



Section 9- Concurrent and Long Term Planning

Tool 9.1.1

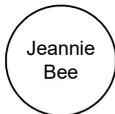
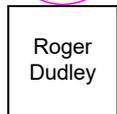
Genogram Code Key



Male Applicant – should be indicated by a double square and is placed on the left



Female Applicant – should be indicated by a double circle and is placed on the right



Other males and females should be indicated by a single square or circle – males are placed to the left and females to the right. Siblings are placed in order of birth.



Solid line connects individuals and also represents marriage – date of marriage is placed above the line



Dotted line connecting individuals horizontally is indicative of a common law relationship - date of the relationship started can be placed above the line



Solid line with two slashes through it represents a divorce – date of divorce is placed above the line



Solid line with one slash through it represents a separation – date of separation is placed above the line



Dotted line with solid line vertically indicates an adoption – date of adoption is placed beside the lines

Vertical single dotted line indicates a foster child



Either box is acceptable to indicate a death – the date of death should be placed above the box



A triangle is used to represent a miscarriage



Elements of a Transition Plan

The Child Protection Worker, the assembled team and resources, and the youth will work collaboratively to build an effective and reflective transition plan through steps as follows:

(1) Assist the youth to develop a vision statement: A vision statement is a description of a desired outcome that inspires and energizes and helps you create a mental picture of your target. It could be a vision of part of your life, or the outcome of a project or goal. Capturing the essence of your vision using a simple memorable phrase can greatly enhance the effectiveness of your vision statement.

The purpose of the vision statement is not to serve as a “real” target that you are going to measure against to determine if you have succeeded to your best expectations. You should use your plan goals to do that. Instead, the purpose of the vision statement is to open your eyes to what is possible.

(2) Describe/Define the youth’s goals and ambitions through identifying concrete implementation steps (educational, work, and developmental) they will need to follow.

(3) Define education and employment needs including:

- Key education, specialized training or career options
- Training for entering the workforce with a focus on topics such as interview skills and workplace etiquette

(4) Life skills development including:

- Youth’s needs in order to live independently such as budgeting, cooking, life skills, household management. Basic and practical skills must not be overlooked.
- Skills for coping with stress from sources such as social anxiety, emotional challenges or social isolation.
- Assistance and training on how to obtain a Social Insurance Number, Birth Certificate, NWT Health Care Card, Picture Identification.

(5) Placement Objectives including:

- Development of the specific goals and tasks to work towards the youth living independently.
- Determination of whether the current placement can offer permanency and stability on a long-term basis. If another placement is required to meet the long-term needs, identification of location and type of living situation will be required.

(6) Service/Program Supports Including:

- Financial support and what will be covered; youth’s contribution or other financial resources (family, student assistance, other financial resources).



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- Development of youth's awareness of how to access available community services. A key factor in decision making should be the readiness and acceptance of the youth to access these services.
- Support groups, counselling for a youth overcoming addictions issues.
- Special considerations in planning where youth will require specialized supports as an adult. This will apply to a range of youth who live with challenges such as a developmental disability or a temporary state with special health considerations or other needs that require high levels of program supports.

(7) Connections (confirmation, encouragement, facilitation to be healthier where applicable) including:

- Specific goals and tasks to facilitate cultural, spiritual, familial, community and other identified connections. There must be an emphasis on connection with immediate and extended family who are willing to become re-involved with the youth in a positive way. Where appropriate, involve family members in transition planning.
- Develop strategies for resolving relationships with peers or others who don't support the youth's positive goals (learning how to say "no" and let go in a caring way, until stronger or both parties share the same vision).
- Other relationship considerations the youth may be experiencing (termination of relationships, strengthening, guidance/support regarding sexual orientation).

