking the necessary action to protect the 'high risk' child, no additional 'follow up' is required. If not, indicate 'yes' follow up is required.</p>				

## 2.8.4 SECTION B: CHILD SAFETY

<p><b>B9 c (i) Action required:</b></p>	<p> <input type="checkbox"/> Provide revised and updated plan of care within 30 days.  <input type="checkbox"/> Respond in writing to issues raised  <input type="checkbox"/> Submit written safety plan  <input type="checkbox"/> Case conference  <input type="checkbox"/> Case to be reviewed by Senior Management  <input type="checkbox"/> Case to be reviewed by Program Supervisor  <input type="checkbox"/> Other – please specify         </p>	<p>Check all relevant actions required for follow up. If 'other' is selected, provide clear instructions in the field note. Provide detail regarding follow up in the High Risk Comments section.</p> <p>A review of file by senior management may also be used selectively when there are serious concerns about the safety of the child due to high risk indicators and similar concerns about the caseworker and supervisor's ability or willingness to address the problems without the assistance of senior management. This follow-up instruction requires prior consultation with the society and approval of the Lead Reviewer. No directive is issued by selecting this response. In order to issue a directive regarding high risk safety concerns, the reviewer may do so at the end of the individual case report in question #56.</p> <p>A review of file by the program supervisor may be used selectively when there are serious concerns about the safety of the child and similar concerns about the society's ability or willingness to address the problems without the assistance of the Program Supervisor. This follow-up instruction requires prior approval of the Lead Reviewer. No directive is issued by selecting this response. In order to issue a directive regarding high risk safety concerns, the reviewer may do so at the end of the individual case report in</p>
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## 2.8.4 SECTION B: CHILD SAFETY

question #57.

### Comments

The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.

**History of verified abuse/maltreatment in care:** Provide a brief overview of the child's documented history of abuse/maltreatment since admission to care. If CD is chosen, comment on the information which appears to be missing from the child's file.

**Allegations of abuse/maltreatment during the review period:** Provide a brief overview of the nature of any allegations of abuse/maltreatment reported during the past 12 months. Also comment if CD is selected.

**Other safety risks:** Provide a brief overview of the outcome of any child protection investigation which occurred in the past 12 months. Also comment on any other circumstances which impact or potentially impact the child's safety.

**Safety planning:** Provide comments regarding safety planning in file documentation related to verified protection concerns or other safety risks identified during the review period.

**High Risk:** Explicitly itemize any issues that require follow up by the society in relation to a 'high risk' child. Recognize any efforts made by the society to address the needs of a challenging child or youth.



## 2.8.5 SECTION C: PERMANENCY

Research has stressed that “stability and continuity of relationships promote children’s growth and functioning”.

(Barber, J. G., & Delfabbro P.H. (2006). Psychosocial well-being and placement stability in foster care: Implications for policy and practice. In R.J. Flynn, P.M., Dudding & J.G. Barber (Eds.) *Promoting resilience in child welfare*. Ottawa, ON: University of Ottawa Press.)

### 2.8.5.1 Permanency Planning

<p><b>C1 a. Current permanency plan: (check one)</b></p> <p><input type="checkbox"/> Long term foster care</p> <p><input type="checkbox"/> Long term residential group care</p> <p><input type="checkbox"/> Kinship care</p> <p><input type="checkbox"/> Family Reunification</p> <p><input type="checkbox"/> Independence</p> <p><input type="checkbox"/> Supported semi-independence</p> <p><input type="checkbox"/> CD</p>	<p>Permanency planning is a requirement of the CFSA s. 1 (2) 3 iii). Transformation has placed greater emphasis on both concurrent and consecutive planning as well as exploration of all options for permanency.</p> <p>Check the child’s current permanency plan. A current permanency plan should be clearly documented in the child’s plan of care or elsewhere in the file. The current plan should reflect the Society’s efforts to provide the child/youth with continuity of care and enduring relationships at the time of review. If the plan is implied and/or not clearly documented, check ‘CD’. Address any concurrent or consecutive planning-in the question below.</p>	<p><b>CFSA</b></p> <p>Paramount purpose</p> <p>1. (2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well being of children, are:</p> <p>3. To recognize that children’s services should be provided in a manner that,</p> <p>iii. provides early assessment, planning and decision-making to achieve permanent plans for children in accordance with their best interests,</p>
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## 2.8.5 SECTION C: PERMANENCY

<p><b>C1b. Concurrent or consecutive permanency plan (check all that apply)</b></p>	<p><input type="checkbox"/> Long term foster care</p> <p><input type="checkbox"/> Long term residential group care</p> <p><input type="checkbox"/> Kinship care</p> <p><input type="checkbox"/> Kinship service</p> <p><input type="checkbox"/> Legal Custody</p> <p><input type="checkbox"/> Adult Developmental Services</p> <p><input type="checkbox"/> Family Reunification</p> <p><input type="checkbox"/> Customary Care</p> <p><input type="checkbox"/> Independence</p> <p><input type="checkbox"/> with ECM</p> <p><input type="checkbox"/> with alternative financial support</p> <p><input type="checkbox"/> without post-care supports</p> <p><input type="checkbox"/> Supported semi-independence</p> <p><input type="checkbox"/> Adoption</p>	<p>Concurrent permanency planning should be reflected as Societies are encouraged to explore all options for continuity of care and enduring relationships for children and youth. Select all that apply as Societies may be, for example, concurrently exploring a kinship care arrangement as well as a long-term foster arrangement in the event that the kinship arrangement is not viable. In this case, long-term foster care would be the current plan with kinship care being identified as the concurrent plan.</p> <p>Consecutive planning is also reflected in this section. If, for example, a youth is in a long-term foster home (current plan) and planning clearly indicates that he/she will be transitioned to independence with ECM support, then independence with ECM would be the identified consecutive plan.</p> <p>Family reunification would include plans to return the child to the care of a parent on a permanent basis and must include a plan to terminate the order of crown wardship.</p> <p>Kinship service would be chosen in those cases where the Society has clearly documented a plan to terminate the order of crown wardship in future in order to facilitate the child/youth's permanent placement with kin. Kinship care would be chosen in those cases where there is a clearly documented plan to move the child to an</p>	<p><b>CFSA</b></p> <p>Paramount purpose</p> <p>1. (2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well being of children, are:</p> <p>3. To recognize that children's services should be provided in a manner that, iii. provides early assessment, planning and decision-making to achieve permanent plans for children in accordance with their best interests,</p>
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## 2.8.5 SECTION C: PERMANENCY

	<input type="checkbox"/> by current caregivers <input type="checkbox"/> by kin <input type="checkbox"/> other/external  <input type="checkbox"/> CD <input type="checkbox"/> N/A	<p>approved kin home with the ongoing support of the Society and with the child's status as a child in care remaining intact.</p> <p>Planning for youth 17 years and older at the time of review should reflect a consecutive plan of independence along with a clear post-care permanency plan to indicate what services will be provided/offered to the youth once they have achieved their 18<sup>th</sup> birthday.</p> <p>Customary care should only be selected in those cases where a child/youth with status or eligible for status will be transitioned to formal customary care. This must include a plan to terminate Crown wardship and a plan to implement a customary care agreement.</p>
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## 2.8.5 SECTION C: PERMANENCY

<p>C3. Has the Society documented all reasonable efforts to assist the child to develop positive, secure, and enduring relationships with a significant adult(s)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>File documentation should clearly reflect the presence or absence of positive, secure, and enduring relationships with a significant adult(s). Efforts to promote the development of these types of relationships should be able to be determined from file documentation.</p>	<p><b>P</b></p> <p><i>CPSA</i></p> <p>Paramount purpose</p> <ol style="list-style-type: none"> <li>(2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well being of children, are:             <ol style="list-style-type: none"> <li>To recognize that children's services should be provided in a manner that,                     <ol style="list-style-type: none"> <li>respects a child's need for continuity of care and for stable relationships within a family and cultural environment,</li> </ol> </li> </ol> </li> </ol>
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## 2.8.5 SECTION C: PERMANENCY

<p>C4. Does the documented permanency plan reflect all reasonable efforts to explore the permanency options of adoption; custody order; or customary care (CFSA s. 63.1)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial</p>	<p>Section 63.1 of the CFSA imposes an obligation on societies to make all reasonable efforts to assist Crown wards to develop an enduring relationship within a family by way of adoption, a custody order or customary care in the case of an Indian/native child. The permanency plan of any child should reflect the efforts of the Society to explore all options for permanency.</p> <p>Formal discussions with bands, caregivers, family members, etc. should be documented and updated as appropriate and in keeping with the identified needs of the child.</p>	<p><b>P</b></p> <p><b>CFSA</b></p> <p><b>Society's obligation to a Crown ward</b></p> <p>63.1 Where a child is made a Crown ward, the society shall make all reasonable efforts to assist the child to develop a positive, secure and enduring relationship within a family through one of the following:</p> <ol style="list-style-type: none"> <li>1. An adoption.</li> <li>2. A custody order under subsection 65.2 (1).</li> <li>3. In the case of a child who is an Indian or native person, a plan for customary care as defined in Part X. 2006, c. 5, s. 21.</li> </ol>
<p>C5. Where the youth is 17 years of age or older at the time of review, does the permanency plan clearly detail post-care supports, care services, and the efforts to establish enduring relationships?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Partial</p>	<p>For transitional aged youth, planning should speak to the future maintenance of significant relationships once the youth is discharged from care. In addition, permanency planning for transitional aged youth should include a clear description of the youth's understanding of ECM requirements as well as the Society's intention to provide child specific supports and services to the youth upon their discharge. Information on where the youth will reside, financial support, educational support, and preservation of significant relationships form a well-developed</p>	<p><b>P</b></p> <p><b>Policy Directive CW003-12</b></p> <p>The intent of this policy directive is to provide direction to children's aid societies (CASs) on the provision of supports, including financial assistance, under s.71.1 of the CFSA and Ontario Regulation 206/00, to eligible youth based on</p>



## 2.8.5 SECTION C: PERMANENCY

post-care permanency plan.

"N/A" should be selected for children and youth who have not reached the age of 17 years at the time of the review.

their individual needs and aspirations to enable them to transition smoothly to adulthood.

Youth leaving the care of CASs or formal customary care are more likely to achieve improved outcomes when they are provided with supports and guidance. This policy sets out a youth-centered, strengths-based program that outlines the parameters within which CASs are expected to continue working with youth beyond their 18<sup>th</sup> birthday. CASs will provide supports and guidance that will assist youth to achieve physical and emotional well-being, acquire basic life management skills and develop social networks that include connections to caring adults and the community.

5. The CAS worker and youth shall meet to develop a Youth Plan that is based on the youth's individual strengths, needs, and goals. The CAS worker shall consider, at minimum, the following areas in the planning:

- Permanent Relationships;
- Community Connections;
- Health and Well-Being;
- Housing;
- Education/Employment;
- Life Management Skills/Personal Development; and

## 2.8.5 SECTION C: PERMANENCY

		• Identity
<b>C6. Where the youth is 16 years or older and is eligible for adult developmental services, has the documentation reflected the Society's efforts to make necessary referrals to community services?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Where a youth is 16 years of age or older and file documentation indicates that he/she is eligible or may be eligible for services from the adult developmental sector after the age of eighteen, planning should reflect the efforts of the Society to make the necessary referrals for these future services.
<b>Comments:</b>		
The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. If necessary, the reviewer adds comments in relation to the child's significant, enduring relationships. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.		
<b>2.8.5.2 Placement</b>		
<b>C7. Start date of current placement</b>	YYYY-MM-DD	Indicate the date the child was placed in his or her current home. If a child returns to a previous placement following a placement in an YCJA facility, hospital, emergency, respite placement or crisis mental health, an additional placement is not counted and the original date of placement in the home is documented. Within the Outside Paid Resource (OPR) system, a child may move from one foster or group home to another within the same organization resulting in a change of

## 2.8.5 SECTION C: PERMANENCY

		<p>primary caregivers. In the case of parent model homes, a change in "house parents" is a change in primary caregivers and is therefore considered to be a placement change despite the child remaining in the same physical location.</p> <p>For youth living independently, a change in address is considered to be a placement change.</p> <p>In the event that a child/youth is residing in an unapproved placement, the start date shall be the date that the child/youth began residing in the unapproved placement or the date upon which the Society became aware of the youth's location.</p>	
C8. Number of placements last 18 months	##	<p>Provide a numerical (##) indication of the number of placements that the child received in the previous 18 months by counting the existing placement at the beginning of the 18 month period as '1'. (YCJ, hospital, emergency, respite, and crisis mental health placements are excluded.)</p> <p>In those cases where a youth is residing in an unapproved placement, the unapproved placement shall be counted as one placement change from the date the youth last left an approved placement until the date when the youth returns to an approved placement.</p>	
C9. Number of placements since	##	<p>Provide the number of placements since the child or youth's most recent admission to care. Youth</p>	



## 2.8.5 SECTION C: PERMANENCY

most recent admission to care		<p>Criminal Justice (YCJ), hospital, emergency, respite, and crisis mental health, are not included in the number of placements since the child's most recent admission to care. A placement on adoption probation shall be counted in the number of total placements.</p> <p>In those cases where a youth is residing in an unapproved placement, the unapproved placement shall be counted as one placement change from the date the youth last left an approved placement until the date when the youth returns to an approved placement.</p>	
C10. Average placement duration since most recent admission to care	Years/months	Indicate in years and months the average length of placement since the most recent admission to care.	
C11. Number of placements since Crown wardship	#	<p>## Youth Criminal Justice (YCJ), hospital, emergency, respite, and crisis mental health, are not included in the number of placements since the child's date of Crown wardship.</p> <p>In those cases where a youth is residing in an unapproved placement, the unapproved placement shall be counted as one placement change from the date the youth last left an approved placement until the date when the youth returns to an approved placement.</p>	



## 2.8.5 SECTION C: PERMANENCY

C12. Average placement duration since Crown wardship	Years/months	Indicate in years and months the average length of placement since the child's Crown wardship order.	
C13. Length of current placement	##	The length of current placement is based on the difference (in years and months) between the start date of the current placement and the date that the file is reviewed. This will be automatically generated.	
C14a. In the past 12 months, was removal of the child from a foster parent proposed by the Society where the child had resided continuously for 2 years or more and where the foster parent objected to the proposed removal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If a child is a Crown ward and has lived continuously with a foster parent (CAS or OPR) for two years and a society proposes to remove the child from the foster parent the society must give the foster parent at least 10 days notice in writing of the proposed removal and of the foster parents' right to apply for a review under CFSA s.61 (7)(a). This applies to all children in both CAS and paid outside foster care.</p>	

## 2.8.5 SECTION C: PERMANENCY

<p>C14 b. If yes, was written notification provided to the foster parent within 10 days of the proposed removal and of their right to apply for a review?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CD</p>	<p>If a child is a Crown ward and has lived continuously with a foster parent (CAS or OPR) for two years and a society proposes to remove the child from the foster parent, the society must give the foster parent at least 10 days notice in writing of the proposed removal and of the foster parents' right to apply for a review under CFSA s.61(7)(a). This applies to all children in both CAS and paid outside foster care.</p>	<p>CFSA 61. (7) If a child is a Crown ward and has lived continuously with a foster parent for two years and a society proposes to remove the child from the foster parent under subsection (6), the society shall,</p> <p>(a) give the foster parent at least 10 days notice in writing of the proposed removal and of the foster parent's right to apply for a review under subsection (7.1)</p>
<p>C15. If the child experienced a change in placement in the last 12 months:</p>	<p>i. provide dates for those moves</p>	<p>Provide dates (YYYY-MM-DD) of moves that took place in the previous 12 months. A change of primary caregivers or, in the case of youth living independently, a change in address constitutes a change in placement. Do not include dates related to YCJA, hospital, emergency, respite, and crisis mental health placements.</p>	
	<p>C15a (i). Most recent placement change #1 :          YYYY-MM-DD</p> <p>Enter the date of the most recent placement change in the review period.</p>	<p>C15b (i). Second most recent placement change #2:          YYYY-MM-DD</p> <p>Enter the date of the second most recent placement change in the review period.</p>	<p>C15c (i). Third most recent placement change #3 : YYYY-MM-DD</p> <p>Enter the date of the third most recent placement change in the review period.</p>



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<p>ii. Was a pre-placement visit facilitated?</p>	<p>Regulation 71 s.5(1) states that no Society that admits a child to care shall place the child in a foster home or other home unless the child has previously visited the home at least 10 days before the placement.</p> <p>(2) Subsection (1) does not apply where it is not practical in the circumstance to have the child visit the home at least 10 days before the placement.</p> <p>Yes is selected when a pre-placement visit was practical and was carried out.</p> <p>No is selected when a pre-placement visit was able to be conducted within 10 days prior to the placement but where the Society did not facilitate such a visit.</p> <p>N/A is selected when the emergent circumstances of the placement change precluded the Society from facilitating a visit in the 10 days prior to the placement change i.e.</p>	<p>Regulation 71 s.5(1)</p> <p>No Society that admits a child to care shall place the child in a foster home or other home unless the child has previously visited the home at least 10 days before the placement.</p> <p>(2) Subsection (1) does not apply where it is not practical in the circumstance to have the child visit the home at least 10 days before the placement.</p>
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## 2.8.5 SECTION C: PERMANENCY

	C15a (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	C15b (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	C15c (ii). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>C16. Were the reasons for the placement change(s) clearly documented?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate "yes" if file documentation provides a clear illustration of the reasons for a change in placement. Indicate "no" if the reasons for the placement change were not clearly captured in file documentation.	
Regulation 70 s.111 (8) The social history of a child shall include, (i) experiences of separation;			

### 2.8.5.3 Access

Since November 30, 2006, a Crown wardship order terminates all CFSA s. 59 (2) access orders. An access order can only be made (or varied) if the court is satisfied that:

- (a) the relationship between the person and the child is beneficial and meaningful to the child; and
- (b) the ordered access will not impair the child's future opportunities for adoption. (s.59 (2.1))

Indicate what access is ordered or agreed to at the time of or since the court order for:



## 2.8.5 SECTION C: PERMANENCY

- Mother (birth, adoptive or legal guardian), father (birth, adoptive or legal guardian), siblings. If access is 'n/a' for siblings, indicate, 'no'.
- Extended family including aunts, uncles, cousins and grandparents; and
- Any 'other' individuals including step-parents – specify who the 'other' individuals are.

Access "agreed to" refers to contact permitted by the society under CFSA s. 59 (4):

If a society believes that contact or communication between a person and a Crown ward is in the best interests of the Crown ward and no openness order under Part VII or access order is in effect with respect to the person and the Crown ward, the society may permit contact or communication between the person and the Crown ward.

Indicate whether any access is exercised – i.e., access that is contact between the child and other party, including by telephone, electronic and written communication. If the child has more than one sibling, indicate 'yes' if he or she has contact with any one of them.

Indicate as well whether there are issues with access because, according to the documentation on file, it is:

- Not beneficial or meaningful to the child;
- Contrary to the wishes of the child;
- Contra-indicated according to the permanency plan.

If issues with access have been identified in the documentation, reviewers are to determine whether the Society has addressed the issues they have documented. 'Yes' is selected when issues have been identified and the Society's response to the issues is clearly reflected in the file. 'No' is selected when issues with access are clearly indicated but documentation reflects that the Society has taken no action to address the concerns. 'Cannot determine' would be selected when issues are documented but the Society's response to the issues cannot be clearly determined from file information and/or the Society has been unable to provide information when requested. 'N/A' is the appropriate response when no issues appear to exist.

Access may not be easy and yet meaningful for a child. Review would be required if the society does not assist the child to cope with the difficulties of meaningful access, for example. If there are concerns requiring review, provide detail in 'Comments' below.

## 2.8.5 SECTION C: PERMANENCY

<p>C17. Has access been ordered or agreed to?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD</p>	<p>Access "agreed to" refers to contact permitted by the society under CFSA s. 59 (4):</p>	<p>CFSA s. 59 (4): If a society believes that contact or communication between a person and a Crown ward is in the best interests of the Crown ward and no openness order under Part VII or access order is in effect with respect to the person and the Crown ward, the society may permit contact or communication between the person and the Crown ward.</p>
<p>C18. Does the file include a clear description of access arrangements between the child/youth and members of their family or significant others?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Indicate whether file documentation includes a clear description of the child/youth's contact with their family members or significant others. "Yes" should be selected when the plan of care or other file documentation provides sufficient detail regarding family contact including such information as location, frequency, duration, and level of supervision. "No" should be selected when documentation indicates that access is ordered or agreed to but file documentation does not provide sufficient information to determine the nature of the contact.</p>	
<p>C19. Specify Access Ordered/Agreed to</p>	<p>C20. Exercised</p>	<p>C21 (i). Does documentation reflect that the relationship is beneficial and meaningful to the child?</p>	<p>C21 (ii) Are there documented issues with access and have these been addressed by the Society according to file documentation?</p> <p><b>P</b></p>



## 2.8.5 SECTION C: PERMANENCY

	<p>Indicate whether any access is exercised – i.e., access that is contact between the child and other party, including by telephone, electronic and written communication. If the child has more than one sibling, indicate 'yes' if he or she has contact with any one of them.</p>	<p>Access may not be easy and yet meaningful for a child. Review would be required if the society does not assist the child to cope with the difficulties of meaningful access, for example. If there are concerns requiring review, provide detail in 'Comments' below.</p>	<p>Indicate as well whether there are issues with access because, according to the documentation on file, it is:</p> <ul style="list-style-type: none"> <li>• Not beneficial or meaningful to the child;</li> <li>• Contrary to the wishes of the child;</li> <li>• Contra-indicated according to the permanency plan.</li> </ul> <p>If issues with access have been identified in the documentation, reviewers are to determine whether the Society has addressed the issues they have documented. 'Yes' is selected when issues have been identified and the Society's response to the issues is clearly reflected in</p>	<p><b>CFSA 59. (1)</b> Where an order is made under paragraph 1 or 2 of subsection 57 (1) removing a child from the person who had charge of the child immediately before intervention under this Part, the court shall make an order for access by the person unless the court is satisfied that continued contact with him or her would not be in the child's best interests. R.S.O. 1990, c. C.11, s. 59 (1).</p> <p><b>(2)</b> Where the court makes an order that a child be made a ward of the Crown, any order for access made under this Part with respect to the child is terminated. 2006, c. 5, s. 17 (2).</p> <p><b>(2.1)</b> A court shall not make or vary an access order made under section 58 with respect to a Crown ward unless the court is satisfied that,</p> <p><b>(a)</b> the relationship between the person and the child is beneficial and meaningful to the child; and</p> <p><b>(b)</b> the ordered access will not impair the child's future opportunities for adoption. 2006, c. 5, s. 17 (2).</p> <p><b>(4)</b> If a society believes that contact or communication between a person and a Crown ward is in the best interests of the Crown ward and no openness order under Part VII or access order is in effect with respect to the person and the Crown ward, the society may permit contact or communication between the person and the Crown ward. 2006, c. 5, s. 17 (4).</p>
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## 2.8.5 SECTION C: PERMANENCY

<p><b>CFS4 103 (2)</b> A child in care who is a Crown ward is not entitled as of right to speak with, visit or receive visits from a member of his or her family, except under an order for access made under Part III or an openness order or openness agreement made under Part VII. 2006, c. 5, s. 32.</p>	<p>the file. 'No' is selected when issues with access are clearly indicated but documentation reflects that the Society has taken no action to address the concerns. 'Cannot determine' would be selected when issues are documented but the Society's response to the issues cannot be clearly determined from file information and/or the Society has been unable to provide information when requested. 'N/A' is the appropriate response when no issues appear to exist.</p>	
<p><b>C19 a. Mother:</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Deceased  <input type="checkbox"/> CD</p>	<p><b>C20 a.</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> N/A  <input type="checkbox"/> No  <input type="checkbox"/> CD</p>	<p><b>C21 a (i)</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> N/A  <input type="checkbox"/> No  <input type="checkbox"/> CD</p>
		<p><b>C21 a (ii)</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CD  <input type="checkbox"/> N/A</p>

# 2.8.5 SECTION C: PERMANENCY

<b>C19 b. Father:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD	<b>C20 b.</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	<b>C21 b (i)</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	<b>C21 b (ii)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD <input type="checkbox"/> N/A
<b>C19 c. Sibling:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD	<b>C20 c.</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	<b>C21 c (i)</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	<b>C21 c (ii)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD <input type="checkbox"/> N/A
<b>C19 d. Extended family:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD	<b>C20 d.</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	<b>C21 d (i)</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> CD	<b>C21 d (ii)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD <input type="checkbox"/> N/A
<b>C19 e. Other:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> CD  <b>C19 e (i).</b> Specify _____	<b>C20 e.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<b>C21 e (i)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<b>C21 e (ii)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD <input type="checkbox"/> N/A

## 2.8.5 SECTION C: PERMANENCY

<p>C22. Does the child live with his or her siblings?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Indicate 'yes' or 'no' whether the child lives with his or her siblings. Indicate 'N/A' if the child does not have any siblings or access is counter indicated. Provide comment below if any explanation is required.</p>	
<p>C23. Does documentation indicate that the Society has considered the wishes of the child in formulating the access plan?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD</p>	<p><b>CFSA s.107.</b> A child in care has a right to be consulted and to express his or her views, to the extent that is practical given the child's level of understanding, whenever significant decisions concerning the child are made, including decisions with respect to medical treatment, education and religion and decisions with respect to the child's discharge from the placement or transfer to another residential placement. R.S.O. 1990, c. C.11, s. 107.</p>	<p><b>CFSA s.107.</b> A child in care has a right to be consulted and to express his or her views, to the extent that is practical given the child's level of understanding, whenever significant decisions concerning the child are made, including decisions with respect to medical treatment, education and religion and decisions with respect to the child's discharge from the placement or transfer to another residential placement. R.S.O. 1990, c. C.11, s. 107.</p>
<p><b>Comments</b></p> <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.</p> <p>Comment on areas requiring attention related to, for example:</p> <ul style="list-style-type: none"> <li>Concerns about access requiring review – e.g., is access consistent with the permanency plan; the child's access with his or her siblings.</li> </ul>			



## 2.8.6 SECTION D: CHILD WELLBEING

To achieve positive outcomes regarding Child Wellbeing, children must receive appropriate and adequate services to meet their many needs.

### 2.8.6.1 Child's Special Needs

<p><b>D1 a. Does the child have a diagnosed special need?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No –not indicated  <input type="checkbox"/> No –diagnosis pending  <input type="checkbox"/> No – may require diagnosis/assessment  <input type="checkbox"/> CD</p>	<p>A child is considered to have a 'special need' if he or she has been formally diagnosed by a medical doctor, psychiatrist or psychologist. A child is not considered to have a 'special need' on the basis of behavioural issues or involvement in counselling.</p> <p>Provide comment below if there is a need for clarification.</p>	<p><b>Reg. 70 111.</b>  (2) Every placing agency shall complete an assessment of each child that it places in foster care within thirty days of the child being placed in a foster home. R.R.O. 1990, Reg. 70, s. 111 (2); O. Reg. 493/06, s. 17 (1).  (3) An assessment referred to in subsection (2) shall set out,  (a) the special needs of the child</p>
<p><b>D1 b. Does documentation reflect that the diagnosed condition continues to require attention in planning and/or treatment?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CD</p>	<p>Diagnoses are valid until such time as there is a new diagnosis or there is a significant change for the better (child responds to the intervention and improves) or worse (poor match between an intervention and a problem or new issues [e.g., death in the family, problems at school, etc.] affect the child's functioning.</p>	
<p><b>D1 c. Confirmed Diagnosis: (select as many as appropriate)</b></p>	<p><b>Medical</b>  <input type="checkbox"/> Neurological Disorder  <input type="checkbox"/> Physical Disability</p>	<p>If the child has special needs, check off all relevant diagnoses. Provide comment below if there is a need for clarification. Provide field notes for 'Other'.</p>	

## 2.8.6 SECTION D: CHILD WELLBEING

<input type="checkbox"/> Medical Condition <input type="checkbox"/> Medically Fragile <input type="checkbox"/> Brain Injury <input type="checkbox"/> Other  <b>Developmental</b> <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> FASD Spectrum <input type="checkbox"/> Learning Disability <input type="checkbox"/> Other	<p>Confirmation of diagnoses may be found in assessments and/or medical reports prepared by qualified professionals.</p> <p>Developmental Delay could include a range of developmental problems, such as: poor speech development, fine motor and gross motor (i.e., ability to manipulate objects). A Developmental Delay can be in the mild range (which will respond to interventions such as speech therapy or occupational therapy) right across to "profound" range which cannot be corrected. Developmental Delays are usually assessed in relation to children or youth of the same age (i.e., the child being assessed is compared to other children in the same age group) to determine if there are any delays in performance and functioning.</p>
<b>Psychological/Psychiatric</b> <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> PTSD <input type="checkbox"/> Attachment Disorder <input type="checkbox"/> Adjustment Disorder <input type="checkbox"/> Bi-polar <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Psychotic Disorder <input type="checkbox"/> Oppositional-Defiant Disorder <input type="checkbox"/> Obsessive Compulsive Disorder <input type="checkbox"/> Conduct Disorder <input type="checkbox"/> Intermittent Explosive	<p>Intellectual disability is related more specifically to the brain's static ability to learn and process information. Intellectual disability also ranges from mild to severe depending on the individual's IQ. Intellectually disabled individuals, for example, with an IQ of over 80 can learn and develop concrete life skills and social skills and function in the community, whereas profoundly intellectually disabled individuals may need residential care and</p>



## 2.8.6 SECTION D: CHILD WELLBEING

	<p>Disorder</p> <p><input type="checkbox"/> Anxiety Disorder</p> <p><input type="checkbox"/> Eating Disorder</p> <p><input type="checkbox"/> Depressive/Dysthymic Disorder</p> <p><input type="checkbox"/> Adjustment Difficulties (such as Emotional Difficulties, situational anxiety and/or depression)</p> <p><input type="checkbox"/> Other</p>	<p>supervision. Learning problems, such as dyslexia, are not considered intellectual disability as they can be accommodated with intervention.</p> <ul style="list-style-type: none"> <li> <p><b>Mild Intellectual Disability</b></p> <p>A person is considered to have an intellectual disability if intellectual functioning is 2 to 3 standard deviations below the norm on an individually administered psycho-educational assessment of intellectual functioning. DSM IV – TR: mild (IQ 50-70)</p> </li> <li> <p><b>Moderate to Severe Intellectual Disability</b></p> <p>A person is considered to have a moderate to severe/profound intellectual disability if intellectual functioning is greater than 3 standard deviations below the norm on an individually administered psycho-educational assessment of intellectual functioning. DSM IV – TR: Moderate (IQ 35-50) Severe (IQ 20-40) Profound (IQ 20-25)</p> </li> </ul> <p>A diagnosis of Tourette's Syndrome falls within the category of Neurological disorder as do cerebral palsy, multiple sclerosis, and central auditory processing deficit (CAPD).</p>
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## 2.8.6 SECTION D: CHILD WELLBEING

		<p>Concerns regarding medical conditions such as asthma, allergies, lactose intolerance, etc. Should only be indicated as a special need medical condition if the condition interferes significantly with the child's ability to participate in daily living activities.</p> <p>An identification of "medically fragile" should be indicated for those children and youth who require care by a nurse or specially trained foster parent.</p> <p>Adjustment difficulties should be selected when documentation indicates that no formal psychological or psychiatric diagnosis has been made but the child/youth is exhibiting symptoms of anxiety, depression, or other emotional difficulties as identified by a medical, psychological, or psychiatric professional.</p> <p>Enuresis/encopresis may be captured in the Other category under the appropriate section based on the child's identified needs i.e. Medical, developmental, or psychological/psychiatric.</p>	
D1d. If yes:	<input type="checkbox"/> medical <input type="checkbox"/> psychological/psychiatric	If the child has special needs, check off all relevant diagnoses. Provide comment	

## 2.8.6 SECTION D: CHILD WELLBEING

	<input type="checkbox"/> developmental	below if there is a need for clarification.	
D2 a. Does the child present with clinically significant behavioural issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment below as necessary	This will be generated automatically.  Behavioural issues refer only to behaviour that is of clinical significance and which can be considered to be outside the developmental norm. Generally, this will refer to behaviour that presents a risk to the child or others. However, there are other behaviours that prevent the child from experiencing social success.  In those cases where documentation suggests that the child/youth may be exhibiting behavioural issues but information on file has not been clearly developed, "yes" shall be selected.  Provide comment below if there is any need for clarification.	
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 <input type="checkbox"/> CD		
D2 c. Behavioural issues: (select as many as appropriate)	<input type="checkbox"/> truancy <input type="checkbox"/> disruptive classroom behaviour <input type="checkbox"/> AWOL <input type="checkbox"/> issues with other children in placement		

## 2.8.6 SECTION D: CHILD WELLBEING

- |  |  |  |
|--|--|--|
|  | <input type="checkbox"/> prostitution<br><input type="checkbox"/> pattern of indiscriminate unprotected sexual activity<br><input type="checkbox"/> inappropriate sexual behaviour<br><input type="checkbox"/> property damage<br><input type="checkbox"/> verbal assaultive/aggressive behaviour<br><input type="checkbox"/> physical assaultive/aggressive behaviour<br><input type="checkbox"/> intermittent explosive episodes/tantrums<br><input type="checkbox"/> pattern of fire setting<br><input type="checkbox"/> self-harm including cutting, burning<br><input type="checkbox"/> suicidal ideation/gesturing in the past 12 months<br><input type="checkbox"/> hoarding<br><input type="checkbox"/> socially withdrawn/disengaged<br><input type="checkbox"/> alienates peers<br><input type="checkbox"/> substance abuse (drugs/alcohol)<br><input type="checkbox"/> pattern of odd behaviour<br><input type="checkbox"/> bodily elimination issues<br><input type="checkbox"/> disrespectful – defiant, noncompliant, rude |  |
|--|--|--|



## 2.8.6 SECTION D: CHILD WELLBEING

	<input type="checkbox"/> theft <input type="checkbox"/> threatening <input type="checkbox"/> lying <input type="checkbox"/> association with negative peer group <input type="checkbox"/> bullying (perpetrator) <input type="checkbox"/> other		
D3. Has the child received/completed treatment relevant to his or her development, 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 <input type="checkbox"/> CD	Indicate 'yes' or 'no' with the appropriate descriptor whether the child is receiving treatment. Treatment includes any form of help accessed to address the child's special needs or behavioural issues including, for example, residential treatment, art and music therapy, occupational and physical therapy, peer support and specialized treatments such as IBI, social skills, drug or alcohol treatment. If the child does not require treatment, indicate 'N/A'.	<p><b>W</b></p> <p><b>Reg. 70 s. 86</b>          (2) A plan of care for a resident shall include,          (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</p> <p><b>Reg. 71</b>          (5) Psychological and psychiatric assessments or treatment or both shall be provided for each child in the care of a society in accordance with the needs of the child where the society is of the opinion that the behaviour and condition of the child indicate that an assessment or treatment or both is necessary in the circumstances. R.R.O. 1990, Reg. 71, s. 4 (5).</p>

## 2.8.6 SECTION D: CHILD WELLBEING

A special friend can also be a Big Brother or Big Sister.

D3a. If yes, check all that apply:

- ☐ 1:1 staffing
- ☐ Special Friend
- ☐ Social skills programming – group or individual
- ☐ Recreational activities/programming
- ☐ Caregiver support programming e.g. FSW, RSW, Behavioural Consultant
- ☐ Behaviour Management clinical services
- ☐ Specialized school supports
- ☐ Respite
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Therapist/Counsellor
- ☐ Medical specialist
- ☐ OT/PT
- ☐ Speech & Language therapy
- ☐ Music therapy
- ☐ Art therapy
- ☐ Therapeutic Horseback Riding
- ☐ Other

## 2.8.6 SECTION D: CHILD WELLBEING

<p>D4. Have psychotropic medications been prescribed?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No - not required  <input type="checkbox"/> CD</p>	<p>Indicate 'yes' or 'no - not required' whether psychotropic medication has been prescribed for the child.</p>	
<p>D4a. If yes, is there a signed consent on file for youth 16 years of age or older or evidence of consideration of the child's views and preferences for children under the age of 16?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> Yes – child refuses  <input type="checkbox"/> No</p>	<p>The <i>CFSA</i> requires that youth who are sixteen years or older provide their consent to the administration of a psychotropic medication. It also requires that where a child is not yet 16 years of age, the service provider should "consider the child's views and preferences where they can be reasonably ascertained". A list of psychotropic medications can be found in Reg. 70, section 49.</p> <p>Indicate 'yes' if a signed consent is on file for youth 16 or older or if the documentation clearly reflects the youth's verbal consent. Also select "yes" if the file documentation indicates that the views and wishes of a child under 16 have been considered regarding the administration of medication.</p> <p>Indicate 'yes – child refuses' if medication</p>	<p><b>Reference: <i>CFSA</i></b>  <b>Consents required for use of psychotropic drug</b>  <b>132.</b> (1) A service provider shall not administer or permit the administration of a psychotropic drug to a child in the service provider's care without,          (a) if the child is sixteen years of age or more, the child's consent; or          (b) if the child is less than sixteen years of age, the consent of the child's parent or, where the child is in a society's lawful custody, the society's consent. R.S.O. 1990, c. C.11, s. 132 (1).</p> <p><b>Idem</b>          (2) A consent referred to in subsection (1) shall identify the psychotropic drug clearly and shall specify,          (a) what condition the psychotropic drug is intended to alleviate;</p>



## 2.8.6 SECTION D: CHILD WELLBEING

	<p>has been prescribed but the child/youth declines this form of intervention or refuses to take the medication.</p> <p>'No' is indicated when the file does not contain a signed consent or indication of verbal consent for a youth 16 years or older or when there is no evidence of the younger child's views and preferences having been considered. If "no" is selected, the reviewer should provide an explanatory note in the comment section below.</p>	<p>(b) the range of intended dosages;</p> <p>(c) the risks and possible side effects associated with the psychotropic drug, and how they vary with different dosages; and</p> <p>(d) the frequency with which and the period of time during which the psychotropic drug is to be administered. R.S.O. 1990, c. C.11, s. 132 (2).</p> <p><b>Child's views and preferences</b></p> <p>(3) A service provider shall not administer or permit the administration of a psychotropic drug to a child in the service provider's care who is less than sixteen years of age or lacks capacity within the meaning of section 4 without first considering the child's views and preferences, where they can be reasonably ascertained, except under subsection (4). R.S.O. 1990, c. C.11, s. 132 (3).</p>
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### Comments:

The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.

**Special Needs:** – Provide clarification if necessary

**Behavioural Issues:** – Provide clarification if necessary

**Treatment and/or support services:** Provide specifics regarding any treatment or support services used to assist this child with special needs or behavioural issues.

## 2.8.6.2 Education

D5 a. Is the child registered in a school program?

- ☐ Yes  
☐ No  
☐ CD  
☐ Not of school age

Indicate whether the child is registered in a school program. Indicate 'no' if the child/youth is of school age but is not registered in a school program at the time of review. Indicate 'not of school age' if the child is too young to attend school or has successfully completed secondary school. 'CD' is indicated if file documentation suggests that the child/youth may be registered but there is no further information. The reviewer should provide an explanation in the comment box if 'cd' is selected.

# W

The *Education Act*, R.S.O. 1990, c. E.2 states that attendance at school is compulsory until age 18. There are exceptions however. I will copy the most relevant sections of the Act for your review:

### Compulsory attendance

21. (1) Unless excused under this section,

(a) every person who attains the age of six years on or before the first school day in September in any year shall attend an elementary or secondary school on every school day from the first school day in September in that year until the person attains the age of 18 years; and

(b) every person who attains the age of six years after the first school day in September in any year shall attend an elementary or secondary school on every school day from the first school day in September in the next succeeding year until the last school day in June in the year in which the person attains the age of 18 years. 2006, c. 28, s. 5 (1).

## 2.8.6 SECTION D: CHILD WELLBEING

### Participation in equivalent learning

(1.1) A person shall be considered to be attending school when he or she is participating in equivalent learning if the equivalent learning program, course of study or other activity and the group, organization or entity providing it have been approved under paragraph 3.0.1 of subsection 8 (1). 2006, c. 28, s. 5 (1).

### When attendance excused

(2) A person is excused from attendance at school if,

(a) the person is receiving satisfactory instruction at home or elsewhere;

(b) the person is unable to attend school by reason of sickness or other unavoidable cause;

(c) transportation is not provided by a board for the person and there is no school that he or she has a right to attend situated,

(i) within 1.6 kilometres from the person's residence measured by the nearest road if he or she has not attained the age of seven years on or before the first school day in September in the year in question, or

(ii) within 3.2 kilometres from the person's residence measured by the nearest road if he or she



## 2.8.6 SECTION D: CHILD WELLBEING

			<p>has attained the age of seven years but not the age of 10 years on or before the first school day in September in the year in question, or</p> <p>(iii) within 4.8 kilometres from the person's residence measured by the nearest road if he or she has attained the age of 10 years on or before the first school day in September in the year in question;</p> <p>(d) the person has obtained a secondary school graduation diploma or has completed a course that gives equivalent standing;</p> <p>(e) the person is absent from school for the purpose of receiving instruction in music and the period of absence does not exceed one-half day in any week;</p> <p>(f) the person is suspended, expelled or excluded from attendance at school under any Act or under the regulations;</p> <p>(g) the person is absent on a day regarded as a holy day by the church or religious denomination to which he or she belongs; or</p> <p>(h) the person is absent or excused as</p>
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## 2.8.6 SECTION D: CHILD WELLBEING

		<p>authorized under this Act and the regulations. 2006, c. 28, s. 5 (1).</p> <p><i>CFS4</i> 61. (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).</p> <p><i>CFS4</i> 105. (2) A child in care has a right, (e) to receive an education that corresponds to the child's aptitudes and abilities, in a community setting whenever possible; R.S.O. 1990, c. C.11, s. 105.</p> <p><b>Reg. 70</b> 111. (1) Every licensee shall ensure that before a child is accepted by the licensee to receive foster care in a home that provides foster care for or on behalf of the licensee that,</p> <p>(b) the immediate objectives of the provision of foster care for the child have been determined, taking into account the developmental, emotional, social, medical and educational needs of the child. R.R.O. 1990, Reg. 70, s. 111 (1).</p>
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### 2.8.6 SECTION D: CHILD WELLBEING

<p>D5 a (i). If yes, check one</p> <p><input type="checkbox"/> Elementary</p> <p><input type="checkbox"/> Secondary</p> <p><input type="checkbox"/> Post-Secondary</p>	<p>If 'yes', indicate the educational level in which the child was most recently registered. Junior and Senior Kindergarten are elementary programs. An apprenticeship program is a post-secondary program.</p> <p>If a child has recently transitioned from elementary to secondary school at the time of review, indicate the child's current registration in secondary school</p>	
<p>D5 a (ii). If secondary or post-secondary, check all that apply</p> <p><input type="checkbox"/> Secondary</p> <p><input type="checkbox"/> Self-contained classroom (special education)</p> <p><input type="checkbox"/> Essential (E)</p> <p><input type="checkbox"/> Locally Developed (L)</p> <p><input type="checkbox"/> Applied (P)</p> <p><input type="checkbox"/> Academic (D)</p> <p><input type="checkbox"/> Open (O)</p> <p><input type="checkbox"/> College (C)</p>	<p>If the youth is registered at a secondary school, indicate every course type for which the youth is registered.</p> <p>If the youth attends an off-site section classroom (such as those operated by an OPR) or an alternative education program, select "Alternative".</p>	



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	<input type="checkbox"/> University (U) <input type="checkbox"/> Alternative <input type="checkbox"/> GED  <input type="checkbox"/> Post-Secondary <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Apprenticeship	Indicate 'GED' if the youth is engaged in independent study or approved equivalent learning.	
D5 a (iii) If the child/youth is not registered, check all that apply:  <input type="checkbox"/> Graduated <input type="checkbox"/> Expelled <input type="checkbox"/> Withdrawn <input type="checkbox"/> Employed <input type="checkbox"/> Medical Needs <input type="checkbox"/> CD		Indicate the reason why a child of school age is not currently registered in a school program.	
D5 b (i) Is the child/youth attending school regularly?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD		Based on information in the child's file, indicate whether the child/youth is attending school regularly. 'CD' is selected when file documentation does not clearly indicate whether a child/youth is attending	

## 2.8.6 SECTION D: CHILD WELLBEING

		<p>school regularly. The reviewer should comment below.</p>	
<p><b>D5 b (ii) If no, check one as applicable</b></p> <p><input type="checkbox"/> Truant</p> <p><input type="checkbox"/> Medical condition</p> <p><input type="checkbox"/> Other</p>	<p>Based on information in the child's file, indicate the reason for lack of regular attendance.</p>		
<p><b>D6. Is child eligible for an RESP?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>According to Policy Directive CW 001-08:</p> <p>On July 20, 2006, the federal government began providing the Universal Child Care Benefit (UCCB) directly to Children's Aid Societies (CASs) for children in care under the age of six. ...</p> <p>1. Effective immediately, establish RESPs for Crown wards for whom the CAS has received UCCB funds.</p>	<p><b>POLICY DIRECTIVE: CW 001-08</b> Registered Education Savings Plans (RESPs) – in effect April 15, 2008</p> <p>On July 20, 2006, the federal government began providing the Universal Child Care Benefit (UCCB) directly to Children's Aid Societies (CASs) for children in care under the age of six. ...</p> <p>Effective immediately, establish RESPs for Crown wards for whom the CAS has received UCCB funds since July 2006.</p>	

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		Eligibility will be automatically determined according to the child's birth date.	
D7. Does the child have an RESP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	Indicate whether or not the child has an RESP.	
D8 a. Has child been assessed for exceptional student status through the IPRC process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	Indicate 'Yes' if an <b>Identification, Placement and Review Committee</b> has been held in the last two years and the child was designated with exceptional student status. This committee identifies and places children in Special Education programs. 'Yes' is also the appropriate response in those cases where children have been reviewed by the IPRC committee but were determined not to be exceptional.	<i>CESA 61. (3)</i> 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).