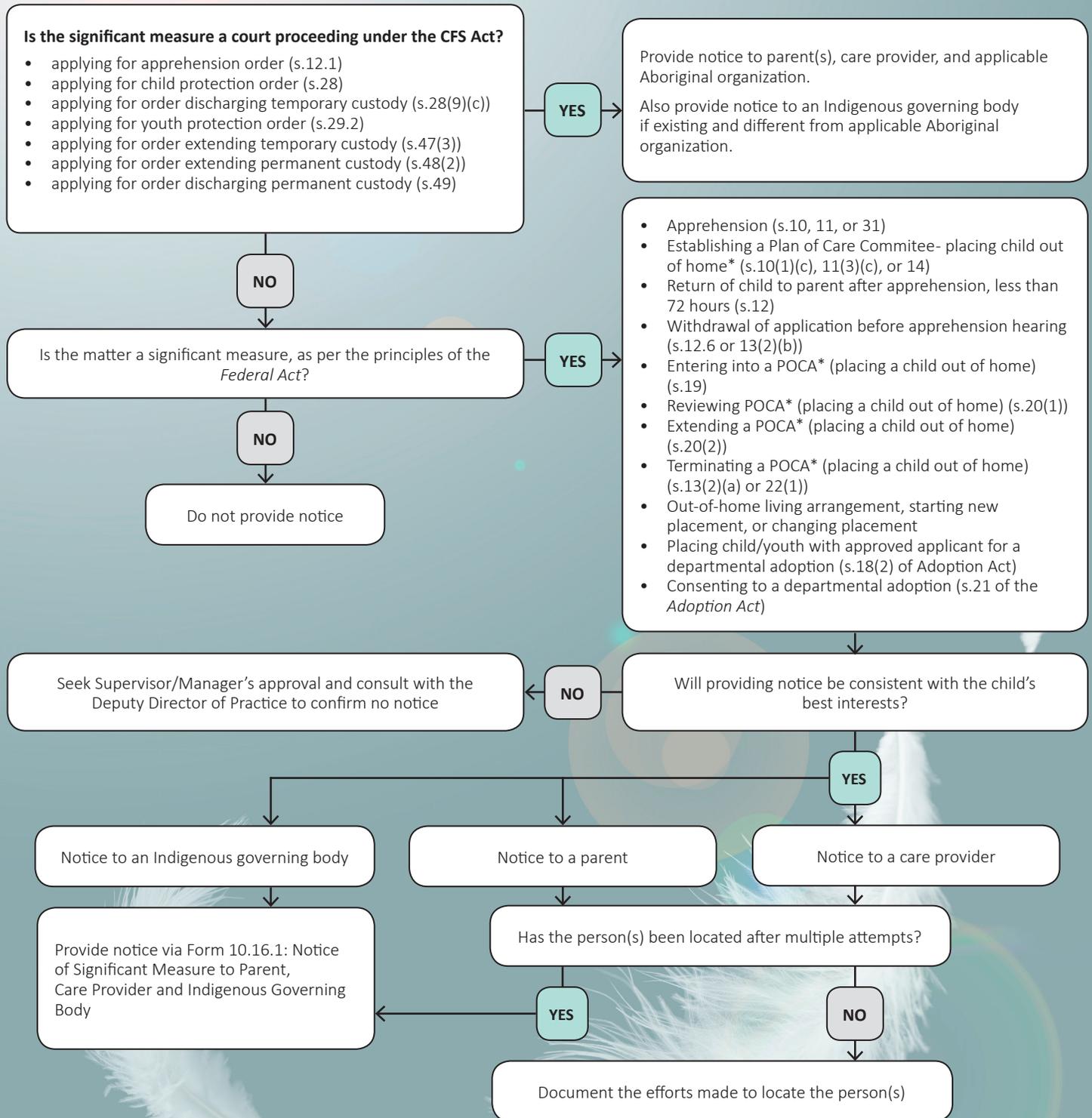
(8) Legal Considerations including a plan for resolution of any outstanding legal requirements (including creditor issues).

(9) Plan implementation summary including referrals needed, primary contacts and contact information (frequency/purpose of the meeting), secondary contacts, monitoring agreements between the Child Protection Worker and the youth, financial accountability expectations, timelines etc.

Tool 10.16.1

Notice of Significant Measures Flowchart

Requirement to provide notice before taking a significant measure in relation to an Indigenous child or youth



*Please note: Where a Plan of Care Agreement (POCA) exists with a child placed in the home and it is determined that an out-of-home placement is needed, the parent can consent to placing the child with family. If this kind placement happens, the out-of-home placement is not considered a significant measure and there is no need to give notice of the change in placement or the subsequent POCA process (i.e. review, extended, etc.). This is contingent on an apprehension not having occurred.





Section 10 Administration

Tool 10.16.2

Significant Measures Notice Schedule

The purpose of the notice is to provide those affected by the proposed significant measure with an opportunity to have their views considered **before** taking the measure. Notice must be provided unless it is not in the best interests of the child/youth.

How Notice is Provided

Prior to taking a significant measure, complete **Form 10.16.1: Notice of Significant Measure to Parent, Care Provider, and Indigenous Governing Body**. Use this form for both court proceedings and non-court significant measures.

Court Proceedings

Where the Indigenous governing body (IGB) and the applicable Aboriginal organization (AAO) are the same, you must serve a certified copy of the originating notice/notice of motion, as well as a copy of **Form 10.16.1**.

If the Indigenous governing body and the applicable Aboriginal organization are not the same, serve a certified copy of the originating notice/notice of motion to the applicable Aboriginal organization. The **Form 10.16.1** is not required.

Where notice is required under the **CFS Act**, a court order under **s.83** is necessary to dispense with the requirement notice.

Best Interests of Child/Youth

Instances may exist where providing notice prior to taking a significant measure is not in the child/youth's best interest. In these cases, the Supervisor/Manager and Deputy Director of Practice (DDP) must be consulted and the reason for the decision to delay notice or deviate from the approved notification process must be clearly documented.

These instances may include but are not limited to:

- Where the child/youth's safety is at imminent risk and providing notification would compromise the safety of the child/youth, i.e., upon receiving a child protection report which requires an immediate child protection intervention. In this case, the notice of the significant measure must be provided as soon as possible after the significant measure has been taken.
- The person who will be provided notice of significant measure is involved in an alleged offence against the child, youth, or family and serving this person would compromise the safety of the child, youth, or family. In this situation, alternative methods of notification must be used such as notifying an alternate person.

There may be times a child/youth or family does not want a person or Indigenous governing body to be notified. However, the Child Protection Worker/Designate must provide notice of a significant measure to the parent(s)/care provider(s) and the Indigenous governing body/bodies to fulfill legislated responsibilities under the *Federal Act*.



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Tool 10.16.2

Notice Period

A default guideline of 10 days minimum is recommended for most significant measures. In urgent circumstances, the notice period is determined in consultation with a Manager/Supervisor.

X = current notice requirements under CFS Act

O = notice requirements under Federal Act

Significant Measure (section of CFS Act)	Notice provided to the following persons before taking significant measure				Notice period
	Parent(s)	Care provider	Applicable Aboriginal organization	Indigenous Governing Body (IGB)	
Court proceedings					Notice period, as required under CFS Act
Application to confirm an apprehension, otherwise known as an application for an apprehension order Section: 12.1	XO	XO	X	O	4 days
Application for a child protection order (a declaration that the child is in need of protection and a supervision, temporary custody, or permanent custody order) Section: 28	XO	XO	X	O	10 days
Application for a youth protection order (a declaration that the youth is in need of protection and a temporary custody or permanent custody order) Section: 29.2	XO	XO	X	O	10 days
Application for an extension of a child/youth temporary custody order Section: 47(3)	XO	XO	X	O	10 days
Application for an extension of a child/youth permanent custody order Section: 48(2)	XO	XO	X	O	10 days