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		<p>Indicate 'no' if a clinical assessment of the child's needs is on file which recommends an IPRC review and the file indicates that no IPRC review has taken place and there is no documented reason for the lack of review.</p> <p>'N/A' is selected if there is no indication of a need for the child to be reviewed by the IPRC.</p> <p>'Cannot determine' is selected when information on file suggests the child may have been assessed/designated as exceptional through IPRC but no confirming documentation can be located in the file.</p>	
	<p>D8 b. If yes, check all that apply:</p> <p><input type="checkbox"/> Not exceptional</p> <p><input type="checkbox"/> Behaviour</p>	<p>Check all exceptional designations indicated on the child's IPRC documentation.</p> <p>Designation information</p>	

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	<input type="checkbox"/> Communication <input type="checkbox"/> Physical Disability <input type="checkbox"/> Intellectual <input type="checkbox"/> Not reflected in File <input type="checkbox"/> Gifted <input type="checkbox"/> Multiple Exceptionalities	can also be found on the child's IEP. In the event that the child was reviewed for exceptional status through IPRC but found not to be exceptional, choose "Not exceptional" from the list.	
<b>D9a. Does the child have an IEP?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	File information should reflect whether a child has an IEP to support their learning needs. It is not necessary for the child to have been designated as exceptional through the IPRC process in order to have an IEP. A copy of the IEP for the current school year should be on file.	<i>CESA 61. (3)</i> 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).
<b>D9b. If yes, check all that apply</b>	<input type="checkbox"/> Accommodations <input type="checkbox"/> Modifications <input type="checkbox"/> Alternative programming <input type="checkbox"/> Self-contained classroom <input type="checkbox"/> Cannot determine	Types of programming offered by way of IEP can be found on the IEP document. Check all that apply. 'Cannot determine' is indicated if the IEP is not on file and programming is not clearly identified in case planning.	
<b>D10 a. Has child changed</b>	<input type="checkbox"/> Yes	Indicate 'yes' or 'no'	

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<p>schools in the past year?</p>	<input type="checkbox"/> No  <b>D10b. If yes:</b> <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned	<p>whether a child has changed schools in the past year. If 'yes', indicate whether the move was planned – e.g., a move to next level of education – or unplanned – e.g., a school change was required because of an unexpected placement change or due to the child's behaviour.</p>	
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>If the child experienced a change in schools in the 12 months prior to the date of review, indicate 'yes' or 'no' whether the necessary planning took place for a smooth transition and the resulting plans were implemented.</p>	<p><b>W</b></p>
<p>D11. Is the child provided with additional supports, services, or programming within the school setting?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD	<p>Indicate whether the child is provided with additional educational supports either through the IEP or facilitated by the Society, OPR, school, or caregivers.</p>	<p><b>W</b></p>
<p>D11a. If yes, check all that apply:</p>	<input type="checkbox"/> EA <input type="checkbox"/> In-class behavioural support (offered by CAS/OPR in addition to any EA support)	<p>Indicate the type of educational support provided to the child/youth in the classroom or in the</p>	<p>CESA 61. (3) The society having care of a child shall ensure that the child receives an education that corresponds to his or her aptitudes and</p>



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	<p>provided through an IEP)</p> <p><input type="checkbox"/> Tutoring</p> <p><input type="checkbox"/> Homework club/program</p> <p><input type="checkbox"/> 1:1 staff support in class</p> <p><input type="checkbox"/> Education Consultant</p> <p><input type="checkbox"/> Social skills programming</p> <p><input type="checkbox"/> Resource withdrawal</p> <p><input type="checkbox"/> SERT</p> <p><input type="checkbox"/> Assistive technology</p> <p><input type="checkbox"/> Other</p>	<p>case of some tutoring, outside of the classroom, in order to support the child/youth's educational success. Tutoring includes programs such as KUMON or Sylvan Learning Centres.</p> <p>Therapy services provided at school such as OT, PT, and speech therapy are to be captured in the special needs section of the individual case report.</p> <p>"Other" supports may include additional services to prepare youth for post-secondary education such as assistance in obtaining financial aid.</p>	<p>abilities. R.S.O. 1990, c. C.11, s. 61 (3).</p>
<p><b>D12 a. Educational Progress:</b></p>	<p><input type="checkbox"/> Elementary</p> <p><input type="checkbox"/> Secondary</p> <p>D12 a (i) If elementary, check one</p> <p><input type="checkbox"/> Progressing well</p> <p><input type="checkbox"/> Progressing with difficulty</p> <p><input type="checkbox"/> Promotion at risk</p> <p><input type="checkbox"/> CD</p>	<p>The most recent report card on file and case recording is used to determine progress. The categories of progress listed correspond to elementary school report cards for children in grade one and above. If a child</p>	<p><b>W</b></p>

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		<p>is in kindergarten, the reviewer will examine the child's report card and recording and choose the most appropriate checkbox based on the elementary rating scales. For secondary school students, progress can be measured by school reports on file, information contained in the case recording and AAR, and credit accumulation with the exception of courses that do not have a credit value.</p>	
	<p>If secondary</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><input type="checkbox"/> CD</p>	<p>If the child has recently transitioned from elementary to secondary school at the time of the review and a secondary school report has not yet been received, the child's progress should be selected from the secondary progress options and be based on the most recent elementary report card. The reviewer may provide</p>	<h1>W</h1>

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		<p>a comment.</p> <p>Indicate 'CD' if it is not possible to determine the child's progress.</p> <p>From time to time the report card and case recording are contradictory – grades do not reflect other information about the child's progress. In this case, indicate, 'CD' and comment below.</p>
<p><b>Comments:</b></p> <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.</p> <p>Comment on the child or youth's educational progress and identify areas requiring attention related to:</p> <ul style="list-style-type: none"> <li>• Correspondence of the child's education program to his or her aptitude and abilities;</li> <li>• Contradiction between the child's grades and other information provided;</li> <li>• School attendance.</li> </ul>		



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### 2.8.6.3 Caseworker Continuity & Contact

<p>D13 a. Has the caseworker changed in the past 12 months?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Indicate whether the child has received a new caseworker in the previous 12 months.</p>	<p><b>W</b></p>
<p>D13 b. If yes, indicate the number of worker changes</p>	<p>##</p>	<p>Provide the number (##) of worker changes – caseworker assigned at the beginning of the review period is '0'.</p> <p>The number of caseworker changes is based on a review of the Society's file information. Workers identified as "covering worker" who have been assigned to the file for less than 3 months shall not be counted in the total. In the event that a case is transferred to a previous worker on the case, the transfer will count as a caseworker change unless the intervening period is</p>	

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		less than 3 months.	
D14. Number of caseworkers since the child's admission to care	##	Provide a numerical (##) indication of the number of child's caseworkers since the child's most recent admission to care. The first caseworker assigned at the time of the child's admission is counted as '1'. When a file is being reviewed for the first time and the number of caseworkers since the child's admission to care is not apparent, ask the society to provide the information.	
D15. Average caseworker duration in months since admission?	##	Take the total number of months that the child has been in care since his or her admission to care and divide by the number of caseworkers assigned to the child to determine the average duration in months. This number is automatically generated.	

## 2.8.6 SECTION D: CHILD WELLBEING

D16. Number of face to face contacts with the child by a caseworker the past 12 months?	##	<p>Indicate the number (#) of face to face contacts, including both private and non-private contacts, between the assigned caseworker (or another caseworker designated by the society) and the child for the past 12 months. Evidence of contacts may be located in recordings or planning documentation. Although reviewers are not expected to review case notes, evidence of a contact with a child by a caseworker described in a case note would be counted in the total.</p> <p>Appointments in a calendar or day planner with no corresponding case note shall not be accepted as evidence of a completed face to face visit with a child.</p> <p>In the event that compliant contact dates cannot be located in the file, the reviewer may request</p>	<p><b>Reg. 71</b></p> <p>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,</p> <p>(a) within seven days after the child's admission to the home;</p> <p>(b) at least once within thirty days of the placement; and</p> <p>(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).</p> <p><b>Ministry Directive, January 25, 1992</b></p> <p>As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the <i>Child and Family Services Act</i> (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period).</p> <p>Note that the 'visiting schedule timeframe' is set out in Reg. 71 s5 (3).</p>
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**2.8.6 SECTION D: CHILD WELLBEING**

additional documentation.  
Case note evidence will be  
required for confirmation of  
missing contact dates.

**Caseworker Contact in the Last 12 Months**

<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 unless otherwise stated.</p> <p>Complete the Caseworker Contact chart as applicable according to whether in the last 12 months, there were changes in placement or no change in placement. Indicate whether visits were in compliance and whether a directive is issued for non-compliance for the required 7 day, 30 day, and three month visits. Required 7 day, 30 day, and 3 month visits must include a private interaction with the child which is clearly documented. Indicate 'N/A' under 'compliant' if the visit is not required which can result when the timing of a placement does not warrant a visit – e.g., if a placement took place five days before the review date or if the youth is placed in a YCJA facility.</p>			
<p><b>D17. Dates of placement change in the past 18 months</b></p>	<p>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.</p>		
<p><b>D18. If there has been no placement change in the past 18 months, start date of current placement</b></p>	<p>The start date of current placement will be automatically generated.</p>		
<b>No placement change</b>			
<p><b>Contact with child by Caseworker</b></p>	<p><b>Compliant</b></p>	<p><b>Directive</b></p>	
<p><b>D19. 7 day private visit</b></p>	<p>D19 a.  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A</p>	<p>D19 b.  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p>This is considered 'in compliance' if the caseworker visited the child within seven days of every placement date and</p>
			<p><b>W</b>  <b>Reg. 71</b>  5 (3) Every society shall ensure that each child</p>

## 2.8.6 SECTION D: CHILD WELLBEING

in each case, the visit contained a privacy component. May be a carryover from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 7 day visit was due.

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).

### Ministry Directive, January 25, 1992

As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the *Child and Family Services Act* (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period).

Note that the 'visiting schedule timeframe' is set out in Reg. 71 s5 (3).



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<p><b>D20. 30 day private visit</b></p>	<p>D20 a.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>D20 b.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>This is considered 'in compliance' if the caseworker visited the child and included a privacy component in the visit within 30 days of every placement date. May be a carryover from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 30 day visit was due.</p>	<p><b>W</b></p> <p><b>Reg. 71</b></p> <p>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,</p> <p>(a) within seven days after the child's admission to the home;</p> <p>(b) at least once within thirty days of the placement; and</p> <p>(c) at least once every three months after the visit referred to in clause (b),</p> <p>or at such other interval as the local director directs. R.R.O. 1990, Reg. 71, s. 5 (3).</p> <p><b>Ministry Directive, January 25, 1992</b></p> <p>As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the <i>Child and Family Services Act</i> (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period).</p>
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				<p>Note that the 'visiting schedule timeframe' is set out in Reg. 71 s5 (3).</p>
<p><b>D21. Review of rights and responsibilities within 24 hours of placement change</b></p>	<p>D21a.  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A</p>	<p>D21b.  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p>Under the Act (s. 108), a child in care has a right to be informed, in a language suitable for the child's level of understanding, of the child's rights upon admission to the residential placement to the extent that is practical given the child's level of understanding.</p> <p>Indicate 'yes' or 'no' whether the child's rights have been discussed and documented within 24 hours of a placement change. A change of primary caregivers constitutes a change of placement for the child. The formal discussion of rights should take place by the child's 7th birthday if the child is capable of understanding.</p> <p>Rights should be explained</p>	<p><b>W</b>  <b>Right to be informed</b></p> <p><b>108.</b> A child in care has a right to be informed, in a language suitable for the child's level of understanding, of,</p> <ul style="list-style-type: none"> <li>(a) the child's rights under this Part;</li> <li>(b) the internal complaints procedure established under subsection 109 (1) and the further review available under section 110;</li> <li>(c) the existence of the office of the Provincial Advocate for Children and Youth;</li> <li>(f) the child's responsibilities while in the placement; and</li> <li>(g) the rules governing day-to-day operation of the residential service, including disciplinary procedures,</li> </ul> <p>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); 2007, c. 9, s. 25 (3).</p>

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				to the child in age and state appropriate language. For example, younger children should receive a simplified explanation of rights. The child's rights must be reviewed with the child's caregiver if the child is too young or his/her special needs preclude him/her from understanding his/her rights. If the rights have not been reviewed with the caregiver during the period of review in that instance, the response is 'no'.	
Most recent placement change #1					
<b>Contact with child by Caseworker</b>	<b>Compliant</b>	<b>Directive</b>			
D19. 7 day private visit	D19a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D19b. <input type="checkbox"/> Yes <input type="checkbox"/> No	This is considered 'in compliance' if the caseworker visited the child within seven days of every placement date and in each case, the visit contained a privacy component. May be a carryover from a previous review – i.e., the	<div>W</div> <div>Reg. 71</div> <div>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;</div>	



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		<p>placement change may have occurred before the time of the last Crown ward review and before the 7 day visit was due. Only visits falling within the review period (i.e., within the 12 months prior to the date of review) are relevant to the review. If the visit does not fall within this period, indicate 'n/a'.</p>	<p>(b) at least once within thirty days of the placement; and</p> <p>(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).</p> <p><b>Ministry Directive, January 25, 1992</b></p> <p>As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the <i>Child and Family Services Act</i> (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period).</p> <p>Note that the 'visiting schedule timeframe' is set out in Reg. 71 s5 (3).</p>
<p><b>D20. 30 day private visit</b></p>	<p>D20a.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>D20b.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>W</b></p> <p><b>Reg. 71</b></p> <p>This is considered 'in compliance' if the caseworker visited the child and included a privacy component in the</p>

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visit within 30 days of every placement date. May be a carryover from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 30 day visit was due. Only visits falling within the review period (i.e., within the 12 months prior to the date of review) are relevant to the review. If the visit does not fall within this period, indicate 'n/a'.

- 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).

### Ministry Directive, January 25, 1992

As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the *Child and Family Services Act* (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period).

Note that the 'visiting schedule timeframe' is set out in Reg. 71 s5 (3).

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<p>D21. Review of rights and responsibilities within 24 hours of placement change</p>	<p>D21a.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>D21b.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Under the Act (s. 108), a child in care has a right to be informed, in a language suitable for the child's level of understanding, of the child's rights upon admission to the residential placement to the extent that is practical given the child's level of understanding.</p> <p>Indicate 'yes' or 'no' whether the child's rights have been discussed and documented within 24 hours of a placement change. A change of primary caregivers constitutes a change of placement for the child. The formal discussion of rights should take place by the child's 7th birthday if the child is capable of understanding.</p> <p>Rights should be explained to the child in age and state appropriate language. For example, younger children should receive a simplified explanation of rights. The</p>	<p><b>W</b></p> <p><b>Right to be informed</b></p> <p>108. A child in care has a right to be informed, in a language suitable for the child's level of understanding, of,</p> <ul style="list-style-type: none"> <li>(a) the child's rights under this Part;</li> <li>(b) the internal complaints procedure established under subsection 109 (1) and the further review available under section 110;</li> <li>(c) the existence of the office of the Provincial Advocate for Children and Youth;</li> <li>(f) the child's responsibilities while in the placement; and</li> <li>(g) the rules governing day-to-day operation of the residential service, including disciplinary procedures,</li> </ul> <p>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); 2007, c. 9, s. 25 (3).</p>
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## 2.8.6 SECTION D: CHILD WELLBEING

			child's rights must be reviewed with the child's caregiver if the child is too young or his/her special needs preclude him/her from understanding his/her rights. If the rights have not been reviewed with the caregiver during the period of review in that instance, the response is 'no'.	
Second most recent placement change #2				
Contact with child by Caseworker	Compliant	Directive		
D19. 7 day private visit	D19a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D19b. <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>This is considered 'in compliance' if the caseworker visited the child within seven days of every placement date and in each case, the visit contained a privacy component. May be a carryover from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 7 day visit was due. Only visits falling within the</p> <p><b>W</b> <b>Reg. 71</b> 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</p>	

## 2.8.6 SECTION D: CHILD WELLBEING

			<p>review period (i.e., within the 12 months prior to the date of review) are relevant to the review. If the visit does not fall within this period, indicate 'n/a'.</p>	<p>directs. R.R.O. 1990, Reg. 71, s. 5 (3).</p> <p><b>Ministry Directive, January 25, 1992</b></p> <p>As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the <i>Child and Family Services Act</i> (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period).</p> <p>Note that the 'visiting schedule timeframe' is set out in Reg. 71 s5 (3).</p>
D20. 30 day private visit	<p>D20a.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>D20b.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>This is considered 'in compliance' if the caseworker visited the child and included a privacy component in the visit within 30 days of every placement date. May be a carryover from a previous review – i.e., the placement change may have occurred before the</p>	<p><b>W</b></p> <p><b>Reg. 71</b></p> <p>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,</p> <p>(a) within seven days after the child's admission to the home;</p> <p>(b) at least once within thirty days of the</p>

## 2.8.6 SECTION D: CHILD WELLBEING

			time of the last Crown ward review and before the 30 day visit was due. Only visits falling within the review period (i.e., within the 12 months prior to the date of review) are relevant to the review. If the visit does not fall within this period, indicate 'n/a'.	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).  <b>Ministry Directive, January 25, 1992</b>  As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the <i>Child and Family Services Act</i> (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period).  Note that the 'visiting schedule timeframe' is set out in Reg. 71 s5 (3).
D21. Review of rights and responsibilities within 24 hours of placement change	D21a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D21b. <input type="checkbox"/> Yes <input type="checkbox"/> No	Under the Act (s. 108), a child in care has a right to be informed, in a language suitable for the child's level of understanding, of the child's rights upon	<b>W</b>  <b>Right to be informed</b> 108. A child in care has a right to be informed,



## 2.8.6 SECTION D: CHILD WELLBEING

			<p>admission to the residential placement to the extent that is practical given the child's level of understanding.</p> <p>Indicate 'yes' or 'no' whether the child's rights have been discussed and documented within 24 hours of a placement change. A change of primary caregivers constitutes a change of placement for the child. The formal discussion of rights should take place by the child's 7th birthday if the child is capable of understanding.</p> <p>Rights should be explained to the child in age and state appropriate language. For example, younger children should receive a simplified explanation of rights. The child's rights must be reviewed with the child's caregiver if the child is too young or his/her special needs preclude him/her from understanding his/her</p>	<p>in a language suitable for the child's level of understanding, of,</p> <ul style="list-style-type: none"> <li>(a) the child's rights under this Part;</li> <li>(b) the internal complaints procedure established under subsection 109 (1) and the further review available under section 110;</li> <li>(c) the existence of the office of the Provincial Advocate for Children and Youth;</li> <li>(f) the child's responsibilities while in the placement; and</li> <li>(g) the rules governing day-to-day operation of the residential service, including disciplinary procedures,</li> </ul> <p>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); 2007, c. 9, s. 25 (3).</p>
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## 2.8.6 SECTION D: CHILD WELLBEING

			rights. If the rights have not been reviewed with the caregiver during the period of review in that instance, the response is 'no'.
Third most recent placement change #3			
<b>Contact with child by Caseworker</b>	<b>Compliant</b>	<b>Directive</b>	
D19. 7 day private visit	D19a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D19b. <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>This is considered 'in compliance' if the caseworker visited the child within seven days of every placement date and in each case, the visit contained a privacy component. May be a carryover from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 7 day visit was due. Only visits falling within the review period (i.e., within the 12 months prior to the date of review) are relevant to the review. If the visit does not fall within this period, indicate 'n/a'.</p> <p><b>W</b> <b>Reg. 71</b> 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,</p> <p>(a) within seven days after the child's admission to the home;</p> <p>(b) at least once within thirty days of the placement; and</p> <p>(c) at least once every three months after the visit referred to in clause (b),</p> <p>or at such other interval as the local director directs. R.R.O. 1990, Reg. 71, s. 5 (3).</p> <p><b>Ministry Directive, January 25, 1992</b></p>



## 2.8.6 SECTION D: CHILD WELLBEING

				<p>As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the <i>Child and Family Services Act</i> (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period).</p> <p>Note that the 'visiting schedule timeframe' is set out in Reg. 71 s5 (3).</p>
<p><b>D20. 30 day private visit</b></p>	<p>D20a.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>D20b.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>This is considered 'in compliance' if the caseworker visited the child and included a privacy component in the visit within 30 days of every placement date. May be a carryover from a previous review – i.e., the placement change may have occurred before the time of the last Crown ward review and before the 30 day visit was due. Only visits falling within the review period (i.e., within</p>	<p><b>W</b></p> <p><b>Reg. 71</b></p> <p>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,</p> <ul style="list-style-type: none"> <li>(a) within seven days after the child's admission to the home;</li> <li>(b) at least once within thirty days of the placement; and</li> <li>(c) at least once every three months after the visit referred to in clause (b),</li> </ul> <p>or at such other interval as the local director</p>



## 2.8.6 SECTION D: CHILD WELLBEING

			the 12 months prior to the date of review) are relevant to the review. If the visit does not fall within this period, indicate 'n/a'.	<p>directs. R.R.O. 1990, Reg. 71, s. 5 (3).</p> <p><b>Ministry Directive, January 25, 1992</b></p> <p>As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the <i>Child and Family Services Act</i> (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period).</p> <p>Note that the 'visiting schedule timeframe' is set out in Reg. 71 s5 (3).</p>
D21. Review of rights and responsibilities within 24 hours of placement change	<p>D21a.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>D21b.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Under the Act (s. 108), a child in care has a right to be informed, in a language suitable for the child's level of understanding, of the child's rights upon admission to the residential placement to the extent that is practical given the child's level of understanding.</p>	<p><b>W</b></p> <p><b>Right to be informed</b></p> <p><b>108.</b> A child in care has a right to be informed, in a language suitable for the child's level of understanding, of,</p> <p>(a) the child's rights under this Part;</p> <p>(b) the internal complaints procedure established under subsection 109 (1) and</p>

## 2.8.6 SECTION D: CHILD WELLBEING

			<p>Indicate 'yes' or 'no' whether the child's rights have been discussed and documented within 24 hours of a placement change. A change of primary caregivers constitutes a change of placement for the child. The formal discussion of rights should take place by the child's 7th birthday if the child is capable of understanding.</p> <p>Rights should be explained to the child in age and state appropriate language. For example, younger children should receive a simplified explanation of rights. The child's rights must be reviewed with the child's caregiver if the child is too young or his/her special needs preclude him/her from understanding his/her rights. If the rights have not been reviewed with the caregiver during the period of review in that instance, the response is 'no'.</p>	<p>the further review available under section 110;</p> <p>(c) the existence of the office of the Provincial Advocate for Children and Youth;</p> <p>(f) the child's responsibilities while in the placement; and</p> <p>(g) the rules governing day-to-day operation of the residential service, including disciplinary procedures,</p> <p>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); 2007, c. 9, s. 25 (3).</p>
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## 2.8.6 SECTION D: CHILD WELLBEING




## 2.8.6 SECTION D: CHILD WELLBEING

		the province of Ontario and is being supervised by another province's child welfare authority.	that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period).  Note that the 'visiting schedule timeframe' is set out in Reg. 71 s5 (3).
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	While statutory requirements such as 7 and 30 day visits and plans of care may be unenforceable when the child is placed out of province and being supervised by an out-of-province agency, the society should make efforts to ensure that requirements are met.	<b>W</b>  Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories <i>Consolidation as of December 15, 2006</i>  <b>B3. Case Planning and Management</b> B3.2 <i>Implementing Care or Service Plan</i> B3.2.2 In agreeing to a care or service plan, the receiving province shall provide, at a minimum, supervision and services as per the negotiated plan. The originating province retains case management responsibility for planning for the child or young adult and for ongoing contact with the family of the child or young adult unless otherwise negotiated between the originating and receiving provinces.

### Comments:

The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.

## 2.8.6 SECTION D: CHILD WELLBEING

Comment on areas requiring attention – e.g., the frequency of worker contact.

### 2.8.6.4 PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)

<p>D23. If the child experienced a material change in the last 12 months, did the society conduct a review of the plan of care?</p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A         </p>	<p>A 'material change' or significant change in the child's situation must be interpreted on a case by case basis according to the impact a change has had on the child. This could include the hospitalization of a child, a significant event in the child's life (loss of a birth relative, foster caregiver, etc.), etc.</p> <p>It is the completion date of the last plan of care which determines the actual date that the material change plan of care is due. If the child experiences a material change, a three month review of the plan of care is required. For example:</p>	<p><b>W</b></p> <p><b>Reg. 70</b></p> <p>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).</p> <p>(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,</p> <p>(b) earlier than the timeframes referenced in clause (a) if,</p>
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## SECTION D: CHILD WELLBEING

### 2.8.6.4 PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)

		<ul style="list-style-type: none"> <li>• Last plan of care was due December 1<sup>st</sup> but was completed on November 28. The next 6 month plan of care would then be due on May 28.</li> <li>• Material change occurs February 15<sup>th</sup>.</li> <li>• Plan of care review in relation to the material change is due February 28 which is 3 months from the last completed date of the previous plan of care.</li> <li>• If the plan of care due December 1<sup>st</sup> was completed late, for example on December 5<sup>th</sup>, the 3 month plan of care in relation to a material change would be due on March 5<sup>th</sup>, 3 months from the completion date of the previous plan.</li> </ul> <p>In the event that the material change occurred more than 3 months after the completion date of the last plan of care, the plan</p>	(i) there is a material change in circumstances which necessitates a review of the plan;
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## SECTION D: CHILD WELLBEING

### 2.8.6.4 PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)

of care review in relation to the material change could be combined/attended to during the next 6 month plan of care. In this case, the author of the plan of care must clearly identify that the material change issue is being considered and addressed in the plan.

If the reviewer believes that the child has experienced a material change and this has not been noted in the file by the worker as evidenced by a review of the plan of care, the reviewer will check with the society to find out why the material change did not precipitate a review of the plan of care. If the reviewer determines that the material change was missed by the worker, 'no' is the appropriate response. Provide a rationale for this observation in the Comments section below.

SECTION D: CHILD WELLBEING			
2.8.6.4 PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)			
<p>D24a. Is there evidence on file that OCBc activity funds have been accessed to provide the child/youth with increased access to recreational, educational, cultural, and social opportunities?</p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A  <input type="checkbox"/> CD </p>	<p>Policy directive CW002-08 indicates that "the objective of this policy is to provide all children and youth in care and in formal customary care, ages 0 to 17, with access to recreational, educational, cultural, and social opportunities that support their achievement of higher educational outcomes, higher degree of resiliency, social skills and relationship development, and a smoother transition to adulthood through implementation of the Ontario Child Benefit equivalent (OCBe) funding."</p> <p>Select yes, no, n/a, or cd based on documentation in the file regarding the use of OCBe funds by the Society to achieve the outcomes noted above.</p>	<p><b>W</b></p> <p><b>POLICY DIRECTIVE: CW 002-08</b></p> <p>This policy directive will come into effect on <u>November 14, 2008.</u></p> <p>This policy directive under s 20.1 of the <i>Child and Family Services Act</i> (CFSA) requires CASs to manage the OCBe payments in the following manner:</p> <p>Use of the Fund shall support the achievement of the following (short, medium, and long-term) outcomes:</p> <p><b>A. Higher educational achievement.</b></p> <p>To be supported through a child or youth's participation in activities that maximize his or her learning potential and promote success in both primary and secondary educational settings, and the future pursuit of post-secondary education and vocational learning opportunities.</p> <p><b>B. Higher degree of resiliency.</b></p>	

SECTION D: CHILD WELLBEING		
2.8.6.4	PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)	
		<p>To be supported through a child or youth's participation in activities that promote social skills and interpersonal relationship development.</p> <p><b>C. Smoother transition to adulthood.</b></p> <p>To be supported through a child or youth's participation in activities that promote the development of the knowledge and skills necessary to transition from care and live independently, including knowing how and where to access required supports.</p> <p>CASs shall use the Fund....To provide opportunities for all children and youth in care and in formal customary care, 0 to 17 years old, to participate in recreational, educational, cultural, and social activities consistent with their plans of care; and Based on each child or youth's plan of care, the CAS shall identify goals related to his or her participation in recreational, educational, cultural, and social activities in support of the achievement of the three outcomes noted in Requirement #2 above. The actions taken to achieve these goals (e.g., including accessing the Fund, where appropriate) shall be documented on the child or youth's file.</p>



SECTION D: CHILD WELLBEING		
2.8.6.4	PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)	
		<p>CASs shall consider a range of inputs (e.g., advice from care providers, educators, and professionals), and shall actively involve children and youth, where appropriate and based on the child's stage of development, in planning the programs and activities in which children and youth will participate.</p> <p>CASs shall use the Fund for expenditures relating to activities that support the achievement of the three outcomes noted in Requirement #2 above. Examples of activities to be accommodated by the Fund are included in "Children's Aid Society's Role in Administering the Fund" section of this Directive.</p> <p>CASs shall not use the Fund for expenditures relating to medical, dental, clinical, and/or therapeutic services for a child.</p> <p>Where a lack of community programming limits access to appropriate programming to meet the needs identified in the child or youth's plan of care (e.g. in remote or underserved communities), CASs may use the Fund to contract with third parties to provide specific services responsive to those needs on a temporary basis.</p>

## SECTION D: CHILD WELLBEING

### 2.8.6.4 PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)

CAS operating policies and procedures shall enable access to the Fund in an administratively expedient manner such that the administrative process is not a barrier to a child's timely participation in relevant recreational, educational, cultural, and social opportunities.

CASs will ensure that every use of the Fund is endorsed by the child or youth's caseworker in accordance with their agency's approved policies.

The fund may be accessed on behalf of any child or youth in care or formal customary care, ages 0 to 17, for the purposes of facilitating participation in identified recreational, educational, cultural, and social opportunities regardless of whether or not a CAS has applied for the CSA on their behalf.

#### **Children's Aid Society's Role in Administering the Fund:**

CASs shall access the Fund to support the achievement of the outcomes identified in this Directive.

SECTION D: CHILD WELLBEING			
2.8.6.4	PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)		
			<p>Recreational, educational, cultural, and social opportunities must be considered for all children and youth in care or formal customary care between 0 to 17 years of age in alignment with each child's individual plan of care.</p> <p>Examples of the activities to be accommodated by the Fund include, but are not limited</p> <p>(a) <i>Higher Educational Achievement.</i> 'one-to-one tutoring; courses not offered through a Board of Education; books and tools that promote literacy skills; school trips; tools or supplies necessary for vocational training; etc.</p> <p>(b) <i>Higher Degree of Resiliency, Social Skills and Relationship Development.</i> "musical instruments and lessons; art supplies and lessons; sports equipment; program registration fees; admission or event fees; camp fees; activities that enhance family or significant other contact and connectedness (e.g. family visits); etc.</p> <p>(c) <i>Smoother Transition to</i></p>



## SECTION D: CHILD WELLBEING

### 2.8.6.4 PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)

*Adulthood.* " life skills courses including meal planning, lifestyle/active living planning, interpersonal skills, stress management, pre-employment preparation, visits to post-secondary institutions, housing search strategies, accessing community resources, driver's training if appropriate; etc.

## SECTION D: CHILD WELLBEING

## 2.8.6.4 PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)

<p>D24b. Where a youth is aged 15-17 years at the time of review, is there evidence on file of discussions regarding the OCBs savings program, including requirements, methods of disbursement, and the youth's progress in meeting the requirements?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A  <input type="checkbox"/> CD</p>	<p>Indicate whether documentation contains information regarding the Society's efforts to assist the youth in developing financial skills to help prepare them for eventual independence, including discussions with the youth regarding the OCBs savings program and participation in the financial literacy program.</p> <p>If 'no' or 'cd' is selected, provide an explanatory note in the comment section below.</p>	<p><b>W</b></p> <p>Effective September 30, 2009, this addendum to Policy Directive CW 002-08 requires CASs to allocate OCBs funds from the Fund in respect of youth in care or in formal customary care, ages 15 to 17, to a savings program (hereafter "Savings Program").</p> <p>The purpose of the Savings Program is to assist older youth who have been in care or in formal customary care for an extended period of time in recognition of their need for transition planning and supports to transition successfully to independent living. The Savings Program will provide all eligible youth with:</p> <ul style="list-style-type: none"> <li>• Financial skills to help prepare them for independent living; and</li> <li>• Savings to assist with the costs of their basic needs upon leaving care.</li> </ul> <p>Youth participating in the Savings Program will continue to be eligible to access the Activities Program in accordance with their plans of care.</p> <p><b>Requirements:</b>  This addendum to Policy Directive CW002-08</p>
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## SECTION D: CHILD WELLBEING

### 2.8.6.4 PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)

		<p>under s 20.1 of the <i>Child and Family Services Act</i> (CFSA) requires CASs to manage OCBE payments for the Savings Program in the following manner:</p> <ol style="list-style-type: none"> <li>1. A youth is eligible (hereafter "eligible youth") to participate in the Savings Program when the youth: <ul style="list-style-type: none"> <li>• Is age 15, 16, or 17; and</li> <li>• Has been in the care of a CAS or in formal customary care for 12 or more <b>consecutive</b> months.</li> </ul> </li> <li>2. When a youth becomes eligible to participate in the Savings Program, the youth's worker shall inform the youth about the Savings Program, including: <ul style="list-style-type: none"> <li>• Specific requirements for the Savings Program</li> <li>• Methods of disbursement of savings to eligible youth</li> </ul> </li> <li>6. CASs shall generate and provide savings statements quarterly to each eligible youth and to the worker assigned to the youth that indicate the amount of savings, including an interest accrued, being held on the youth's behalf.</li> <li>8. CASs shall work with each eligible youth to</li> </ol>
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## SECTION D: CHILD WELLBEING

### 2.8.6.4 PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)

			<p>assist them to meet the following requirements for the Savings Program (hereafter "Savings Program Requirements");</p> <ul style="list-style-type: none"> <li>• Acquire financial skills and demonstrate financial competency relevant for independent living;</li> <li>• Establish a personal bank account, or an alternative savings mechanism to receive funds where banking is not feasible;</li> <li>• Develop an appropriate plan for the use of the savings; and</li> <li>• Secure stable housing.</li> </ul> <p>9. To support eligible youth to meet the Savings Program Requirements, CASs shall make available to each eligible youth a program, which is consistent with the ministry's financial literacy program framework, to acquire financial skills and demonstrate financial competency appropriate to the youth's cognitive and developmental skills (hereafter "Financial Literacy Program). This Financial Literacy Program shall be delivered to each youth either through the CAS directly or another entity (e.g., community-based youth-serving agency) that has expertise in effectively teaching financial skills to youth.</p>
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## SECTION D: CHILD WELLBEING

### 2.8.6.4 PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)

		<p>13. CAS workers shall record discussions with the youth regarding the Savings Program in the youth's file, including discussions about the:</p> <ul style="list-style-type: none"> <li>• Savings Program Requirements;</li> <li>• Methods of disbursement and when the funds will be disbursed;</li> <li>• Quarterly savings statements; and</li> </ul> <p>Youth's progress in meeting the Savings Program Requirements.</p>
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#### Comments – Material Change

The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Comment on areas requiring attention related to material change. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.

#### Comments – OCBe

The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Comment on areas requiring attention related to OCBe activity funding, OCBe savings program, and financial literacy programming. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.



## SECTION D: CHILD WELLBEING

### 2.8.6.4 PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)

#### 2.8.6.5 PLAN OF CARE Strengths and Needs Identified in the Plan of Care

Plans of care for every child in the care of the society for over one year must be developed in accordance with OnLAC. The entire year's plans of care are to be reviewed and commented upon.

The Plan of Care takes into account all available information on the child as set out in the Assessment and Action Record (AAR), any existing reports related to specialized consultation, specialized treatment and supports as well as the child's social history. Plans of care must identify desired outcomes based on each child's specific strengths and needs; and 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. Reg. 70 ss. 86 (2) (b) (c).

Indicate whether the plans of care have addressed strengths and needs in each OnLAC dimension through narrative documentation and either with a related goal or comment indicating why a goal is not required by checking 'yes' or 'no' for each domain. It is not necessary for a comment about why a goal is not required to be extensive. Provide detail related to any 'no' response in the field note for each domain where a 'no' response has been selected. If any strengths or needs in two or more domains are not identified or addressed by the goals in any plan of care during the past 12 months, a directive is issued.

Indicate whether the goals and tasks in the child/youth's plan of care have been developed to address the identified strengths and needs in each area throughout the review period. Additionally, indicate whether the goals and tasks have been updated and amended throughout the review period to reflect the child's progress or developing needs as well as progress in the implementation of the plan of care.

Documentation should reflect the progress or lack of progress in achieving goals and tasks

*CPSA* s.105(1): "a child has a right to a plan of care designed to meet the child's particular needs".

**Policy Directive 001-09** - in effect on May 1, 2009

For every child who on December 3, 2007, had been in care for 12 consecutive months or more, CASs were required to complete the first AAR by December 3, 2008 and utilize the Assessment and Action Record (AAR) to develop a Plan of Care. As of the effective date of Policy Directive 001-09, CASs must, within a 12 month period, complete an AAR for all children and youth 10 or older for whom CASs had previously waived the AAR. ... The AAR must be applied annually for every child and youth who has been in care for longer than one year including children and youth in formal customary care.

#### Reg. 70

**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



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contained in the previous plan of care. Indicate whether goals and tasks are being monitored for progress.

Serious Occurrences: Adherence to ministry policies re 2013 SOR Procedures for Service Providers may be relevant to determining whether the planning for the child is adequate to meet his or her needs in relation to safety and wellbeing.

A directive to 'Plan of Care addresses child's strengths and needs' is generated when 2 or more "no" responses are selected in D25a-g (i). A recommendation results when 1 of the responses is "no" in D25a-g(i).

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

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- (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).
- 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).
- (4) A supervisor shall examine the child's file

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		<p>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).</p> <p>(5) Where a foster care plan is reviewed without the involvement of one of the persons referred to in subsection (2), the reason shall be noted in the child's file. R.R.O. 1990, Reg. 70, s. 115 (5).</p> <p>(6) For the purposes of subsection (1), where the placing agency is not the licensee the placing agency and the licensee shall ensure that any reports respecting the child are shared between them upon receipt or as soon as practicable. O. Reg. 493/06, s. 18 (4).</p> <p>(7) If a foster plan of care includes a recommendation to obtain specialized consultation, specialized treatment and supports for the child, or any one or combination of them, and any one of them has not been obtained within the specified timeframe, the reasons shall be noted in the child's file by the licensee. O. Reg. 493/06, s. 18 (4).</p>	
D25. Strengths and Needs Identified by the Plan of Care/Plan of Care Implementation:			
		Have strengths and needs in	Have goals and tasks been



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	this dimension been identified in the narrative and addressed through child specific goals in the plan of care? If no, provide comment in the field notes.	updated and amended in order to reflect the child's progress and evolving needs?	
	<p>By checking 'yes' or 'no' for each domain, indicate whether the plans of care have addressed strengths and needs in each OnLAC dimension through narrative documentation and related goal(s). In the event that no goals have been developed for the domain, documentation should a comment indicating why a goal is not required. It is not necessary for a comment about why a goal is not required to be extensive.</p> <p>Provide detail related to any 'no' response in the field note for each domain where a 'no' response has been selected. If any strengths or needs in two or more domains are not identified or addressed by the goals in any plan of care</p>	<p>Indicate whether the goals and tasks have been updated and amended throughout the review period to reflect the child's progress or developing needs as well as progress in the implementation of the plan of care.</p>	<p><i>CFSA</i> s.105(1): "a child has a right to a plan of care designed to meet the child's particular needs</p> <p><b>Reg. 70</b></p> <p><b>86.</b> (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).</p> <p>(2) A plan of care for a resident shall include,</p> <p>(a) a description of the resident's needs that is developed with reference to the findings of current or previous assessments of the resident;</p> <p>(b) identification of desired outcomes, based on each resident's specific strengths and needs;</p> <p>(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;</p> <p>(d) a statement of the educational program</p>

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during the past 12 months, a directive is issued.]	<p>that is developed for the resident in consultation with the school boards in the area in which the residence is located;</p> <p>(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;</p> <p>(f) particulars of any specialized service to be provided directly or arranged for by the licensee;</p> <p>(g) particulars of the dates for review of the plan of care;</p> <p>(h) a list of revisions, if any, to the plan of care; and</p> <p>(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.</p> <p>(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).</p> <p><b>115.</b> (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).</p>	
a. Health	<p>D25 a(i). <input type="checkbox"/> Yes</p>	<p>D25 a (ii). <input type="checkbox"/> Yes</p>

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	<input type="checkbox"/> No	<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	



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		<input type="checkbox"/> N/A		
D26. Implementation of Plans of Care	<input type="checkbox"/> Fully implemented <input type="checkbox"/> Partially implemented <input type="checkbox"/> Not at all implemented	<input type="checkbox"/> N/A An indication of whether tasks identified in the plans of care have been implemented according to the time targets established will be automatically generated.	<b>W</b>	
D27. All dimensions addressed in plans of care	<input type="checkbox"/> Yes <input type="checkbox"/> No	This will be automatically determined based on responses above.	<b>W</b>	
D28. Where the child has resided in an OPR during the review period, were OPR reports received and placed in the child's file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	N/A should be selected when the child/youth has not resided in an OPR or other paid setting during the 12 month period of the review.  "Yes" is selected when OPR reports were received by the Society and included in the child's file.  "No" is selected when only some or none of the required OPR reports were obtained and placed in the child's file. If "no" is selected, the reviewer should provide details regarding missing documentation in the comment section below.	<b>Reg. 70</b>  <b>111.(6)</b> For the purposes of clause (5) (a), where the placing agency is not the licensee, the placing agency and the licensee shall ensure that any reports respecting the child are shared between them upon receipt or as soon as practicable. O. Reg. 493/06, s. 17 (3).	

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#### Comments:

The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.

#### 2.8.6.6 Plan of Care Development

For the following questions related to the development of plans of care, the entire year's plans of care are to be reviewed and commented upon.

A directive to 'Plan of Care Development' is generated when 3 or more "no" responses are selected. A recommendation results when 1 or 2 of the responses are "no".

Tasks developed to achieve the child's objectives should have individuals identified for the completion of those tasks.

Tasks: Tasks are specific, incremental activities designed to move children and youth toward the achievement of their plan of care goals.. Task assignments include:

- Clearly stated activities that must be performed;
- Statement re who will be involved or responsible for each task
- The inclusion of target dates for the completion of each activity

#### -CFS4

105. (1) A child in care has a right to a plan of care designed to meet the child's particular needs...