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Application to discharge a child/youth temporary custody order Section: 28(9)(c)	X0	X0	X	0	10 days
Application to discharge child/youth permanent custody order Section: 49	X0	X0	X	0	10 days
Non-court proceedings	Parent(s)	Care provider (if having care of child)	Applicable Aboriginal organization	Indigenous Governing Body (IGB)	Notice period, as required under CFS Act
Establishing a Plan of Care Committee- placing child out of home Sections: 10(1)(c), 11(3)(c), or 14	X0 (unless part of the Committee)	0	N/A	0	Default 10 day minimum
Entering into a Plan of Care Agreement-placing child out of home Sections: 19	0 (unless signing the POCA)	0	N/A	0	Default 10 day minimum
Reviewing a Plan of Care Agreement-placing child out of home Sections: 20(1)	0 (unless signing the POCA)	0	N/A	0	Default 10 day minimum
Extending a Plan of Care Agreement-placing child out of home Sections: 20(2)	0 (unless signing the POCA)	0	N/A	0	Default 10 day minimum
Terminating a Plan of Care Agreement-if child was placed out of home Sections: 13(2)(a)	0 (unless parent terminates POCA)	0	N/A	0	Default 10 day minimum
Apprehension Sections: 10, 11, or 31	0	0	N/A	0	Default 10 day minimum



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Return of child to parent after apprehension, less than 72 hours Sections: 12	0	0	N/A	0	24 hour minimum
Withdrawal of application before apprehension hearing Sections: 12.6 or 13(2)(b)	0	0	N/A	0	Default 10 day minimum
Out-of-home living arrangement, starting new placement, or changing placement	0	0	N/A	0	Default 10 day minimum
Placing child/youth with approved applicant for a departmental adoption Section: 18(2) of <i>Adoption Act</i>	0	0	X (consulted if consent provided by parent/child)	0	Default 10 day minimum
Consenting to a departmental adoption Section: 21 of the <i>Adoption Act</i>	0	0	N/A	0	Default 10 day minimum



Mise à jour : 6 novembre 2020

Outil 10.16.3

INFORMATION SUR LA LOI CONCERNANT LES ENFANTS, LES JEUNES ET LES FAMILLES DES PREMIÈRES NATIONS, DES INUITS ET DES MÉTIS (LOI FÉDÉRALE)

Avis au parent et au fournisseur de soins avant de prendre une mesure importante

Avant de prendre une mesure importante concernant un enfant ou un jeune placé sous vos soins, le préposé à la protection de l'enfance ou la personne désignée (y compris les personnes autorisées, les superviseurs ou les gestionnaires) doit vous en informer.

Un avis vous est transmis afin que vous ayez la possibilité de faire entendre votre point de vue avant que le préposé à la protection de l'enfance ou la personne désignée n'agisse.

Votre point de vue est important. Nous tiendrons compte de tout ce que vous direz avant de prendre une mesure importante.

Selon nous, vous devez participer à la prise de décision et à la planification concernant l'enfant ou le jeune.

Qu'est-ce qu'une mesure importante?

Une mesure importante est une intervention que le préposé à la protection de l'enfance ou la personne désignée effectue après avoir pris une décision basée sur l'information recueillie pour mettre en place un plan ou un plan d'action pour un enfant placé sous vos soins.

L'avis en question vous expliquera exactement quelle mesure est envisagée pour l'enfant ou le jeune concerné.

Voici des exemples de mesures importantes :

- une procédure judiciaire;
- une appréhension;
- le placement d'un enfant ou d'un jeune dans une famille d'accueil;
- le placement d'un enfant ou d'un jeune en adoption.

Avant que toute mesure ne soit prise, vous devez être avisé, sauf si cela va à l'encontre des intérêts fondamentaux de l'enfant ou du jeune. Il arrive qu'une mesure doive être prise immédiatement pour la sécurité de l'enfant ou du jeune. Si c'est le cas, vous recevrez un avis dès que possible. Nous vous expliquerons pourquoi nous ne pouvons pas attendre. Votre opinion demeure importante et nous voulons en discuter avec vous dès que possible étant donné que nous travaillons ensemble pour planifier l'avenir de l'enfant ou du jeune.