#### Reg 70

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



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<p>one or combination of them, identified to promote the desired outcomes for the resident;</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(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;</li> <li>(f) particulars of any specialized service to be provided directly or arranged for by the licensee;</li> <li>(g) particulars of the dates for review of the plan of care;</li> <li>(h) a list of revisions, if any, to the plan of care; and</li> <li>(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.</li> </ul> <p><b>111.(5)</b> The licensee shall ensure that the foster plan of care,</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(b) identifies desired outcomes based on each child's specific strengths and needs; and</li> </ul>	
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			(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).
D29. Are the identified tasks realistic and achievable based on the capabilities of the child/youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tasks within the plan of care should be developed in a clear and realistic manner and should be achievable based on the capabilities of the child and resources available.	
D30. Do the identified tasks clearly support the achievement of the specific goal?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, comment in field note)	A goal is a statement of a desired outcome, a general direction or intent and should be supported by tasks and activities. Tasks should be clearly related to the identified goal or outcome and should support the successful attainment of the desired end result.	
D31. Are the identified tasks specific and measurable?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, comment in field note)	A task should be developed in a detailed manner, outlining specifically what is to be completed in order to support the successful achievement of the goal. Tasks should be developed with detail in order to ensure that their successful completion can be easily measured. It is expected that tasks will evolve and be updated/amended over time based on the child's progress, needs, and implementation of the plan.	
D32. Are target dates for completion evident	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no,	Tasks should be assigned a clear time target for completion in order to review progress and in	

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throughout the plan of care?	comment in field note)	order to aid in the development of new goals and tasks.
D33. Are individuals identified as responsible for completing tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Clear and specific roles should be evident in task development. The person responsible for completing the task should be clearly identified and can include the caseworker, the child/youth, caregivers, community collaterals, and others involved in planning.</p>
D34. Are recommendations of assessments integrated into plans of care through specific goals and/or tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>If planning has not incorporated specific recommendations of recent assessments, this observation should be indicated here.</p> <p>Where the Society's consideration of assessment recommendations have not been reflected in specific goals or tasks but were adequately addressed elsewhere in the file, a 'yes' response would be selected. The reviewer may comment below regarding the inclusion of specific goals and tasks in future planning to address clinical recommendations.</p> <p>A 'no' response should be selected if this omission is considered to be significant to the child's identified special needs.</p> <p><b>Reg. 70</b>  <b>86.</b> (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).            (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;</p> <p><b>111.(5)</b> 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</p>



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			child's specific strengths and needs; a  (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).
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	Where the file documentation includes a recommendation to obtain specialized consultation, specialized treatment and/or supports for the child which has not been obtained within the specified timeframe, the reasons shall be noted in the child's file by the worker.	<b>Reg. 70</b> <b>86.1</b> Where a plan of care developed under section 86 includes a recommendation to obtain specialized consultation, specialized treatment and supports, or any one or combination of them, identified to promote the desired outcomes for the resident and any one of them has not been obtained within the specified timeframe, the reasons shall be noted by the licensee in the resident's written case record. O. Reg. 493/06, s. 10.  <b>115.(7)</b> If a foster plan of care includes a recommendation to obtain specialized consultation, specialized treatment and supports for the child, or any one or combination of them, and any one of them has not been obtained within the specified timeframe, the reasons shall be noted in the child's file by the licensee. O. Reg. 493/06, s. 18 (4).
D36. Did the child participate in the planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A child 12 or older has the right to participate in the development of his or her own plan of care. 'No' is selected when file documentation indicates that a child over the age of 12 was not invited to participate in the development of the	<b>CFS4</b> <b>105. (2)</b> A child in care has a right, (a) to participate in the development of the child's individual plan of care and in any changes made to it;



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	plan of care.			
<p><b>D37. Did significant others participate in the planning as required and/or appropriate or were efforts made to engage them?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Where applicable, the participation of 'significant others' in planning should be encouraged by the society including but not limited to the child's parents, foster parents, past or future caregivers, OPR service providers, etc.</p>	<p><b>Reg. 70</b> <b>86. (4)</b> Every licensee shall ensure that, where possible, (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).</p> <p><b>111. (4)</b> (b) participate in the development and finalization of a foster plan of care with, (iii) the child, where the child is 12 years of age or over, and</p>	<p><b>Reg. 70</b> <b>86. (4)</b> 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 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,</p>

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			<p>Reg. 70, s. 86 (4).</p> <p>115. (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.</p>
<p>D38. Were reasons for non-participation of the child and/or significant others documented?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A</p>		<p>The reason for non-participation by the child or any significant other should be noted in the child's file.</p>	<p><b>Reg. 70</b></p> <p>86. (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).</p> <p>115. (5) Where a foster care plan is reviewed without the involvement of one of the persons referred to in subsection (2), the reason shall be noted in the child's file. R.R.O. 1990, Reg. 70, s. 115 (5).</p>
<p>D39. Is the child's placement able to support the successful achievement of goals as outlined in the child's plan of care?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CD</p>		<p>Indicate whether the child's placement appears to be appropriate given the child's needs as outlined in the plans of care. Suitability and stability are further factors to consider when determining whether a child's placement meets his or her needs. Consideration should also be given to:</p>	<p><b>Reg. 70</b></p> <p>113. Every licensee that places or intends to place a child in foster care shall ensure that a written record of,</p> <p>(a) any needs of the child that cannot be met by placement in the foster home;</p> <p>(b) how the needs of the child will be met; and</p>



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<p>(c) any reservations or concerns expressed by the foster parents about the placement of the child in the foster home, is included in the child's file. R.R.O. 1990, Reg. 70, s. 113.</p>	<ul style="list-style-type: none"> <li>the child's relationship with all members of his/her foster family or residential staff and other residents;</li> <li>whether the placement shares the culture and/or religious beliefs of the child's family of origin.</li> <li>consistency of the permanency plan with current placement</li> </ul>	
<p>If the response is no, provide clarification regarding the appropriateness of the child's placement in the Comments section below.</p>	<p>The Ontario Looking After Children (OnLAC) Assessment and Action Record (AAR) is to be completed annually – i.e., no later than twelve months from the last AAR – for every child who has been in care of the society longer than one year</p> <p>The AAR is considered to be completed on the 'date completed' provided on the first page of the AAR. 'Yes' should be selected when the AAR has been completed within one year of the previous AAR. The completed date must fall within the same calendar month as the last AAR in order to be compliant.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>W</b></p> <p><b>Policy Directive 001-09</b> - in effect on May 1, 2009</p> <p>For every child who on December 3, 2007, had been in care for 12 consecutive months or more, CASs were required to complete the first AAR by December 3, 2008 and utilize the Assessment and Action Record (AAR) to develop a Plan of Care. As of the effective date of Policy Directive 001-09, CASs must, within a 12 month period, complete an AAR for all children and</p>		



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		<p>If no, a directive is issued and the reviewer must provide details including dates in the comment section below.</p> <p>In the event that a child previously placed on adoption probation is being reviewed as a Crown ward due to an adoption disruption, the Society will have 12 months from the date of the disruption to ensure that an annual update to the AAR is completed. For example, if the adoption disrupted on June 1, 2013, the annual update to the AAR must be completed by June 1, 2014 in order to achieve compliance.</p>	<p>youth 10 or older for whom CASs had previously waived the AAR. ... The AAR must be applied annually for every child and youth who has been in care for longer than one year including children and youth in formal customary care.</p>
<p><b>D40b. Has the AAR been used to develop the plans of care?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Partial</p>		<p>It is a requirement for all children's aid societies to complete the AAR on an annual basis and develop plans of care using this assessment for every child and youth who has been in care of the society longer than one year.</p> <p>Areas of strength as well as issues identified through the completion of the Assessment and Action Record should form the basis of the development of goals and tasks within the seven developmental domains within the plan of care.</p>	<p><b>Policy Directive 001-09</b> - in effect on May 1, 2009</p> <p>For every child who on December 3, 2007, had been in care for 12 consecutive months or more, CASs were required to complete the first AAR by December 3, 2008 and utilize the <b>Assessment and Action Record (AAR) to develop a Plan of Care</b>. As of the effective date of Policy Directive 001-09, CASs must, within a 12 month period, complete an AAR for all children and youth 10 or older for whom CASs had previously waived the AAR. ... The AAR must be applied annually for every child and</p>

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2.8.6.4 PLAN OF CARE as reflected through Ontario Looking After Children (OnLAC)			
			youth who has been in care for longer than one year including children and youth in formal customary care.
D41. Development of Plans of Care	<input type="checkbox"/> Fully developed <input type="checkbox"/> Partially developed <input type="checkbox"/> Inadequately developed	<p>The response to this question will be automatically generated based on the answers to D29. through D38. and D.40b. above. If all questions have been answered "yes" or "n/a", a result of "fully developed" will be generated. If one or two answers above are "no", a response of "partially developed" will be generated and a recommendation to further develop the plan of care will also result. A response of "inadequately developed" will result when 3 or more answers are "no" and a directive to further develop the plan of care is issued.</p>	<p><b>W</b></p> <p><b>CPSA</b></p> <p><b>105.</b> (1) A child in care has a right to a plan of care designed to meet the child's particular needs...</p>
<p><b>Comments:</b></p> <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.</p> <p>Comment on areas requiring attention related to:</p> <ul style="list-style-type: none"> <li>Content of AAR reflected in the plan of care development</li> <li>Content of any other planning prepared concurrently by other service providers</li> <li>Any other aspects of planning.</li> </ul>			



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### 2.8.6.7 Timely Completion of Plans of Care

Complete the Timely Completion of Plans of Care chart as applicable according to whether, in the last 12 months, there were changes in placement or no change in placement.

Directives are assigned as detailed below. Directives do not apply when:

- The Crown ward resides out of province (unless the home agency is supervising the child/youth);
- Circumstances are beyond the society's control;
- The society is experiencing a labour disruption.

Reg. 70, ss. 111(4) requires that a plan of care must be developed and finalized within 30 days of placement of a child. That plan of care must be reviewed 3 months after the placement, 6 months after the placement and at least every 6 months thereafter or earlier if there is a material change in circumstances which necessitates a review of the plan or where there is a change in the child's placement (Reg. 70 ss. 115(2)).

A directive is to be issued if any plan of care is missing. For youth placed in YCJA settings, no directive for timeliness should be issued except where the Society has not participated in the development of the plan of care authored by the YCJA facility. **Reg. 70 s.86 (4)**

If the plans of care for a child in an Outside Paid Resource (OPR) meet the requirements, they are 'in compliance' regardless of whom the author was – CAS or the OPR, provided both parties were involved in the planning process. (If planning does not meet requirements, the society as parent is held accountable.)

With the exception of D46 and D47, due dates are automatically populated as a result of dates provided by the reviewer regarding any placement changes. 'Dates Done' or dates of completion are provided by the reviewer. **The plan of care is considered to be completed on the date that it was completed by the caseworker and sent for approval to the supervisor.**

If a review is due during the review period and has not been done, leave 'date done' blank and indicate the review is not compliant. If the



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review is not yet due or has been pre-empted by a further placement change during the review period, indicate compliance is 'N/A'.

A child's placement or subsequent replacement date begins a new cycle of planning. Planning is due in the following sequence:

1. 30 days from the placement date
2. 3 months from the placement date
3. 6 months from the placement date

Following these three initial plans of care which are anchored to the placement date, planning is then due "at least every six months thereafter" in accordance with the regulation. In order for compliance to be achieved, there should not be more than six months between completed plans of care.

Ongoing 6 month plans of care are due no later than 6 months from the previous 6 month plan of care. Due dates for the next plan of care are determined as follows:

- If the previous plan of care was due on June 1<sup>st</sup> but was completed by the caseworker on May 28<sup>th</sup>, then the next plan of care is due 6 months from the completion date – November 28<sup>th</sup>.
- If the previous plan of care was due on June 1<sup>st</sup> but was completed by the caseworker on June 5<sup>th</sup> beyond the due date, the next plan of care is due 6 months from the June 5<sup>th</sup> completion date – December 5<sup>th</sup>.

For children placed before November 1, 2006, planning due dates would follow the same pattern as above although the child's date of placement would not generate any due dates for planning. In sum, ongoing 6 month planning is due 6 months from the completion date of the last plan of care.

D42 a. Was a 6 month review of plan of care due	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate 'yes' or 'no' whether a six month review of the plan of care was due during the six months <u>prior</u> to the period under review.
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during the 6 months prior to this period of review?					
D42 b (i). If yes, provide the completion date of the last 6 month plan of care due during the 6 months prior to the review period.	YYYY-MM-DD	If the child did not change placements in the 18 months prior to the review period, the reviewer documents the completion date of the last six month review of the plan of care due during the six month period before the current review period.			
No placement change					
Requirement	Date Due	Date Done	Compliant	Directive	
D43. 30 days	D43 a. YYYY-MM-DD	D43 b. YYYY-MM-DD	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	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">W</div> <b>Reg. 70</b> <b>86.</b> (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).  <b>111.</b> (4) The licensee, within 30 days after placement of a child in a foster home, shall, (b) participate in the development and



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D44. 3 months	D44 a. YYYY-MM-DD	D44 b. YYYY-MM-DD	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	<p><b>W</b></p> <p><b>Reg. 70</b></p> <p><b>86. (8)</b> 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).</p> <p><b>115. (1)</b> 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).</p> <p><b>(2)</b> 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,</p> <p><b>(a)</b> three months after placement, six months after placement and at least every six months thereafter; or</p> <p><b>(b)</b> earlier than the timeframes referenced in clause (a) if,</p> <p><b>(i)</b> there is a material change in circumstances which necessitates a review of the plan; or</p> <p><b>(ii)</b> there is a change in the child's placement. O. Reg. 493/06, s. 18 (2).</p>



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	D45 a. YYYY-MM-DD	D45 b. YYYY-MM-DD	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	<p>(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).</p> <p><b>W</b></p> <p><b>Reg. 70</b></p> <p><b>86. (8)</b> 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).</p> <p><b>115. (1)</b> 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).</p> <p><b>(2)</b> 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,</p> <p>(a) three months after placement, six months after placement and at least every six months thereafter; or</p> <p>(b) earlier than the timeframes referenced in clause (a) if,</p> <p>(i) there is a material change in circumstances which necessitates a</p>
<b>D45. First 6 month review</b>					

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					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).
Most recent placement change #1					
Requirement	Date Due	Date Done	Compliant	Directive	
D43. 30 days	D43 a. YYYY-MM-DD	D43 b. YYYY-MM-DD	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	<b>W</b> <b>Reg. 70</b> <b>86.</b> (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).  <b>111.</b> (4) The licensee, within 30 days after placement of a child in a foster home, shall, (b) participate in the development and finalization of a foster plan of care
D44. 3 months	D44 a. YYYY-MM-DD	D44 b. YYYY-MM-DD	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	<b>W</b> <b>Reg. 70</b> <b>86.</b> (8) Every licensee shall ensure that each plan of care with respect to each resident in a

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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).

**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).

**W**

D45. First 6 month review

D45 a.

D45 b.

D45 c.

D45 d.

☐ Yes☐ Yes



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YYYY-MM-DD	YYYY-MM-DD	<input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> No	Reg. 70
				<p><b>86. (8)</b> 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).</p> <p><b>115. (1)</b> 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).</p> <p>(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,</p> <p>(a) three months after placement, six months after placement and at least every six months thereafter; or</p> <p>(b) earlier than the timeframes referenced in clause (a) if,</p> <p>(i) there is a material change in circumstances which necessitates a review of the plan; or</p> <p>(ii) there is a change in the child's placement. O. Reg. 493/06, s. 18 (2).</p> <p>(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).</p>

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## Second most recent placement change #2

Requirement	Date Due	Date Done	Compliant	Directive
D43. 30 days	D43 a. YYYY-MM-DD	D43 b. YYYY-MM-DD	D43 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>W</b></p> <p><b>Reg. 70</b></p> <p><b>86.</b> (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).</p> <p><b>111.</b> (4) The licensee, within 30 days after placement of a child in a foster home, shall,</p> <p>(b) participate in the development and finalization of a foster plan of care</p>
D44. 3 months	D44 a. YYYY-MM-DD	D44 b. YYYY-MM-DD	D44 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>W</b></p> <p><b>Reg. 70</b></p> <p><b>86.</b> (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</p>

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					<p>of care every six months after the initial six month review. R.R.O. 1990, Reg. 70, s. 86 (8).</p> <p><b>115.</b> (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).</p> <p>(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,</p> <p>(a) three months after placement, six months after placement and at least every six months thereafter; or</p> <p>(b) earlier than the timeframes referenced in clause (a) if,</p> <p>(i) there is a material change in circumstances which necessitates a review of the plan; or</p> <p>(ii) there is a change in the child's placement. O. Reg. 493/06, s. 18 (2).</p> <p>(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).</p>
<b>D45. First 6 month review</b>	D45 a. YYYY-MM-DD	D45 b. YYYY-MM-DD	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	<div style="text-align: center; font-size: 2em; font-weight: bold;">W</div> <p><b>Reg. 70</b></p> <p><b>86. (8)</b> Every licensee shall ensure that each plan</p>



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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).

**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).

Third most recent placement change #3

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Requirement	Date Due	Date Done	Compliant	Directive
D43. 30 days	D43 a. YYYY-MM-DD	D43 b. YYYY-MM-DD	D43 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>W</b></p> <p><b>Reg. 70</b></p> <p><b>86. (1)</b> 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).</p> <p><b>111. (4)</b> The licensee, within 30 days after placement of a child in a foster home, shall,</p> <p>(b) participate in the development and finalization of a foster plan of care</p>
D44. 3 months	D44 a. YYYY-MM-DD	D44 b. YYYY-MM-DD	D44 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>W</b></p> <p><b>Reg. 70</b></p> <p><b>86. (8)</b> 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).</p>

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D45. First 6 month review	D45 a. YYYY-MM-DD	D45 b. YYYY-MM-DD	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	<p><b>115.</b> (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).</p> <p>(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,</p> <p>(a) three months after placement, six months after placement and at least every six months thereafter; or</p> <p>(b) earlier than the timeframes referenced in clause (a) if,</p> <p>(i) there is a material change in circumstances which necessitates a review of the plan; or</p> <p>(ii) there is a change in the child's placement. O. Reg. 493/06, s. 18 (2).</p> <p>(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).</p>
<p><b>W</b></p> <p><b>Reg. 70</b></p> <p><b>86.</b> (8) Every licensee shall ensure that each plan of care with respect to each resident in a residence operated by the licensee is reviewed</p>					



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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).

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).

## All Other 6 Month Plans of Care Due in the past 12 Months

Requirement	Date Due	Date Done	Compliant	Directive
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D46. 6 months #1	D46 a. YYYY-MM-DD	D46 b. YYYY-MM-DD	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

**W**

**Reg. 70**

86. (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).

**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

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<p><b>D47. 6 months #2</b></p>	<p>D47 a.</p> <p>YYYY-MM-DD</p>	<p>D47 b.</p> <p>YYYY-MM-DD</p>	<p>D47 c.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>D47 d.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>W</b></p> <p><b>Reg. 70</b></p> <p><b>86. (8)</b> 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).</p> <p><b>115. (1)</b> 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).</p> <p><b>(2)</b> 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,</p> <p><b>(a)</b> three months after placement, six months after placement and at least every six months thereafter; or</p> <p><b>(b)</b> earlier than the timeframes referenced in clause (a) if,</p> <p><b>(i)</b> there is a material change in circumstances which necessitates a</p>
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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).



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				<p>review of the plan; or</p> <p>(ii) there is a change in the child's placement. O. Reg. 493/06, s. 18 (2).</p> <p>(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).</p>
<p><b>D48a. Were supervisory endorsements for plans of care due during the review period completed by the due date?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p><b>Reg. 70</b></p> <p><b>115. (4)</b> 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).</p> <p>"Yes" is selected when the supervisory endorsements for ALL plans of care due within the past 12 months were completed on or before the due dates of the plans of care.</p> <p>"No" is selected when one or more supervisory endorsements for plans of care due in the past 12 months were completed beyond the due date.</p> <p>"N/A" is selected when no plans of care for the child were due in the past 12 months i.e. Child resides out of province and is not supervised by the home Society or the youth is in custody throughout the review period.</p> <p>In the event that only OPR plans of care are taken as compliant in lieu of Society plans, supervisory endorsements would be "N/A". When a combination of OPR and Society planning over the course of the review period has been measured, supervisory endorsements should be reported upon in relation to those specific Society plans.</p>		

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				<p><b>D48b. If no, check all that apply:</b></p> <p><input type="checkbox"/> 30 day POC</p> <p><input type="checkbox"/> Initial 3 month plan of care</p> <p><input type="checkbox"/> Initial 6 month plan of care</p> <p><input type="checkbox"/> Ongoing 6 month plan of care #1</p> <p><input type="checkbox"/> Ongoing 6 month plan of care #2</p>	<p>Indicate by checking all that apply which plans of care were not endorsed by the due date during the review period.</p>	
<p><b>D49. 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?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>While statutory requirements such as 7 and 30 day visits and plans of care may be unenforceable when the child is placed out of province and being supervised by an out-of-province agency, the society should make and clearly document their efforts to ensure that requirements are met. The agreement with the out-of-province agency should be found in the child's file.</p>	<p><b>Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories</b></p> <p>B3.2.2 In agreeing to a care or service plan, the receiving province shall provide, at a minimum, supervision and services as per the negotiated plan. The originating province retains case management responsibility for planning for the child or young adult and for ongoing contact with the family of the child or young adult unless otherwise negotiated between the originating and receiving provinces.</p>			



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			B3.2.3 The originating and receiving province shall jointly review the care plans for a child or young adult at least once a year unless the parties agree that an annual review is not required.
<b>Comments:</b>  The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.			
<b>2.8.6.8 Social History</b>			
<b>D50a. Is there a social history on file?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Planning is expected to be linked to the child's social history and it is expected to be updated annually. A comprehensive social history is required and should be a 'stand-alone' document. Societies are given 60 days after admitting a child to care to initiate the child's initial social history. A directive is issued if there is not a social history on file.	<b>W</b>  <b>Reg. 70</b>  <b>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.</b> O. Reg. 493/06, s. 17 (4).	
<b>D50b. Was the annual social history update completed in a timely manner</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	A directive is issued if the social history has not been updated since the previous year. The update is due no later than twelve months from the previous update. 'Yes' is selected when the annual update is completed no later than 12 months from the previous social history	<b>W</b>	



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<p>within 12 months of the previous update?</p>	<p>update in the same calendar month.</p> <p>The reviewer compares the previous year's update to the current update to determine whether or not the social history has been updated. The social history update is considered to be completed on the date that it was completed by the caseworker.</p> <p>In the event that a child previously placed on adoption probation is being reviewed as a Crown ward due to an adoption disruption, the Society will have 12 months from the date of the disruption to ensure that an annual update to the social history is completed. For example, if the adoption disrupted on June 1, 2013, the annual update to the social history must be completed by June 1, 2014 in order to achieve compliance.</p>	<p><b>Reg. 70</b></p> <p>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 <b>shall update it annually thereafter</b>. O. Reg. 493/06, s. 17 (4).</p>
<p>D51. Does the social history and do the annual updates address:</p>	<p>The history should include clear information about the child, the child's history prior to coming into care including any history of suspected and/or verified abuse/maltreatment, and the reason for the child's admission and subsequent Crown wardship.</p> <p>It can 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</p>	<p><b>W</b></p> <p><b>Reg. 70</b></p> <p>111. (8) The social history of a child shall include,</p> <ul style="list-style-type: none"> <li>(a) identifying information;</li> <li>(b) admission information;</li> <li>(c) family history;</li> <li>(d) birth history;</li> </ul>

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		<p>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.</p> <p>Additional areas addressed in the social history should include: the child's health; physical and emotional development; personality and behaviour; academic history; separation and placement history including any history of suspected and/or verified abuse/maltreatment since admission to care; and strengths, talents and interests.</p> <p>A directive to enhance the social history is generated when 3 or more of the responses in relation to a social history are 'no'. A recommendation results when 1 to 2 of the responses are 'no'.</p>	<p>(e) developmental history;</p> <p>(f) health history;</p> <p>(g) academic history;</p> <p>(h) history of court involvement;</p> <p>(i) experiences of separation;</p> <p>(j) personality and behaviour; and</p> <p>(k) aptitudes and abilities. O. Reg. 493/06, s. 17 (4).</p>
D51 a. Child & family history prior to care including birth history	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D51 b. Reason for admission(s), Crown wardship, and history of court	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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involvement			
D51 c. Child's identifying information including 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		



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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		
<b>Comments:</b>			
<p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.</p> <p>Comment on any concerns related to the child's social history.</p>			
<b>2.8.6.9 Medical, Dental and Other</b>			
D52 a. Annual Medical conducted?	<input type="checkbox"/> compliant <input type="checkbox"/> directive <input type="checkbox"/> noncompliant – no directive	<p>The name of the doctor or nurse practitioner, the date 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.</p> <p>A directive is to be issued if an annual medical examination has not taken place within 15 months. Documentation should clearly indicate that the Society made efforts to book an appointment within the 12 months and the annual medical was completed within 15 months of the</p>	<p><b>W</b></p> <p><b>Reg. 71</b></p> <p>4. (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).</p> <p>(3) Every society shall keep a record of each</p>

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	<p>previous annual medical.</p> <p>If no dates are available in the file and the Society has not been able to provide a date for the examination, leave the date blank, issue a directive, and comment below.</p> <p>Medication reviews are not considered to be annual physical examinations unless the physician has documented the results of a physical examination.</p> <p>No directive will be issued if a child refuses to attend in spite of persistent urging by the caseworker, although this requirement is deemed 'non-compliant.' If a child 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'.</p> <p>(Children of any age are able to consent if they are capable.)</p> <p>In the event that a child previously placed on adoption probation is being reviewed as a Crown ward due to an adoption disruption, the Society will have 12 months</p>	<p>medical examination and dental examination of each child admitted into care by the society. R.R.O. 1990, Reg. 71, s. 4 (3).</p>
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		from the date of the disruption to ensure that an annual medical is completed. For example, if the adoption disrupted on June 1, 2013, the annual medical must be completed by June 1, 2014 in order to achieve compliance.	
	D52 b. Date of Previous	YYYY-MM-DD	
	D52 c. Date of Most Recent	YYYY-MM-DD	
D53 a. Annual Dental conducted?	<input type="checkbox"/> compliant <input type="checkbox"/> directive <input type="checkbox"/> noncompliant – no directive	<p>Same as for annual medical examination except that the annual dental should take place within 12 months of the previous annual dental. A dental insurance chart is acceptable. Orthodontic checkups do not qualify as evidence of compliance for the purpose of an annual dental check-up. If the child is too young for an annual dental, the correct response is 'compliant'.</p> <p>In the event that a child previously placed on adoption probation is being reviewed as a Crown ward due to an adoption disruption, the Society will have 12 months from the date of the disruption to ensure that an annual dental is completed. For example, if the adoption disrupted on June 1, 2013, the annual dental must be</p>	<p><b>W</b></p> <p><b>Reg. 71</b></p> <p>4. (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).</p> <p>(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).</p>



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		completed by June 1, 2014 in order to achieve compliance.	
	D53 b. Date of previous	YYYY-MM-DD	
	D53 c. Date of most recent	YYYY-MM-DD	
D54 a. Is there any evidence that ADR was considered in the past 12 months for resolving issues related to the child or a plan for the child's care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>A society must consider whether Alternative Dispute Resolution (ADR) could assist in resolving any issue related to the child or a plan for the child's care. ADR methods include: child protection mediation, family group conferencing; Aboriginal approaches; or other methods satisfying ministry criteria and approved by the Executive Director of the society involved.</p> <p>'N/A' is indicated if there was no relevant issue.</p> <p>Societies must record that ADR was considered, what decision was reached, and the supporting reasons. Where an ADR takes place, the outcome of the process must also be recorded. Evidence may be found in the plans of care.</p>	<p><b>CFS4 Part I Flexible Services</b>  <b>CHILDREN'S AID SOCIETIES</b></p> <p>Resolution of issues by prescribed method of alternative dispute resolution</p> <p>20.2 (1) If a child is or may be in need of protection under this Act, a society shall consider whether a prescribed method of alternative dispute resolution could assist in resolving any issue related to the child or a plan for the child's care. 2006, c. 5, s. 5.</p> <p><b>MINISTRY OF CHILDREN AND YOUTH SERVICES POLICY DIRECTIVE: CW 005-06</b></p> <p><b>REPORTING REQUIREMENTS:</b></p> <p>Children's aid societies must record in the appropriate file (i.e. child's file, child protection file, adoptive family file) that ADR was considered, what decision was reached and the supporting reasons. Where an ADR takes place</p>

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<p><b>D54 b. Where ADR was proposed in the past 12 months, was notification provided to the Office of the Children's Lawyer?</b></p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A  <input type="checkbox"/> CD         </p>	<p>Where ADR is proposed, the Society is required to provide notice to the Office of the Children's Lawyer.</p>	<p>the outcome of the process must also be recorded in the appropriate file.</p> <p><b>CFSA Part I Flexible Services</b></p> <p><b>20.2 (3)</b> If a society or a person, including a child, who is receiving child welfare services proposes that a prescribed method of alternative dispute resolution be undertaken to assist in resolving an issue relating to a child or a plan for the child's care, the Children's Lawyer may provide legal representation to the child if in the opinion of the Children's Lawyer such legal representation is appropriate. 2006, c. 5, s. 5.</p> <p><b>MINISTRY OF CHILDREN AND YOUTH SERVICES POLICY DIRECTIVE: CW 005-06</b></p> <p>This policy directive requires societies when using alternative dispute resolution to:</p> <p>5. provide notice to the Office of the Children's Lawyer, where alternative dispute resolution is proposed.</p>
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D55. Have the child's rights been discussed with the child as required at each 30 day plan of care review and every 6 months?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<p>Indicate 'yes' or 'no' whether the child's rights have been discussed and documented every six months and within 30 days following a placement change. A change of primary caregivers constitutes a change of placement for the child. The formal discussion of rights should take place by the child's 7th birthday if the child is capable of understanding.</p> <p>Rights should be explained to the child in age and state appropriate language. For example, younger children should receive a simplified explanation of rights. The child's rights must be reviewed annually with the child's caregiver if the child is too young or his/her special needs preclude him/her from understanding his/her rights. If the rights have not been reviewed with the caregiver during the period of review in that instance, the response is 'no'.</p>	Policy Requirement 1994-0202-09)
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<b>D56. Is a review of the file by senior management required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A review of file by senior management may 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. This directive requires prior consultation with the society and approval of the Lead Reviewer.</p> <p>In the comments section below, provide an explanation, the types of action(s) and follow up required by the society.</p>	<p><i>CFSA 66. (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).</i></p>
<b>D57. Is a review of the file by program supervisor required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A review of file by the program supervisor may 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. The directive requires prior consultation with the Lead reviewer.</p> <p>The types of action(s) and follow-up</p>	<p><i>CFSA 66. (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).</i></p>

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				<p>required by the Society are indicated clearly in the comment section below. When this review is issued, a copy of the report is provided to senior management.</p>
<b>D58. Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>CFSA s.66 authorizes crown ward reviewers to issue any directive that is in the child's best interests. A directive is issued if the reviewer identifies a serious concern that is not covered by other areas. This directive requires prior consultation with the Lead reviewer. The Lead reviewer will decide whether the Society should also be consulted regarding the matter. This is the only directive that is applicable to cases supervised by another province other than a review of file by senior management or the program supervisor. Provide detail regarding the 'other' directive in the comment section below.</p>	<p>CFSA 66. (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).</p>	
<p><b>Comments:</b></p> <p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the</p>				



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areas requiring attention.

Comment on any concerns related to:

- Medical and dental care or other concern
- Directive for review of file by senior management with a clear illustration of the rationale for the directive.
- Directive for review of file by program supervisor with a clear illustration of the rationale for the directive.
- Directive issued for 'other' concerns with a clear illustration of the rationale for the directive.
- Overall Comments

### 2.9 Appendix A: Directives for Crown Ward Review

The following table provides a summary of all directives issued within the Crown ward review tool:

DIRECTIVES				
Outcome Measure	Section of Individual Case Report	Question identifier	Type	Directive
	Indian and native children/youth Report	#6	Indian and Native child/youth requirements	Notice of Legal proceeding
	Indian and native children/youth Report	#7	Indian and Native child/youth requirements	Notice to band/community re: placement change
	Placement	C14b.	Foster parents notified of child move	Foster parents notified of child move



DIRECTIVES				
Outcome Measure	Section of Individual Case Report	Question Identifier	Type	Directive
	Medical, Dental & Other	D56.	Review of file by senior management	Review of file by senior management
	Medical, Dental & Other	D57.	Review of file by program supervisor	Review of file by program supervisor
	Medical, Dental & Other	D58.	Other (additional)	Other (additional)
<b>Safety</b>	Child Safety	B6a.	Child Safety	Kinship Home designated as Place of Safety prior to approval
<b>Safety</b>	Child Safety	B6b.	Child Safety	Kinship home approved or not approved within 60 days
<b>Safety</b>	Child Safety	B8.	Child Safety	Place of Safety requirements met
<b>Permanency</b>	Indian and native children/youth Report	#4a. (if no)	Indian and Native child/youth requirements	Efforts to place child with family, band/native community, or other Indian or native family
<b>Permanency</b>	Permanency	C4. (if no)	Plan of Care development	Permanency plan reflects exploration of options
<b>Well-Being</b>	Indian and native children/youth Report	#3 (if no)	Attend to child's Indian or native heritage	Opportunity for contact with home/native community, family, or band
<b>Well-Being</b>	Indian and native children/youth Report	#8b.	Indian and Native child/youth requirements	Notice to band/native community re: removal of child after 2 years or more
<b>Well-Being</b>	Caseworker Contact	D19a. (#1-12)	7 day visit	Most recent placement change #1 (each instance of a missed 7 day visit in the review period will form part of the directive)
<b>Well-Being</b>	Caseworker Contact	D20a. (#1-12)	30 day visit	Most recent placement change #1 (each instance of a missed 30 day visit in the

DIRECTIVES				
Outcome Measure	Section of Individual Case Report	Question identifier	Type	Directive
				review period will form part of the directive)
<b>Well-Being</b>	Caseworker Contact	D21a. (#1-12)	Review of rights & responsibilities at placement change	Most recent placement change #1 (each instance of a missed review of rights and responsibilities within 24 hours of a placement change in the review period will form part of the directive)
<b>Well-Being</b>	Caseworker Contact	D21c.	Three month visit	Three month visit
<b>Well-Being</b>	Plan of Care	D25a-g (i)	Plan of care addresses strengths and needs	When 2 or more domains are determined to not meet requirements, a directive will specify which areas were not adequately addressed: Health; Education; Identity; Social & Family Relationships; Social Presentation; Emotional & Behavioural; Self-care Skills
<b>Well-Being</b>	Plan of Care	D29. – D38. and D40b.	Plan of Care Development	When 3 or more answers to the identified questions are 'no', a directive will specify which areas were not adequately addressed: <ul style="list-style-type: none"> <li>• Tasks realistic &amp; achievable</li> <li>• Tasks support achievement of goal</li> <li>• Tasks specific &amp; measurable</li> <li>• Target dates evident</li> <li>• Individuals identified as responsible for completing tasks</li> <li>• Recommendations of</li> </ul>



DIRECTIVES				
Outcome Measure	Section of Individual Case Report	Question identifier	Type	Directive
				<p>assessments integrated into plan of care</p> <ul style="list-style-type: none"> <li>• Reasons noted for failure to obtain specialized consultation, specialized treatment and supports for the child within the specified timeframe</li> <li>• Child participated in planning</li> <li>• Significant others participated in the planning as required and/or appropriate</li> <li>• Reasons for significant others not participating in planning documented</li> <li>• AAR/OnLAC used to develop plans of care</li> </ul>
Well-Being	Timely Completion of Plans of Care	D43c. (#1-12)	Plan of Care – 30 day	Most recent placement change #1 - 12 (each instance of a late 30 day plan of care in the review period will form part of the directive)
Well-Being	Timely Completion of Plans of Care	D44c. (#1-12)	Plan of Care – Three month	Most recent placement change #1 - 12 (each instance of a late three month plan of care in the review period will form part of the directive)
Well-Being	Timely Completion of Plans of Care	D45c. (#1-12)	Plan of Care – First six month	Most recent placement change #1 - 12 (each instance of a late initial 6 month



DIRECTIVES				
Outcome Measure	Section of Individual Case Report	Question identifier	Type	Directive
				plan of care in the review period will form part of the directive)
Well-Being	Timely Completion of Plans of Care	D46c.	Plan of Care – Subsequent 6 months #1	Plan of Care – Subsequent 6 months #1
Well-Being	Timely Completion of Plans of Care	D47c.	Plan of Care – Subsequent 6 months #2	Plan of Care – Subsequent 6 months #2
Well-Being	Social History	D50a.	Initial social history on file	Initial social history on file
Well-Being	Social History	D50b.	Current social history update	Current social history update
Well-Being	Social History	D51a.-j.	Enhance social history	When 3 or more answers to the identified questions are 'no', a directive will specify which areas were not adequately addressed: <ul style="list-style-type: none"> <li>• Child's history prior to care</li> <li>• Reason for admission and Crown wardship</li> <li>• Information about parents, siblings, extended family</li> <li>• Current family relationships and functioning including information about access</li> <li>• Child's health</li> <li>• Child's physical and emotional development</li> <li>• Child's personality and behaviour</li> </ul>

DIRECTIVES				
Outcome Measure	Section of Individual Case Report	Question identifier	Type	Directive
				<ul style="list-style-type: none"> <li>Child's academic history</li> <li>Child's separation and placement history</li> <li>Child's strengths, talents, and interests</li> </ul>
Well-Being	Medical, Dental, & Other	D52a.	Annual medical	Annual medical
Well-Being	Medical, Dental, & Other	D53a.	Annual dental	Annual dental

### 2.10 Appendix B: Recommendations for Crown Ward Review

The following table provides a summary of all recommendations issued within the Crown ward review tool:

RECOMMENDATIONS				
Outcome Measure	Section of Individual Case Report	Question identifier	Type	Recommendation
	Indian and native children/youth Report	#1	Attend to child's Indian or native heritage	Child's Band membership
Safety	Child Safety	B3a.	Child Safety	Clarify outcome of investigation
Permanency	Indian and native	#4a. (if CD)	Indian and Native	Efforts to place child with family,



RECOMMENDATIONS					
Outcome Measure	Section of Individual Case Report	Question identifier	Type	Recommendation	
	children/youth Report		child/youth requirements	band/native community, or other Indian or native family	
<b>Permanency</b>	Permanency	C1.	Plan of Care Development	Clarify permanency plan	
<b>Permanency</b>	Permanency	C4. (if partial)	Plan of Care Development	Permanency plan reflects exploration of options	
<b>Well-Being</b>	Indian and native children/youth Report	#2	Attend to child's Indian or native heritage	Efforts to provide child/youth with cultural activities, services, or programming	
<b>Well-Being</b>	Indian and native children/youth Report	#3 (if CD)	Attend to child's Indian or native heritage	Opportunity for contact with home/native community, family, or band	
<b>Well-Being</b>	Plan of Care	D25a-g (i)	Plan of care addresses strengths and needs	When one of seven domains is determined to not meet requirements, a recommendation will specify which area was not adequately addressed: Health; Education; Identity; Social & Family Relationships; Social Presentation; Emotional & Behavioural; Self-care Skills	
<b>Well-Being</b>	Plan of Care	D25a-g (ii)	Plan of care implementation	When 1 or more domains reflect that goals and tasks have not been updated/amended to reflect the child's progress and needs, a recommendation will specify which areas were not adequately addressed: Health; Education; Identity; Social & Family Relationships; Social Presentation; Emotional & Behavioural; Self-care Skills	
<b>Well-Being</b>	Plan of Care	D29. – D38. and D40b.	Plan of Care Development	When 1 or 2 answers to the identified questions are 'no', a recommendation	



RECOMMENDATIONS				
Outcome Measure	Section of Individual Case Report	Question Identifier	Type	Recommendation
				<p>will specify which one or two areas were not adequately addressed:</p> <ul style="list-style-type: none"> <li>• Tasks realistic &amp; achievable</li> <li>• Tasks support achievement of goal</li> <li>• Tasks specific &amp; measurable</li> <li>• Target dates evident</li> <li>• Individuals identified as responsible for completing tasks</li> <li>• Recommendations of assessments integrated into plan of care</li> <li>• Reasons noted for failure to obtain specialized consultation, specialized treatment and supports for the child within the specified timeframe</li> <li>• Child participated in planning</li> <li>• Significant others participated in the planning as required and/or appropriate</li> <li>• Reasons for significant others not participating in planning documented</li> <li>• AAR/OnLAC used to develop</li> </ul>

RECOMMENDATIONS				
Outcome Measure	Section of Individual Case Report	Question identifier	Type	Recommendation
Well-Being	Plan of Care	D40a.	AAR completed in the past year	plans of care  AAR completed in the past year
Well-Being	Timely Completion of Plans of Care	D48a. + D48b.	Plan of Care – Timely supervisory endorsement	The recommendation will provide detail regarding which endorsements were not completed within the required timeframe during the review period: <ul style="list-style-type: none"> <li>• 30 day POC</li> <li>• Initial 3 month plan of care</li> <li>• Initial 6 month plan of care</li> <li>• Ongoing 6 month plan of care #1</li> <li>• Ongoing 6 month plan of care #2</li> </ul>
Well-Being	Social History	D51a.-j.	Enhance social history	When 1 or 2 answers to the identified questions are 'no', a recommendation will specify which areas were not adequately addressed: <ul style="list-style-type: none"> <li>• Child's history prior to care</li> <li>• Reason for admission and Crown wardship</li> <li>• Information about parents, siblings, extended family</li> <li>• Current family relationships and functioning including information about access</li> <li>• Child's health</li> </ul>

RECOMMENDATIONS				
Outcome Measure	Section of Individual Case Report	Question identifier	Type	Recommendation
				<ul style="list-style-type: none"> <li>• Child's physical and emotional development</li> <li>• Child's personality and behaviour</li> <li>• Child's academic history</li> <li>• Child's separation and placement history</li> <li>• Child's strengths, talents, and interests</li> </ul>



### 3 Crown Ward Review - Adoption Probation

The files of children placed on Adoption Probation are reviewed if they have been Crown wards for more than 24 months.

A separate tool is used for the review of Crown wards placed on adoption probation. This population is treated slightly differently because permanency planning is approaching its conclusion following extensive assessment and a great deal of attention prior to the adoption placement. As well, the requirements for Adoption Probation are different and it is anticipated to be short term and for a limited period. The Crown Ward Review – Adoption Probation tool is specifically tailored to this situation.

Recommendations are used as a signal to a society that, while directives are not indicated, file documentation does not fully support requirements in relation to: filing the Statement of Live Birth; addressing post adoption services; ensuring the child's participation in the plan; preparation of the life book; completion of and giving the written non-identifying information of the social and medical history of the parents and the child to the adoptive parents.

Societies are expected to work with the regional office to address any recommendations through the continuous quality improvement process.

Some societies have both an adoption file and a child file for a child on Adoption Probation. The reviewer may require both files to ensure all available information is reviewed.

3.1 Crown Ward Review – Adoption Probation Individual Case Report

The following business practices relate to the Crown Ward Review – Adoption Probation Individual Case Report.

MINISTRY OF CHILDREN AND YOUTH SERVICES

CROWN WARD REVIEW - ADOPTION PROBATION REPORT

Individual Case Report

Version 1.0

CROWN WARD REVIEW – ADOPTION PROBATION

Individual Case Report

3.1.1 REVIEW INFORMATION	
Regional Office:	Regional Office numeric code identifier
Agency:	Agency under review numeric code identifier
Case Identifier:	Agency file number

Date of Review:	YYYY-MM-dd
Reviewer Name:	Reviewer name
Review Type	<input type="checkbox"/> Lead <input type="checkbox"/> Team The reviewer will indicate whether she or he is the lead reviewer or a member of the reviewing team.
Date of Exit Meeting	YYYY-MM-DD

### 3.1.2 CHILD INFORMATION

1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Verify for accuracy by referring to the child's birth certificate, statement of live birth, or passport on file.	
2. Date of Birth:	YYYY-MM-DD	Verify for accuracy by referring to the child's birth certificate, statement of live birth, or passport on file.	
3. Age at Review:	##	This value will be automatically calculated and will show the child's age in #years, # of months.	



## 3.1.2 CHILD INFORMATION

4. Date of Crown Wardship	YYYY-MM-DD	<p>Verify for accuracy by referring to the Crown Ward Order on file. The date is located on the top left side of the document.</p> <p>Where there are subsequent orders on file relating to status review, and when the child has remained in the continuous care of the Society, the original date of Crown wardship shall be used. In the event that the Crown ward order is not on file, comment in the Child Information Comment box.</p>	
5. Age at Crown Wardship	#	This value will be automatically calculated and will show the child's age at the time of Crown wardship in #years, # of months.	
6. Is the child registered or entitled to be registered as an Indian or is the child being served by Dilico Anishnabek Family Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	<p>The file should clearly indicate whether the child is registered as an Indian, or is entitled to be registered as an Indian or is receiving service from Dilico Anishnabek Family Care. If it does not, check, 'CD'.</p> <p>Under the CFSA, "Indian" has the same meaning as in the <i>Indian Act (Canada)</i>. Under the <i>Indian Act</i>, Indian means a person who is registered as an Indian or is entitled to be registered as an Indian. This includes the Mushuau Innu and the Innu of</p>	<p><b>CFSA</b> subsection 1</p> <p>Paramount Purpose</p> <p>1. (1) The paramount purpose of this Act is to promote the best interests, protection and well being of children.</p> <p>Other purposes</p> <p>(2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well being of children, are:</p>

### 3.1.2 CHILD INFORMATION

		<p>Sheshatshiu in Labrador who were recognized as bands under the Indian Act and registration of their members began in 2002.</p> <p>A child may be entitled to be registered if the society has been informed that the child's parents are members of a band, for example.</p> <p>Under the CFSA, a "native person" means a person who is member of a "native community" which is a community designated by the Minister but is not a member of a band (Indian).</p> <p>There has only been one designation made by the Minister and this was to designate a group of First Nations as native communities for the purposes of the designation of Dilico Anishnabek Family Care.</p> <p>If 'yes' is checked, questions for Indian and native children will be generated for completion.</p>	<p>5. To recognize that Indian and native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family. 1999, c. 2, s. 1; 2006, c. 5, s. 1.</p>
<p>7. Statement of Live Birth on file:</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A</p>	<p>Indicate whether the Statement of Live Birth is in the file. The Statement of Live Birth must be filed with the court in order for the court to make an adoption order.</p>	

### 3.1.2 CHILD INFORMATION

		N/A should be selected only when the file has been reviewed previously as an adoption probation file and the previous review indicated the presence of a statement of live birth.	
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### 3.1.3 PREVIOUS REVIEWS

8. Has this child been reviewed in the previous year as an adoption probation file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check one of 'yes' or 'no' depending on the existence of a Crown Ward Review – Adoption Probation Report from the previous review year.	
9 a. Were directives made in last year's review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check one of 'yes' or 'no' according to whether directives were issued in last year's Crown Ward Report.	