Comment allez-vous m'aviser?

- Vous recevrez un exemplaire d'un formulaire appelé *Avis de mesure significative au parent, au fournisseur de soins et au corps dirigeant autochtone*.
- Ce formulaire vous indique quelle est la mesure importante proposée, et comment communiquer avec le préposé à la protection de l'enfance ou la personne désignée.
- Vous recevrez ce formulaire en main propre ou par télécopieur, courrier recommandé ou courriel. Il est possible qu'on vous donne l'avis verbalement, auquel cas vous recevriez le formulaire peu de temps après.
- Ce formulaire contient l'information dont vous avez besoin pour participer à la prise de décisions et à la planification pour l'enfant ou le jeune.

Quelqu'un d'autre reçoit-il l'avis?

- Si un corps dirigeant autochtone nous informe qu'il agit au nom de la communauté autochtone dont fait partie votre enfant ou votre jeune, il sera également avisé.

Que dois-je faire lorsque je reçois l'avis?

- Communiquez avec le préposé à la protection de l'enfance ou la personne désignée si vous souhaitez donner votre point de vue. Les coordonnées sont inscrites sur le formulaire *Avis de mesure significative au parent, au fournisseur de soins et au corps dirigeant autochtone*.
- Posez des questions — c'est votre droit.
- Faites-nous part de vos inquiétudes et de vos suggestions, le cas échéant.
- Vous pouvez demander de l'aide au préposé à la protection de l'enfance ou à la personne désignée, à votre famille, à votre gouvernement autochtone, à vos amis ou aux membres de la communauté.
- Vous avez le droit d'avoir accès à un avocat et de lui parler.
- Vous pouvez demander que toute information ou procédure vous soit expliquée, ainsi que traduite dans votre langue.

Si vous voulez ces informations dans une autre langue officielle, téléphonez-nous au 1-855-846-9601.

If you would like this information in another official language, contact us at 1-855-846-9601.

Pour en savoir plus, consultez le www.hss.gov.nt.ca/cfs.



Updated: November 6, 2020

Tool 10.16.3

INFORMATION ON AN ACT RESPECTING FIRST NATIONS, INUIT AND MÉTIS CHILDREN, YOUTH AND FAMILIES (FEDERAL ACT)

Notice to Parent and Care Provider prior to taking a Significant Measure

Before taking a significant measure in regard to a child or youth under your care, the Child Protection Worker or Designate (including Authorized Persons, Supervisors or Managers) must notify you.

The reason why notice is provided is to give you an opportunity to share your views before a Child Protection Worker or Designate takes the measure.

Your views matter. Everything you say will be considered before a significant measure is taken.

We believe you should be involved and participate in the decision and planning for the child and youth.

What is a Significant Measure?

A significant measure is an intervention the Child Protection Worker or Designate takes after making a decision based on information gathered to put in place a plan or course of action for a child under your care.

You will be told exactly what significant measure is being considered for the child or youth in your care when you receive notice.

Examples of significant measures can include:

- a court proceeding;
- an apprehension;
- placing a child or youth in an out-of-home living arrangement; or
- placing a child/youth for adoption.

Before any measure is taken, you must be notified unless it is not in the child or youth's best interest. Sometimes, a measure must be taken right away for the safety of the child or youth. If this happens, you will be given notice as soon as possible. We will tell you why we could not wait. Your views are still important, and we want to discuss them with you as soon as possible as we work together to plan for the child or youth.

For more information, please visit www.hss.gov.nt.ca/cfs.

How are you going to give me Notice?

- You will be given a copy of a form that is titled *Notice of Significant measure to Parent, Care Provider, and Indigenous governing body*
- This form tells you what the proposed significant measure is, , and how to get into contact with the Child Protection Worker or Designate.
- You will be given this form in person or by fax, registered mail, or email. Sometimes you might be told about the notice verbally, and the form will follow shortly after.
- This form includes information you need to participate in decisions and planning for the child or youth.