3.1.3 PREVIOUS REVIEWS

9 b. If yes, has the agency adequately addressed all of the directives identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The reviewer reviews the directives issued in the previous year's review and determines, by the evidence on the file, whether each of the directives were adequately addressed. The reviewer may refer to the society's plan to address the directive but this is not the sole reference to be used.	2006 Annual Report of the Office of the Auditor General of Ontario  <b>RECOMMENDATION 9</b>  To ensure that care and services provided to Crown wards are appropriate and in compliance with regulatory requirements, the Ministry of Children and Youth Services' review of Crown-ward files should assess whether: directives and recommendations have been followed up
<b>Comments:</b>  The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.			

3.1.4 PLACEMENT INFORMATION

11. Date of placement on adoption probation:	YYYY-MM-DDYY	YYYY-MM-DD	
12. Length of adoption probation at		# years # months This will be automatically generated.	

### 3.3.4 PLACEMENT INFORMATION

time of review:		
13. Who is supervising the adoption placement?	<input type="checkbox"/> Parent Society <input type="checkbox"/> Private Adoption Practitioner <input type="checkbox"/> Other	<p>There are three choices: parent society, private adoption practitioner and 'other'. The 'other' category refers to another children's aid society.</p> <p><b>Reg. 70</b>  <b>50. (1)</b> Every adoption agency shall, with respect to the placement of children,            (d) ensure that each adoption placement is supervised;</p>

### 3.3.5 ADOPTION PLAN

14. 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	<p>An adoption probation of at least six months is normally required (CFSA s. 149) before the adoption proceeds to finalization. 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.</p> <p>If six months has elapsed at the time of the review, the response is 'no'.</p>	<p><b>CFSA</b>  <b>149. (1)</b> Where an application is made for an order for the adoption of a child under subsection 146 (1), a Director shall, before the hearing, file a written statement with the court indicating,            (a) that the child has resided with the applicant for at least six months or, in the case of an application under clause 146 (1) (b), for at least two years and, in the Director's opinion, it would be in the child's best interests to make the order;            (b) in the case of an application under clause 146 (1) (a), that for specified reasons it would be in the child's best interests, in the Director's opinion, to make the order although the child has resided with the applicant for less than six months;</p>
15. Is the plan	<input type="checkbox"/> Yes	Indicate whether the plan is to extend	



# 9.1.1 ADOPTION PLAN

<p>to extend the probation at the end of six months?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> CD</p>	<p>probation beyond six months.</p> <p>If six months has elapsed and the plan was to extend probation at the end of those six months, the response is 'yes'.</p>	
<p>16. Does the plan address post adoption services once adoption finalized?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD</p>	<p>This information should be on file and may include information about or referral to support groups or treatment services.</p> <p>Other post-adoption services may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Subsidy agreement</li> <li>• Post-finalization support group</li> <li>• Post-adoption contact with siblings, parents, extended family, or significant others</li> <li>• Camps, social events, and heritage activities</li> <li>• Therapy</li> <li>• Respite</li> <li>• Workshops, seminars, and conferences</li> <li>• Openness search and reunion</li> <li>• Educational support</li> </ul>	<p><b>W</b></p> <p><b>Reg. 70</b></p> <p><b>50.</b> (1) Every adoption agency shall, with respect to the placement of children,</p> <p>(f) ensure that post adoption services are provided to a child who is an adopted person, the adoptive family and any other person who is directly affected by the adoption where a request is made for such services;</p>



### 3.2.5 ADOPTION PLAN

		Reg. 70 s. 50 (1) (f) requires societies to ensure that post-adoption services are provided where requested. Policy Directive 003-06 requires societies to complete an adoption-specific recording format. That format asks for information about any post adoption contact.	
		If evidence on the file indicates the worker and the family have determined that post adoption services are not required, the appropriate response is 'yes'.	
17. 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	A child seven years or older must consent to his or her adoption (CFSa s. 137 (6), (7)) The child should have an opportunity to meet with a lawyer arranged by the Office of the Children's Lawyer before signing a 'consent'.	<b>W</b> <b>CFSa</b> <b>Consent of person to be adopted</b> (6) An order for the adoption of a person who is seven years of age or more shall not be made without the person's written consent. R.S.O. 1990, c. C.11, s. 137 (6).
18. Has a life book been prepared for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD	Each child should have a 'Life Book' documenting his or her past history.	<b>W</b> <b>Policy Directive 003-06</b> requires completion of adoption-specific recording format. The

ADOPTION PLAN			
			recording format asks for the date the Life Book was provided.)
19. 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?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	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 shared in writing with the prospective adoptive parents prior to the adoption of the child.	<div>W</div> <div>Reg. 70</div> <div>s.54 (2.1) If an adoption agency is proposing to place a child for adoption and the child has not been previously adopted, the adoption agency shall ensure that information relating to the following matters is shared with the prospective adoptive parents before placing the child:  1. The right of persons to obtain non-identifying information under sections 12 and 13 of Ontario Regulation 464/07 (Adoption Information Disclosure) made under the Act and the categories of persons who are entitled to obtain the information.</div>
<div>Comments</div> <div>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.</div>			



### 3.1.6 ALTERNATIVE DISPUTE RESOLUTION

<p>20 a. Was ADR considered to resolve any issue related to the child in the past 12 months?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>A society must consider whether Alternative Dispute Resolution (ADR) could assist in resolving any issue related to the child or a plan for the child's care. ADR methods include: child protection mediation, family group conferencing; Aboriginal approaches; or other methods satisfying ministry criteria and approved by the Executive Director of the society involved.</p>	<p><b>CFS4 Part I Flexible Services</b> <b>CHILDREN'S AID SOCIETIES</b></p> <p>Resolution of issues by prescribed method of alternative dispute resolution</p> <p>20.2 (1) If a child is or may be in need of protection under this Act, a society shall consider whether a prescribed method of alternative dispute resolution could assist in resolving any issue related to the child or a plan for the child's care. 2006, c. 5, s. 5.</p> <p><b>MINISTRY OF CHILDREN AND YOUTH SERVICES POLICY DIRECTIVE: CW 005-06</b></p> <p><b>REPORTING REQUIREMENTS:</b></p> <p>Children's aid societies must record in the appropriate file (i.e. child's file, child protection file, adoptive family file) that ADR was considered, what decision was reached and the supporting reasons. Where an ADR takes place the outcome of the process must also be recorded in the appropriate file.</p>
<p>20 b. Was the band/native community consulted regarding alternative methods for dispute</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD</p>	<p>When the child is an Indian or native, the band or native community must be consulted to determine whether an ADR process established by the band or native community or another prescribed process will assist. If efforts were made to consult with the band or native community without</p>	<p><b>CFS4 20.2 (2)</b> If the issue referred to in subsection (1) relates to a child who is an Indian or native person, the society shall consult with the child's band or native community to determine whether an alternative dispute resolution process established by that</p>



ALTERNATIVE DISPUTE RESOLUTION			
resolution in the past 12 months?	success, the response is 'yes'. 'N/A' is indicated if there was no relevant issue.	band or native community or another prescribed process will assist in resolving the issue. 2006, c. 5, s. 5.	
Where ADR was proposed in the past 12 months, was notification provided to:  21 a. Office of the Children's Lawyer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CD  If ADR is proposed, the Office of the Children's Lawyer must be notified for children: <ul style="list-style-type: none"> <li>• under 12, where there is mutual agreement among the participants to pursue ADR;</li> <li>• 12 and over and minor parents, where ADR is being proposed but a consent has not been entered into by the children's aid society and the children's aid society has not discussed the ADR proposal with the child or minor parent.</li> </ul>	<b>CFSA Part I Flexible Services</b> <b>20.2 (3)</b> If a society or a person, including a child, who is receiving child welfare services proposes that a prescribed method of alternative dispute resolution be undertaken to assist in resolving an issue relating to a child or a plan for the child's care, the Children's Lawyer may provide legal representation to the child if in the opinion of the Children's Lawyer such legal representation is appropriate. 2006, c. 5, s. 5.  <b>MINISTRY OF CHILDREN AND YOUTH SERVICES POLICY DIRECTIVE: CW 005-06</b>  This policy directive requires societies when using alternative dispute resolution to:  5. provide notice to the Office of the Children's Lawyer, where alternative dispute resolution is proposed.	
Where ADR was proposed in the past 12 months, was notification provided to:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CD  If ADR is proposed, the band or native community must be notified.	<b>CFSA 20.2 (4)</b> If a society makes or receives a proposal that a prescribed method of alternative dispute resolution be undertaken under subsection (3) in a matter involving a child	

### 3.1.6 ALTERNATIVE DISPUTE RESOLUTION

21 b. Band/Native Community		who is an Indian or native person, the society shall give the child's band or native community notice of the proposal. 2006, c. 5, s. 5.
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### 3.1.7 CURRENT ADJUSTMENT OF CHILD

22. Did the society provide a pre-placement visit for the child with the prospective adoptive parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>W</b></p> <p><b>Reg. 71</b></p> <p>5. (1) No society that admits a child into care shall place the child in a foster home or other home unless the child has previously visited the home at least ten days before the placement.</p> <p>R.R.O. 1990, Reg. 71, s. 5 (1).</p>
23a. Was the child's AAR reviewed prior to the child's placement on adoption probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>W</b></p> <p><b>Policy Directive 001-09</b> – the use of: SAFE (Structured Analysis Family Evaluation); Pre-service PRIDE (Parent Resources for Information, Development and Education); and OnLAC (Ontario Looking After Children) by children's aid societies - in effect on May 1, 2009</p> <p>For children who have been placed for</p>

## CURRENT ADJUSTMENT OF CHILD

<p>adoption, CASs must implement the Adoption Probation Recording format that includes the seven dimensions of OnLAC. While AARs are <u>not</u> required as part of the Adoption Probation Recording package (even if the child has been placed for adoption for more than 12 months), this does not prohibit a CAS from using it if it would be beneficial to the child's planning. Where an AAR has been completed for a child, it is imperative that it be reviewed prior to placement on adoption probation.</p>			<p>CFSA s. 149 (5)</p> <p>(5) The statement under subsection (1) shall be based on a report of the child's adjustment in the applicant's home, prepared by,</p> <ul style="list-style-type: none"> <li>(a) the society that placed the child or has jurisdiction where the child is placed; or</li> <li>(b) a person approved by the Director or local director.</li> </ul>
<p>23b. Has the ROACH (Report on the Adjustment of the Child in the Home) been completed at the time of review?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> CD</p>	<p>Indicate whether the file contains a completed ROACH report regarding the adjustment of the child in the home.</p>		



### 3.1.8 RECORDING

The focus for the review is recording completed during the 12 months prior to the date of the review. If the recording was not due during the review period, indicate 'N/A'.

CASs must implement the revised Adoption Probation Recording format that includes the seven dimensions of OnLAC. This revised recording format was distributed with Policy Directive 003-06 in August 2006:

*In the following sections the 30 day recording should comment on any goals established or issues highlighted in the child's previous plan of care and how these will be incorporated into adoption probation. All recording would report information as applicable, including both significant issues for the child, and the adoptive family's response or plan.*

The recording format may be added to by societies.

While ongoing Assessment and Action Records (AARs) are not required as part of the Adoption Probation Recording package (even if the child has been on adoption probation for more than 12 months), this does not prohibit a CAS from using it if it would be beneficial to the child's planning.

Provide detail related to any 'no' response in the Comments section below. The recording may provide information as follows:

<b>Health</b>	Child's overall health, preventative health measures, on-going health condition/disabilities, any health risks and how the adoptive family will continue to address the health needs of their child, provide name and address of practitioner following child, are immunizations up to date
<b>Education</b>	The child's overall reaction and adjustment to school, any educational needs, any identified developmental needs and how the adoptive family plans to meet their child's ongoing educational requirements. For younger children - any preschool or day care programming and child's adjustment/progress.
<b>Identity</b>	The child's self-image, what opportunities have been provided to develop a positive self-identity, how the child views his/her relationship with adoptive parents, whether the child has a clear understanding of the current situation and knowledge of his/her ethnicity and family of origin, the family's awareness of the rights of the adoptive person, the birth parent and other person related to adoption disclosure and resources available, how the adoptive family will continue to assist the child in recognizing his/her cultural identity while ensuring the child identifies with his adoptive family



3.2 RECORDING			
<b>Social and Family Relationships</b>	The child's ability to attach and develop bonds with adoptive family members (parents, siblings) and extended family members, the strength of these ties, whether the child maintains positive contact with birth family or previous care providers, how the adoptive family supports these relationships, whether the adoptive family is autonomous		
<b>Social Presentation</b>	Whether the child exhibits any emotional or behavioural problems, how the adoptive family is managing these issues, whether the child feels accepted and can communicate easily to family members, how the adoptive family is helping the child to feel accepted in the home and community)		
<b>Emotional and Behavioural</b>	Whether the child is free from emotional or behaviour problems, if not is effective treatment being implemented to assist adoptive parents, the child's response to the community in relation to his/her adoptive family, whether the child is exhibiting emotional reactions (appropriate /inappropriate) according to age range and development to new role in adoptive family, how the adoptive family plans to address these needs, what are some of the unique methods they have utilized thus far)		
<b>Self-care Skills</b>	Whether the child is being encouraged to develop 1) motor and social development, 2) self-care skills appropriate to age and level of development, and what initiatives have adoptive family members implemented to help the child develop these skills		
<b>Dimension</b>	<p>24. 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.</p> <p><b>W</b></p>	<p>25. 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.</p> <p><b>W</b></p>	<p>26. 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.</p> <p><b>W</b></p>
<b>Health</b>	<p>24 a.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>25 a.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>26 a.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<b>Education</b>	<p>24 b.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>25 b.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>26 b.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

3.1.9 RECORDING			
Identity	24 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Social and Family Relationships	24 d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25 d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26 d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Social Presentation	24 e. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25 e. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26 e. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Emotional and Behavioural	24 f. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25 f. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26 f. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Self-care Skills	24 g. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25 g. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26 g. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27. All OnLAC dimensions addressed in recording	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>W</b>	
This will be automatically determined based on responses above.			
Comments			
<p>The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.</p>			



### 3.1.9 TIMELY COMPLETION OF RECORDING

Due dates are automatically populated as a result of the date of placement on adoption probation and any due date provided by the reviewer. **Recording is considered to be 'done' when it has been completed by the caseworker and sent to the supervisor for approval.**

Reg. 70, ss. 111(4) requires that a plan of care must be developed and finalized within 30 days of placement of a child. That plan of care must be reviewed 3 months after the placement, 6 months after the placement and at least every 6 months thereafter or earlier if there is a material change in circumstances which necessitates a review of the plan or where there is a change in the child's placement (Reg. 70 ss. 115(2)).

The reviewer 'rates' only recordings due during the 12 months prior to the date of review. The 'date done' response is left blank if the requirement is not applicable (N/A). If a review is due during the review period and has not been done, leave 'date done' blank and indicate the review is not compliant.

28 a. Was a six month recording due during the six months prior to this review period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate 'yes' or 'no' whether a six month recording was due during the six months prior to the period under review.	
28 b (i) If yes, provide the due date of the last six month recording due during the six months prior to this review period.	YYYY-MM-DD	The reviewer documents the due date of the last six month recording from the previous review period – i.e., during the six months prior to the current review period.	

## TIMELY COMPLETION OF RECORDING

Requirement	Date Due	Date Done	Compliant	Directive
29. 30 days	29 a. YYYY-MM-DD	29 b. YYYY-MM-DD	29 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>W</b></p> <p>111. (4) The licensee, within 30 days after placement of a child in a foster home, shall,</p> <p>(b) participate in the development and finalization of a foster plan of care</p>
30. Three month	30 a. YYYY-MM-DD	30 b. YYYY-MM-DD	30 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>W</b></p> <p>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).</p> <p>(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,</p> <p>(a) three months after placement, six months after placement and at least every six months thereafter; or</p> <p>(b) earlier than the timeframes referenced in clause (a) if,</p> <p>(i) there is a material change in circumstances which necessitates a review of the plan; or</p>

## TIMELY COMPLETION OF RECORDING

<p>31. First six month</p>	<p>31 a. YYYY-MM-DD</p>	<p>31 b. YYYY-MM-DD</p>	<p>31 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>31 d. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>(ii) there is a change in the child's placement. O. Reg. 493/06, s. 18 (2).</p> <p>(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).</p> <p><b>W</b></p> <p>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).</p> <p>(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,</p> <p>(a) three months after placement, six months after placement and at least every six months thereafter; or</p> <p>(b) earlier than the timeframes referenced in clause (a) if,</p> <p>(i) there is a material change in circumstances which necessitates a review of the plan; or</p>
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## TIMELY COMPLETION OF RECORDING

					<p>(ii) there is a change in the child's placement. O. Reg. 493/06, s. 18 (2).</p> <p>(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).</p>
32. Subsequent six month #1	32 a. YYYY-MM-DD	32b. YYYY-MM-DD	32 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	32 d. <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>W</b></p> <p>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).</p> <p>(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,</p> <p>(a) three months after placement, six months after placement and at least every six months thereafter; or</p> <p>(b) earlier than the timeframes referenced in clause (a) if,</p> <p>(i) there is a material change in circumstances which necessitates a review of the plan; or</p> <p>(ii) there is a change in the child's placement. O. Reg. 493/06, s. 18 (2).</p>

# 33.3 TIMELY COMPLETION OF RECORDING

33. Subsequent six month #2	33 a. YYYY-MM-DD	33 b. YYYY-MM-DD	33 c. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a	33 d. <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>(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).</p> <p><b>W</b></p> <p><b>115.</b> (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).</p> <p>(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,</p> <p>(a) three months after placement, six months after placement and at least every six months thereafter; or</p> <p>(b) earlier than the timeframes referenced in clause (a) if,</p> <p>(i) there is a material change in circumstances which necessitates a review of the plan; or</p> <p>(ii) there is a change in the child's placement. O. Reg. 493/06, s. 18 (2).</p> <p>(3) The date of each review and any changes made in the foster plan of care shall</p>
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### 3.1.5 TIMELY COMPLETION OF RECORDING

					be documented by the licensee in the child's file. O. Reg. 493/06, s. 18 (3).
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### 3.1.6 OTHER REQUIREMENTS

34. Was the Registration of Placement completed and placed on File within 30 days of the child's placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	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:	<b>P</b>  <i>CFS4 s. 141. (6) Reg. 70 s. 59 (1) A society or licensee who places a child with another person for adoption shall register the placement in the prescribed manner within thirty days of placing the child.</i>
35. Was the supplement to Registration of Placement completed and placed on file within 30 days of the child's placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The supplement to the registration of placement identifies the supervising social worker (private adoption practitioner) or society.  N/A should only be selected when 30 days of placement on adoption probation have not yet elapsed at the time of review.	<b>P</b>  <i>CFS4 s. 141. (6) Reg. 70 s. 59 (1) A society or licensee who places a child with another person for adoption shall register the placement in the prescribed manner within thirty days of placing the child.</i>
36. If the child is Indian or a native person, was the Band or native community given 60 days written notice of the	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Children or youth who are registered or eligible to be registered as Indian persons and all children/youth served by Dilico Anishnabek Family Care are considered to be Indian or native persons. This includes the Mushuau Innu and the Innu of	<b>P</b>  <i>CFS4 s. 141.2</i> (1) If a society intends to begin planning for the adoption of a child who is an Indian or



3.3.1.10 OTHER REQUIREMENTS		
<p>agency's intention to begin planning for the child's adoption?</p>	<p>Sheshatshiu in Labrador who were recognized as bands under the Indian Act and registration of their members began in 2002:</p>	<p>native person, the society shall give written notice of its intention to a representative chosen by the child's band or native community.</p> <p>(3) A society shall not place a child who is an Indian or native person with another person for adoption until,</p> <p>(a) at least 60 days after notice is given to a representative chosen by the band or native community have elapsed;</p> <p>or</p> <p>(b) if a band or native community has submitted a plan for the care of the child, the society has considered the plan.</p>
<p>37. 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?</p>	<p>Children or youth who are registered or eligible to be registered as Indian persons and all children/youth served by Dilico Anishnabek Family Care are considered to be Indian or native persons.</p>	<p><b>P</b></p> <p><b>CFSA s. 141.2</b></p> <p>(1) If a society intends to begin planning for the adoption of a child who is an Indian or native person, the society shall give written notice of its intention to a representative chosen by the child's band or native community.</p> <p>(3) A society shall not place a child who is an Indian or native person with another person for adoption until,</p> <p>(a) at least 60 days after notice is given to a representative chosen by the band or native community have elapsed;</p>

## 3.3.70 OTHER REQUIREMENTS

			or (b) if a band or native community has submitted a plan for the care of the child, the society has considered the plan.
38. Is the Social History of Child on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalent	<p>The file should contain a social history of the child that details important elements of the child's life since birth.</p> <p>Reg. 70 s. 54 (1)</p>	<p><b>W</b></p> <p>54. (1) Every adoption agency that proposes to place a child for adoption shall, before placing the child, prepare a report in a form approved by a Director that sets out the social and medical history of the child and of each person who is a parent of the child. R.R.O. 1990, Reg. 70, s. 54 (1).</p>
39. Medical History of Child on file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalent	<p>The file should contain a medical history of the child that details important elements of the child's medical history since birth.</p> <p>Reg. 70 s. 54 (1)</p>	<p><b>W</b></p> <p>54. (1) Every adoption agency that proposes to place a child for adoption shall, before placing the child, prepare a report in a form approved by a Director that sets out the social and medical history of the child and of each person who is a parent of the child. R.R.O. 1990, Reg. 70, s. 54 (1).</p>
40. Social/Medical History of Birth Mother on file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalent	<p>The file should contain as much information as possible about the medical and social history of the child's birth mother and her family.</p> <p>Reg. 70 s. 54 (1)</p>	<p><b>W</b></p> <p>54. (1) Every adoption agency that proposes to place a child for adoption shall, before placing the child, prepare a report in a form approved by a Director that sets out the social and medical history of the child and of each person who is a parent of the child. R.R.O.</p>

7.1.10 OTHER REQUIREMENTS				
				1990, Reg. 70, s. 54 (1).
41. Social/Medical History of Birth Father on file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalent	<p>The file should contain as much information as possible about the medical and social history of the child's birth father and his family.</p> <p>Reg. 70 s. 54 (1)</p>	<p><b>W</b></p> <p>54. (1) Every adoption agency that proposes to place a child for adoption shall, before placing the child, prepare a report in a form approved by a Director that sets out the social and medical history of the child and of each person who is a parent of the child. R.R.O. 1990, Reg. 70, s. 54 (1).</p>	
42. Was the Acknowledgement of Adoption completed and placed on file within 30 days of the child's placement on adoption probation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>This is a standard provincial form that adoptive parents must sign and file within 30 days of placement.</p> <p>Reg. 70 s. 59 (3)</p>	<p><b>P</b></p> <p>Reg. 70, s.59</p> <p>(3) Every person that has a child placed with him or her for adoption shall within thirty days of the date of the placement complete and file with the adoption agency that arranged the placement an acknowledgment of adoption placement in Form 26. R.R.O. 1990, Reg. 70, s. 59 (3).</p>	



3.3.3 CASEWORKER CONTACT

43. Total number of supervisory visits since placement:	<p>#</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 unless otherwise stated.</p> <p>Complete the Caseworker Contact chart. Indicate whether visits were in compliance and whether a directive is issued for non-compliance for the required 30 day and three month visits. <b>Visits require a privacy component to be in compliance.</b> Indicate 'N/A' under 'compliant' if the visit is not relevant.</p> <p>'N/A' under 'Compliant' can result when the timing of the placement does not warrant a visit – e.g., if a placement took place five days before the review date.</p>	<p><b>Reg. 71</b></p> <p>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,</p> <p>(b) at least once within thirty days of the placement; and</p> <p>(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).</p> <p><b>Ministry Directive, January 25, 1992</b></p> <p>As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the <i>Child and Family Services Act</i> (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period). Note that the 'visiting schedule timeframe' is set out in Reg. 71 s 5 (3).</p>
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### 3.1.11 CASEWORKER CONTACT

44. If this is a re-review, number of supervisory visits since date of last review	#		
<b>Contact with child by Caseworker</b>	<b>Compliant</b>	<b>Directive</b>	
45. 7 day visit	45 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	45 b. <input type="checkbox"/> Yes <input type="checkbox"/> No	This question has been disabled in the CWR-AP tool. Seven day visits will not be measured for children on adoption probation.
46. 30 day visit	46 a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	46 b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>W</b>  <b>Reg. 71</b>            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, (b) at least once within thirty days of the placement; and</p> <p><b>Ministry Directive, January 25, 1992</b>            As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting</p>

### 3.3.2 CASEWORKER CONTACT

				<p>youth/children in residential/foster care ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the <i>Child and Family Services Act</i> (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period). Note that the 'visiting schedule timeframe' is set out in Reg. 71 s 5 (3).</p>
<p><b>47. Minimum 3 month visits by caseworker</b></p>	<p>47 a.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>47 b.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>This is considered in compliance if the caseworker visited the child and included a privacy component in the visit three months after the 30 day visit and at least once every three months following the first three month visit. A directive is issued if this has not occurred. No discretion is allowed with regard to this requirement.</p>	<p><b>W</b></p> <p><b>Reg. 71</b></p> <p>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,</p> <p>(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).</p> <p><b>Ministry Directive, January 25, 1992</b></p> <p>As of April 1, 1993, the ministry will require that all C.A.S. caseworkers visiting youth/children in residential/foster care</p>



## CASEWORKER CONTACT

<p>48. Is an additional review of file by senior management required?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A review of file by senior management may also 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. This directive requires prior consultation with the society and the Lead Reviewer.</p> <p>Indicate whether any additional directive is issued. In the comments section below, provide an explanation, the types of action(s) and follow-up required by the society.</p>	<p>ensure that a privacy component is built into the visiting schedule and that all private visits are noted in the case file. Minimally, private visits must occur as per the visiting schedule timeframe set out in the <i>Child and Family Services Act</i> (e.g., it is recognized that circumstances may exist where a private visit is not necessary if the caseworker is visiting the youth frequently over a short time period). Note that the 'visiting schedule timeframe' is set out in Reg. 71 s 5 (3).</p>
			<p><i>CPSA</i> 66. (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).</p>

### 5.2.3.1 CASEWORKER CONTACT

<p>49. Is an additional review of file by program supervisor required?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A review of file by program supervisor may 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. This directive requires prior consultation with the society and the Lead Reviewer.</p> <p>The types of action(s) and follow-up required by the society are indicated clearly in the comment section below. When this review is issued, a copy of the report is provided to senior management.</p>	<p><i>CFS4 66. (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).</i></p>
<p>50. Other</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>CFS4 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 directive requires prior consultation with the Lead Reviewer. The Lead Reviewer will decide if the society should also be consulted regarding the matter. This is the only directive that is applicable to cases supervised by another province other than a review of the file by Senior Management or the Program Supervisor. Provide detail regarding the "other" directive in the comments section below.</i></p>	<p><i>CFS4 66. (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).</i></p>



### 3.1.1.1 CASEWORKER CONTACT

#### Comments

The reviewer uses 'Comments' to provide clarification, additional observations or positive feedback in a constructive manner. Reviewers may also utilize the "Comments" sections throughout the case reports to provide the society with a clear, fact-based understanding of the areas requiring attention.

- Review of file by senior management
- Review of file by program supervisor
- Other directive

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

A plan of care is not required but adoption-specific recording should provide information about the child's progress in the home. The *ROACH* also contains information about the child's adjustment to the adoption placement and is required at the end of the probationary period. The reviewer comments on: the child's adjustment to the adoption placement; the adoption planning process; whether the frequency of visits by the worker meets the child's needs; and the comprehensiveness of the information provided in the *ROACH*.



### 3.2 Appendix C: Directives for Crown Ward Review – Adoption Probation

The following table provides a summary of all potential directives issued within the Crown ward review – Adoption Probation tool:

DIRECTIVES				
Outcome Measure	Section of Individual Case Report	Question Identifier	Type	Directive
Permanency	Other Requirements	#34	Registration of placement on file	Registration of placement on file
Permanency	Other Requirements	#35	Supplement to Registration of placement on file	Supplement to Registration of placement on file
Permanency	Other Requirements	#36	Indian/native person, band/native community given 60 days notice re: adoption	Indian/native person, band/native community given 60 days notice re: adoption
Permanency	Other Requirements	#37	Society considered plan of band/native community for care of child	Society considered plan of band/native community for care of child
Permanency	Other Requirements	#42	Acknowledgement of Adoption on file	Acknowledgement of Adoption on file
Well-Being	Current Adjustment of Child	#22.	Pre-placement visit	Pre-placement visit
Well-Being	Current Adjustment of Child	#23	Review of AAR prior to placement	Review of AAR prior to placement
Well-Being	CWR-AP Recording	#24a-g.	30 day recording	When 2 or more domains are determined to not meet requirements, a directive will specify which areas were not adequately addressed: Health; Education; Identity; Social & Family Relationships; Social Presentation; Emotional & Behavioural; Self-care Skills

DIRECTIVES				
Outcome Measure	Section of Individual Case Report	Question Identifier	Type	Directive
Well-Being	CWR-AP Recording	#25a-g.	Three month recording	When 2 or more domains are determined to not meet requirements, a directive will specify which areas were not adequately addressed: Health; Education; Identity; Social & Family Relationships; Social Presentation; Emotional & Behavioural; Self-care Skills
Well-Being	CWR-AP Recording	#26a-g.	6 month recording	When 2 or more domains are determined to not meet requirements, a directive will specify which areas were not adequately addressed: Health; Education; Identity; Social & Family Relationships; Social Presentation; Emotional & Behavioural; Self-care Skills
Well-Being	CWR-AP Recording	#27.	All OnLAC dimensions addressed in recording	**Note: There is no individual directive issued for this question. However, if any dimension in any recording is found not to meet requirements, the answer to this question will be automatically generated as "no". Compliance in this area is reflected in the agency report.
Well-Being	Timely Completion of Recording	#29c.	Timely Completion of Recording	30 days
Well-Being	Timely Completion of Recording	#30c.	Timely Completion of Recording	Three month
Well-Being	Timely Completion of Recording	#31c.	Timely Completion of Recording	First six months
Well-Being	Timely Completion of	#32c.	Timely Completion of	Subsequent six months #1



DIRECTIVES				
Outcome Measure	Section of Individual Case Report	Question Identifier	Type	Directive
	Recording		Recording	
Well-Being	Timely Completion of Recording	#33c.	Timely Completion of Recording	Subsequent six months #2
Well-Being	Other Requirements	#38	Social History of Child on file	Social History of Child on file
Well-Being	Other Requirements	#39	Medical History of Child on file	Medical History of Child on file
Well-Being	Other Requirements	#40	Social/Medical History of Birth Mother on file	Social/Medical History of Birth Mother on file
Well-Being	Other Requirements	#41	Social/Medical History of Birth Father on file	Social/Medical History of Birth Father on file
Well-Being	Caseworker Contact	#46a.	30 day visit	30 day visit
Well-Being	Caseworker Contact	#47a.	Three month visit	Three month visit
	Caseworker Contact	#48.	Review of file by senior management	Review of file by senior management
	Caseworker Contact	#49.	Review of file by program supervisor	Review of file by program supervisor
	Caseworker Contact	#50.	Other (additional)	Other (additional)



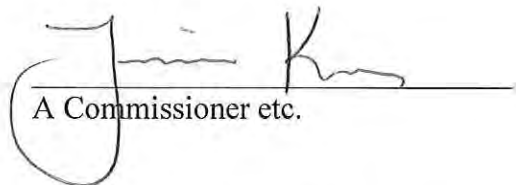
### 3.3 Appendix D: Recommendations for Crown Ward Review – Adoption Probation

The following table provides a summary of all potential recommendations issued within the Crown ward review – Adoption Probation tool:

RECOMMENDATIONS				
Outcome Measure	Section of Individual Case Report	Question Identifier	Type	Recommendation
Permanency	Child Information	#7.	File Statement of Live Birth	File Statement of Live Birth
Well-Being	Adoption Plan	#16	Address post adoption services	Address post adoption services
Well-Being	Adoption Plan	#17	Ensure child's participation in plan	Ensure child's participation in plan
Well-Being	Adoption Plan	#18	Prepare life book	Prepare life book
Well-Being	Adoption Plan	#19	Complete and give written non-identifying information of the social and medical history of parents and child, for adoptive parents	Complete and give written non-identifying information of the social and medical history of parents and child, for adoptive parents
Well-Being	CWR-AP Recording	#24a-g	30 day recording	When one domain is determined not to have met requirements, a recommendation will specify which area was not adequately addressed: Health; Education; Identity; Social & Family Relationships; Social Presentation; Emotional & Behavioural; Self-care Skills

RECOMMENDATIONS				
Outcome Measure	Section of Individual Case Report	Question Identifier	Type	Recommendation
Well-Being	CWR-AP Recording	#25a-g	Three month recording	When one domain is determined not to have met requirements, a recommendation will specify which area was not adequately addressed: Health; Education; Identity; Social & Family Relationships; Social Presentation; Emotional & Behavioural; Self-care Skills
Well-Being	CWR-AP Recording	#26a-g	6 month recording	When one domain is determined not to have met requirements, a recommendation will specify which area was not adequately addressed: Health; Education; Identity; Social & Family Relationships; Social Presentation; Emotional & Behavioural; Self-care Skills

This is **Exhibit "10"** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.



A Commissioner etc.

Jessica Kras, a Commissioner, etc.,  
Province of Ontario, while a  
Student-at-Law.  
Expires May 9, 2019.



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Attorney General

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## MEMORANDUM

**TO: Kevin Morris**

**FROM: Carolyn Young, Summer Law Student.**

**DATE: Tuesday, June 7, 2016**

**RE: Locating Crown Ward orders in microfilm and microfiche records.**

### Purpose

This memorandum details the process and results of work done over the period of four days working with adoption and Crown Ward records. I was asked to learn how to read microfiche and microfilm records, dating back to the mid-1960s, in order to understand the length of time required to locate the thousands of Crown Ward orders that reside within those files.

### Task

My tasks were to determine (1) the total number of microfiche and microfilm records held in the adoptions unit, (2) how many of these records could be examined within a two hour time period, (3) how many Crown Ward order forms would be located during this timeframe, and, from this research, (4) the total length of time required to examine all records concerning the relevant date range.

### Short Conclusion

The total estimated time required to examine all records is 11,713 hours, or about 6 years, 8 months for a single, fulltime employee.

### Definitions

Microfiche: a flat piece of film (a card or a sheet) containing microphotographs of printed documents, stored in a reduced size and viewable by projection.

Microfilm: a length/reel of film containing microphotographs of printed documents, stored in a reduced size and viewable by projection.

## Process

For each the microfiche and the microfilm records, I received instruction on how to use the viewing machines and work with the records. I took one day to practice working with the microfiche records and another for the microfilm records, before proceeding to two timed-trials of two hours the following day. During these timed sessions I noted the number of records and pages I was able to examine, and the number of Crown Ward orders found within that number.

To calculate the total estimated number of microfiche records, we estimated the number of microfiche by counting how many individual microfiche slides were in two inches of microfiche; there were 163 slides within two inches of microfiche (81.5 slides per inch). We then measured each of the rows, which spanned from 8 to 14 inches, and arrived at a total of 1,492.25 inches. This was then multiplied by the number of slides per inch.

We were able to count the exact number of microfilm reels per drawer.

## Results

### Total number of records

#### Microfiche slides

- There are an estimated total of 121,600 microfiche slides.
- The slides I examined contained an average of 22 pages each (number of pages per slide ranged from 3 to 72).

#### Microfilm reels

- There are 1,267 microfilm reels.
- Each reel contains an average of 6,160 pages, which form on average 228 individual case file records per reel.

### Two-hour time trial

In two hours, I was able to examine 41 microfiche slides, containing a total of 920 pages. Within these records, I found 5 Crown Ward orders.

In two hours, I was able to examine just less than half of a single microfilm reel, which included 97 individual case file records comprised of about 2,700 pages. Within these records, I found 18 Crown Ward orders.

### Total time required to examine all records

Overall, with 121,600 microfiche slides, and an ability to get through 41 slides in two hours, it would take an estimated *5,932 hours to examine all microfiche files*. For the microfilm reels, with 1,267 reels each with about 6,160 pages, and an ability to get through 2,700 pages in two hours, it would take an estimated *5,781 hours to examine all the microfilmed files*.

As a result, examining the adoption and Crown Ward records in order to derive a list of Crown Wards in Ontario would take an estimated total of *11,713 hours*. For a single, fulltime employee devoted solely to examining these files, this would take 334.66 weeks, or 6.69 years (about 6 years, 8 months).

*NOTE: Calculations for total time required is based on a fulltime employee with a 35-hour work week and two weeks of vacation (based on 50 weeks per year).*

**Notes on the Process**

What makes this process particularly time consuming is that Crown Ward orders are not segregated from other adoption-related records. These include things like international adoption documents (like scans of passports, visa documents), correspondence between law firms, documents relating to abuse, reports to Children's Aid directors, correspondence between Children's Aid Societies in different provinces, etc.). The microfiche records also include adoption disclosure documents, creating additional documentation to wade through when seeking Crown Ward order forms.

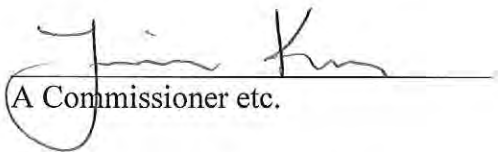
Additionally, because this is projection technology using microphotographs of documents, each document must be brought into focus. The technology does this manually as you scan over a document, but it does take time to focus each page.

The microfiche records are very time consuming to examine. Each record resides on a different slide, with a varying number of pages, so each time a record is examined the user must remove the file and replace it with the next, then manoeuvre the projection machine to find the pages on the slide. In addition, there are two machines for examining slides, one much easier to use and more efficient than the other. However, this machine is unable to print, so printing a record requires moving the file to the more difficult/less efficient viewer and subsequently printing the record.

The microfilm records were slightly more efficient to examine. Because many files reside on a single reel, the user can move from one record to the next without switching the reel. To move to the next page, the user turns the reel forward. Records are somewhat easier to view as they are all positioned along a single strip, in contrast with the microfiche where the user is required to reposition a slide and move the machine under the projection light to try to locate the document. However, because pages are consecutive, the user is unable to skip pages, and must scroll through each one. Additionally, most Crown Ward forms reside in the middle pages of a record, or toward the end. The user is therefore unable to identify quickly which files contain Crown Ward orders and skip through the rest. Instead, each page must be briefly examined.



This is **Exhibit "11"** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.

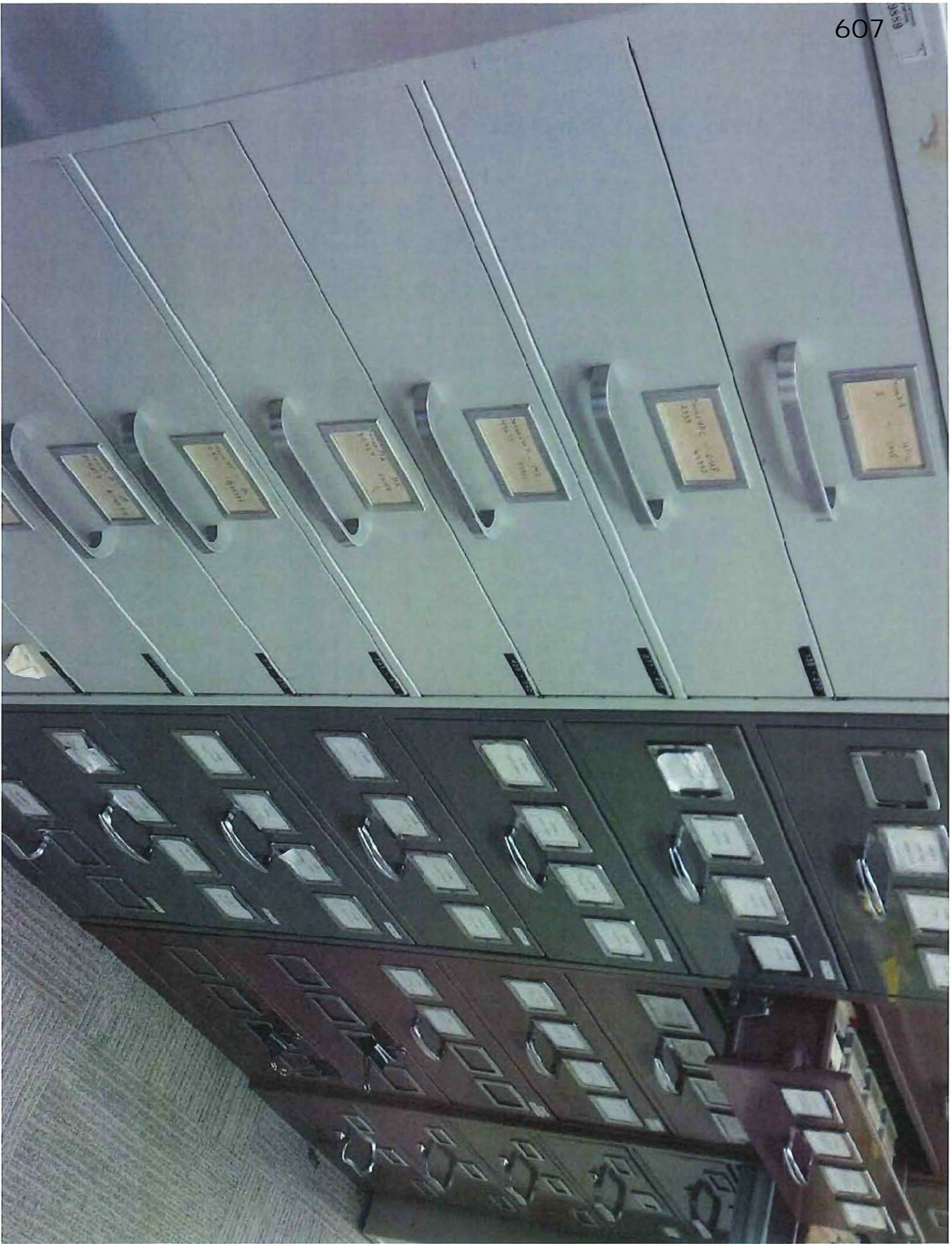


A Commissioner etc.

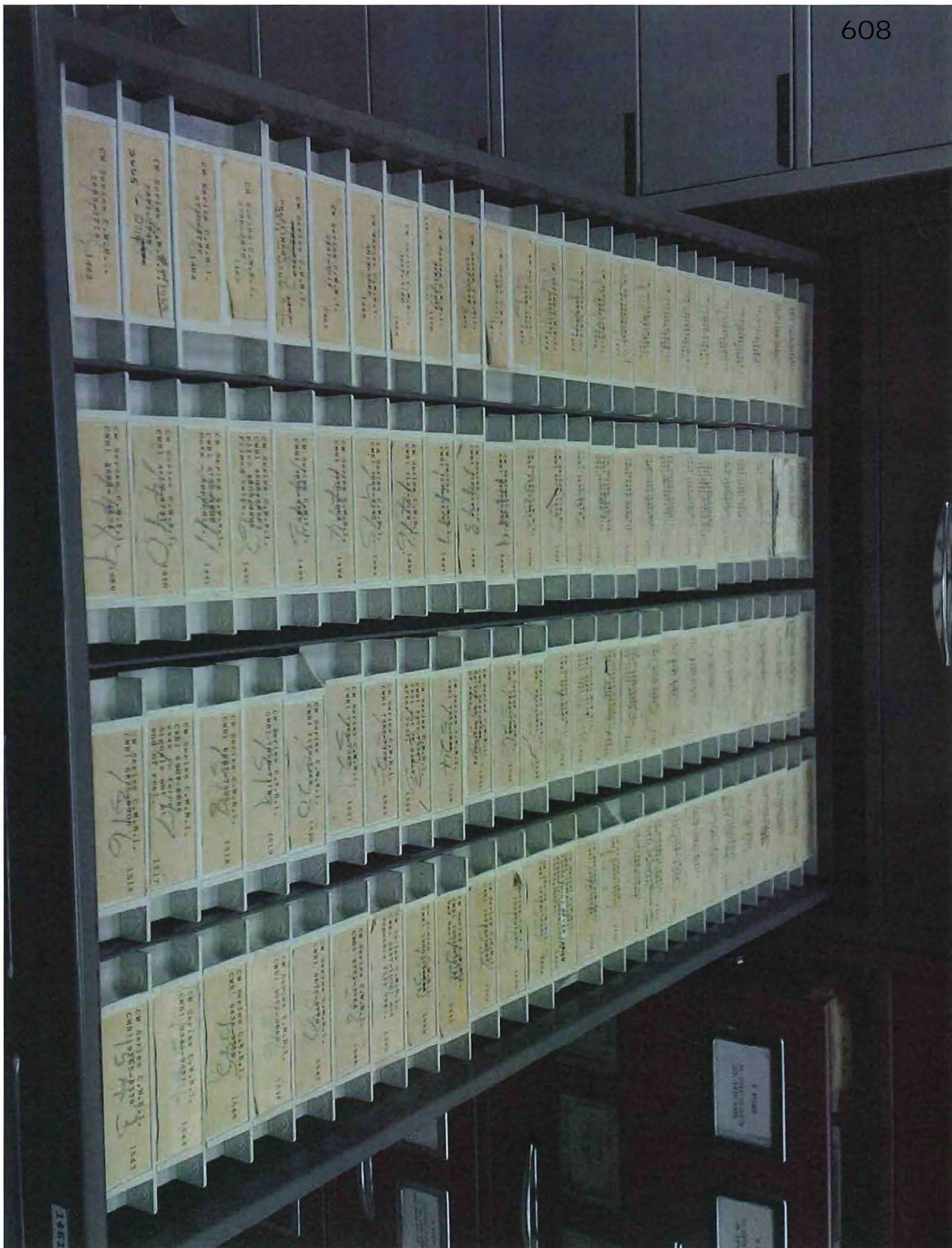
*Jessica Kras, a Commissioner, etc.,  
Province of Ontario, while a  
Student-at-Law.  
Expires May 9, 2019.*



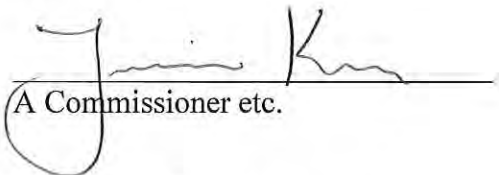








This is **Exhibit “12”** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.



A Commissioner etc.

**Jessica Kras, a Commissioner, etc.,  
Province of Ontario, while a  
Student-at-Law.  
Expires May 9, 2019.**

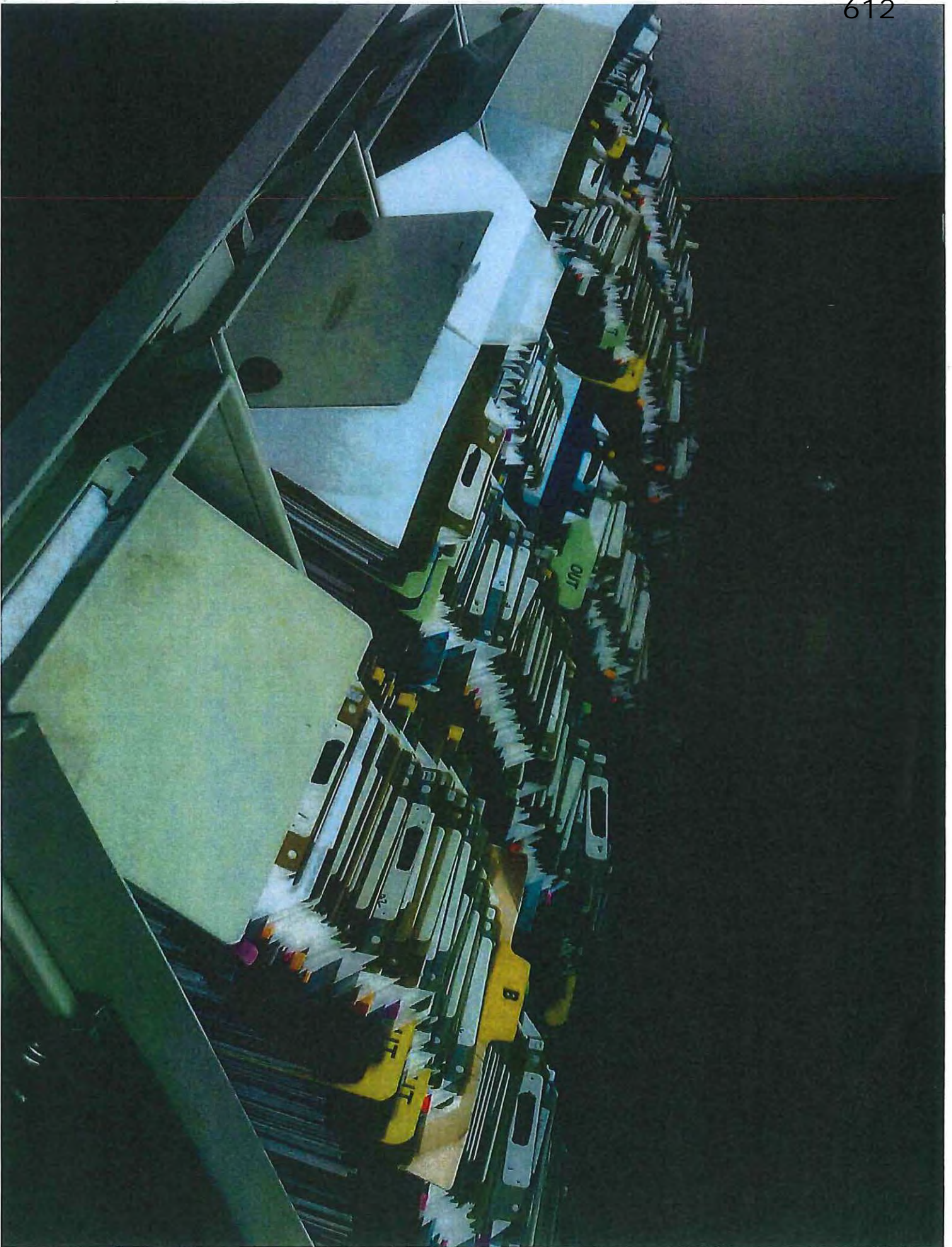




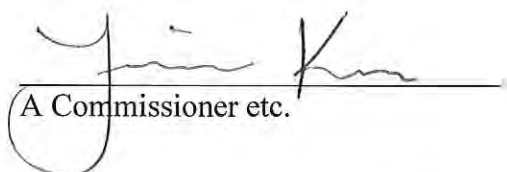








This is **Exhibit “13”** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.



A Commissioner etc.

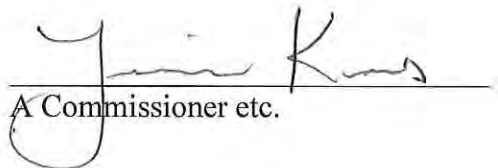
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Expires May 9, 2019.



## Number of New Crown Wards

1991	1,062	ACW database
1992	1,121	ACW database
1993	1,225	ACW database
1994	1,099	ACW database
1995	1,209	ACW database
1996	1,286	ACW database
1997	1,366	ACW database
1998	1,563	ACW database
1999	1,788	ACW database
2000	2,096	ACW database
2001	2,441	ACW database
2002	2,341	ACW database
2003	2,451	ACW database
2004	2,419	ACW database
2005	2,218	ACW database
2006	2,025	ACW database
2007	1,907	ACW database
2008	2,119	ACW database
2009	1,867	ACW database
2010	1,721	ACW database
2011	1,556	ACW database
2012	1,712	ACW database
2013	1,199	ACW database
2014	1,423	ACW database
Jan 1, 2015 to May 31, 2016	1,796	ACW database
<b>TOTAL</b>	<b>43,010</b>	

This is **Exhibit "14"** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.



A Commissioner etc.

Jessica Kras, a Commissioner, etc.,  
Province of Ontario, while a  
Student-at-Law.  
Expires May 9, 2019.

# memorandum



616

To: Mr. J.K. Macdonald,  
Director of Child Welfare.

Date: April 12, 1978.

This is in response to a memorandum from Clive Chamberlain requesting a summary of methods of monitoring, evaluating or inspecting the child welfare program.

It should first be said that we do not measure results/output in Child Welfare by any objective means, i.e. measurement of the amount of help given to children and families who are clients of Children's Aid Societies. As you know, a generally accepted instrument for this purpose has not yet been developed.

Despite this, considerable subjective evaluation is generated through the interaction of Ministry field staff and the staff and board members of the children's aid societies. This evaluation is almost exclusively second hand, that is it is based upon discussions with social workers, supervisors, administration personnel, and board members and is only very rarely supplemented by direct contact with the client.

It is therefore my impression that evaluation of the children's aid society programs, and perhaps most social service programs, is based on input rather than output; such things as training, experience, and skill of social workers, effectiveness of supervisors, effectiveness of the management and administration process, function of board members in relation to the community, etc. The assumption is of course that if these inputs are good then the service to the client will also be good. While this is not an unreasonable assumption, it has yet to be shown that there is a measureable and positive correlation.

Substantial monitoring procedures in child welfare have been established and developed over the years. A monthly statistical form is submitted by each children's aid society giving a fairly detailed profile of society activities related to case openings and closings, numbers of families and children, unmarried mothers, adoption and homefinding, but no record is kept of non-case community based activity as yet.

A record is also kept of the number of personnel employed in each society in various categories, i.e. social workers, supervisors, administration, institutional, clerical, other. While the above statistical categories are by no means exhaustive they do provide a fairly good indicator of agency activity from month to month insofar as they are accurate. At present, these statistics are of central importance in the budgeting review carried out by the Ministry.

Monthly financial statements are also received from each children's aid society showing the monthly expenditures and the year to date. These reports include time units and a breakdown of cost by program. However, because of uneven expenditures from month to month and throughout the year, these reports are not necessarily a reliable indicator of the expenditure pattern at any given point in time. In this connection, it is interesting to note that when the advance estimate of expenditures comes in at the end of the year based on expenditures to September 30th, the projections made

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April 12, 1978.

to the end of the year by the societies, and generally accepted at that time by the Ministry, are very frequently in excess of the amounts reported in the audited financial statement at year end. Nevertheless, the financial reports can be of some help where expenditures are substantially at variance with the original estimate.

There is no doubt that the annual budget review for each children's aid society is the most important single factor in evaluating the work of children's aid societies. There is a great deal of information as you may judge from the attached form 1 which is completed and during the process much additional information is requested in order to interpret the contents of the form accurately. By the time the three to four month procedure is completed much information has been added about the operation of most of the children's aid societies. Corrective action by the Ministry in the operation of a society is often initiated from the budget review process.

It seems clear that much program evaluation can be done, insofar as it is possible to do program evaluation at all, through a careful review of the budgeting process and the subsequent patterns of expenditure. This is contrary to the thinking of most practitioners and a good many managers.

Experienced field staff visit the children's aid societies primarily on a trouble-shooting basis and when time allows routinely. The supervisors are expected to monitor the operations of the children's aid societies primarily in management, but also in program, to act as consultants when the societies wish to ask their advice and to use the authority of the Ministry on those infrequent occasions when it is necessary to act beyond the wishes of the board and staff of the individual society. The field staff act both as advocates for the societies within the Ministry and supporters of the Ministry policy in the field.

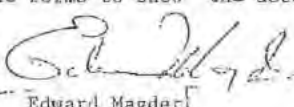
Children's and Youth Institutions: What has been said above about the field staff of the Ministry in relation to Children's Aid Societies is also true of the Children's and Youth Institutions Unit. However, because the units are much smaller the impact of the field staff is much greater and frequently more helpful to the individual residential services.

Because the funding process for Children's Institutions is based on monthly claims rather than annual budget review, the budget review process is more effective in cost control but generally requires less involvement from Ministry staff. The result is that this rather important source of information about the residential services has not been developed to as great a degree as in the Children's Aid Societies.

The largest part of the program, the Children's Boarding Homes, which are not funded directly by the Ministry, but by rates charged to Children's Aid Societies and Correctional Services, provide us with very little information about their operations.

The three children's residential groups - Children's Institutions, Charitable Institutions and Children's Boarding Homes are separated by arbitrary funding procedures and irrelevant labels which to some extent pigeon-hole the services and make them more difficult to evaluate objectively.

I have attached copies of all the forms to show the actual information we gather in detail.

  
Edward Magder

Children's Institutions  
Charitable Institutions  
Children's Boarding Homes  
Correctional Services  
Mental Health Services  
Youth Institutions  
Mental Health Services  
Mental Health Services  
Mental Health Services  
Mental Health Services

## CHILD WELFARE BRANCH

The Child Welfare Branch is responsible for the planning and development of a wide range of services to families and children under The Child Welfare Act, The Children's Institutions Act, The Charitable Institutions Act and The Children's Boarding Houses Act.

Under the above legislation's, the Child Welfare Branch has a mandate to ensure that at least a minimum standard of services are maintained by the Children's Aid Societies, Children's Institutions and Boarding Homes.

The general objectives of the Child Welfare Branch are to deliver most effective and efficient services to families and children through the non-profit and charitable corporations operated by private boards, incorporated under the Corporation Act.

In addition to this, the Branch has the responsibility to licence, inspect and control residential services (Boarding Homes) for children established and operated by private business registered under the Children's Boarding Homes Act.

The most diversified service to families and children is provided through the Children's Aid Societies:

- protection of children in Ontario from physical or emotional abuse or neglect
- prevention of those conditions which could result in the need for protection of children
- assistance to unmarried mothers
- providing alternate care for children through foster group and institutional care
- placement of children for adoption
- supervision of children during probation period

There are 50 Children's Aid Societies providing services to children throughout the Province, and, with the exception of a few cases, the jurisdictional boundaries of Children's Aid Societies are coterminous with those of regions, counties, and districts. Indian Bands and unorganized territories also fall under the societies' jurisdiction. The net operating expenses of Children's Aid Societies are financed by municipalities and the Province and shared by the federal government under the Canada Assistance Plan and Indian Welfare Services Agreement of 1966.

GENERAL OPERATING EXPENDITURES OF CHILDREN'S SOCIETIES AND PAYMENTS BY THE PROVINCE AND MUNICIPALITIES

1966 to 1976 Inclusive

Year	Gross Operating Expenditure	Growth Rate	Miscellaneous Income	Payments by Province and Municipalities
	\$ 000's	%	\$ 000's	\$ 000's
1966	26,599	-	1,584	25,015
1967	33,566	26.2	1,744	31,822
1968	39,594	18.0	2,488	37,106
1969	44,503	12.4	2,952	41,551
1970	51,532	15.8	3,204	48,328
1971	54,082	4.9	3,087	50,995
1972	56,314	4.1	2,727	53,587
1973	61,380	9.0	2,662	58,718
1974	70,270	14.5	4,428	65,842
1975	86,549	23.2	4,764	81,785
1976	93,578	8.1	5,152	88,426

The Province and the municipalities share the net expenditures of the Societies made in accordance with The Child Welfare Act and its regulations. The net expenditure reflects the application of relevant revenue received for the care of other societies' children, from Special Allowances from the Government of Canada (equivalent to the monthly Family Allowances normally received by the parents) and from other sundry sources.

The Province pays the Societies as follows:

100% of the net expenditure for the care and service to children

1. of residents in unorganized territories;
2. of Indians with Reserve Status
3. of other provinces who moved to Ontario with their foster parents

80% (60% from 1966 to 1974) of the net expenditure for prevention and protection services

80% (60% from 1966 to 1974) of the net expenditure for the care of children of municipal residents other than the children of unmarried mothers.

80% (100% from 1966 to 1974) of the net expenditure for the care of children of unmarried mothers.



Each Children's Aid Society is required to prepare an estimate of its net expenditures for the following year and file this estimate with the Director of Child Welfare Branch in the Ministry and with each of the municipalities in which the society has jurisdiction. In territorial districts where the towns, villages, townships and improvement districts have established a District Welfare Administration Board, the Board acts on behalf of these municipalities. Since a city in a territorial district is not represented by the Board, the CAS files the estimates with the city in the district and with the District Welfare Administration Board. In a district in which a District Welfare Administration Board has not been established, the councils of the municipalities in the district are required to appoint jointly five persons to be a board known as the District Child Welfare Budget Board to act in lieu of the municipal councils.

When there is disagreement in regard to the amount to be approved or its apportionment among the municipalities, the Children's Aid Societies, the councils of municipalities, District Welfare Administration Boards, or District Child Welfare Budget Boards may ask the Minister to refer the matter in dispute to a Child Welfare Review Committee composed of three persons. The Minister appoints the Chairman. One member is appointed by the Ontario Association of Children's Aid Societies and one by the municipality or its equivalent. This Committee submits its findings and recommendations to the Minister. The Minister makes the decision which is final.

Summary of CAS Cost Sharing 1966 to 1976 inclusive

<u>Year</u>	<u>Gross Expenditure</u>	<u>Misc. Income</u>	(\$ Millions)		
			<u>Net Expenditure</u>	<u>Municipal Payments</u>	<u>Provincial Subsidy</u>
1966	26.6	1.6	25.0	9.0	16.0
1967	33.5	1.7	31.8	8.7	23.1
1968	39.6	2.5	37.1	9.0	28.1
1969	44.5	3.0	41.5	10.2	31.3
1970	51.5	3.2	48.3	12.1	36.2
1971	54.1	3.1	51.0	13.5	37.5
1972	56.3	2.7	53.6	15.1	38.5
1973	61.4	2.7	58.7	16.9	41.8
1974	70.2	4.4	65.8	19.5	46.3
1975	86.5	4.8	81.7	15.6	66.1
1976	93.6	5.2	88.4	16.5	71.9

The net expenditure payable by the Province and the municipalities has increased an average of 12½ per cent a year since 1966. The provincial rate of support was increased in 1975 as mentioned previously. The average rate of increase since 1966 in the amount paid was 15¼ per cent a year.

Workload of Social Work Staff of Ontario Children's Aid Societies1966 to 1976 inclusive

<u>Year</u>	<u>Children In Care</u>	<u>Services to Unmarried Mothers &amp; their Children</u>	<u>Protection and Prevention</u>	<u>Total</u>
1966	16,487	4,679	9,836	31,002
1967	17,643	5,448	11,069	34,160
1968	18,229	5,469	11,518	35,216
1969	18,430	5,318	11,310	35,058
1970	17,807	4,641	11,580	34,028
1971	16,319	3,114	12,348	31,781
1972	15,110	2,879	12,970	30,959
1973	14,269	2,462	13,501	30,232
1974	13,718	2,325	14,283	30,326
1975	13,904	2,466	15,396	31,766
1976	12,962	2,466	16,050	31,478

Crown Wards, Society Wards and Non Wards  
In Care of Ontario Children's Aid Societies  
1966 - 1976 inclusive

	<u>Year</u>	<u>Crown Wards</u>	<u>Society Wards</u>	<u>Non Wards</u>	<u>Total</u>
<b>Age 9 &amp; Under</b>					
	1966	6,125	2,593	1,479	10,197
	1967	6,702	2,476	1,561	10,739
	1968	6,773	2,203	1,667	10,643
	1969	6,284	2,252	1,820	10,356
	1970	5,458	2,021	1,921	9,400
	1971	4,323	1,847	1,499	7,669
	1972	3,495	1,736	1,468	6,699
	1973	2,793	1,525	1,429	5,747
	1974	2,272	1,480	1,372	5,124
	1975	2,111	1,339	1,547	4,997
	1976	1,926	1,256	1,446	4,628
<b>Ages 10 - 15</b>					
	1966	3,429	968	159	4,556
	1967	3,614	1,172	156	4,942
	1968	3,785	1,274	218	5,277
	1969	3,922	1,355	289	5,566
	1970	4,075	1,356	330	5,761
	1971	4,084	1,435	385	5,904
	1972	4,073	1,494	442	6,009
	1973	3,967	1,561	509	6,037
	1974	3,614	1,667	678	5,959
	1975	3,405	1,771	911	6,087
	1976	3,203	1,513	822	5,538
<b>Ages 16 - 17</b>					
	1966	1,326	71	20	1,417
	1967	1,403	71	12	1,486
	1968	1,501	117	18	1,636
	1969	1,635	114	18	1,767
	1970	1,681	164	25	1,870
	1971	1,752	193	23	1,968
	1972	1,781	234	21	2,036
	1973	1,751	219	31	2,001
	1974	1,822	279	32	2,133
	1975	1,914	338	47	2,299
	1976	1,842	373	44	2,259
<b>Age 18 and over</b>					
	1966	292	-	25	317
	1967	458	-	18	476
	1968	657	-	16	673
	1969	697	2	12	711
	1970	754	1	21	776
	1971	763	3	12	778
	1972	24	1	341	366
	1973	25	-	459	484
	1974	13	-	489	502
	1975	20	-	501	521
	1976	14	-	523	537



- u -

Total Children in Care  
of Ontario Children's Aid Societies on December 31  
of each Year from 1966 to 1976 inclusive

<u>Year</u>	<u>Crown Wards</u>	<u>Society Wards</u>	<u>Non Wards</u>	<u>Total</u>
1966	11,172	3,632	1,683	16,487
1967	12,177	3,719	1,747	17,643
1968	12,716	3,594	1,919	18,229
1969	12,538	3,753	2,139	18,430
1970	11,968	3,542	2,297	17,807
1971	10,922	3,478	1,919	16,319
1972	9,373	3,465	2,272	15,110
1973	8,536	3,305	2,428	14,269
1974	7,721	3,426	2,571	13,718
1975	7,450	3,448	3,006	13,904
1976	6,985	3,142	2,835	12,962

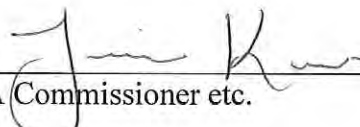
Adoption Completed by the Ontario Children's Aid Societies

<u>Year</u>	<u>By Society</u>	<u>By Private + Parent</u>	<u>Total</u>
1965	4,066	2,260	6,326
1966	4,370	2,141	6,511
1967	4,459	2,425	6,884
1968	4,927	2,230	7,157
1969	5,394	2,458	7,852
1970	5,327	2,523	7,850
1971	4,756	2,489	7,245
1972	3,375	2,326	5,701
1973	2,997	2,667	5,664
1974	2,515	2,712	5,227
1975	2,065	2,906	4,971
1976	2,059	3,046	5,105

Social Work Supervisors, Social Workers and Average Case Loads  
1966 - 1976 inclusive

<u>Year</u>	<u>Social Work Supervisors</u>	<u>Social Work Staff</u>	<u>Caseload per Worker</u>
1966	145	936	33
1967	183	1,087	31
1968	188	1,151	31
1969	196	1,192	29
1970	199	1,209	28
1971	199	1,215	26
1972	200	1,247	25
1973	206	1,244	24
1974	208	1,292	23
1975	213	1,382	23
1976	229	1,371	20

This is **Exhibit "15"** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.

  
A Commissioner etc.

Jessica Kras, a Commissioner, etc.,  
Province of Ontario, while a  
Student-at-Law.  
Expires May 9, 2019.

# COMPARISON OF CHILDREN IN CARE FOR THE MONTH OF SEPTEMBER YEAR 1977 AND 1978

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7: 544-43-405

LOCATION	BY AGE GROUP		NON WARDS		SOCIETY WARDS		CROWN WARDS		TOTAL	
	1977	1978	1977	1978	1977	1978	1977	1978	1977	1978
RECEIVING HOME	199	194	125	121	116	109	330	301	1160	1105
GROUP HOME	206	216	260	206	271	275	288	319	832	918
ADOPTION HOME	413	476	-	-	230	243	275	307	712	825
FOSTER HOME	1945	1975	26	1778	210	220	229	319	711	739
FREE HOME	67	78	82	106	342	354	651	625	1215	1222
PAID INSTITUTION	254	343	452	492	522	488	1021	1042	1579	1820
ONTARIO HOSPITAL	46	62	340	29	1052	1314	1967	1884	3763	4037
HOME OF PARENT	60	93	550	369	372	405	1944	1916	2410	2521
ELSEWHERE	110	116	55	119	-	-	-	-	527	559
TOTAL	3280	3551	3123	3546	3123	3546	6729	6729	13242	13826

PROTECTION PREVENTION		1977	1978	%
BROUGHT FORWARD		16920	19772	16.9
NEW CASES	+	12377	1306	1.3
RE-OPENED CASES	+	725	730	.7
CLOSED CASES	-	1594	2134	33.9
CARRIED FORWARD		17340	19674	13.5

UNMARRIED MOTHERS		1977	1978	%
BROUGHT FORWARD		2315	2126	(8.2)
NEW CASES	+	431	281	(34.8)
CLOSED TO CARE	-	132	85	(35.6)
CLOSED OTHER	-	197	206	4.6
CARRIED FORWARD		2417	2116	(12.5)

CHILDREN IN CARE		1977	1978	%
BROUGHT FORWARD		13157	13882	5.5
ADMISSIONS	+	1166	952	(8.4)
DISCHARGES	-	1081	1008	(6.8)
CARRIED FORWARD		13242	13826	4.4



TABLE 29. CHILDREN IN CARE, HARSHSHIP AND AGE, MAR 1977 - MAR 1978

YEAR / MONTH	NUN-WARDS			SOCIETY WARDS			CROWN WARDS			CARE AND EXTENDED MAINTENANCE	TOTAL
	0-6	7-12	13-17	0-6	7-12	13-17	0-6	7-12	13-17		
1977											
MAR	1306	476	785	834	888	1471	1213	1768	3,858	542	13,211
APR	1251	508	816	896	949	1451	1259	1750	3,839	551	13,235
MAY	1246	504	842	913	977	1472	1232	1820	3,945	571	13,427
JUN	1238	500	814	893	974	1436	1245	1789	3,937	549	13,304
JUL	1287	503	729	845	866	1445	1216	1760	3,984	534	13,136
AUG	1334	488	784	864	898	1421	1228	1727	3,951	542	13,157
SEP	1407	516	830	927	964	1432	1216	1712	3,911	527	13,242
OCT	1335	528	851	868	833	1440	1185	1732	3,904	516	13,187
NOV	1319	534	864	812	823	1455	1223	1733	3,982	542	13,767
DEC	1285	500	825	788	800	1421	1172	1721	3,857	559	13,425
JAN	1372	517	955	795	815	1457	1178	1711	3,935	574	13,425
FEB	1338	517	1,013	814	795	1422	1174	1720	3,928	568	13,397
MAR	1396	549	1,024	849	801	1476	1191	1706	3,929	595	13,615
% CHANGE MAR '77-'78	6.9	15.3	33.8	-4.3	-9.5	13.9	-1.6	-4.5	-1.3	9.6	3.1

TABLE 30. CHILDREN IN CARE, AGE BY SOCIETY, MAR 1978



TABLE 34. CHILDREN IN CARE, WARDSHIP AND AGE, MAR 1979 - MAR 1980

YEAR / MONTH	NON-WARDS				SOCIETY WARDS				CROWN WARDS				CARE AND EXTENDED MAINTENANCE	TOTAL
	0-6		7-12		13-17		0-6		7-12		13-17			
	#	%	#	%	#	%	#	%	#	%	#	%	\$	
1979														
MAR	1,372	605	1,037		1,023		876		1,261		1,572		592	14,156
APR	1,341	631	1,101		1,014		854		1,297		1,568		612	14,234
MAY	1,349	640	1,083		1,005		893		1,299		1,566		612	14,309
JUN	1,278	600	982		1,033		882		1,313		1,576		585	14,064
JUL	1,356	617	938		974		867		1,365		1,581		582	14,047
AUG	1,391	571	916		958		832		1,393		1,577		599	13,950
SEP	1,395	571	925		913		773		1,414		1,692		585	13,847
OCT	1,428	591	960		908		777		1,433		1,690		581	13,992
NOV	1,430	605	997		907		783		1,460		1,714		590	14,121
DEC	1,361	591	978		907		769		1,455		1,720		586	13,996
JAN	1,405	591	1,015		880		767		1,482		1,731		576	14,064
FEB	1,411	595	980		893		768		1,513		1,718		585	14,109
MAR	1,390	609	991		880		788		1,515		1,718		573	14,135
% CHANGE MAR 1979-1980	1.3	0.7	-4.4		-14.0		-10.0		20.2		2.8		-3.2	-0.1

TABLE 35. SOCIETIES



TABLE 34. CHILDREN IN CARE, WARDSHIP AND AGE, DEC. 1980 - DEC. 1981

YEAR/MONTH	NON-WARDS			SOCIETY WARDS			CROWN WARDS				CARE AND EXTENDED MAINTENANCE		TOTAL #
	0-6	7-12	13-17	0-6	7-12	13-17	0-6	7-12	13-17	13-17	#	#	
	#	#	#	#	#	#	#	#	#	#	#	#	
1980 DEC.	1,264	493	727	713	720	1,724	1,432	1,738	3,621	601	13,033		
1981 MARCH	1,288	496	783	722	716	1,772	1,399	1,730	3,598	627	13,131		
JUNE	1,244	537	771	712	721	1,704	1,368	1,709	3,563	601	12,930		
SEPT.	1,285	513	733	678	617	1,451	1,323	1,691	3,565	550	12,406		
DEC.	1,087	489	733	665	610	1,471	1,252	1,706	3,518	541	12,072		
% CHANGE DEC. '80-'81	-14.0	-0.8	+0.8	-6.7	-15.3	-14.7	-12.6	-1.8	-2.8	-10.0	-7.4		

SOCIETY/AREA	TOTAL CHILDREN IN CARE CASES		PROTECTION & PREVENTION			SERVICES TO UNMARRIED PARENTS CASES		SUPERVISED ADOPTIONS		TOTAL BENEFICIARIES		ASSESSED POPULATION 1980		BENEFICIARIES AS % OF POPULATION	
	#	#	CASES	CHILDREN	#	#	#	#	#	#	#	#	#	%	%
KENORA	378	423	1,089	15	45	1,860	62,210	3.2							
KAPUSKASING	123	195	492	3	6	819	30,224	3.2							

TABLE 28. CHILDREN IN CARE BY WARDSHIP, DEC 1981 - DEC 1982

TYPE OF WARDSHIP	DEC '81	MAR '82	JUN '82	SEP '82	DEC '82	% CHANGE DEC '81-'82
CROWN WARDS	6,576	6,388	6,284	6,142	5,991	-8.2
SOCIETY WARDS	2,746	2,739	2,707	2,447	2,505	-8.8
NON-WARDS	2,850	3,307	3,092	3,087	2,921	2.5
CARE BY AGREEMENT *		1,154	1,301	1,232	1,082	N.A.
SPECIAL NEEDS AGREEMENT *		90	124	125	121	N.A.
INDEPENDENT		330	451	445	500	N.A.
OTHER		1,533	1,216	1,285	1,218	N.A.
TOTAL	12,072	12,234	12,083	11,676	11,417	-5.4

\* Breakdown by the above categories is not available from the previous C.A.S. Monthly Statistical Report. Hence, they are reported in a summary form under "Non-Wards" for comparison of trends.

SOURCE: For 1981 - CAS Monthly Statistical Report (M.S.R.).  
For 1982 - CAS Quarterly Reporting System (Q.R.S.).

TABLE 28. CHILDREN IN CARE BY WARDSHIP, MAR 1982 - MAR 1983

TYPE OF WARDSHIP	MAR '82	JUN '82	SEP '82	DEC '82	MAR '83	% CHANGE Mar '82-'83
CROWN WARDS	6,388	6,284	6,142	5,991	5,904	-8.5
SOCIETY WARDS	2,739	2,707	2,447	2,505	2,573	-7.5
NON-WARDS	3,307	3,092	3,087	2,921	3,182	-3.8
CARE BY AGREEMENT	1,154	1,301	1,232	1,082	1,152	-0.2
SPECIAL NEEDS AGREEMENT	90	124	125	121	139	54.4
INDEPENDENT	330	451	445	500	531	60.9
OTHER	1,533	1,216	1,285	1,218	1,360	-11.3
TOTAL	12,234	12,083	11,676	11,417	11,559	-4.7

SOURCE: CAS Quarterly Reporting System (Q.R.S.).

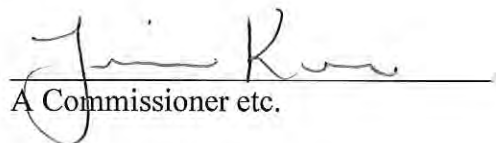


TABLE 26. CHILDREN IN CARE BY WARDSHIP, MAR. 1983 - MAR. 1984

TYPE OF WARDSHIP	MAR 1983	JUNE 1983	SEPT 1983	DEC 1983	MAR 1984	% CHANGE MAR. 1983-1984
CROWN WARD	5,904	5,872	5,732	5,700	5,648	-4.3
SOCIETY WARDS	2,573	2,685	2,350	2,447	2,610	1.5
NON WARDS	3,182	3,179	3,154	2,874	3,110	-2.2
CARE BY AGREEMENT	1,152	1,244	1,346	1,150	1,254	8.9
SPECIAL NEEDS AGREEMENT	139	147	129	142	150	8.0
INDEPENDENT	531	509	549	562	592	11.5
OTHER	1,360	1,279	1,130	1,020	1,114	-18.0
TOTAL	11,659	11,636	11,246	11,021	11,368	-2.5

SOURCE: CAS Quarterly Reporting System (Q.R.S.)

This is **Exhibit "16"** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.

  
A Commissioner etc.

Jessica Kras, a Commissioner, etc.,  
Province of Ontario, while a  
Student-at-Law.  
Expires May 9, 2019.

Fiscal Year	Crown Ward Adoptions
1991-92	223
1992-93	185
1993-94	281
1994-95	372
1995-96	369
1996-96	392
1997-98	365
1998-99	455
1999-00	441
2000-01	448
2001-02	494
2002-03	660
2003-04	700
2004-05	818
2005-06	693
2006-07	712
2007-08	709
2008-09	689
2009-10	861
2010-11	862
2011-12	737
2012-13	728
2013-14	822
2014-15	740
2015-16	608
*2016-17	12
<b>Total:</b>	14376

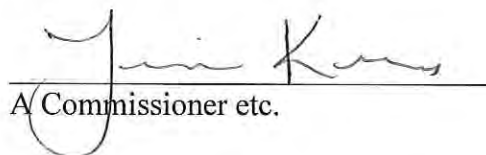
Source: Child Welfare Operations Branch, Adoption and Crown Ward database (ACW) as of \*May 19, 2016.

Data is dependent on the receipt of the Crown Ward and adoption documents and subsequent ACW entry.

Data is point-in-time subject to change on an ongoing basis following the receipt and/or entry of related or additional information.



This is **Exhibit “17”** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.

  
A Commissioner etc.

Jessica Kras, a Commissioner, etc.,  
Province of Ontario, while a  
Student-at-Law.  
Expires May 9, 2019.

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CROWN WARD ADMINISTRATIVE REVIEW  
 FIVE-YEAR REPORT

Ministry of Community and Social Services  
 December, 1984  
 by George Hart

## 1. Introduction

A report on the care of crown wards across the province over five years can only look at the hills and valleys of various categories of performance in the fifty-one children's aid societies. The team of three and sometimes four professionals, after examining about eight thousand cases, have a decided impression that the agencies and their workers are generally more aware of the needs of their children and plan their service more sharply, now than a few years ago. In this half-decade the societies have moved towards a written agreement with a supervising agency or with an outside institution or group home for co-operative planning, care and service, and regular reports. More societies are undertaking a thorough review before and during special placements and are seeking help from the Ministry in placing hard-to-serve children in the declining number of treatment beds. Most societies are showing greater care in adoption practice. Social histories, well organized files, and quarterly recording have become or are becoming standard practice. The general report that the team presents immediately to each of forty-nine societies and to the branches of the two large metropolitan societies comments on practice and systems and suggests changes if necessary.

## 2. Appendix

Graphs for the year 1984 and tables for the five years are contained in the appendix and will be referred to from time to time in this report.

## 3. Reasons for CAS Care and Crown Wardship

The reviewers naturally look for the history of the family difficulties and of the services provided by the Society and other agencies to strengthen the family and keep it together. Family counselling and therapy, the services of a child care worker or visiting homemaker, a parenting effectiveness program are frequently used. Some societies have an after-school program, often with gymnasium or recreational facilities, which encourages adolescents to drop in. It may be open to teens in care or on protection caseloads who may be encouraged to bring friends, who are often found to need service. Often if there are enough resources and motivation the families can be helped. There are, however, acute and chronic situations that cause such damage to the child that he or she must be brought into care. The child's landscape is just as if fire and lashing wind and hail had passed. A boy had so many fathers and moves that he was setting fires and was awake most of the night. A girl was long in hospital as a baby, was scapegoated and failed to thrive at home, was brought into CAS care, was returned to her parents very much improved, but was soon back, greatly deteriorated.



The misery and uncertainty of many children are contained in the shorthand of the predominant reason for crown wardship (See Chart VIII and Table IX, Appendix). A quarter of the children reviewed over five years were crown wards because of inadequate parenting, 18 percent owing to their need for special care and treatment, 12 percent on account of neglect or abuse, and 12 percent as the result of rejection. The death and illness (often mental) of the parent or parents are together responsible for one-eighth of the crown wardships reviewed.

#### 4. Social History

Most societies are requiring the preparation of a social history for every new crown ward. In a few societies the child's file still does not contain the social history that is so necessary to the child and the worker for knowing his family and his past experience, and for working through his feelings and understanding the meaning of his wardship. In a few cases it was even hard to learn the circumstances of his coming into care. In two societies we skimmed all the family service fiches in a few cases without finding a social history. On the other hand, most societies have made great headway in preparing such documents. In one society fifty-three social histories were found in fifty-four cases.

#### 5. Assessment

Assessment is very much a part of planning. Knowing the child's strengths and special needs is a pre-condition of planning. The Societies generally make use of a variety of disciplines and resources for such evaluation and carefully consider the recommendations made. The areas farther from large centres of population have often few resources for this purpose and must often make do with careful observation. In serious cases they take the child to a city or bring in a competent consultant. In about nine percent of the cases reviewed the team recommended the updating of assessments that were done several years ago and were no longer relevant. Table X in the Appendix shows the needs of the crown wards as checked by the workers on the Agency Review Forms.

#### 6. The Written Plan

Great gains have been made in written planning. Over the five years most workers have moved from largely unplanned reactive service to a written plan with broad objectives equivalent to the functions of the worker ("monitor the foster home," "liaise with the school," "support the child") to a much more specific plan of action. This past year the review team introduced a planning format on the Agency Review Form. It started with a strength or special need, called for a concrete objective, and asked for steps or methods and times of achievement. The workers responded with

much thought and care and gave more attention to strengths and talents. In doing so they focussed on anticipatory service. Each quarter they examined whether promised action had been taken, if not why not, and amended the plan in their recording as required.

Most workers are aware that long-term forward-looking planning enables a child to take advantage of the opportunities presented to him at an appropriate time in relation to his needs and potential and that it tends to ensure continuity in the event of change of worker or placement. Within that context short-term logistical planning is designed to provide for the immediate day-to-day needs of children by case management and the co-ordination of service delivery.

## 7. Condition Planning

The review team found that the agencies are tending to plan prompt and prolonged measures to help crown wards with low self-esteem, with schooling deficits, with a history of abuse, or with ongoing rejection.

- a) Low self-esteem appears to be the most common liability of children with unstable and unhappy experience. From the time of the child's admission to CAS care, his foster parents, teacher, worker, and recreational leader must plan together to develop his sense of worth by accentuating the positive, by praising honest effort and achievement, by giving him the opportunity and support to use his talents and strengths, by teaching him to set realistic expectations for himself and to praise himself and others. His feeling of worth will help him in his behaviour and in his performance in school and later very much so in his preparation for his majority.
- b) Schooling deficits are usually found in the children who come into the long-term care of a Society. Having known much discontinuity, deprivation, lack of stimulation, insecurity, and emotional upset, they are often delayed in their development and behind in school. The Societies deal with this fact every day. The crown ward review has shown that the workers have this very much in mind in their planning and they work closely with the school to assess the child's needs and seek the placement and special services required. They have collaborated with the Association in the education of the mentally retarded children who represent about one-seventh of all crown wards.

The foster parents and the worker attend the meeting of the Identification Placement Review Committee which recommends a program to meet the special needs of the child. Behavioural classes, special remedial classes, teacher aides, and speech therapy are some of the special provisions of the school board. The societies arrange for tutoring and the foster parents often help out. Some school boards are

tremendously conscientious in their efforts to meet a child's special needs, although even the best insist on fitting the child into the system. For example, a Cree or Ojibway or immigrant child who is behind in school, is just learning English, and has little self-confidence in his school work, is thrust into French because it is on the curriculum.

In the area of specific learning disabilities many school boards have not the competent professionals to make the assessments and design and carry out the special programs of remediation and compensation. Every society should have one interested worker who will get to know a good deal about specific learning disabilities and the programs required. The societies, like concerned parents, are often and should constantly be advocates for the children in their care.

Selected comments by the reviewers will give some concrete impression of the work being done on schooling deficits.

- o A family of culturally deprived children were assessed as being of superior ability and intelligence. Their arrears in learning had been caused by early deprivation but their potential was remarkable. The files bore little evidence that this had been recognized and attempts to remedy deficits seemed to have received only limited attention.
- o The workers and foster parents (of a smaller than average Society) watch the progress of their children in school and work closely with the school authorities. We read of a behavioural class and then an itinerant teacher for a time in one case and of a special volunteer to help with remedial reading in three cases. One file contained a good assessment of specific learning disabilities and a detailed program of remedial exercises and teaching modes.
- o Assessed as borderline in verbal functioning and above average in performance, an Indian girl has excellent visual-spatial skills but perhaps a severe learning problem in language. The school board held an I.P.R.C. and placed her in a regular grade and a class half-time in language development.
- o Somehow the interest of this girl, nearly fifteen, who is working much below her potential in school, must be sparked. Is it possible to find the resources for a competent vocational assessment?
- o Vocational assessment and career guidance are recommended for this promising young woman whose marks have slipped and who is registered in the general grade twelve despite the fact that she wants to go to college.



- c) The effects of abuse must be considered in planning for quite a few children in Children's Aid Societies. In such cases most agencies get an assessment of the emotional condition of the child. Some are training specialized foster parents to understand children who had been physically abused, their distrust, their flinching from physical contact, often their inability to show affection and give satisfaction to their surrogate family, their fears and anxieties, and their need for positive reinforcement and for unphysical management. The foster parents of a once sexually abused girl are helped to understand her various reactive behaviours and moods and to provide a caring and safe environment. Play therapy or individual psychotherapy or counselling by the worker are often provided at the proper time. It is surprising to find cases in which the history of abuse seems not to have stimulated any plan or action and has even been disregarded in placing the child for adoption. On the other hand, some societies have been so active and creative in their response that they have set up groups for girls who had been sexually abused and for children who had suffered physical abuse.
- d) Rejection, like abuse, leaves long-lasting marks on the child; only, in a sense, the rejection keeps happening. It repeats itself if the mother chooses her partner over her child and perhaps has a baby by him. It festers if the child was singled out by his family for scapegoating because he was long hospitalized or difficult in infancy or is somehow different, and if his reactive behaviour brought him only into care, while the other children remained at home. It happens again every time the child sees his father or mother, who, feeling guilty and meaning well, gives him double messages and unkept promises. In many cases the young person never resolves the anger, self-blame, and yearning for unattainable family love and belonging and he never becomes an integrated and self-directed individual working near his potential.

Some cases turn out better than that, with the thoughtful and persistent help of the Children's Aid Society.

- o An agency helped a boy, now fifteen to sort himself out. His unwell, passive-submissive mother and his violent, belligerent father provided a home in which he was scapegoated and rejected and from which he came into care, soiling, destructive, with speech problems. After great improvement he was returned home, where he rapidly deteriorated and was completely rejected. Again in CAS, he had good loving care and play therapy. Two years ago he phoned his parents and was able to express his anger. He does not want to see them but visits his aunt and grandparents and likes to think of his foster mother and foster father as his parents.
- o In another case a needy boy had the advantage of being so rejected by his adoptive family that he had a chance to start a

new life without distracting hopes and debilitating phantasies. After assessing his emotional condition and needs, the agency placed him in a special treatment foster home for warmth, understanding and wise, consistent handling and the Society planned individual treatment, then group therapy, and finally a place in a teen group in order to help him deal with the past and improve his self-esteem.