Is anyone else given Notice?

- If there is an Indigenous governing body that has informed us that they are acting on behalf of the Indigenous community to which your child or youth belongs, then they will also be given notice.

What should I do when I receive Notice?

- Contact the Child Protection Worker or Designate if you would like to provide your views. This contact information is on the *Notice of Significant measure to Parent, Care Provider, and Indigenous governing body* form.
- Ask questions—this is your right.
- Let us know what you are concerned about and if you have any suggestions.
- You can ask for help from the Child Protection Worker or Designate, your family, your Indigenous Government, friends, or community members.
- You have the right to access and speak to legal counsel.
- You can ask to have any information or processes explained to you, as well as translated into your language.

If you would like this information in another official language, contact us at 1-855-846-9601.
Si vous voulez ces informations dans une autre langue officielle, téléphonez-nous au 1-855-846-9601.

For more information, please visit www.hss.gov.nt.ca/cfs.

Adoption of First Nation and Inuit Children

An Aboriginal (Status Indian/Inuit) child does not lose rights or privileges as a member of his or her own band through adoption.

A Status Indian is defined as a person who is registered, or who is entitled to be registered, as an Indian under the *Indian Act*.

1. A child's Treaty status as a registered Indian is not affected by an adoption order granted to non-status parents.
2. A child adopted by Status Indian parents may elect to transfer to the band of his or her adoptive parents.
3. There are a number of benefits available to Status Indian and Inuit through Aboriginal Affairs and Northern Development Canada (AANDC). Some of these benefits are: non-insured medical services, post-secondary education and support (financial, tuition, travel, etc.); certain hunting, fishing and trapping benefits; loans and grants; annuity payments to Bands (*this list is not all inclusive*).
4. At the time an Adoption Order is granted in the Northwest Territories, the Adoptions Practice Specialist/Registrar notifies AANDC of the adoption of an Aboriginal child.
5. AANDC arranges for the child to be registered as a Status Indian or Inuit. The child is removed from the treaty number of his biological parent(s) and registered separately. The child keeps band membership, but no longer appears on the published band list. If the child is adopted by Status Indian or Inuit, the child's number is transferred to the number of the adoptive family and the child's membership is transferred to their band.
6. Adoptive parents are required to contact AANDC directly for information regarding registration and specific benefits available. Contact information is as follows:

Office of the Indian Registrar

10 Wellington Street
Aboriginal Affairs & Northern Development Canada
Ottawa, Ontario K1A 0H4
Telephone: (819) 953-4905

OR

Aboriginal Affairs and Northern Development Canada

NWT Region

P.O. Box 1500

4923 - 52nd Street

Yellowknife, Northwest Territories X1A 3Z4

Telephone: (867) 669-2500

Fax: (867) 669-2715

OR

Manager,

Registration, Revenue & Band Governance

Aboriginal Affairs & Northern Development Canada

P.O. Box 1500

Yellowknife, Northwest Territories X1A 2R3

Telephone: (867) 669-2619

Fax: (867) 669-2619

Child Assessment for Adoption Placement Completion Guide

Events Leading to Permanent Custody

The description should provide the reader with a concise, informative summary.

Birth Parent's History

Summarize each parent's educational level, employment history, health issues, and special interests (including hobbies, athletic or artistic activities), or achievements. Provide a complete physical description.

Child's History

Describe the child's life experiences, e.g., relationships, types of discipline, traumatic experiences, etc. that would aid in selecting an appropriate adoptive family.

Placement History

Provide a concise summary of the number and types of placements. Indicate reasons for placement, if known.