## 2. Permanency Planning

The purpose of the agency is to try and find out the strengths and talents of the child in its care and the nature and degree of the damage done and to provide a caring, curing, encouraging environment. The placement decision and the supportive service should provide the continuity of surroundings and relationships which is essential for a child's development.

Permanency planning embraces a long-term foster home, the parents' home, or an adoption home.

### a) Foster Care

Of the 1,528 cases reviewed in 1984, more than two-thirds (68.3 percent) of the crown wards were in foster homes, 15 percent were in institutions, 8.6 percent were in group homes, 5.2 percent were in "independent living," and 1.9 percent were back home (See Chart VII in the Appendix).

Of the 3,000 cases reviewed, three-eighths had one placement, about a quarter had two, and fifteen percent had three during the period of crown wardship. Nineteen percent had from four to six placements during crown wardship and five percent had more.

Planning for a stable placement is an immediate concern before or at admission. Too many placements are still made in crisis. Children suffering grief and confusion often bounce quickly through two or three foster homes before they settle down. This settling down is often best done in a receiving or observation home, which is readier to pay immediate attention to the child than is a foster family, threatens less his loyalty to his family, and provides insights into his needs and strengths. As another aid to permanence, some agencies require intensive pre-placement preparation of the child and the foster parents or group home staff.

The review team is impressed in most cases by the described qualities of the foster homes and by the agency's high regard for them. We read of a foster family who gives much patience and attention to an anxious child with low self-esteem, of a foster mother who for eleven years has cared for a retarded spastic quadriplegic, and of others described as "committed and enthusiastic," or "warm and accepting," and so on.

Of course, not all the foster homes fit the child's needs so well. In one case a worker was consulting with a psychiatrist to weigh the trauma of separation against the incurable defects of the foster home and was seeking the co-operation of the foster mother in the replacement to prevent the child's experiencing "irrevocable rejection". In another case a boy who was angry and bitter against his mother and was not benefitting from psychotherapy might have to leave his warm, accepting foster parents for a treatment setting.

Remarkable work has been done by foster parents in caring for severely retarded and physically handicapped children. They, by any standards, would have qualified for institutional care but have been maintained in less clinical and more nurturing environments.

There is a group of emotionally distressed and disturbed who have pretty good intelligence. Early competent assessment must be followed by prompt planned action in those high risk cases of incest, abuse, rejection, and severe family tragedy. In such cases the young person finds it hard to trust, to accept and give affection, and by acting out tests the commitment of the caregivers and invites another move. The agency must make a tremendous effort to stabilize and treat young people who have been badly damaged. Admittedly the chance of success is limited but at least active, intelligent case management will improve the odds. So will the building up of placement resources.

The burn-out of foster parents is being reduced or prevented by consistent, planned support and problem-solving and by relief homes, case conferences, and foster parent mutual-aid groups.

A number of Societies enter into a written agreement with foster parents for the permanent foster care of a crown ward. In at least one agency the ward is a party in the contract.

#### b) Contact with Parents and Return Home

No analysis of all the cases reviewed has been done of the court orders for access, of the non-court arrangements, and of the whole matter of contact with parents and relatives. The team reports to each society on such statistics in the cases reviewed.



The team analyzed the 449 cases reviewed in 1984 in the two large children's aid societies in Toronto. The court ordered access for the mother in 230 of these cases and for the father in 135 cases. During the past twelve months the parents made no visits in 39 cases in which there was a court order of access. Since crown wardship began, 227 mothers and 191 fathers visited. Thirty-one of the 449 children had been relinquished at birth by a natural parent or parents and there had been no contact since then. Relinquished for adoption, most of them were found to be mentally or physically handicapped; for the rest adoption had been tried unsuccessfully. The parents of crown wards in which contact was little or none were often abusing drugs or alcohol, or dysfunctional, or rejecting, or of unknown address.

Many workers and foster parents work hard at facilitating visits between the ward and his parents, as well as with siblings not in CAS care and other relatives. A few Societies support contact with parents when they are "motivated". The review team suggests in some situations that it might be well to examine the question of whether the agency should reach out to the parents in order to meet the child's needs, for the issue of family is ever present, whether the family itself is or not.

The worker is central in facilitating contact, in filling in the gaps between the past and the present, and in helping the child to face those dual realities. Family contact, if possible, and worker counselling provide the continuity between the past and the present which the child needs to form and maintain an integrated, healthy identity.

In one case, for example, the work being done with the mother and her two sons in CAS care to help improve parenting skills and the interaction of the siblings was tremendously thorough and creative.

Particularly well done was one agency's planning for a child's return to parents who had had serious problems. The worker listened to the child, his parents, and his foster parents, got an assessment and recommendation from the psychologist, and did a homestudy. The agency then entered into an agreement with the boy and his parents, setting forth their clear undertakings, regular and frequent visits by the worker, and ongoing visits by the child to his former foster parents. The worker informed his teacher and was keeping in close touch to ensure attendance and achievement. If all went well, a status review and a year's supervision were envisaged.

c) Adoption

The review team has seen depressing and impressive examples of adoption planning. Table XII of the Appendix shows the number of disruptions and breakdowns in the 8,000 crown ward cases reviewed during the past five years. About one crown ward in eight of those reviewed has suffered such discontinuity. In a few Societies up to sixty percent of the crown wards reviewed had such experience.

In the best practice the agency thoroughly assesses the child's emotional and behavioural condition, including his attachment to his natural family or foster family, sees that necessary and appropriate treatment is brought to bear so that the child does not go with a lighted fuse into the highly testing and anxious experience of an adoption, knows the functioning of the adopting family, gives them full and honest information before the placement, and provides strong supportive service.

One of the children reviewed had been placed from a long-term foster home into an adoption, which broke down within two years. He was returned to his foster family, to whom he is closely attached and who are now planning to adopt him. The preparation being done for this adoption is good and is in sharp contrast with the groundwork for his first adoption placement.

A Society was considering another adoption placement for a powerful, sexually precocious girl. The team's opinion was that in view of her past experience another attempt at adoption could put her at unacceptably high risk.

A text book job was done in preparing twins and adopting parents and in pre-placement visits. The placement lasted only eighteen days because the twins had never separated emotionally from their mother.

We observed in the recording of recent years in all but a few Societies a sensitivity to the child's present bonding to foster parents and to attachments to the natural family and a prudent and realistic approach to adoption as one of the ways of seeking belonging and stability for a crown ward.

Workshops on adoption are needed which will emphasize family functioning, the effect of the child's experience and attachment, and a review of articles in professional journals during the past decade.

## 9. Planning for Maturity

The review team has been concerned about the situation of adolescent girls and boys approaching their sixteenth birthday, when they may decide to separate themselves from the Society, or their eighteenth birthday, when their crown wardship expires. Nearly two-thirds of the crown wards reviewed have been in their teens and more than two-fifths are in the age range of 15-17 years at the time of the review. About a third of those completing the questionnaire expressed their concern about job-training, employment, and independence. In three out of ten cases reviewed in the 15-17 age range the team recommended more attention to preparation for self-dependence or to vocational training and career guidance. Planning is especially difficult with those who came late into CAS care. About 17 percent of those reviewed in 1984 were made crown wards between thirteen and sixteen years of age (See Table IV, Appendix). Even with those who come earlier into care, the success of planning with them for self-dependence will hinge largely on the work done from the first on self-esteem, life skills, and schooling deficits.

On the questionnaire and in the interview quite a few crown wards were unclear about what the agency could or would do for them and expressed intense anxiety about their future. A girl who was doing well in school asked if the agency could push her out at sixteen and if she was in the middle of a year at community college on her eighteenth birthday, would the agency cut her off. Given the multiplicity of the needs of adolescent crown wards, the workers need to be specific in planning with them. Most workers do go over with them the responsibility the agency has for them up to their eighteenth birthday but it would be more reassuring and more easily remembered if the information were put in a leaflet or letter. This might include the circumstances in which the agency would consider extended care and maintenance and the obligations the Society expects the crown wards to assume for themselves. Some agencies make good use of a written contract as a useful tool with young people of this age group because it spells out and schedules mutually defined objectives.

Many Societies are developing all kinds of preparatory programs, especially by the group method, and are making good use of scarce community resources of vocational assessment and courses in life skills and job readiness and job search.

## 10. Worker's Direct Work

The reviewers are sometimes left wondering what direct work is done by the social worker with the crown ward and with the care providers. In some cases in which the recording is silent about this, a feeling of the presence and help of the worker somehow radiates; in other cases the paucity of contact in the face of considerable need and the blankness of worker response lead one to believe that the foster parents are left with



most or all of the load. In these cases the need for preventive work with the child and for support of the foster parents is evident. Often, however, the omission is not in the service but in the silence of the recording about the essential intervention of the worker.

On the other hand, the three quarterly reports and the annual comprehensive review show many a worker spending time with the child individually and often using a life story book or other means to help him or her deal with feelings about rejection or separation. One often reads of a worker who is helping the foster parents to deal with the crown ward in the most positive way. There are, of course, some lapses on which the team makes recommendations. For example, a serious and prolonged case of bad fostering went on and on without the worker getting a real knowledge of the situation or having a trusting and listening relation with the crown ward. The general impression, however, is of workers who spend time with the crown ward, the caregivers, and collaterals to meet the child's needs thoughtfully and creatively.

#### 11. Recording

During the past five years almost all of the fifty-one Societies have reformed their filing and recording for crown wards and the results have been striking and gratifying. They have arranged the materials by subject in sub-folders so that the information is more easily found. Many societies have standard formats for the quarterly reviews and the annual summary so as to present a thorough picture of the child's progress and of planned action in the case.

Three elements that require special attention in recording are:

- 1) the worker's relationship and direct work with the crown ward and with the foster or group home parents
- 2) a fuller picture of the child, especially if he or she is one of a number of siblings in the same home
- 3) a description of the child's relation to other members of the foster family, especially the foster father and the own children (Some Societies put a copy of the most recent foster home evaluation in the crown ward's file).

#### 12. Information Exchange

The crown ward review team has been able to pass on to Societies some of the best forms and practices found during their yearly tour of the province. We are happy to continue and expand this service if necessary.

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### 13. Recommendations

The general report to each Society immediately after a review has made recommendations on systems and practice of planning, care, and recording for crown wards.

The team recommended that the present plan be implemented in 5,106 of the 8,017 cases reviewed in the five years.

The team made special recommendations in 36 percent of the cases reviewed (40 percent in the first year and 32 percent in the fifth year).

### 14. Questionnaires, 1984

Three hundred and fifty crown wards (those over eleven years of age) completed the confidential questionnaire in 1984. The retarded and severely disturbed were not invited to do so. Some young people who had completed the form two years before chose not to do so again.

#### Concerns

Some children expressed concerns in every one of the listed areas:

- |            |   |
|------------|---|
| Health:    | Forty-nine had concerns because of injuries, or allergies or real physical handicaps which caused problems for them at home or school or in the community.  |
| School:    | One hundred and two were worried about failing, and/or maintaining their present performance. Several were worried about how they could maintain themselves during their continuing education after age 18 (See independence).  |
| Happiness: | Forty eight said they were very unhappy. There was a great concern expressed about own family, not knowing about their brothers and sisters. One child was really upset about her father's impending remarriage and if things would be the same between them. Many wanted to return to either one or both parents; some wanted to move to another foster home. Others had been upset by too many moves. Many could not make friends, and, if they could, they couldn't keep them. |

- Relationships:** Several children (27) had problems getting along with their social worker; some thought workers had no idea what was going on in their lives while some thought their workers were too close to the foster-parents.
- Sex:** Fear of pregnancy was expressed as a concern - as was dating; a relatively small number expressed concerns about sex. Drugs (20) and alcohol (19) likewise were not conceded as a problem for many children. The prime concern related to both these areas seems to be caused by the amount of peer pressure to use drugs or alcohol they experience at school and in the community.
- Independence:** One hundred and twenty children expressed their concern about their future. How would they get a job or job training - and who would help them financially if they were still at school training for a job when they were 16 or 18? Would they be kicked out of care?
- Emotional:** Many children expressed appreciation for the care they received, and how they had been helped, emotionally, by the experience. Some had a much improved self-image while others wondered if they could ever change.
- Some of the older teens felt quite keenly that there was a stigma associated with being in care but they weren't able to leave because they were too dependent.
- Many less serious concerns were expressed as well as opinions about the questionnaire. Some children had concerns ranging from weight problems to reincarnation. Others appreciated the opportunity to express their opinions through the questionnaire and a few thought it was dumb.

#### General Conclusions

Sixty-nine percent, or 241, of the children who responded were living in foster homes and about five percent, or 75, were in family-type group homes. Of these, 231 thought their foster-parents were like real parents to them; 239 felt wanted as part of the foster-family while 235 felt that they could be a member of the family for a long time.

Three hundred and twenty two (92%) said that their social worker's job was to make sure that they got good care. Aside from those who saw their worker as a monitor of care quality, 203 saw the role as liaison with their own families and 212 as the connecting link with school, doctor and dentist. 241 thought the workers helped them to understand themselves and their families. 276 looked on their worker as helping with special needs and 273 looked to workers to help them plan for the future.



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Crown Ward Administrative Review 1984Confidential Questionnaires

## Respondents' reasons for requesting interviews:

1. To express positive feelings about service and care	6
2. Alleging sexual abuse by foster parents	1
3. Unhappy in placement - wanted a change	9
4. Attempt to manipulate situation through Review Team	2
5. Took advantage of the chance for an interview	3
6. Could not remember	3
7. Want to return to own parents	3
8. Want to establish contact with family and siblings	2
9. Anxiety about leaving care	2
10. Curiosity about the activity and process of the review team	8
11. More information about biological family	3
12. More contact with family and siblings	1
13. Concern about the decisions made for them	2
14. Negative feelings about being in care	1
15. Wanted a new worker	1
16. Wanted more worker contact	1
17. Wanted crown wardship terminated	1
18. To know more about CAS service (responsibility) to them	3
19. Reassurance and information about their rights under CWA	1
20. Curiosity about what happens to information about them	1
21. Not stated	18

### 15. Personal Interviews, 1984

Seventy-two children who completed the confidential questionnaires asked for personal interviews. The figures listed give the reasons identified at the time of the interviews and do not necessarily reflect accurately the actual motivation of a child in seeking contact with a member of the review team. The basic motivation in many cases was curiosity - not curiosity about any particular thing but wanting to know who the review team is, what it does and how it works. Others who asked more specific questions were still very strongly motivated by a need to know where the review team fitted into the scheme of things.

The assurance of confidentiality of the content of the questionnaire and of the interview was much appreciated but some children were quite agreeable to the sharing of information from the interview if the occasion warranted it.

When children declared that they were unhappy in placement and wanted a move they sometimes gave reasons that did not indicate a serious dissatisfaction with placement. In fact the complaints expressed were of the kind often made by children in their own homes, e.g., not being allowed to smoke, strict rules about homework, bedtime, etc. In a few cases the matter seemed to require discussion with the social worker with the ward's consent and participation.

Three of the children interviewed expressed a desire to return to either one or both of their own parents. In the responses to the questionnaires 71 children expressed this wish.

Six of the children interviewed either wanted more information about their own families or wanted to establish contact with them.

Six children expressed, in the warmest terms, their appreciation of the care and service they had received from the CAS's and only one felt angry at what she perceived as the stigma of being in care. One girl requested that the review team members try and arrange more frequent contact between her and her worker. Another child thought her worker was indifferent to her needs and requested a change.

Both in the questionnaire responses and the interviews the children had a quite accurate perception of the role of their social worker and very few of those interviewed had not previously discussed their concerns or appreciation with their workers.

Taking into account the widely varying conditions across the province and the number of children interviewed, concerns expressed were few and appreciation of service was high. The quality of care proffered to the children in general was more than satisfactory and the introduction of the confidential questionnaire has proved a welcome method of communication as well as a good source of information for the team.

## Appendix

### Charts, Fifth Review, 1984

- I Percentage Distribution of Age of Crown Wards Reviewed
- II Age at Crown Wardship of Crown Wards Reviewed
- III Length of Crown Wardship to Date of Review
- IV Number of Placements During Crown Wardship
- V Number of Successive Workers During Crown Wardship
- VI Worker Contacts with Ward, Past Twelve Months
- VII Percentage Distribution of Type of Current Placement
- VIII Predominant Reason for Crown Wardship

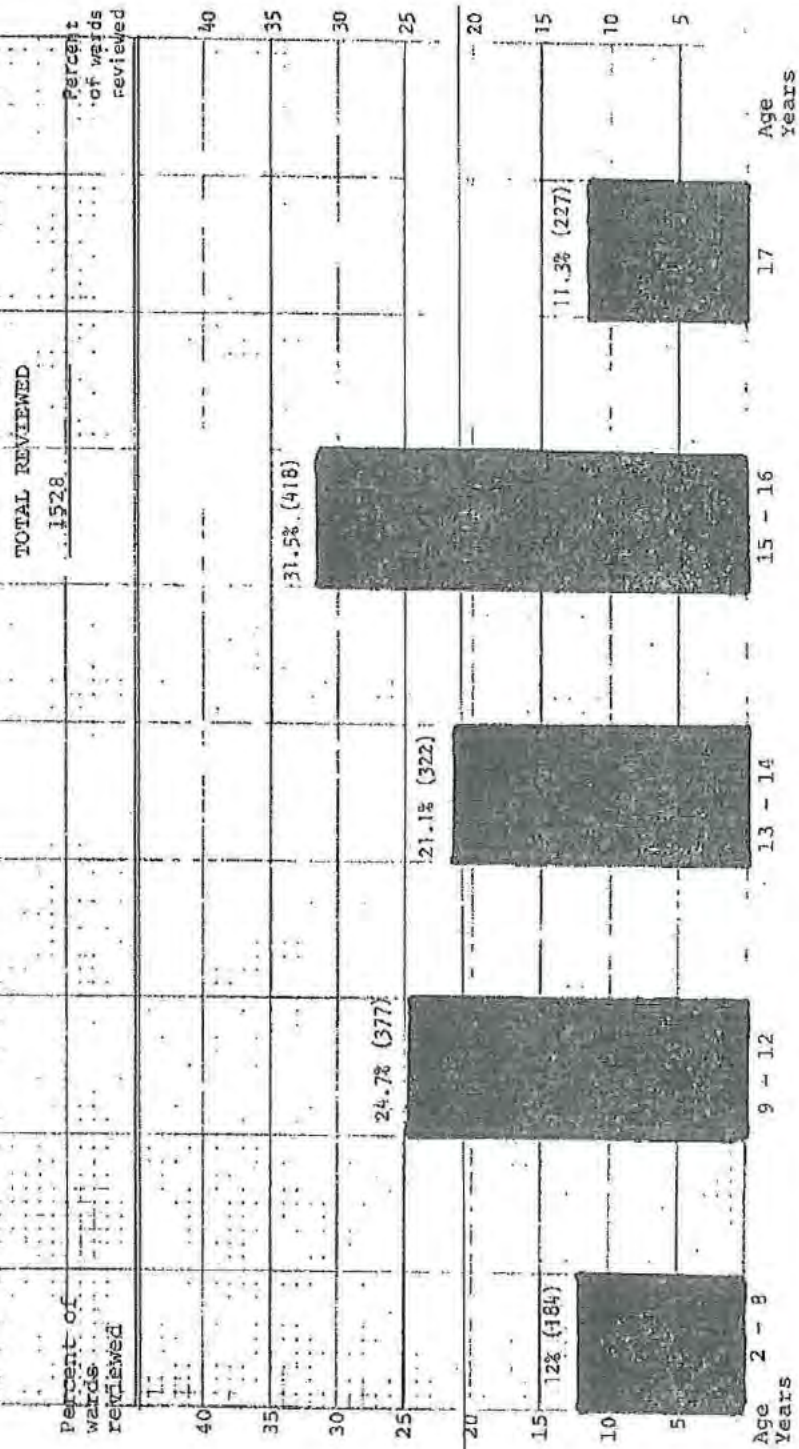
### Tables, Five Reviews

- I Age of Crown Wards at Review Time by Number of Cases
- II Age of Crown Wards at Review Time by Percentage of Cases
- III Age at Date of Crown Wardship Order by Number of Cases Reviewed
- IV Age at Date of Crown Wardship Order by Percentage of cases Reviewed
- V Length of Crown Wardship to Date of Review by Numbers of Cases
- VI Length of Crown Wardship to Date of Review by Percentage of Cases
- VII Placements During Crown Wardship
- VIII Successive Workers During Crown Wardship
- IX Predominant Reason for Crown Wardship
- X Needs Requiring Attention in Planning
- XI Recommendations
- XII Adoption Breakdown and Probation Disruption



CROWN WARD  
ADMINISTRATIVE REVIEW 1984

CHART I  
PERCENTAGE DISTRIBUTION OF AGE  
OF CROWN WARDS  
REVIEWED



CROWN WARD  
ADMINISTRATIVE REVIEW 1984

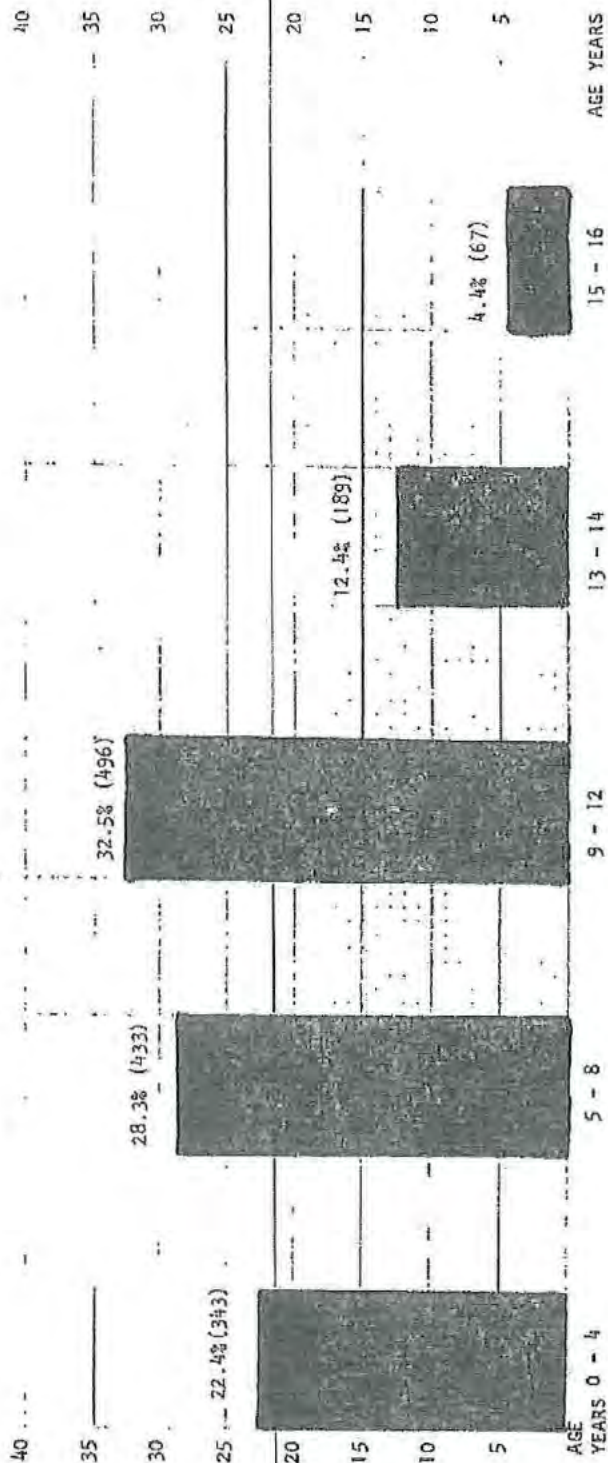
CHART 11  
AGE AT CROWN WARDSHIP

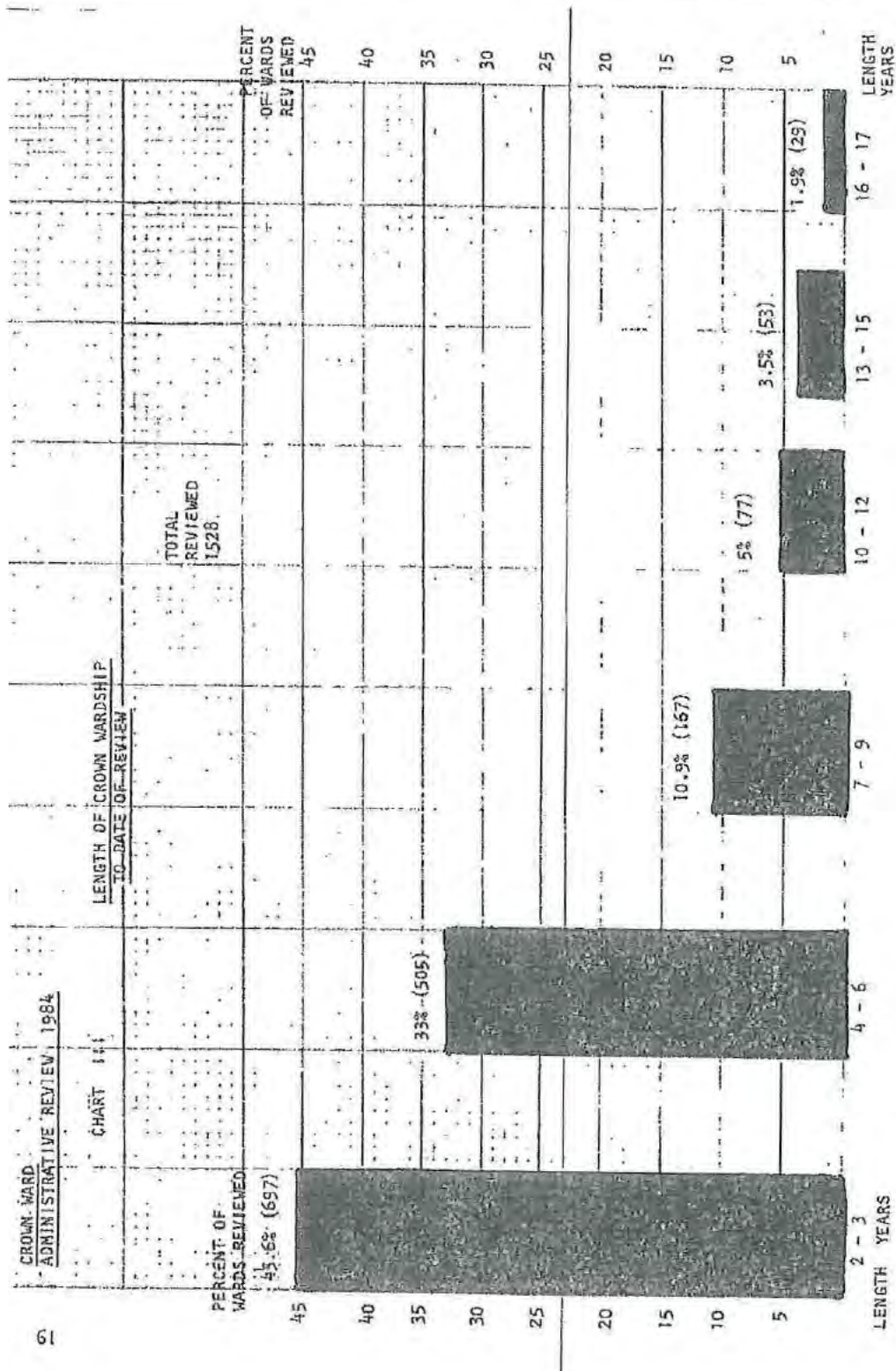
OF CROWN WARDS  
REVIEWED

TOTAL REVIEWED  
1528

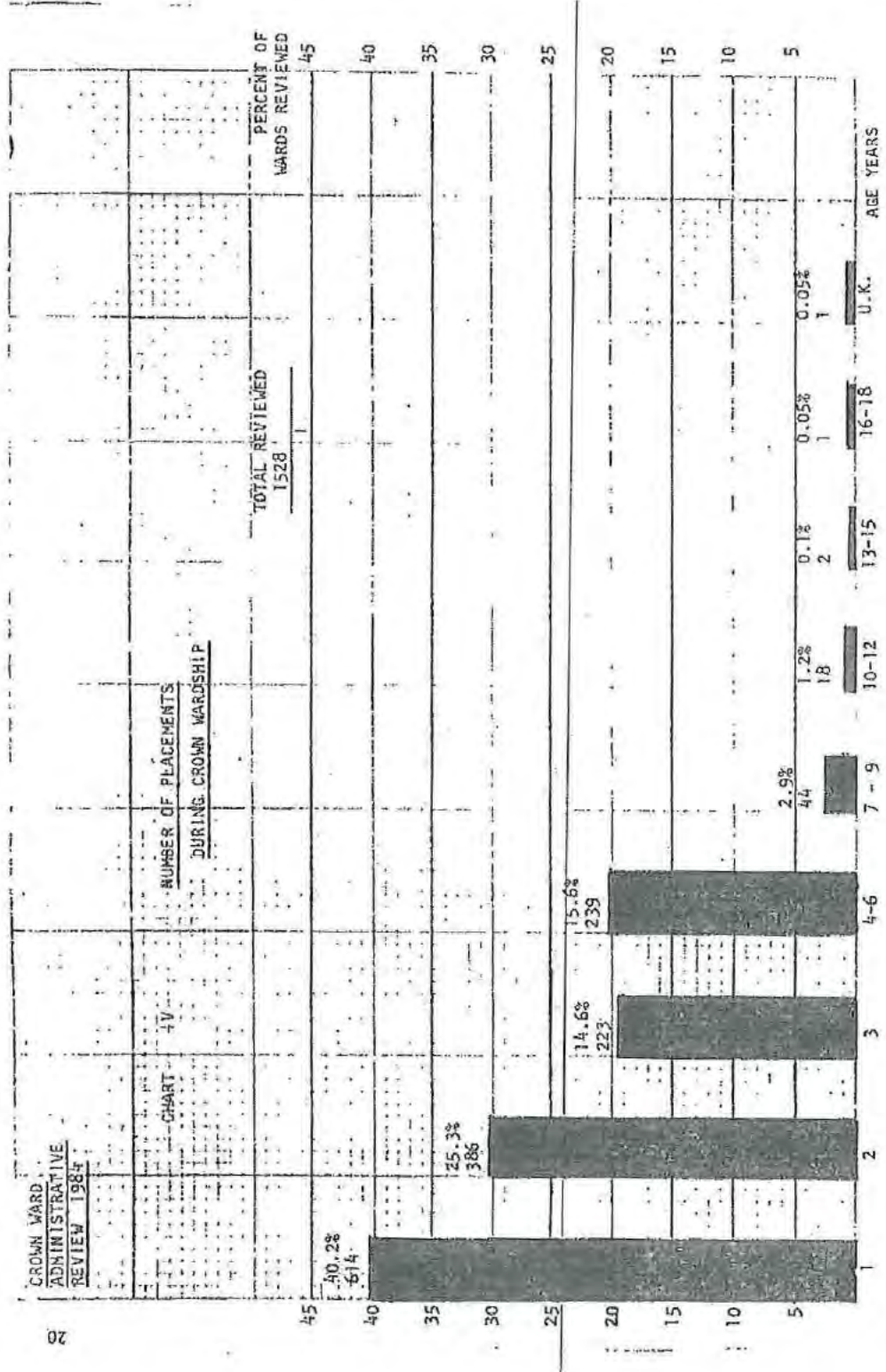
PERCENT OF  
WARDS  
REVIEWED

PERCENT  
OF WARDS  
REVIEWED



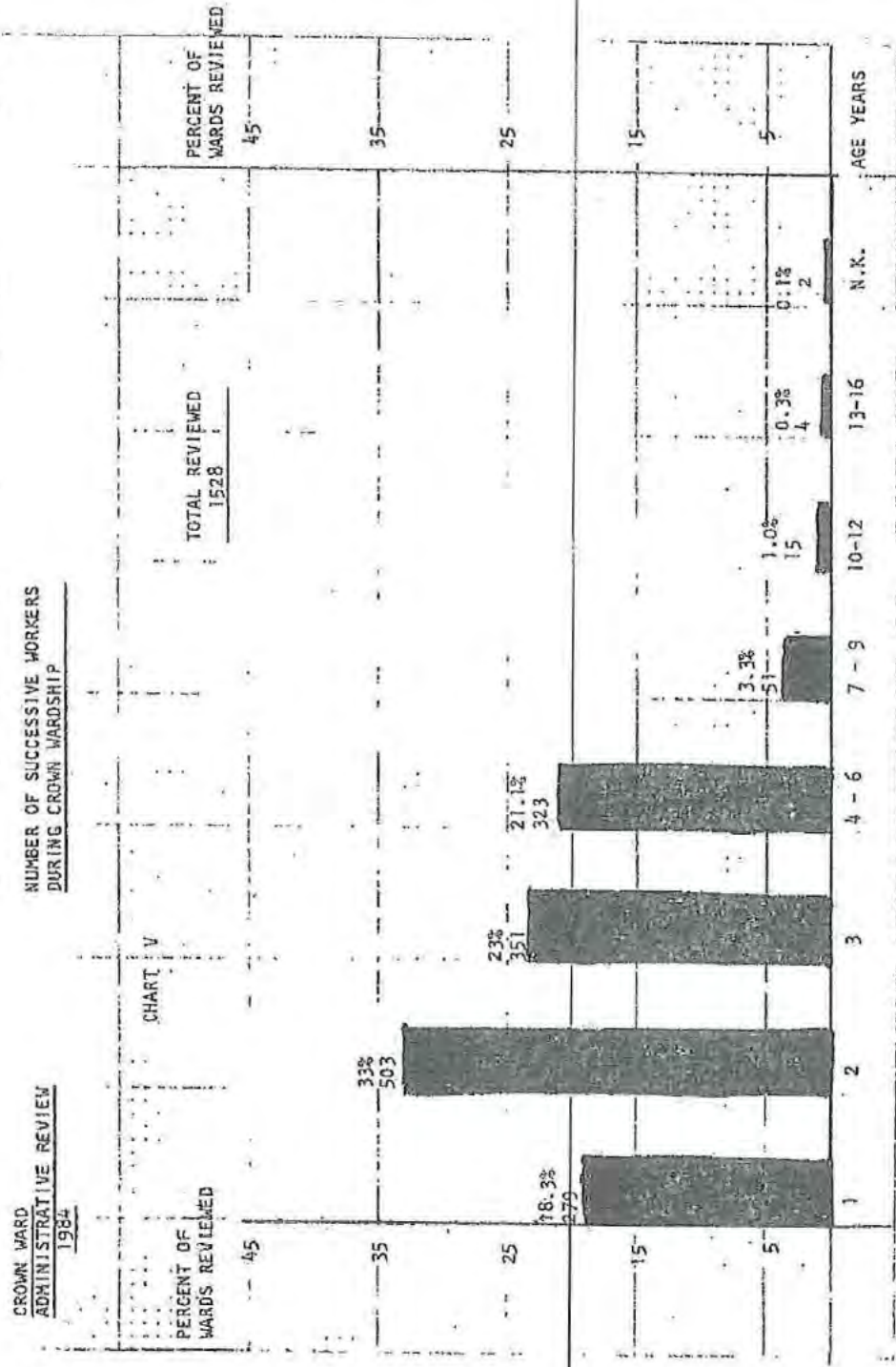






CROWN WARD  
ADMINISTRATIVE REVIEW  
1984

NUMBER OF SUCCESSIVE WORKERS  
DURING CROWN WARDSHIP



22

CROWN WARD  
ADMINISTRATIVE REVIEW 1984

CHART 91

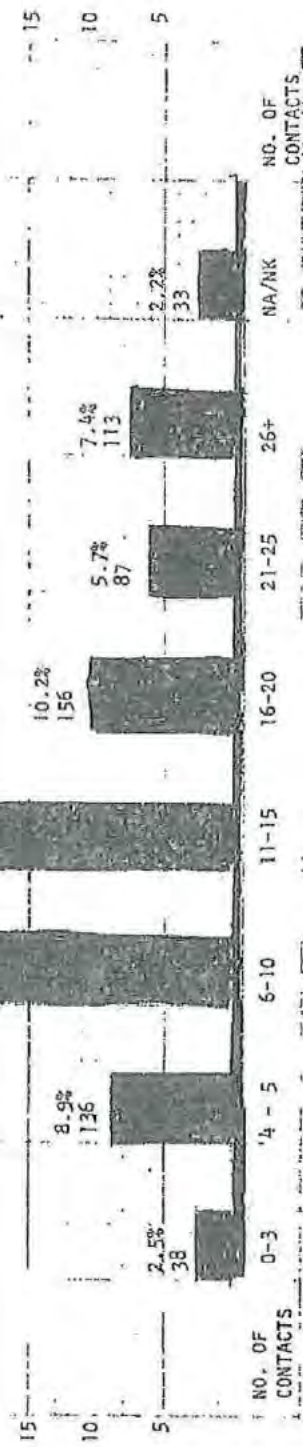
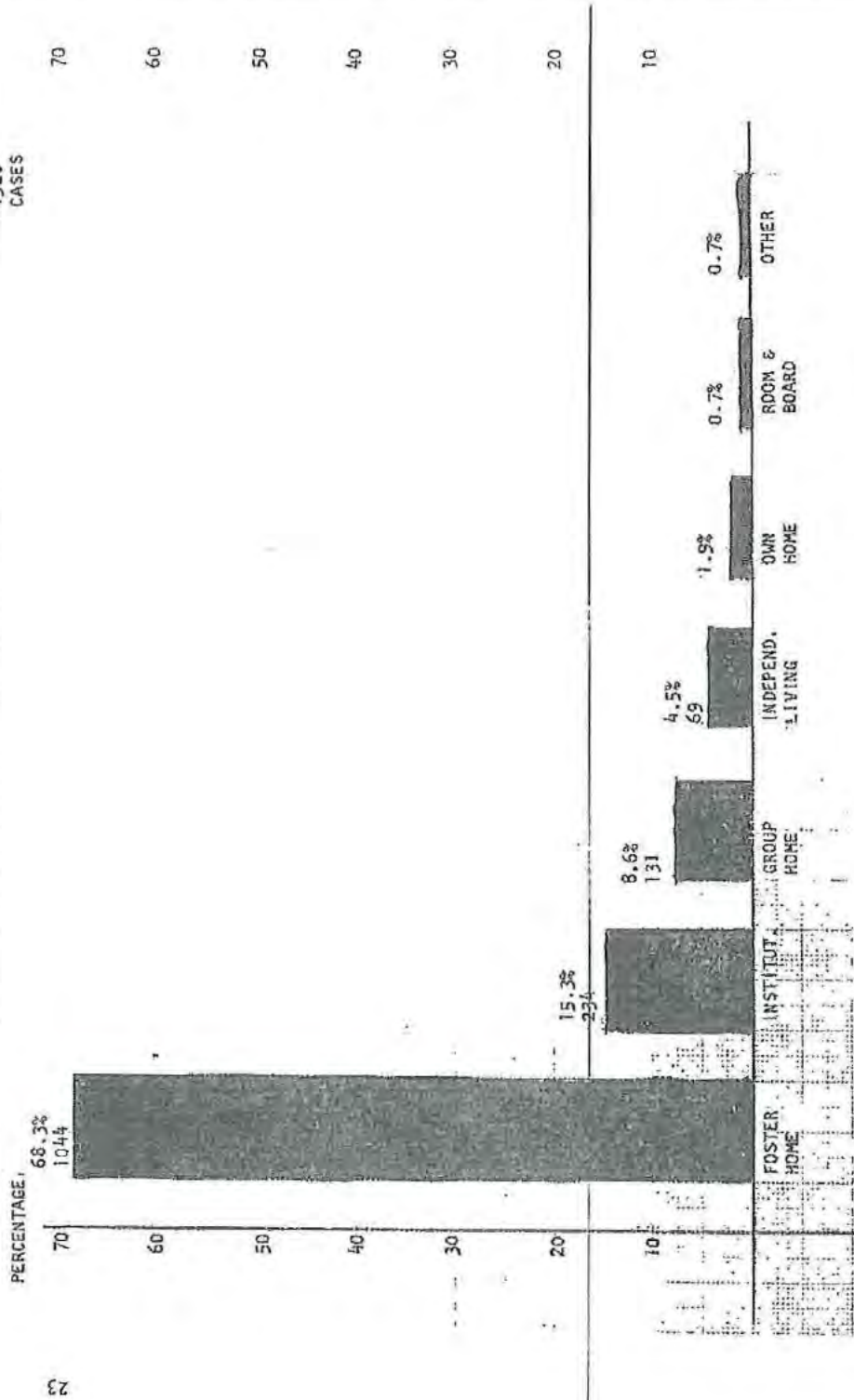
WORKER CONTACTS WITH WARD  
PAST TWELVE MONTHSTOTAL REVIEWED  
1528PERCENT OF  
WARDS REVIEWEDPERCENT OF  
WARDS REVIEWED

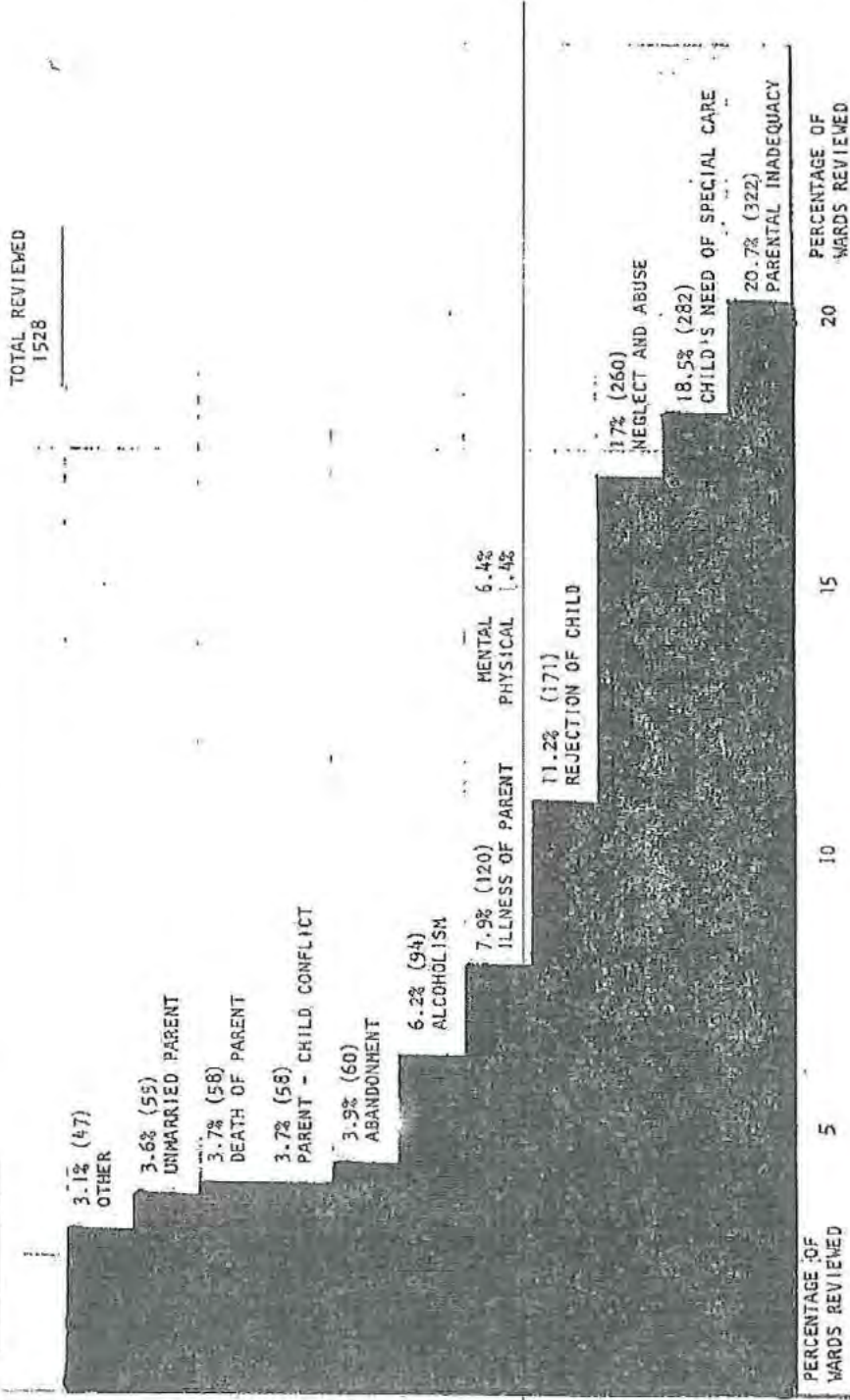


CHART VII PERCENTAGE DISTRIBUTION OF TYPE OF CURRENT PLACEMENT

1528  
CASES



CROWN WARD REVIEW 1984 CHART VIII PREDOMINANT REASON FOR CROWN WARDSHIP



## Crown Ward Administrative Review

Table I

Age of Crown Wards at Review Time  
by Numbers of Cases

<u>Years</u>	<u>2-8</u>	<u>9-12</u>	<u>13-14</u>	<u>15-16</u>	<u>17</u>	<u>Total</u>
First Review	135	263	263	555	82	1298
Second Review	247	472	448	563	135	1865
Third Review	186	347	299	425	230	1487
Fourth Review	202	456	379	568	234	1839
Fifth Review	184	377	322	418	227	1528
Total	954 154	1915 375	1711 370	2529 463	908 217	8017 1534

Table II

Age of Crown Wards at Review Time  
by Percentage of Cases

<u>Years</u>	<u>2-8</u>	<u>9-12</u>	<u>13-14</u>	<u>15-16</u>	<u>17</u>	<u>Total</u>
First Review	10.4	20.3	20.3	42.8*	6.3	100.1
Second Review	13.2	25.3	24.0	30.2	7.2	99.9
Third Review	12.5	23.3	20.1	28.6	15.5	100.0
Fourth Review	11.0	24.8	20.6	30.9	12.7	100.0
Fifth Review	12.0 9.7	24.7 23.7	21.1 23.4	27.4 29.5	14.9 13.7	100.1 100.0
5-Year Average	11.9 11.5	23.9 23.9	21.3 21.7	31.5 31.2	11.3 11.7	99.9

\* All Crown wards of age 16 were chosen for review in the first year.