Best Interest Criteria

1. Physical, Mental and Emotional Needs

Write a narrative description of the child including the following factors that apply:

- A complete physical description including height, weight, hair and eye colour, birthmarks, glasses, etc.
- Any hobbies, talents, special interests, and participation in school activities
- The child's sense of self, family, and community
- The child's racial, ethnic, and cultural identity
- The child's significant social or emotional attachments with his or her birth family, foster family, community, etc.
- Any relevant information/observations about behaviour and personal characteristics

- The current physical, emotional, behavioural, medical, social, developmental, and educational needs and projected future needs and any treatment required to appropriately have those needs met.
- The basis for an adoption subsidy rate, if applicable.
- Other details about the child's unique character.

2. The Importance of the Child's Development and Security as a Member of a Family

Siblings shall be placed together wherever possible. If placement with siblings is not possible, or considered not in the child's best interest, document the reasons. Address the need for continued sibling contact following adoption. Address the following:

- Frequency of contact/visitation among siblings.
- Describe the relationship between siblings, if none, why?
- Describe any skills, talents, and temperament of siblings.
- Are the siblings available for adoption? What is their permanency plan?
- Explain why siblings are separated and plans to reunite, if appropriate.

If you are uncertain of the existence of other siblings, or their location,

- Search Child and Family Information System (CFIS).
- Review the child or youth's file.
- Gather information from the birth family members or caregivers (for siblings' name, gender, birth date).
- Request assistance from the Department of Health and Social Services' Adoptions Practice Specialist/Registrar to locate any siblings previously placed for adoption.

3. Placement with Family or Extended Family

Describe the following:

- Child's relationships with extended family, foster parents, birth parents, and other significant individuals.
- Child's perceptions of these relationships.
- Caregiver's interest in adoption.
- The importance of maintaining these relationships following adoption.
- Any issues related to access provided in the Permanent Custody Order.

When to initiate contact with the birth family:

- There may be occasions when it is in the best interest of the child to initiate contact with the birth family, when a child is in the Permanent Custody of the Director under the *NWT Child and Family Services Act*.

This may be required if there has been birth family access or visits, or you need to obtain the family's medical and social history.

- Before initiating contact, discuss with your Supervisor whether this would be in the child's best interest, and if it would pose any legal risk to the adoption plan.
- If contact is made with the birth family, explain that it is your decision whether their involvement in the adoption process is in the child's best interest.

4. Maintaining the Child's Cultural, Linguistic and Spiritual Ties

Describe the following:

- Any cultural, linguistic or spiritual ties for the child.
- What expectations do you have for the adoptive family to respect and maintain the traditions and heritage of the child?
- Any consultation (as appropriate) with the child's Aboriginal organization.

Determining the child's Aboriginal status (*Child Protection Worker's responsibility to complete*):

- Aboriginal children are children who:
 - Are registered, or eligible to be registered under the *Indian Act* (Canada), or who have a biological parent who is registered under the *Indian Act*.
 - Are registered, or have a biological parent registered under the Nunavut Land Claim Agreement.
 - Are enrolled, or are eligible to be enrolled under a Land Claim Agreement (Inuvialuit, Gwich'in, Sahtu or Tlicho Land Claims).
- You may also establish/verify the child's Aboriginal status by consulting:
 - The child and/or youth files;
 - The child or child's parents;
 - Someone who knows the child;
 - Aboriginal organization that may have knowledge of the child (refer to lists of organizations, available through Aboriginal Affairs & Intergovernmental Relations at www.daair.gov.nt.ca or
 - Contact the Regional office of Aboriginal Affairs & Northern Development Canada in Yellowknife at: (867) 669-2619.
 - Send a request to the Office of the Indian Registrar at Aboriginal Affairs and Northern Development Canada (AANDC) in Ottawa, to determine if a birth parent or child, who is in the continuing custody of the Director is eligible for status under the *Indian Act*.
- A written request to Aboriginal Affairs and Northern Development Canada is to include:

- the full name and any other name the child or birth parent is known by
- a copy of the Permanent Custody Order
- Registration of Live Birth (to provide parental information)
- band affiliation (if available)

For further information see AANDC's website at <http://www.aadnc-aandc.gc.ca/eng/1100100032472/1100100032473>

5. Child's Views and Preferences Regarding Adoption Characteristics of the Potential Adoptive Family

Describe the child's views and preferences about being adopted. If a family has been identified, describe the child's feelings about the specific adoptive placement.