Table III

Age at Date of Crown Wardship Order  
by Numbers of Cases Reviewed

Years	<u>0-4</u>	<u>5-8</u>	<u>9-12</u>	<u>13-14</u>	<u>15-16</u>	<u>Total</u>
First Review	451	365	385	94	3	1298
Second Review	565	525	572	181	22	1865
Third Review	418	384	456	189	40	1487
Fourth Review	491	522	604	193	29	1839
Fifth Review	<u>343</u>	<u>433</u>	<u>496</u>	<u>189</u>	<u>67</u>	<u>1528</u>
Total	2268	2229	2513	846	161	8017
<i>Sixth</i>	369	511	577	153	34	1584
	2637	2740	3030	999	145	2601

Table IV

Age at Date of Crown Wardship Order  
by Percentage of Cases Reviewed

Years	<u>0-4</u>	<u>5-8</u>	<u>9-12</u>	<u>13-14</u>	<u>15-16</u>	<u>Total</u>
First Review	34.7	28.1	29.7	7.2	0.2	99.9
Second Review	30.3	28.2	30.7	9.7	1.2	100.1
Third Review	28.1	25.8	30.7	12.7	2.7	100.0
Fourth Review	26.7	28.4	32.8	10.5	1.6	100.0
Fifth Review	<u>22.4</u>	<u>28.3</u>	<u>32.5</u>	<u>12.4</u>	<u>4.4</u>	<u>100.0</u>
<i>Sixth</i>	28.3	32.3	32.6	12.7	2.1	
5-Year Average	28.3	27.8	31.34	10.6	2.0	100.0
<i>6 " "</i>	28.3	28.6	31.6	10.5	2.0	

Table V  
Length of Crown Wardship to Date of Review  
by Numbers of Cases

<u>Years</u>	<u>2-3</u>	<u>4-6</u>	<u>7-9</u>	<u>10-12</u>	<u>13-15</u>	<u>16-17</u>	<u>Total</u>
First Review	397	398	205	161	119	18	1298
Second Review	926	448	233	128	105	25	1865
Third Review	778	299	177	95	98	39	1487
Fourth Review	686	677	207	143	96	30	1839
Fifth Review	697	505	167	77	53	29	1528
Total	3484	2327	989	604	471	141	8017
	5047	389	251	95	71	31	5661
	4031	2414	1240	649	512	172	

Table VI  
Length of Crown Wardship to Date of Review  
by Percentage of Cases

<u>Years</u>	<u>2-3</u>	<u>4-6</u>	<u>7-9</u>	<u>10-12</u>	<u>13-15</u>	<u>16-17</u>	<u>Total</u>
First Review	30.6	30.7	15.8	12.4	9.2	1.4	100.1
Second Review	49.7	24.0	12.5	6.9	5.6	1.3	100.0
Third Review	52.3	20.1	11.9	6.4	6.6	2.6	99.9
Fourth Review	37.3	36.8	11.3	7.8	5.2	1.6	100.0
Fifth Review	45.6	33.0	10.9	5.0	3.5	1.9	99.9
Average	43.5	29.0	12.3	7.5	5.9	1.8	100.0
	42.0	30.4	12.1	7.2	5.7	1.8	





Table IX  
Predominant Reason for Crown Wardship

<u>Reason</u>	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>	<u>V</u>	<u>Total</u>	<u>% of all reviewed</u>
U.P.	154	131	99	98	56	538	6.7
Death	127	133	67	75	57	459	5.7
Illness	89	162	119	155	120	645	8.1
Parent Inadeq.	444	530	316	400	317	2007	25.1
Special Need	135	343	345	372	277	1472	18.3
Rejection	213	220	175	199	168	975	12.1
Neglect/Abuse	77	204	154	262	260	957	11.9
Abandonment	48	78	48	50	60	284	3.5
Alcoholism	6	32	75	140	94	347	4.3
Parent-Child Conflict	-	-	-	-	57	57	.7
Unknown	-	-	-	-	15	15	.2
Other	<u>5</u>	<u>32</u>	<u>89</u>	<u>88</u>	<u>47</u>	<u>261</u>	<u>3.3</u>
	1298	1865	1487	1839	1528	8017	99.9

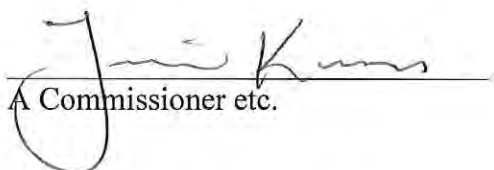
Table X  
Needs Requiring Attention in Planning

Needs (No. of Crown Wards)	Number of Annual Review					Total	% of All Reviewed
	1	2	3	4	5*		
Intellectual	406	487	439	601	542	2475	30.9
developmental					313	313	**20.5
artistic)					96	96	6.3
athletic)	390	543	511	568	185	2197	27.4
recreational					272	272	17.8
religious					61	61	4.0
ethnic	89	94	91	114	79	467	5.8
medical	326	380	423	530	466	2125	26.5
dental	143	168	236	389	358	1296	16.2
emotional	623	975	855	1112	801	3366	42.0
behavioural	618	865	754	934	720	3891	48.5
placement					244	244	16.0
primary							
relationship	519	718	677	887	545	3346	41.7
school deficits	567	764	686	821	517	3355	41.8
life skills					529	529	34.6
vocational							
training	0	23	56	322	354	755	9.4
extended care					201	201	13.2
employment	325	343	344	483	208	1703	21.2
other					5	5	0.3
none					3	3	0.2

\* The checklist was made more specific in the fifth year.

\*\* The percentages for those needs introduced in 1984 are based on the number reviewed in that year.

This is **Exhibit “18”** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.



A Commissioner etc.

Jessica Kras, a Commissioner, etc.,  
Province of Ontario, while a  
Student-at-Law.  
Expires May 9, 2019.



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1988

ANNUAL REPORT

BY

CROWN WARD ADMINISTRATIVE REVIEW UNIT  
MINISTRY OF COMMUNITY AND SOCIAL SERVICES  
OPERATIONAL SERVICES

PREPARED BY: BRITT-INGER JAMES

COORDINATOR

CROWN WARD ADMINISTRATIVE REVIEW UNIT

## INTRODUCTION

Legislation that created an administrative review of Crown Wards dates back to 1979. Individuals eligible for review are those, who had been wards of the Crown for the immediate 24 months preceding the review and whose status had not been reviewed by the Court during that period of time.

The Crown Ward Reviews conducted in 1988 were the third review since the proclamation of the Child and Family Services Act in 1984. The CFSA significantly changed the section, which mandates the Ministry's administrative review of Crown Wards. Previously, Section 39 of the Child and Welfare Act 1980 only permitted the directive to Children's Aid Society to apply to the Court for status review. CFSA, however, in Section 62, allows the Director to give "any other direction that, in the Director's opinion is in the child's best interest".

The Crown Ward Review Unit has found that the presence of a comprehensive management system ensures statutory compliance and facilitates the achievement of a high level of professional service. The review looks at the placement, the provision of social work services, the short and long term planning and indeed the Crown Wardship itself, in order to determine whether the needs of each ward are being met.

Directives are issued for non compliance to regulations in the legislation; recommendations are made relative to the quality of casework.

The Crown Ward Review Unit is part of the Operational Coordination Branch and is staffed by a coordinator, three reviewers and a clerk/secretary.

#### SCOPE OF THE REVIEWS

In 1988 the unit reviewed a total of 1418 cases in 54 Children's Aid Societies. In 1987, because of the Special Indian Crown Ward Review Project, the total number of Crown Wards reviewed was 1650. In 1986, 1358 files were reviewed. Table #I.

T A B L E I  
CROWN WARD REVIEWS

<u>1986</u>	<u>1987</u>	<u>1988</u>
1,358	*1,650	1,418

\* Special Indian Crown Ward Review Project  
for 236 Native Crown Wards.



While the numbers of children in care are decreasing, the percentage of Crown Wards to the total child care population appear to be holding steady. Of approximately 10,000 children in care, 46% were Crown Wards in 1988 with 31% being eligible for review.

#### STATISTICAL ANALYSIS

Presently the Crown Ward Review Unit manually collects statistical information from Crown Ward cases in each Society and on an aggregate level for Ontario. We note age at Crown Wardship, age at time of review, length of Crown Wardship, number of placements, number of workers, Native heritage, permanency planning direction and access.

In 1988 statistics were also collected on physical and sexual abuse in the home and in a Society or outside paid resource.

All of the information, identified in the previous paragraph is collected as a means of obtaining a profile of the population served. In this report access and permanency planning was analyzed for three separate age groups, 0-9 years, 10-12 years, and 13-17 years.

AGE OF CROWN WARDS AT REVIEW

Of 1418 wards reviewed in 1988, 192 (13.5%) were between 0-9 years old, 279 (19.7%) were between 10-12 years old and 947 (66.8%) were teenagers.

T A B L E IIAGE OF CROWN WARDS AT REVIEW

AGE	#	%
0-9	192	13.5
10-12	279	19.7
13-17	947	66.8
<hr/>		
TOTAL	1,418	100

PLACEMENT AND WORKER STABILITY

Information is collected about all placements from date of admission. In this report however, only the moves and worker assignments since the date of Crown Wardship were analyzed. The average length of Crown Wardship for the wards reviewed in 1988 was 5 years. During that time a Crown Ward had, on a Provincial average, 3 placements and 2.93 worker changes. (Table III).

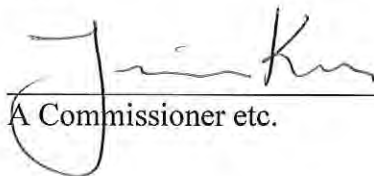
TABLE III

Average number of placements and worker assignments during average period of Crown Wardship.

	<u>Placements</u>	<u>Workers</u>	<u>Length of Crown Wardship in years</u>
Province	3.01	2.93	5.04
South West	3.15	2.6	4.9
Central	2.52	2.72	4.83
South East	2.79	3.09	4.71
North	3.48	3.13	5.39



This is **Exhibit “19”** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.



A Commissioner etc.

Jessica Kras, a Commissioner, etc.,  
Province of Ontario, while a  
Student-at-Law.  
Expires May 9, 2019.

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CROWN WARD ADMINISTRATIVE REVIEW UNIT  
 MINISTRY OF COMMUNITY AND SOCIAL SERVICES  
 OPERATIONAL COORDINATION

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Third draft of rewrite  
 completed  
 August 2, 1991

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INTRODUCTION

In Ontario, a Crown ward is a child who has been permanently removed from his parents' care by a court order. A Crown ward's legal "parent" is the Province, which delegates responsibility for the child's care to one of the 54 Children's Aid Societies in Ontario.

Children become Crown wards in this province for many reasons. By law, after a child has been a temporary ward of the Children's Aid Society for two years, he/she must either be returned to the family or become a permanent Crown ward.

Reasons for Crown wardship can be one or a combination of the following: the need for protection from physical, emotional or sexual abuse; abandonment; a need for services or treatment that parents cannot or will not provide; or parents may be unable to care for their child, and give consent to Crown wardship or adoption.

Formal reviews of Crown wards began in 1979, under the Child Welfare Act (1978), and continue under the Child and Family Services Act (1984), or CFSA. Reviews are carried out by a staff of Crown Ward Reviewers from the Ministry of Community and Social Services. Reviewers travel annually to each of the 54 Children's Aid Societies throughout the province.



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Since 1979, each child 's file has been reviewed every second year, after the child has been a Crown ward for two years.

The Crown ward administrative review regularly monitors whether each child's placement, services, status as a Crown ward and planning for the future are appropriate and meeting the child's needs, and recommends improvements if necessary.

~~The reviewer may issue directives to the agency for non-~~  
compliance with statutory regulations, and make recommendations regarding case work improvements. These are described in detail later in this report.

In 1989, Section 126 of the Child and Family Services Act (CFSA) which deals with the administration of psychotropic drugs was added, and provides for obtaining consents and noting a child's preferences before administering these drugs. Agency staff have been assisted by the Crown Ward Reviewers in setting up a system which documents these consents, if the agency had not already done so.

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SCOPE OF REVIEWS

In 1989, the case files of 1,361 Crown wards were reviewed in 52 of the 54 child welfare agencies. (Two agencies had no Crown wards eligible for review.) In 1990, 1,310 Crown ward case files were reviewed in all 54 agencies.

TABLE INUMBER OF CHILDREN'S CASE FILES REVIEWED OVER THE LAST FIVE YEARS

<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
1358	1650*	1418	1361	1310

The number of Crown wards eligible for review in 1989 was about the same as in 1986, and only slightly lower in 1990. It was expected, following the implementation of the CFSA, which placed a greater emphasis on services to families, that the number of Crown wards would decrease. However, a significant reduction in number of Crown wards is not evident.

In June, 1989 there were 10,052\*\* children in the care of Ontario's child welfare agencies. Of these children 42 per cent, or 4,121, were Crown wards. The other 59 per cent were in temporary care of a Children's Aid Society, either by agreement of their parents or through a court order. In June 1990, there were 10,225\*\* children in care. Of these 42 per cent (or 4,337) were Crown wards.

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\* Includes 236 Native Crown wards from a special review project.

\*\* Source: Ontario Association of Children's Aid Societies

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The Crown Ward Review Unit continues to collect and analyze statistical information from its reviews.

Information collected includes:

- o the age of each child at the time of Crown wardship
- o the age of each child at the time of the review
- o the length of Crown wardship for each child
- o the number of placements each child experiences
- ~~o the number of social workers assigned to each child~~
- o access orders
- o the permanency plan\* that has been made for each child.

The results of data collection for 1989 and 1990, along with observations, appear on the following pages.

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\* Permanency planning is the systematic process of carrying out, within a brief, time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers, and the opportunity to establish life-time relationships.  
(From: Permanency Planning for Children, Maluccio, Fein and Olmstead, 1986.)



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AGE OF CROWN WARDS AT TIME OF REVIEWTABLE II

<u>AGE GROUP</u>	<u>1989</u>		<u>1990</u>	
	<u>PER CENT</u>	<u>NUMBER</u>	<u>PER CENT</u>	<u>NUMBER</u>
0-9	13.4	182	12.7	164
10-12	21.8	297	20.3	266
13-17	64.8	882	67.0	880

AGE OF CROWN WARDS AT TIME OF CROWN WARDSHIPTABLE III

<u>AGE GROUP</u>	<u>1989</u>		<u>1990</u>	
	<u>PER CENT</u>	<u>NUMBER</u>	<u>PER CENT</u>	<u>NUMBER</u>
0-9	61.2	833	63.0	825
10-12	23.0	313	22.3	293
13-17	15.8	215	14.7	192

Tables II and III above suggest that the majority of children reviewed in 1989 and 1990 became Crown wards at a young age, and have stayed in the system into their teens. Of the children reviewed in 1989, 61.2 per cent (833) had been in the 0-9 age group when they were made Crown wards. Of those children reviewed in 1990, 63 per cent (825) had been in the 0-9 age group when they became Crown wards.

At the time the review was conducted in 1989, 64.8 per cent (882) of this same population had moved into the 13-17 age group, and in 1990, 64.8 per cent (880) of the children reviewed were in the 13-17 age group.

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TABLE V

ACCESS ORDERS FOR 1361 CROWN WARDS REVIEWED: 1989

AGE GRP.	TOTAL NUMBER	CY	CN	IY	IN	NO	N/A
0-9	182	96	22	7	8	37	12
%	13.4	52.7	12.0	3.8	4.4	20.3	6.6
10-12	297	156	40	21	12	50	18
%	21.8	52.5	13.5	7.0	4.0	16.8	6.1
13-17	882	472	130	78	46	92	64
%	64.8	53.5	14.7	8.8	5.2	10.4	7.2
TOTAL	1361	724	192	106	66	179	94
%	100	53.2	14.1	7.8	4.8	13.1	6.9

Children with formal access orders: 67.3 per cent of total. (916)

Children with formal access orders who had no visits in previous 12 months: 21.0 per cent. (192)

CY= Court-ordered access observed    CN= Court access, not observed

IY= Silent order, informal visits    IN= Silent order, no visits

NO= Court ordered "No Access"    N/A= Parents deceased

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TABLE VACCESS ORDERS FOR 1310 CROWN WARDS REVIEWED: 1990

AGE GROUP	TOTAL NUMBER	CY	CN	IY	IN	NO	N/A
0-9	164	71	21	7	9	50	6
%	12.5	43.3	12.8	4.3	5.5	30.4	3.6
10-12	266	152	26	6	19	56	7
%	20.3	57.1	9.7	2.3	7.1	21.1	2.6
13-17	880	511	104	52	47	115	51
%	67.2	58.0	11.8	5.9	5.3	13.1	5.8
TOTAL	1310	734	151	65	75	221	64
%	100	56.1	11.5	4.9	5.7	16.9	4.9

Children with formal access orders: 67.6 per cent of total. (885)

Children with formal access orders who had no visits in previous 12 months: 17.1 per cent. (151)

---

CY= Court-ordered access observed    CN= Court access, not observed  
 IY= Silent order, informal visits    IN= Silent order, no visits  
 NO= Court ordered "No Access"        N/A= Parents deceased



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ACCESS ORDERS

Court ordered access is frequently granted to family members when a child is made Crown ward. A child who has an access order may not be adopted, under current Ontario law. (CFSA 1984). This leaves the alternative of long-term foster care.

Tables V and VI on the previous pages provide access information on children who were reviewed in 1989 and 1990.

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In 1989, 67.3 per cent (916)\* of all children reviewed had formal access orders. In 20.9 per cent of these children's cases, (192) access had not been exercised within the previous 12 months.

In 1990, 67.5 per cent (885)\* of all children reviewed had formal access orders. In 17.1 of these children's cases (151) access had not been exercised within the previous 12 months.

Informal visits, as shown in columns headed IV and IN on the tables V and VI, are sometimes arranged when the Court is silent on the matter of access. (Informal access arrangements occur more frequently in the case of older children.)

In 1989, 13.1 per cent (179) of the cases reviewed had court ordered "no access". In 1990, 16.9% (221) cases reviewed had "no access" ordered by the court.

\* Columns CY and CN combined.

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AVERAGE NUMBER OF PLACEMENTS AND WORKER CHANGES DURING AVERAGE LENGTH  
OF TIME AS CROWN WARDS, FOR CHILDREN REVIEWED IN 1989/90

BY REGION

TABLE IV

<u>REGION</u>	<u>1989</u>			<u>1990</u>		
	# YEARS & MONTHS AS CROWN WARDS	PLACEM'TS	WKRS	# YEARS & MONTHS AS CROWN WARDS	PLACEM'TS	WKRS
SOUTHWEST	5.5	3.1	2.7	5.1	2.9	2.7
CENTRAL	5.7	2.3	3.0	4.9	2.5	2.7
SOUTHEAST	4.9	3.5	3.0	5.0	2.7	3.0
NORTH	4.4	3.1	3.2	5.4	3.4	3.7
TOTAL PROVINCE AVERAGES	5 YRS. & 1 MOS.	3.1 PLACEM'TS	3 WKRS	5 YRS & 2 MOS.	3 PLACEM'TS	3.1 WKRS

In 1989, the average length of time of Crown wardship among the children reviewed was 5 years, 1 month. During that time these children had had an average of three placements and three different workers. This did not change perceptibly in 1990, when Crown wards reviewed had experienced an average of three placements and 3.1 worker changes within 5 years, two months.

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PERMANENCY PLANNINGTABLE VII - 1989 PLANNING

TOTAL	ADOPT- ION	LONG TERM FOSTERCARE	INDEPEN- DENCE	ADULT SERVICES	RETURN HOME
182 (0-9 YRS)	33	123	-	19	7
%	18.1	67.6	-	10.4	3.8
297 (10-12 YRS)	17	209	22	35	14
%	5.7	70.4	7.4	11.8	4.7
882 (13-17 YRS)	6	212	490	132	42
%	0.7	24.0	55.6	15.0	4.8
1361 (TOTAL)	56	544	512	186	63
100%	4.1%	40.0	37.6%	13.7%	4.6%

TABLE VIII - 1990 PLANNING

TOTAL	ADOPT- ION	LONG TERM FOSTERCARE	INDEPEN- DENCE	ADULT SERVICES	RETURN HOME
164 (0-9 YRS)	29	118	-	6	11
%	17.7	72.0	-	3.7	6.7
266 (10-12 YRS)	18	180	37	22	9
%	6.8	67.6	13.9	8.2	3.4
880 (13-17 YRS)	7	220	501	127	25
%	.8	25.0	38.2	14.4	2.8
1310	54	518	538	155	45
100%	4.1%	39.5%	41.0%	11.8%	3.4%



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1989 PLANNING:

Plans for the 182 Crown wards in the 0-9 age group:

- o 67.6 per cent (123) - long term foster care
- o 18.1 per cent (33) - adoption
- o 3.8 per cent (7) - to return home
- o 10.4 per cent (19) - children with developmental disabilities - Adult Services at age of majority

Plans for the 297 children in the 10-12 age group:

- 
- ~~o 70.4 per cent (209) - long term foster care~~
  - o 7.4 per cent (22) - independence at age of majority
  - o 5.7 per cent (17) - adoption
  - o 4.7 per cent (14) - to return home
  - o 11.8 per cent (35) - Adult Services at age of majority

Plans for the 882 children in the 13-17 age group:

- o 24.0 per cent (212) - long term foster care
- o 55.6 per cent (512) - independence at age of majority
- o .7 per cent (6) - adoption
- o 4.8 per cent (42) - to return home
- o 15.0 per cent (132) - children with special needs and developmental disabilities - Adult Services at age of majority

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1990 PLANNING:

Plans for the 164 children in the 0-9 age group:

- o 72.0 per cent (118) - long term foster care
- o 17.7 per cent (29) - adoption
- o 3.7 per cent (6) - Adult Services at age of majority
- o 6.7 per cent (11) - to return home

Plans for the 266 children in the 10-12 age group:

- o 67.6 per cent (118) - long term foster care
- ~~o 6.8 per cent (18) - adoption~~
- o 13.9 per cent (37) - independence at age of majority
- o 8.2 (22) - Adult Services at age of majority
- o 3.4 (9) - to return home

Plans for the 880 children in the 13-17 age group:

- o 25.0 per cent (220) - long term foster care
- o .8 per cent (7) - adoption
- o 38.2 per cent (501) - independence
- o 14.1 per cent (127) - Adult Services at time of majority
- o 2.8 per cent (25) - to return home

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TABLE IX

CFSA DIRECTIVES ISSUED IN 1989, BY REGION AND TOTAL PROVINCE

Foster Care:	C	N	SW	SE	ONT.
Child's family history	23	11	34	40	108
Preliminary assessment of child's needs prior to placement	-	-	-	1	1
Preplacement visit by worker (within 10 days prior to placement)	7	2	13	22	44
Worker visit 7 days after "	9	5	11	28	53
21 day assessment, child's needs	1	1	-	2	4
30 day foster care plan	-	2	1	2	5
30 day worker visit	8	8	12	26	54
Minimum 90-day visits by social worker	30	29	32	48	139
<hr/>					
Record of:					
Admission medical and dental examination	5	2	-	7	14
Annual medical and dental examination	73	48	83	100	304
Psychological and psychiatric assessments	4	1	2	2	5
Follow-up on recommended treatment	3	3	6	1	13
3 month review of plan of care	167	68	89	149	473
Review if child is moved	5	8	11	13	37
Review of plan by Supervisor (signature and date)	203	77	109	153	542
Annual school report	19	20	18	25	82
Discussion of rights	49	40	67	90	246
<hr/>					
Specific Plan of Care for Child who has					
Physical handicap	-	1	-	-	1
Emotional disturbance	-	-	1	4	5
Developmental handicap	-	-	-	-	-
Status Review	4	-	3	7	14
<hr/>					
Other:					
As shown in individual Case Reports	21	18	17	25	81
TOTAL DIRECTIVES	631	344	509	745	2229
TOTAL CASES REVIEWED	502	146	405	308	1361
AVERAGE NUMBER OF DIRECTIVES PER CASE	1.25	2.35	1.25	2.41	1.63



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TABLE X

CPSA DIRECTIVES ISSUED IN 1990, BY REGION AND TOTAL PROVINCE

	C	N	SW	SE	ONT.
<b>Foster Care:</b>					
Child's family history	18	11	20	10	59
Preliminary assessment of child's needs prior to placement	-	1	-	2	3
Preplacement visit by worker (within 10 days prior to placement)	4	2	6	1	13
Worker visit 7 days after "	19	13	8	8	48
21 day assessment, child's needs	-	3	-	1	4
30 day foster care plan	-	3	1	1	5
30 day visit	21	11	12	9	53
Minimum 90 day visits by social worker	56	59	63	49	227
<hr/> <b>Record of:</b>					
Admission medical and dental examination	-	4	5	3	12
Annual medical and dental examination	66	72	75	50	263
Psychological and psychiatric assessments	4	-	-	-	4
Follow-up on recommended treatment	10	6	2	2	20
3 month review of plan of care	142	75	103	114	434
Review if child is moved	7	8	-	4	19
Review of plan by Supervisor (signature and date)	166	85	129	125	505
Annual school report	21	12	18	15	66
Discussion of rights	53	20	47	40	160
 <b>Specific Plan of Care for Child who has</b>					
Physical handicap	-	-	-	-	-
Emotional disturbance	1	-	-	-	1
Developmental handicap	1	1	3	6	
 <b>Status Review</b>					
	2	7	5	3	17
 <b>Other:</b>					
As shown in individual Case Reports	21	27	12	20	80
<b>TOTAL DIRECTIVES</b>	612	419	507	460	1998
<b>TOTAL CASES REVIEWED</b>	475	248	392	195	1310
<b>AVERAGE NUMBER OF DIRECTIVES PER CASE</b>	1.28	1.68	1.29	2.35	1.52

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CFSA DIRECTIVES AND RECOMMENDATIONS ISSUED BY REVIEWERS

The Child and Family Services Act (1984) identifies actions that must be taken by a Children's Aid Society when caring for a child who is a Crown ward. These include preparing as full a family history as possible and placing it in the child's file, having the family service worker visit the child regularly, making sure medical and dental examinations are carried out regularly, discussing the child's rights with the child, and the many other ~~mandatory actions listed in the preceding Tables IX, X and XI~~ that must be carried out regularly and documented.

Typically, Children's Aid Societies have difficulty in ensuring that the plans of care are reviewed at 90 day intervals. The Crown ward reviewers have offered assistance in suggesting ways of streamlining recording formats to facilitate the Societies meeting the requirements. The review team also encourages exchanges of recording and other systems among Societies, so that each does not have to "reinvent the wheel", and those with good working models can share them with those requiring assistance.

In reviewing a child's file, the Crown ward reviewer issues a directive to the agency to ensure compliance with the legislation, if an action has not been taken by that agency.

As Tables IX and X on the previous pages show, in 1989, the

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review team issued a total of 2,229 directives in reviewing the files of 1,361 Crown wards; an average of 1.63 directives per child's case reviewed. In 1990, 1998 directives were issued in reviewing 1310 Crown wards; an average of 1.52 directives per child's case reviewed.

Five types of directives make up 76.4 per cent of the total issued in 1989, and these same types of directives account for 79.5 per cent of the total issued in 1990, as follows:

	<u>1989</u>	<u>1990</u>
Minimum 90 day visits by social worker	139	227
Annual medical & dental examination	304	263
3-month review of plan of care	473	434
Review of plan by Supervisor (signature and date)	542	505
Discussion of rights	245	160

#### CASEWORK RECOMMENDATIONS

In addition to directives, reviewers also make recommendations to be followed at the agency's discretion. These draw attention to a variety of matters such as the advisability of terminating access, pursuing adoption, counselling, increased worker contact, or discussing the family history with the child. In 1989, 820 casework recommendations were issued, and 864 recommendations were issued in 1990. "Reassessment of Needs" and "Review of Family History with Crown Wards" accounted for 22 per cent of the recommendations in 1989, and for 23.3 per cent in 1990.



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#### CONFIDENTIAL QUESTIONNAIRES

All children over the age of 12, whose files are to be reviewed, are asked to complete a confidential questionnaire. The purpose is to give the child an opportunity to participate in the review process. Children under 12 who wish to fill out a questionnaire are encouraged to do so.

There are two levels of questionnaires, one for children aged 12-14 and another for those 15 and over. In 1989, 34 per cent (464) of the 1361 children reviewed completed questionnaires. In 1990, 39.5 per cent (517) of the 1310 children reviewed completed them.

While many of the comments received about services are positive, a number of concerns are expressed which help the reviewers formulate appropriate recommendations and directives to the agency. The frequency with which a review of the family history with a child was recommended by the reviewers was based on requests by children who had asked in their confidential questionnaires to know more about their families.

In the questionnaire, Crown wards are asked if they would like a personal interview with one of the reviewers. About 5 per cent\* of the children who fill out questionnaires opt for an interview.

\* A December 1990 report to government, Review of Safeguards in Children's Residential Programs recommends that staff become more proactive in encouraging children to request interviews.

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CHARACTERISTICS OF CROWN WARDS IN CARE:

A great many of the children who are presently Crown wards in Ontario are severely damaged and disturbed. By far the highest proportion are in their teens (64.8 per cent in 1989, 67% in 1990). Because of the Child and Family Services Act (1984) and its admonitions to keep families together as a first priority, agencies are working to that end much longer than previously, before bringing children into care.

---

As a result, though fewer children are becoming Crown wards than previously, those who do eventually enter the care system are older, and much more damaged. Many have been abused, physically, psychologically and sexually. Many bear the emotional scars of years. Often very young children have serious psychological problems by the time they become Crown wards.

These facts are reflected repeatedly in the annual Crown Ward Review Reports issued by the review team for each agency. "The group represented a very damaged and disturbed population"...states the summary of findings for one small rural agency. "Eighty-four per cent of the Crown wards reviewed this time were teenagers."

A similar finding in one of the province's largest agencies reads: "The Crown wards reviewed on this occasion are severely damaged... nine had experienced physical abuse in their own homes. Eight had experienced sexual abuse."

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"The assessed needs of the Crown wards are complex", concludes another Review Report for a Children's Aid Society in a middle-sized city. "Serious, emotional disturbance and/or developmental handicaps apply to 71 per cent of the group...In 24 per cent of the cases abuse has been a factor."

Given the level of emotional damage in these children, planning to give them the greatest possible security and stability from the beginning of their stay in care is an area which requires consistent attention.

---

Skilled, flexible and tolerant caregivers, appropriate therapy, a minimum of moves and changes of worker and agency support for these children and their caregivers are essential from the outset.

The Crown Ward Review Team examines the files of these children only after they have been in care for a minimum of four years, and does not, therefore, influence the course of early planning for these children.

The reviewers are, nonetheless, aware of the increasingly severe emotional fragility of this vulnerable client group, and make the observations on the following pages in full recognition of the challenge their healing care presents to the Children's Aid Societies.



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CONCLUDING OBSERVATIONSACCESS ORDERS:

At present there is no province-wide regular monitoring of access orders, either in legislation or provincial policy. Monitoring the quality and observance of an access order is left to each individual agency.

Access is intended to provide a reassuring link for the child with his own past, whether or not the child will ever return to live with his family. In many agencies foster families are working actively with biological families to keep this link, and agencies are supporting this nurturing work with ongoing training and assistance to the foster family. Where this is having a beneficial effect on the child's emotional health and the placement is stable, it is in many cases the best kind of permanence that can be offered to a Crown ward.

In 1989, 20.9 per cent of the children reviewed who had access ordered in Court did not have visits to birth family within the preceding 12 months, and in 1990, 17.1 per cent had no visits. Many of the older children may choose not to visit their families and do not necessarily wish to be adopted. However, regular monitoring of access is an important part of permanency planning, both to ensure none of these children are in "limbo", without visits and without the permanence adoption could offer, and that visits that do take place are in fact beneficial to the child.

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PERMANENCY PLANNING:

Continuity in the lives of children is critical to their mental and emotional stability. Yet Crown wards in the care of Ontario's 54 Children's Aid Societies are currently experiencing an average of three moves and three changes of worker in the first five years of Crown wardship. And this does not take into account the numerous moves and changes of worker that most of these children will have experienced before Crown wardship. The frequent loss of home, friends, school and familiar surroundings that this means for these emotionally fragile children is a matter of serious concern.

---

An emphasis on permanence for children in our child welfare system is essential. Children's Aid Societies have made special efforts in this direction to varying degrees, and the most successful of these models need to be shared with other agencies.

Treatment foster homes are one good example of this, where agencies seek out, train and support temporary and long-term caregivers for severely disturbed children. This is a growing trend in many agencies, and has been found to reduce the many moves a child experiences in care.

Increased agency support and training for regular foster families in some agencies is also achieving more stability for Crown wards. When foster families learn what to expect from children of alcoholic parents, or children who have been sexually abused, and

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when they are fully informed of a child's background, they respond to the challenge with increased commitment.

Many agencies seek, develop and support "fostering with a view to adoption" families, (also called "commitment families" and "resource families") who are willing to be the one family where a child lives while in care, whether or not that child ever becomes free for adoption. An access order, or a custody dispute may be preventing adoption at present, but the family commits itself to the child regardless of legal status.

---

If the best plan turns out to be that the child returns to his or her own family, the fostering family is willing to accept that loss. On the other hand, if the child does become legally free, the child may be adopted by the foster family.

Parenting "partners" is another model of care that is achieving promising results in one large city agency. Caregivers work closely with the child's own family and act more as advocates and enablers in the child's life rather than as substitute parents.

With improved knowledge and skills in adoption selection and placement techniques, adoption subsidies, and the growth of post-adoption support services, adoption also offers a child stability. A growing move toward openness to contacts with a child's family - especially for older adoptees - also favours this option.



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CHANGES OF WORKER:

The fact that Crown wards experience an average of three changes of worker in their first five years of care is at least as upsetting to these children as the average three moves they also experience in that length of time. It is also probably harder to control, since it is often, though not always, due to the worker resigning to take another kind of job.

Where a child loses his worker because he has to move to another foster home, some agencies are helping to reduce this double trauma for the child by assigning the worker to the child, rather than to the foster home. The worker then stays with the child wherever he moves, if this is geographically practical. This is a challenging change to carry out, since foster families often find it difficult to deal with three or four different child workers at any given time, but it has proved beneficial to the child where applied.

Crown wards who are members of the Youth-in-Care Network speak eloquently about this issue, saying that their relationships with workers were severely hampered by frequent worker changes.

Permanency planning must assume a much higher priority in working with this vulnerable client group. For those Crown wards who must spend their lives in foster care, better placement stability and fewer changes of social worker are urgently needed.

-24-

TEENAGERS AND INDEPENDENCE:

In 1989, 64.8 per cent of the Crown wards reviewed were 13 and older. In 1990, this age group comprised 67% of the total. Teenagers continue to present a special challenge as they move toward finding their future place in society.

There was evidence that many teenage Crown wards are being well served by their Children's Aid Societies. They have the opportunity to participate in well-planned independence programs ~~where they are challenged to learn about themselves and their~~ relationships with others, and to acquire needed life skills. However, not all agencies provide the same level of independence training.

There is inconsistency among agencies in policies around continued care and maintenance for former Crown wards who continue in school and university beyond the age 18, and in the amount of money that is available to support those who have the ability and desire to continue their education.

In some agencies, Crown wards remain in foster homes and receive sufficient money to continue through university, while in others, they must look to student welfare and find their own lodgings. The former, more supportive option may be more desirable than the latter, as many of these young people are ill-prepared for independent living at age 18.

-25-

SEPARATION COUNSELLING:

In the best interests of each child, when adoption plans are being made, separation counselling must be provided. The best separation counselling involves significant care givers and workers. It is also important to provide counselling when parents stop visiting a child. Many Crown wards grieve and experience depression and anger in this situation. Some agencies are already providing this kind of service.

WORKER VISITS:

It is a matter of great concern that in 1990, 17.3 per cent (227) of Crown wards reviewed were not receiving minimum statutory visits by their social workers, up from 10.2% in 1989 and 10.8% in 1988.

Considering that many of these children have access orders but are not having visits with their families, it is even more important that they, and their foster families, receive attention on a regular basis. In the case of those foster parents caring for children with disabilities under very stressful conditions it is a particular hardship for the families, who need this agency support. While some Societies have created excellent support and relief programs for their foster parents, others still have a long way to go.

The Ministry's Children's Services Division is currently undertaking a Continuity of Care project to examine the various issues that affect continuity for children in the care of Ontario's child welfare system.



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DIRECTIVES:

There has been a gradual overall improvement in most other areas of statutory compliance over the years, but it should be noted that the numbers of directives issued in four of these areas are still very high, as shown on page 16: Annual medical and dental examination, 3-month review of plan of care, Review of plan by Supervisor, and Discussion of rights.

AGENCY AND FIELD STAFF:

~~The Crown Ward Review Unit continues to monitor the way in which~~  
each of the Children's Aid Societies cares for and supports the Crown wards in its care. The cooperation and assistance by staff of the Societies is gratefully acknowledged, with special thanks to the secretarial staff who are responsible for the flow of files and the management of security.

The staff of the Ministry's Crown Ward Review Unit express their appreciation to the managers and front line workers of the child welfare agencies for the contribution they have made in carrying out these reviews.

Ministry of Community and Social Services

Operational Services Division

Crown Ward Review Unit

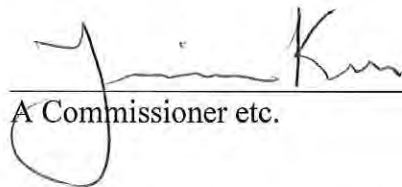
2 Bloor St. West

Toronto, Ontario

(416) 327-4665

August 2, 1991

This is **Exhibit “20”** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.

  
A Commissioner etc.

Jessica Kras, a Commissioner, etc.,  
Province of Ontario, while a  
Student-at-Law.  
Expires May 9, 2019.

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## CROWN WARD ADMINISTRATIVE REVIEW

## STATISTICS

1991 1992 1993 1994

CROWN WARD REVIEW UNIT  
 CENTRAL SERVICES  
 MANAGEMENT SUPPORT BRANCH  
 MINISTRY OF COMMUNITY  
 & SOCIAL SERVICES

APRIL, 1995



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## PERMANENCY PLANNING

YEAR	ADOPTION	FOSTER CARE	RESIDENTIAL CARE (OPI)	INDEPENDENCE	ADULT SERVS.	RETURN
1991	101 (7.5%)	591 (42.8%)	N/a	465 (33.5%)	175 (12.6%)	54 (3.6%)
1992	66 (5.2%)	528 (41.9%)	N/A	518 (41.1%)	125 (9.9%)	22 (1.7%)
1993 (*)	59 (5%)	613 (51.6%)	115 (9.6%)	268 (22.5%)	108 (8.8%)	29 (2.5%)
1994	34 (2.7%)	630 (49.3%)	144 (11.3%)	366 (28.7%)	68 (5.3%)	34 (2.7%)

\* 1993 totals are based on 1187 cases reviewed as statistics for  
20 cases were incomplete

## SPECIAL EDUCATIONAL NEEDS

1991	1992	1993	1994
617 (44.5%)	595 (47.2%)	544 (45.8%)	536 (40.8%)

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## FIRST REVIEWS, QUESTIONNAIRES, INTERVIEWS

YEAR	# CASES REVIEWED	# CASES 1ST REVIEWS	# CONFIDENTIAL QUESTIONNAIRES	# INTERVIEWS
1991	1,386	542 (39%)	583 (42%)	98 ( 7%)
1992	1,259	478 (38%)	551 (44%)	210 (16%)
1993	1,207	454 (37%)	529 (44%)	104 ( 8.6%)
1994	1,313	585 (45%)	596 (45%)	153 (12%)

## CHILDREN OF NATIVE HERITAGE

YEAR	% NATIVE HERITAGE	% INDIAN STATUS	% ELIGIBLE FOR STATUS
1991	12.4% (173)	8.0% (111)	3.5% (49)
1992	15.4% (194)	10.3% (130)	1.7% (22)
1993	12.7% (104)	7.4% ( 90)	2.4% (30)
1994	13.2% (173)	8.1% (106)	2.4% (31)

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## CASES REVIEWED: COMPLIANCE, DIRECTIVES, AVERAGES

YEAR	# CASES REVIEWED	% CASES IN FULL COMPLIANCE	# DIRECTIVES ISSUED	AVERAGE # DIRECTIVES
1991	1,386	36.2% (503)	2,059	1.48
1992	1,259	43.3% (547)	1,590	1.26
1993	1,207	54.4% (657)	1,069	0.90
1994	1,313	49.4% (649)	1,275	0.97

Percentage of Societies with less than an average of 1.0 by year

YEAR	NUMBER	PERCENTAGE
1991	18	35.2%
1992	24	45.1%
1993	37	68.5%
1994	33	61.1%

Societies in full compliance by year

1991	1992	1993	1994
Haldimand	Huron	Essex R.C.	Haldimand
Kapuskasing	Parry Sound	Haldimand	Huron
Northumberland	Prince Edward	J.F.S.C.	Kent
Perth	Timiskaming	Kent	Norfolk
		Northumberland	Northumberland
		Oxford	Porcupine & District
			Prince Edward
			Rainy River
			Renfrew



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## PLACEMENT AND WORKER CHANGES

YEAR	LENGTH OF CROWN WARDSHIP (AVG.)	# CHANGES IN PLACEMENTS (AVG.)	# CHANGES OF WORKERS (AVG.)
1991	4.8 years	3.0	2.9
1992	5.0 years	2.9	2.9
1993	5.1 years	3.0	3.0
1994	5.0 years	2.6	2.7

## ABUSE AND ACCESS STATISTICS

YEAR	% VERIFIED ABUSE (PHYSICAL/SEXUAL)	% SUSPECTED ABUSE (PHYSICAL/SEXUAL)	% CASES WHERE ACCESS IS EXERCISED
1991	48.7% (673)	Not Available	58% (810)
1992	42.0% (528)	" "	50% (629)
1993	52.0% (628)	" "	59% (714)
1994	41.1% (539)	14.3% (188)	57% (746)

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## 1991 DIRECTIVES BY CATEGORY

476	review of plan of care by supervisor
390	3 month review of plan of care
227	minimum 90 day visits
214	annual medical or dental examination
141	discussion of rights
135	consent - psychotropic drugs
86	child's family history
85	annual school report
67	other category
51	7 day visit
46	30 day visits
27	re-review next year
35	plan of care - residential resources
24	pre-placement visits
20	review within 30 days if child moved
9	file to be reviewed by program supervisor
8	status review
6	follow-up on recommended treatment
4	specific plan of care for developmentally handicapped child
3	specific plan of care for emotionally disturbed child
3	psychological/psychiatric assessment
2	specific plan of care for physically handicapped child

TOTAL	<u>2,059</u>	DIRECTIVES
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## 1992 DIRECTIVES BY CATEGORY

308	review of plan of care by supervisor
229	3 month review of plan of care
225	minimum 90 day visits by social worker
207	annual medical or dental examinations
119	discussion of rights
77	consent - psychotropic drugs
68	child's family history
59	other category
54	annual school report
52	re-review next year
45	30 day visits
37	plan of care - residential resources
35	file to be reviewed by program supervisor
21	7 day visit
17	review within 30 days if child moves
17	specific plan of care for emotionally disturbed child
5	status review
5	child abuse registration
4	pre-placement visit
2	psychological/psychiatric assessment
2	specific plan of care for developmentally handicapped child
2	variance of access order

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TOTAL    1,590    DIRECTIVES



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## 1993 DIRECTIVES BY CATEGORY

247	supervisory review of plan of care
173	minimum 90 day visits by social worker
171	3 month review of plan of care
141	annual medical/dental examinations
51	consent - psychotropic drugs
49	discussion of rights
47	child's family history
32	other category
31	re-review next year
28	annual school report
21	7 day visit
21	plans of care - residential resources
13	review in 30 days if child moves
12	30 day visit
9	follow-up on recommended treatment
7	specific plan of care for emotionally disturbed child
4	status review
3	psychological/psychiatric assessment
3	file to be reviewed by program supervisor
2	pre-placement visit
2	specific plan of care for developmentally handicapped child
2	variance of access order

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TOTAL    1,062    DIRECTIVES

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## 1994 DIRECTIVES BY CATEGORY

287	supervisory review of plan of care
199	3 month review of plan of care
162	annual medical/dental examinations
160	minimum 90 day visits by social worker
73	re-review next year
69	annual school report
54	other category
53	consent - psychotropic drugs
49	child's family history
38	discussion of rights
30	review in 30 days if child moves
17	plans of care - residential resources
16	specific plan of care for emotionally disturbed child
15	7 day visit
14	30 day visit
8	status review
7	follow-up on recommended treatment
6	file to be reviewed by program supervisor
5	pre-placement visit
3	psychological/psychiatric assessment
<hr/>	
TOTAL	<u>1,265</u> DIRECTIVES

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1991 CROWN WARD REVIEW  
RECOMMENDATIONS BY CATEGORY

	99	reassess needs
	62	review family history with ward
	54	ensure more frequent worker contact
	41	obtain clinical/treatment reports
	36	review permanency planning
	31	provide individual counselling/therapy
	26	assess possibility of terminating access
	25	determine eligibility for Native status
	24	file Crown wardship order
	22	consider vocational assessment
	21	assess feasibility of assessment
	19	apply to Criminal Injuries Compensation Board
	17	consider more appropriate placement
	15	convene case conference
	14	prepare for independence
	13	obtain reports from supervising agency
	12	offer counselling re: Native heritage
	6	Offer counselling re: ethnic issues
	5	reassess access
	3	assess feasibility of return to parent
	1	offer counselling re: religious options
	<hr/>	
SUB TOTAL	546	
	171	other category
	<hr/>	
TOTAL	<u>717</u>	RECOMMENDATIONS



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1992 CROWN WARD REVIEW  
RECOMMENDATIONS BY CATEGORY

113	reassess needs	
67	ensure more frequent worker contact	
50	review permanency planning	
35	consider more appropriate placement	
27	review family history with ward	
26	convene case conference	
23	file Crown wardship order	
22	prepare for independence	
17	consider vocational assessment	
14	assess possibility of terminating access	
14	apply to Criminal Injuries Compensation Board	
11	assess feasibility of adoption	
11	determine eligibility for native status	
9	offer counselling re: native heritage	
4	obtain required reports from supervising CAS	
1	assess feasibility of return to parent	
1	offer counselling re: ethnic issues	
1	offer counselling re: religious options	
<hr/>		
SUB TOTAL	446	
	289	other category
<hr/>		
TOTAL	735	RECOMMENDATIONS

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1993 CROWN WARD REVIEW  
RECOMMENDATIONS BY CATEGORY

84	reassess needs
83	ensure more frequent worker contact
49	obtain reports
31	file Crown wardship order
23	review family history
23	reassess access
21	apply to Criminal Injuries Board
20	consider more appropriate placement
18	review permanency planning
16	convene case conference
14	assess possibility of terminating access
14	prepare for independence
12	obtain counselling
10	determine eligibility for Native status
10	consider vocational assessment
6	assess feasibility of adoption
2	offer counselling re: ethnic issues
1	offer counselling re: native heritage
1	obtain required documentation
1	offer counselling re: religious options
<hr/>	
SUB TOTAL	439
	249 other category
<hr/>	
TOTAL	<u>688</u> RECOMMENDATIONS

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1994 CROWN WARD REVIEW  
RECOMMENDATIONS BY CATEGORY

130	reassess needs
55	ensure more frequent worker contact
44	file Crown wardship order
31	review permanency planning
26	prepare for independence
21	consider vocational assessment
19	review family history
17	consider more appropriate placement
16	assess possibility of terminating access
16	determine eligibility for Native status
12	assess feasibility of adoption
7	offer counselling re: native heritage
3	offer counselling re: religious options
2	offer counselling re: ethnic issues
1	obtain reports
1	assess feasibility of return to parent(s)
<hr/>	
SUB TOTAL	421
	436 other category
<hr/>	
TOTAL	<u>857</u> RECOMMENDATIONS



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SOCIETY	YEAR	# CASES REVIEWED	% CASES IN FULL COMPLIANCE	# DIRECTIVES ISSUED	AVERAGE # DIRECTIVES
Algoma	1991	23	30% ( 7)	49	2.1
	1992	27	41% (11)	28	1.0
	1993	22	59% (13)	14	0.6
	1994	21	48% (10)	26	1.2
Brant	1991	17	23% ( 4)	30	1.7
	1992	11	45% ( 5)	28	0.9
	1993	16	37% ( 6)	10	0.6
	1994	16	19% ( 3)	34	2.1
Bruce	1991	13	15% ( 2)	23	1.7
	1992	4	0%	14	3.5
	1993	12	25% ( 3)	22	1.8
	1994	8	63% ( 5)	3	0.4
Dufferin	1991	10	0	28	2.8
	1992	3	0	4	1.3
	1993	9	66% ( 6)	3	0.3
	1994	5	40% ( 2)	10	2.0
Durham	1991	37	43% (16)	43	1.2
	1992	12	41% ( 5)	17	1.4
	1993	25	44% (11)	28	1.1
	1994	22	55% (12)	12	0.5
Elgin	1991	16	43% ( 7)	29	1.8
	1992	6	66% ( 4)	5	0.8
	1993	9	66% ( 6)	5	0.6
	1994	12	75% ( 9)	6	0.5
Essex	1991	18	39% ( 7)	15	0.8
	1992	26	62% (16)	10	0.7
	1993	11	55% ( 6)	5	0.5
	1994	32	59% (19)	26	0.8
Essex R.C.	1991	11	45% ( 5)	8	0.7
	1992	20	80% (16)	5	0.2
	1993	9	100% ( 9)	0	0.0
	1994	17	82% (14)	3	0.2

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SOCIETY	YEAR	# CASES REVIEWED	% CASES IN FULL COMPLIANCE	# DIRECTIVES ISSUED	AVERAGE # DIRECTIVES
Frontenac	1991	20	15% ( 3)	35	1.7
	1992	10	80% ( 8)	5	0.2
	1993	15	73% (11)	8	0.5
	1994	11	73% ( 8)	5	0.4
Grey	1991	12	25% ( 3)	37	3.1
	1992	13	23% ( 3)	28	2.2
	1993	11	73% ( 8)	6	0.5
	1994	19	57% (11)	16	0.8
Haldimand	1991	4	100% ( 4)	0	0.0
	1992	5	80% ( 4)	1	0.2
	1993	4	100% ( 4)	0	0.0
	1994	3	100% ( 3)	0	0.0
Halton	1991	9	55% ( 5)	4	0.4
	1992	18	33% ( 6)	19	1.0
	1993	5	80% ( 4)	1	0.2
	1994	33	18% ( 6)	54	1.4
Hamilton	1991	46	73% (34)	16	0.3
	1992	54	66% (36)	22	0.4
	1993	25	64% (16)	16	0.6
	1994	59	52% (32)	53	0.9
Hamilton R.C.	1991	27	52% (14)	17	0.6
	1992	19	53% (10)	15	0.7
	1993	26	73% (19)	11	0.4
	1994	13	46% ( 6)	9	0.7
Hastings	1991	21	57% (12)	16	0.8
	1992	15	47% ( 7)	14	0.9
	1993	21	33% ( 7)	18	0.9
	1994	18	50% ( 9)	13	0.7

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SOCIETY	YEAR	# CASES REVIEWED	% CASES IN FULL COMPLIANCE	# DIRECTIVES ISSUED	AVERAGE # DIRECTIVES
Huron	1991	9	55% ( 5)	4	0.4
	1992	4	100% ( 4)	0	0.0
	1993	15	80% (12)	8	0.5
	1994	2	100% ( 2)	0	0.5
Jewish FCS	1991	9	11% ( 1)	14	1.4
	1992	5	40% ( 2)	4	0.8
	1993	8	100% ( 8)	0	0.0
	1994	4	75% ( 3)	1	0.2
Kapus- kasing	1991	4	100% ( 4)	0	0.0
	1992	6	33% ( 2)	15	3.3
	1993	2	50% ( 1)	2	1.0
	1994	3	0	6	2.0
Kawartha- Haliburton	1991	24	33% ( 8)	31	1.3
	1992	16	44% ( 7)	18	1.1
	1993	19	26% ( 5)	37	1.9
	1994	23	21% ( 5)	62	2.7
Kenora	1991	23	0%	71	3.1
	1992	25	28% ( 7)	34	1.4
	1993	26	46% (12)	24	0.9
	1994	14	57% ( 8)	13	0.9
Kent	1991	6	50% ( 3)	5	0.8
	1992	2	0%	7	3.5
	1993	3	100% ( 3)	0	0.0
	1994	2	100% ( 2)	0	0.0
Lambton	1991	15	73% (11)	3	0.2
	1992	18	55% (10)	10	0.5
	1993	14	85% (12)	2	0.1
	1994	15	73% (11)	4	0.3
Lanark	1991	10	40% ( 4)	16	1.6
	1992	13	31% ( 4)	22	1.7
	1993	9	66% ( 6)	3	0.3
	1994	7	14% ( 1)	18	2.6



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SOCIETY	YEAR	# CASES REVIEWED	% CASES IN FULL COMPLIANCE	# DIRECTIVES ISSUED	AVERAGE # DIRECTIVES
Leeds- Grenville	1991	16	25% ( 4)	26	1.6
	1992	20	5% ( 1)	69	3.4
	1993	17	70% (12)	5	0.3
	1994	19	58% (11)	21	1.1
Lennox- Addington	1991	0	0%	0	0.0
	1992	6	83% ( 5)	1	0.1
	1993	3	0%	11	3.6
	1994	2	0%	3	1.5
London	1991	53	32% (17)	58	1.1
	1992	81	27% (22)	102	1.2
	1993	39	46% (18)	31	0.8
	1994	100	37% (37)	125	1.3
Muskoka	1991	2	0%	2	1.0
	1992	3	0%	11	3.7
	1993	3	33% ( 1)	2	0.7
	1994	2	50% ( 1)	1	0.5
Niagara	1991	58	53% (31)	58	1.0
	1992	42	48% (20)	37	0.9
	1993	38	55% (21)	29	0.8
	1994	43	63% (27)	27	0.6
Nipissing	1991	10	10% ( 1)	17	1.7
	1992	7	0%	25	3.6
	1993	11	64% ( 7)	9	0.8
	1994	5	60% ( 3)	3	0.6
Norfolk	1991	7	0%	25	3.6
	1992	3	33% ( 1)	2	0.6
	1993	8	87% ( 7)	1	0.1
	1994	4	100% ( 4)	0	0.0
North- umberland	1991	5	100% ( 5)	0	0.0
	1992	3	66% ( 2)	2	0.7
	1993	2	100% ( 2)	0	0.0
	1994	2	100% ( 2)	0	0.0

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SOCIETY	YEAR	# CASES REVIEWED	% CASES IN FULL COMPLIANCE	# DIRECTIVES ISSUED	AVERAGE # DIRECTIVES
Ottawa	1991	123	28% (35)	233	1.9
	1992	91	35% (32)	130	1.4
	1993	92	49% (45)	89	0.9
	1994	90	43% (39)	87	0.9
Oxford	1991	9	78% ( 7)	2	0.2
	1992	9	89% ( 8)	1	0.1
	1993	4	100% ( 4)	0	0.0
	1994	17	59% (10)	6	0.3
Parry Sound	1991	6	66% ( 4)	3	0.5
	1992	10	100% (10)	0	0.0
	1993	2	0%	2	1.0
	1994	7	43% ( 3)	9	1.3
Payuko- tayne	1991	0	0%	0	0.0
	1992	2	0%	9	4.5
	1993	1	0%	2	2.0
	1994	1	0%	1	1.0
Peel	1991	29	42% (12)	23	0.8
	1992	17	59% (10)	11	0.6
	1993	11	63% ( 7)	4	0.3
	1994	36	67% (24)	18	0.5
Perth	1991	13	100% (13)	0	0.0
	1992	21	66% (14)	7	0.3
	1993	11	82% ( 9)	6	0.5
	1994	11	82% ( 9)	1	0.6
Porcupine	1991	7	14% ( 1)	13	1.8
	1992	9	66% ( 6)	10	1.1
	1993	9	66% ( 6)	12	1.3
	1994	6	100% ( 6)	0	0.0
Prescott- Russell	1991	15	7% ( 1)	21	1.4
	1992	22	18% ( 4)	54	2.4
	1993	17	5% ( 1)	23	1.3
	1994	16	19% ( 3)	25	1.5

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SOCIETY	YEAR	# CASES REVIEWED	% CASES IN FULL COMPLIANCE	# DIRECTIVES ISSUED	AVERAGE # DIRECTIVES
Prince Edward	1991	2	0%	4	2.0
	1992	1	100% ( 1 )	0	0.0
	1993	6	33% ( 2 )	9	1.5
	1994	3	100% ( 3 )	0	0.0
Rainy River	1991	3	33% ( 1 )	3	1.0
	1992	2	50% ( 1 )	1	0.5
	1993	3	66% ( 2 )	1	0.3
	1994	1	100% ( 1 )	0	0.0
Renfrew	1991	17	18% ( 3 )	32	1.9
	1992	8	37% ( 3 )	10	1.2
	1993	16	56% ( 9 )	11	0.7
	1994	7	100% ( 7 )	0	0.0
Simcoe	1991	25	20% ( 5 )	67	2.7
	1992	31	48% (15)	34	1.1
	1993	27	29% ( 8 )	49	1.8
	1994	32	41% (13)	41	1.3
Stormont-Dundas & Glengarry	1991	33	9% ( 3 )	80	2.4
	1992	24	24% ( 6 )	34	1.4
	1993	25	25% ( 6 )	47	1.9
	1994	24	29% ( 7 )	31	1.3
Sudbury	1991	31	39% (12)	50	1.6
	1992	34	29% (10)	58	1.7
	1993	32	28% ( 9 )	90	2.8
	1994	27	33% ( 9 )	61	2.2
Thunder Bay	1991	50	22% (11)	127	2.5
	1992	49	41% (20)	45	0.9
	1993	35	43% (15)	26	0.7
	1994	46	63% (29)	35	0.8
Tikinagen	1991	3	33% ( 1 )	7	2.3
	1992	17	0%	82	4.8
	1993	4	0%	10	2.5
	1994	12	50% ( 6 )	14	1.1



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SOCIETY	YEAR	# CASES REVIEWED	% CASES IN FULL COMPLIANCE	# DIRECTIVES ISSUED	AVERAGE # DIRECTIVES
Timiskaming	1991	4	75% ( 3)	2	0.5
	1992	5	100% ( 5)	0	0.0
	1993	0	0%	0	0.0
	1994	8	0%	0	0.0
Metro CAS	1991	222	39% (87)	295	1.3
	1992	211	47% (100)	217	1.0
	1993	237	64% (151)	150	0.6
	1994	218	71% (155)	100	0.4
Toronto Catholic	1991	163	34% (56)	231	1.4
	1992	112	50% (57)	112	1.0
	1993	163	58% (95)	123	0.7
	1994	121	51% (62)	126	1.5
Waterloo	1991	50	30% (15)	87	1.7
	1992	36	28% (10)	76	2.1
	1993	42	45% (19)	45	1.1
	1994	48	50% (24)	50	1.0
Weech- it-te-win (Kenora)	1991	16	6% ( 1)	66	4.1
	1992	18	0%	94	5.2
	1993	6	0%	19	3.1
	1994	16	6% ( 1)	62	3.8
Weech- it-te-win (Fort Frances)	1991	0	0%	0	0.0
	1992	3	0%	16	5.3
	1993	4	0%	18	4.5
	1994	4	0	12	3.0
Wellington	1991	11	36% ( 4)	16	1.5
	1992	16	81% (13)	5	0.3
	1993	11	82% ( 9)	4	0.4
	1994	8	37% ( 3)	12	1.5
York	1991	19	53% (10)	17	0.8
	1992	14	28% ( 4)	20	1.4
	1993	12	33% ( 4)	18	1.5
	1994	18	56% (10)	12	0.7

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## 4 YEAR AVERAGE

0.0 - 0.9		1.0 - 1.9		2.0 - 5.4	
Elgin	0.92	Algoma	1.22	Sudbury	2.09
Essex	0.70	Brant	1.32	Tikinagen	2.68
Essex R.C.	0.28	Bruce	1.85	Weechi (FF)	3.20
Frontenac	0.70	Dufferin	1.60	Weechi (K)	4.05
Haldimand	0.05	Durham	1.05		
Halton	0.75	Grey	1.65		
Hamilton	0.48	Kapuskasing	1.58		
Hamilton R.C.	0.60	Kawartha	1.75		
Hastings	0.82	Kenora	1.58		
Huron	0.35	Kent	1.08		
JFCS	0.60	Lanark	1.55		
Lambton	0.28	Leeds- Grenville	1.60		
Niagara	0.82	Lennox- Addington	1.30		
Northumberland	0.19	London	1.10		
Oxford	0.15	Muskoka	1.48		
Parry Sound	0.70	Nippissing	1.68		
Peel	0.55	Ottawa	1.28		
Perth	0.35	Payokotayno	1.88		

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## 4 YEAR AVERAGE

0.0 - 0.9		1.0 - 1.9		2.0 - 5.4	
Prince Edward	0.88	Porcupine	1.05		
Rainy River	0.45	Prescott- Russell	1.65		
Renfrew	0.95	Simcoe	1.72		
Timiskaming	0.68	Stormont-Dundas Glengarry	1.75		

## 4 YEAR AVERAGE

0.0 - 0.9		1.0 - 1.9	
Metro CAS	0.82	Thunder Bay	1.22
Wellington	0.92	Metro CCAS	1.15
		Waterloo	1.48
		York	1.10



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AVERAGE OF THE MOST RECENT 3 YEARS  
(1992 THROUGH 1994)

0.0 - 0.9		1.0 - 1.9		2.0 - 5.4	
Algoma	0.93	Brant	1.20	Payokotayno	2.50
Essex	0.67	Bruce	1.9	Sudbury	2.23
Essex R.C.	0.13	Dufferin	1.20	Tikinagen	2.8
Frontenac	0.37	Durham	1.00	Weechi (FF)	4.27
Haldimand	0.07	Elgin	0.63	Weechi (K)	4.03
Halton	0.53	Grey	1.17		
Hamilton	0.63	Kapuskasing	2.10		
Hamilton R.C.	0.60	Kawartha	1.90		
Hastings	0.83	Kenora	1.07		
Huron	0.33	Kent	1.17		
JFCS	0.33	Lanark	1.53		
Lambton	0.30	Leeds- Grenville	1.20		
Niagara	0.77	Lennox- Addington	1.73		
Norfolk	0.23	London	1.10		
Northumberland	0.23	Muskoka	1.63		
Oxford	0.13	Nipissing	1.67		
Parry Sound	0.77	Ottawa	1.07		
Peel	0.47	Prescott- Russell	1.73		

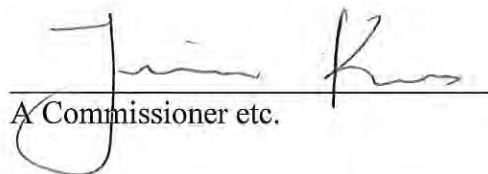
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AVERAGE OF THE MOST RECENT 3 YEARS  
(1992 THROUGH 1994)

Perth	0.47	Simcoe	1.40
Porcupine	0.80	Stormont-Dundas -Glengarry	1.53
Prince Edward	0.50	Metro CCAS	1.07
Rainy River	0.27	Waterloo	1.40
Renfrew	0.63	York	1.20
Thunder Bay	0.80		
Timiskaming	0.73		
Metro CAS	0.67		
Wellington	0.73		

Ref. annual

This is **Exhibit “21”** referred to  
in the Affidavit of Kevin Morris,  
sworn on this 13<sup>th</sup> day of June,  
2016.

  
A Commissioner etc.

Jessica Kras, a Commissioner, etc.,  
Province of Ontario, while a  
Student-at-Law.  
Expires May 9, 2019.



**CROWN WARD ADMINISTRATIVE REVIEW**

**COMBINED ANNUAL REPORT**

**1997 - 1998**

**MINISTRY OF COMMUNITY AND SOCIAL SERVICES  
MANAGEMENT SUPPORT BRANCH**

**MARCH, 1999**

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## **1.0**

### **Introduction**

Crown Ward Review is an annual process undertaken by the Ministry's Crown Ward Review Unit (CWRU), in co-operation with each child welfare agency and the MCSS area offices. The Children in Care manual identifies "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 and 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 months of Crown wardship and as of January 1998, every year thereafter.

Individual case reports are intended to provide feedback to case workers, society managers and program supervisors on key areas of service delivery and issues specific to compliance and standards. 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 MCSS area office for planning purposes and for performance outcome monitoring.

As of January 1, 1998, cases found to be in full legislative compliance are calculated differently. Previously, cases that were not in compliance, but did not have directives



issued, were counted in with cases found to be in full compliance. The cases are now counted separately. This may affect the compliance rate for some societies.

### **1.10 Scope of the Review**

In 1998 the case files of 2,483 children who are Crown wards were reviewed. This was the first year in which all eligible Crown wards were reviewed on an annual basis. This represents an 84% increase in the number of cases reviewed from the 1,323 case files reviewed in 1997. Table 1 illustrates the total number of cases reviewed over the past 5 years. Although the number of first reviews has declined steadily over the past 5 years, the total number of cases reviewed, other than 1998, has remained consistent.

**Table 1 – Cases Reviewed, First Reviews**

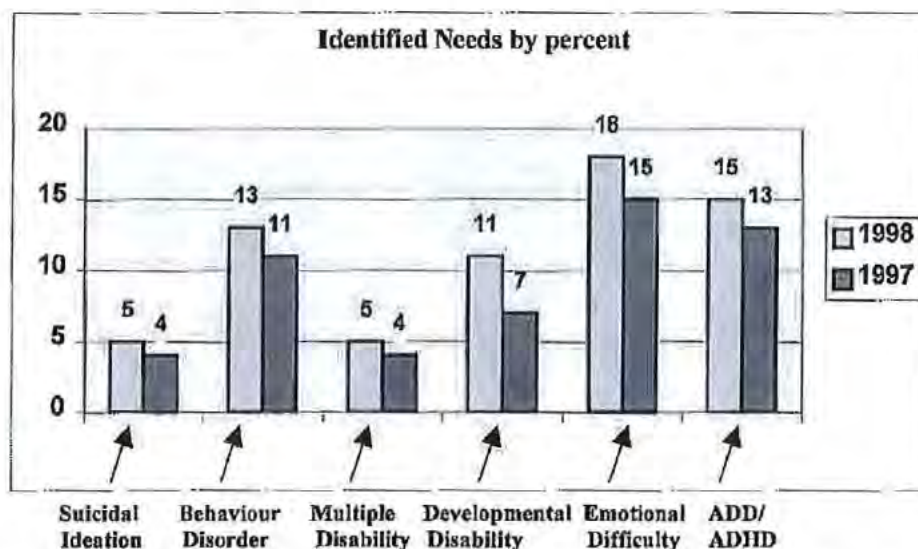
<b>Year</b>	<b>Cases Reviewed</b>	<b>Cases First Review</b>
1994	1313	585 (45%)
1995	1371	543 (40%)
1996	1353	497 (37%)
1997	1323	446 (33%)
1998	2483	603 (24%)

## **2.0 Profile of Children Who are Crown Wards**

In 1998 the average age of children at the time of their Crown wardship was 7.8 years and in the 1997 review was 8 years. In 1998 the number of males who were made Crown wards was 57%. This is comparable to the 1997 review where 56% are males and 44% are female.

### **2.10 Identified Needs/Characteristics**

Of the 2,483 children reviewed in 1998, 1,763 or 70% have been identified as having special needs. This has remained consistent with the 1997 review. Chart 1 compares some of the more frequent identified needs by percent and category for 1998 and 1997.

*Chart 1 Identified Characteristics*

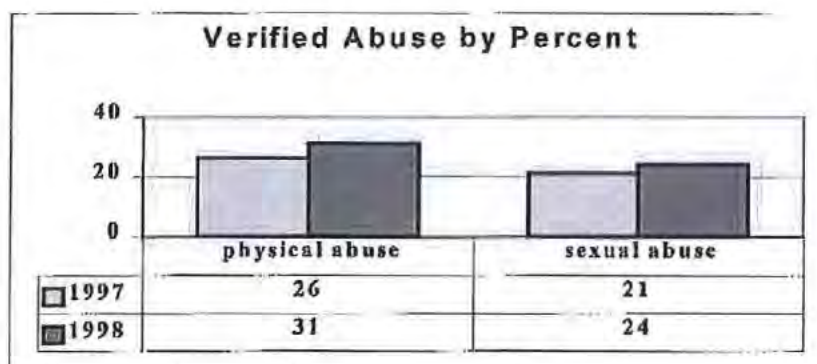
The identified children have complex behavioral, emotional and physical needs that, in many instances, affect their ability to meet the normal challenges of their day-to-day experiences. The impact on resources required to meet these needs can be significant. Programs such as treatment foster care models, special supports and training for foster parents, foster home relief, respite care and the services of youth workers are examples of the programs that are currently in place in many agencies. Societies have continued to place and support children in family settings whenever possible.

## 2.20

### Abuse

A significant number of children, as highlighted in Chart 2, have suffered physical and/or sexual abuse in their families of origin. In 1998, 24% suffered from sexual abuse before their admission to care and 31% experienced physical abuse. In 1997, 21% of the children suffered physical abuse and 26% were sexually abused prior to admission into care. Assessment and treatment programs, both individual and group, are being made available to assist these children in coping with, and addressing the trauma of their early life experiences.

Sixty-two of the children reviewed in 1997 and 125 of the children reviewed in 1998 experienced further abuse while in care by people in care-giving roles. It is essential that societies ensure that proper safeguards are in place to ensure the safety and protection of these children. Chart 2 compares abuse verified by the societies for 1998 and 1997.

Chart 2 Verified Abuse**2.30****Native Heritage**

In 1998, 321 or 13% of the children reviewed were of Native heritage. Of these 9% held status under the Indian Act. Eligibility for status had not been determined in 2% of the children reviewed. This was similar to 1997 when 185 or 14% were of Native heritage, of these 10% held status under the Indian Act. In 1998, 30% of these children resided in Native homes. This was slightly lower than 1997 when 32% resided in Native homes. In 1998, 56% of the Native children had contact with their communities. This is an increase from 1997 when 50% had contact. See Table 2 for comparisons from the past 5 years.

**Table 2 – Children of Native Heritage**

Year	Native Heritage	Status	Eligibility to be Determined
1994	173 (13%)	106 (8%)	31 (2%)
1995	169 (12%)	111 (8%)	23 (1%)
1996	170 (13%)	119 (9%)	49 (4%)
1997	185 (14%)	131 (10%)	8 (.6%)
1998	321 (13%)	218 (9%)	49 (2%)



## 2.40

## Education

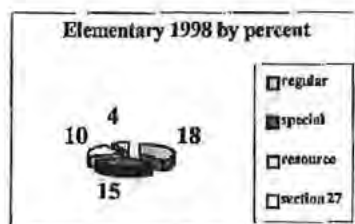
In 1998 special educational supports at the elementary level were in place for 48% of the children reviewed. This is consistent with the 1997 findings. At the Secondary school level 19% of the young people reviewed were receiving special educational supports. (See Charts 3 and 4, Educational Placements.)

Approximately 61% of the children enrolled in school in 1998 were making academic progress, 24% were making slow progress and 5% were making no progress. The lack of special educational resources, transferring between schools (often associated with a placement change), and the lack of continuity of caregivers or case workers are some of the factors that impact on the child's ability to experience success in the school setting. This is particularly evident in secondary school where additional supports such as vocational training or tutoring need to be considered.

Charts 3 and 4 – Educational Placements

Chart 3

*Elementary 1998*



*Elementary 1997*

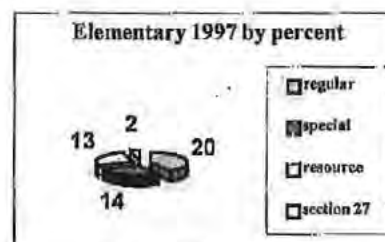
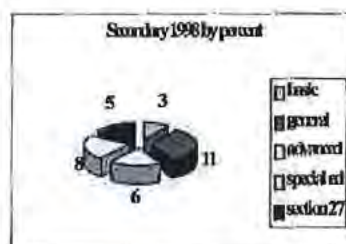
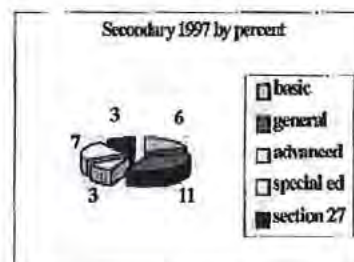


Chart 4

*Secondary 1998*



*Secondary 1997*



## 3.0

*Legislative Compliance*

Results of the 1998 Crown Ward Review indicate an overall 67% full compliance rate. The compliance rate in 1997 was 71%. Approximately 6% of the cases reviewed in 1998 fell into a new "compliance" category, as noted earlier in the report. These cases would have previously been included in the full compliance category. In 1998, there was an average of 0.5 directives made per case as compared to the 0.46 average in 1997. Table 3 compares the overall compliance ratings for the past 5 years.

*Table 3 – Overall Case Compliance and Directives Issued*

Year	Cases Reviewed	Cases In Full Compliance	Directives Issued	Average # Directives
1994	1,313	649 (49%)	1,275	0.97
1995	1,371	646 (47%)	1,469	1.07
1996	1,353	885 (65%)	864	0.64
1997	1,323	948 (72%)	617	0.46
1998	2,483	1,609 (67%)	1,239	0.50

## 3.10

*Statutory Contacts With Children*

Statutory contacts are personal visits made by caseworkers with the children. The minimum standards for statutory visits are; visits within 7 and 30 days after a placement occurs and every 90 days thereafter. Private visits are to occur every 90 days. In 1998, there was a 9.5% non-compliance rate for the minimum 90 day visits and 4% for private visits. This is higher than the 1997 findings of 8% non-compliance rate for the 90 day visits. The non-compliance rate for privacy visits was 5% in 1997. These findings indicate that a number of children are not being provided the opportunity to meet regularly with their caseworkers.

## 3.20

*File Documentation*

For children placed in foster care, regular reviews of the plans of care are required every 90 days, are to be documented in the children's case files, and are to be endorsed in a timely fashion by supervisors. In 1998, plans of care were completed on time in 94% of the cases reviewed. Timely supervisory endorsement of plans of care was evident in 89% of the cases reviewed. These figures are comparable to 1997 where 93% of the plans of care had been completed on time and endorsed by the supervisor in 87% of the cases reviewed.



## 3.30

Medical/Dental

Completion of timely annual medical and dental examinations are to be documented on the child's case file. In 1998, 3% of the cases reviewed were not in compliance. This is the same as the 1997 rate of 3%.

## 3.40

Discussion of Rights

Children in care are to have their rights and responsibilities discussed with them annually or upon replacement. In situations where the child is not capable of understanding his/her rights, these rights are to be discussed with the caregiver. In 1998, 4% of cases were not in compliance and in 1997 review of 3% of the cases were not in compliance.

## 4.0

Service Recommendations

The service recommendations in 1998 reflect the ongoing need to enhance and update recordings, to obtain the required documentation, and to re-assess the child's individual needs. Chart 5 compares the more significant recommendations from 1998 with findings from 1997.

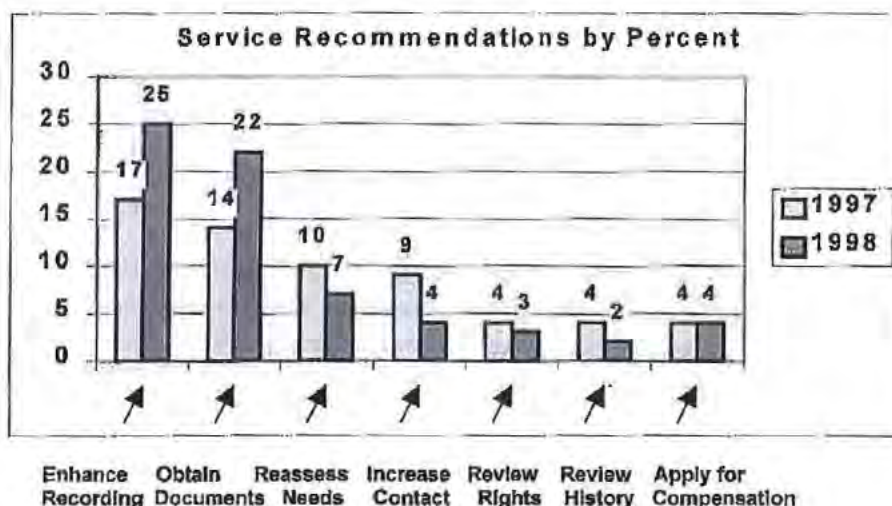
Plans of care that are outcome-focused, time-limited, measurable and achievable are essential to provide quality services to children to address their identified needs. Recommendations issued to enhance/update recording occur when these planning elements are lacking.

Recommendations to enhance/update recording also refer to the need to enhance social histories. These documents are particularly useful when young people are requesting information about their families of origin or are confused about, or unaware of, why they were admitted to care. Social histories need to be updated on a regular basis.

In 1998, 267 or 11% of the recommendations made fell under the "other" category which was slightly higher than the 1997 findings of 9%. This category is used to make more unusual case specific recommendations. The only visible trend among these recommendations relates to a child's participation in, and/or use of, counseling or treatment services.

Service systems in the above areas need to continue to be updated and maintained in order to develop effective overall service delivery that ensures that every child is provided with the highest quality care possible.



Chart 5 Service Recommendations**4.10****Clinical Interventions**

As noted earlier in this report approximately 67% of the children reviewed in 1998 have been identified as having special needs. This is an increase from 50% in 1997.

There continues to be many clinical challenges ahead in trying to assist these young people, many of whom have suffered trauma due to abuse and neglect in their early years. It is essential that plans of care reflect the child's experience and the changes and challenges that he or she faces. Case managers must ensure that adequate time and care is taken to help the individual child work through his or her personal understanding of the process. The introduction of *Looking After Children*, which is currently being piloted in some agencies, is showing promising results. However, the challenge that remains will be to ensure that the information garnered from the LAC assessment will be translated into comprehensive and effective goals.

Further attention needs to be paid to ensure that the connection between behaviour and its causes are understood and always guide the planning for the care of children. A number of recommendations made this year reflect deficits in this area.

To assist the caseworker, care provider and child, it is important the appropriate professionals, primarily psychologists, psychiatrists and social workers, complete assessments and that treatment recommendations are reviewed and incorporated into the plan of care. In the 1998 review, 7% of the recommendations made were to consider having a child assessed, or, in some cases, reassessed. The availability of clinical services varies across the province. In more remote areas, societies are

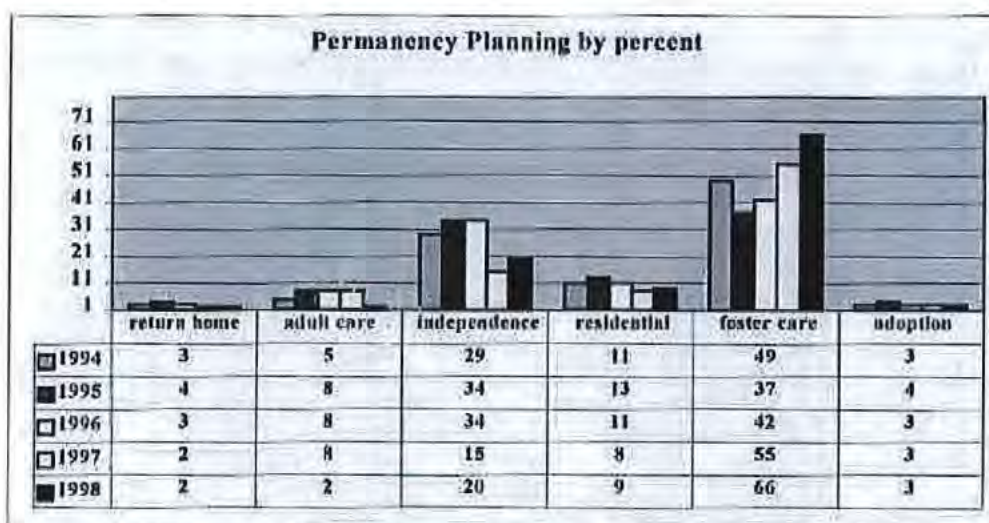
sometimes required to travel significant distances with a child to obtain clinical services. In other areas there may be lengthy waiting lists before services can be accessed.

#### 4.20

#### Permanency Planning

Foster care remains the largest permanency plan option for children in care. In the 1998 review 66% of the children reviewed were placed in foster homes. This is an increase from 55% in 1997. Adoption was being considered for 3% of the children reviewed in 1997 and 1998. Societies are using respite care, child and youth counsellors and other services in order to support foster parents in caring for these children on a long term basis. (See Chart 6)

Chart 6 Permanency Planning



#### 4.30

#### Access

In 1998, access orders were granted by the courts in 75% of the cases reviewed. This is consistent with the findings in 1997. Access was primarily exercised by mothers (53%). Fathers exercised access with 26% of the children, an increase over the 14% in 1997. In 1998, 36% of the children had access with their extended families and 73% had access with their siblings.

Children and youth frequently indicate considerable confusion about the reasons for being in care or why they became Crown wards. Given that exercised access is taking place for 53% of the children, special attention needs to be paid to help children understand their connection and attachment to their families as well as the limitations of their families. Even very limited contact with a child's parents or



relatives can be potentially upsetting and confusing to the child. Ongoing assessment to determine that access is in the child's best interest helps to ensure that the child feels secure and loved.

#### 4.40

#### Placements

Societies are putting a renewed emphasis on placing children in less structured, less intrusive and less costly settings, such as foster care. Some children with special needs, who may previously have been placed in an outside resource, are now being cared for in specialized foster homes. Societies have made concentrated efforts in the recruitment, training and support of foster parents. The review of society placement practices for children in long term care is essential in order to determine whether current practices are resulting in increased placement stability or contributing to the frequency of placement disruption. (see section 4.50)

In 1998, 72% of children reviewed were placed in foster care. This includes society operated foster homes and specialized foster care, OPI foster homes and provisional foster homes (see "other" category). This represents an 8% increase in the same categories from 1997 (See Table 4)

*Table 4 – Placement Type 1997-1998 by Percent*

Placement Type	1997	1998
Regular Foster Care	49%	45%
Specialized Foster	10%	11%
OPI – Foster Home	2%	10%
CAS Group Home	9%	2%
Emergency Rec.	1%	1%
OPI Staffed	4%	12%
OPI Parent Model	10%	3%
Young Offender	3%	2%
CMHC	1%	1%
Independence	8%	7%
Other	3%	6%

Semi-independent living programs assist older adolescents in learning to become self-sufficient. Partnership with community agencies, schools, employment training, life-skills, support groups and youth workers have proven effective in helping young people make the transition to independence.



## 4.50

**Placement Changes**

Children reviewed in 1998 experienced an average placement length of 25.9 months while in care. The average placement length in 1997 was 24 months. These figures do not reflect the number of changes in placements that children experienced prior to Crown wardship. In 1998, 1,026 or 41% of the children reviewed had remained in the same placement since becoming Crown wards, 22 % had experienced 1 placement change and 33% had experienced 3 or more changes. This has declined slightly since 1997 when 43% of the children were in the same placement since their Crown wardship. (See Table 5 – Placement Changes.)

Placement stability remains a key factor in the provision of continuity of care for children and for their on-going security and optimum development.

**Table 5 - Placement Changes**

Number of Placements	1998	1997
One Placement	41%	42%
Two Placements	21%	22%
Three or More Placements	38%	35%

## 4.60

**Changes In Worker Assignments**

The length of caseworker assignment has an important impact on the continuity of relationships for children and youth. These relationships are ones that children count on to assist them in understanding the complex issues that are associated with being in care. Children often seek support and guidance from their caseworkers, particularly in times where there may be difficult changes and decisions to make. In 1998, the average caseworker duration was 24.1 months since the time of Crown wardship. This was similar to the 1997 review of 22.4 months worker duration. (See Table 6 -Worker Changes.)

In 1998 and 1997, 21% of the children had retained the same caseworker since becoming Crown wards. In 1998, 37% of the children have had 2 or more caseworkers with 42% having 3 or more caseworkers.

*Table 6 - Changes In Worker Assignment*

Number of Workers	1998	1997
One Worker	21%	21%
Two Workers	37%	35%
Three or More Workers	42%	44%

## 5.0

### High Risk Cases

Children and youth are considered to be high risk when their behaviours or patterns of behaviours place them at risk of harming themselves or others. High risk cases were first identified in the 1998 Crown Ward Review. In 1998, 304 or 12% of the young people reviewed were deemed to be high risk. Individual high risk cases were brought to the attention of each society and recommendations were made in some of the cases to address specific needs of the children.

## 6.0

### Responses From Crown Wards

In 1998 a total of 1208 questionnaires (49%) were received from children and youth whose case files were reviewed. This represents a slight increase from the 47% response rate in the 1997 review. In 1998 and 1997, 11% of the children requested and received interviews.

In response to the question regarding experiences in foster care, a number of children indicated overall satisfaction in living with their foster families. Most of these children felt wanted by their foster families and thought they could be members of the families for a long period of time. In addition, these young people acknowledged that they are getting along better in three key areas of their lives: at home, in school and with their friends.

In regard to their views about the future, most of the older children/adolescents indicated that they plan to complete their education, to find employment and live on their own following their Crown wardship. Some indicated a hope to return to live with either or both of their parents. For those youth who are at least fifteen years old, responses to questions about their futures included finishing school, attending college, becoming as successful as possible and beginning their own families.

One of the questions focuses on the children's concerns or worries. The main concern consistently reported by the children was what will happen to them when they turn 18 years of age. Another significant concern is their need for more information regarding their families of origin. A number of children also reported worries about



their health, sexuality, drugs and alcohol, and getting along with other children in their homes.

Issues pertaining to family and access are often reflected in the questionnaires. The responses indicated that some of the children do not know why they became Crown wards or why they do not have contact with their parents. Regular reviews of a child's family background information and reasons for admission into care should be considered by all the child welfare agencies as part of the ongoing work with children in their care.

When asked the question whether they believe they have a say in important areas of their lives, such as schooling and where they live, most children indicated that they did have input into these areas.

Responses to the question, "If you could make Crown wardship better, what would you change?" proved to be highly varied in responses. Some of the themes and comments were as follows;

- I would like things to happen faster, I have been waiting a long time for a foster home and to hear from my sisters.
- Having the freedom to do what other teens are doing.
- More information about my parents.
- More visits with my parents.
- I'm happy where I live and I just wouldn't ask for nicer parents than them. I love my life right now, school, friends, family. It's great to actually know somebody loves me more than my real parents.
- My social worker rules and my foster parents are the best.

## 7.0

### Summary

The 1998 Crown Ward Administrative Review has continued to emphasize the need to provide comprehensive service to the children and youth in care who are Crown wards of the Province of Ontario. It is clear, from the 1998 and 1997 reviews that services can be provided through the concerted teamwork of all the individuals who have a part in helping care for and raise children who are in care. Continuity of placements and worker assignments has changed minimally in the last two years. Feedback received from the children and youth, provided through questionnaires and interviews, confirms that the lack of continuity in either area has a detrimental affect.



**HOLLY PAPASSAY et al.**

- and -

**HER MAJESTY THE QUEEN IN RIGHT OF THE  
PROVINCE OF ONTARIO, et al.**

Plaintiffs/Moving Parties

Defendant/Responding Party

**ONTARIO  
SUPERIOR COURT OF JUSTICE**

PROCEEDING COMMENCED AT  
THUNDER BAY

**VOLUME II OF VI: MOTION RECORD OF THE  
DEFENDANT, HER MAJESTY THE QUEEN IN  
THE PROVINCE OF ONTARIO**

(Motion for Certification, returnable January 24, 2017)

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