Describe:

- The child's readiness and preparation for adoption.
- The child's consent to the adoption has been obtained (12 years of age or older).
- Factors that must be in place to assist the child in developing the capacity to trust new parent(s).
- Factors that will need to be addressed to achieve a successful placement.
- The child's feelings/attachment about a potential adoptive family.
- The child's feelings about an adoptive placement if no family is identified.
- The child's capacity to transition to a new family, community, school, etc. if necessary.

6. Parent's Views and Preferences

If the birth parents or extended family members have maintained an ongoing relationship with the child after parental rights were terminated, describe their views and preferences with respect to the characteristics of the adoptive family.

If birth parent's access exists in the Permanent Custody Order, assess whether this should change:

- Review any access provisions made in the Permanent Custody Order and determine whether it is in the child's best interest to continue, vary, or terminate the access:
 - If it has been determined to be in the child's best interest to vary or terminate access, apply to vary or terminate the order as a *Child and Family Services Act* proceeding. If joined with an application for adoption the application is heard in the Supreme Court, and any future applications to vary access will be costly for the adoptive family.

- Consult with the Director of Child and Family Services about applying to the Territorial Court to terminate the access.
- If access in the Permanent Custody Order is to continue after adoption, describe the nature and frequency of contact fully in the Adoption Plan. This will assist the Adoptions Practice Specialist/Registrar in preparing the order for access following the Adoption Order.
- Review any informal access (review the file for case notes indicating that access has been allowed):
 - If access is to terminate, advise the person with access in writing that access is being terminated because the child is being placed for adoption.
 - If access or contact is to continue, describe the nature and frequency of contact fully in the Adoption Plan to assist the Adoptions Practice Specialist/Registrar in preparing the order for access following the adoption order.

7. Progress toward Adoption

This section should identify the specific actions or steps that need to be addressed in order to place the child in an adoptive home. The Child Protection Worker/Adoption Worker should include a description of activities to be completed during the next four (4) months.

1. Progress Toward Adoption
2. Barriers to Adoption
3. Action/Steps to Overcome Barriers

8. Recommendation Regarding Adoptive Placement

Describe your recommendation based on the information you have gathered; (the kind of family you feel will best meet the overall needs of the child; whether the child needs to be the youngest family member; requires stimulation, structured routines, etc.).

Adoption may not be in the child's best interest when:

- The overall goal identified is a long-term foster placement with an extended family member;
- Repeated attempts to secure a suitable adoptive home for the child or youth have been unsuccessful, and it has been determined, through a comprehensive review of the Permanency Plan that continued attempts would have a negative impact on the child or youth; or
- After considering the child or youth's views, it has been determined that adoption is not an appropriate goal for the child or youth at this time.

9. Attachments

As required by section 41(1) of the *Adoption Act Regulations*, attach the following to your assessment report:

- Certified copy of Permanent Custody Order
- Certified copies of the Registration of Live Birth (2)
- Child's Birth Family Medical and Social History
- Medical information, assessments or psychological reports
- Photographs
- Notice to an Aboriginal organization on intention to place a child for adoption (if applicable)
- Documents pertaining to the child's Aboriginal status (if applicable)
- Rationale for Subsidy Based on Child's Needs
- Copy of Health Care Card
- Genogram

Child's Birth Family Medical and Social History Completion Guide

You are being asked to give personal and medical information about yourself and your family. This information is important for several reasons:

1. To give your child information about you and your family. People who have been adopted have emphasized the importance of this information to their sense of who they are and where they came from.
2. To meet your child's medical needs. This information may be critical to your child's health in terms of early diagnosis and treatment of health problems. A complete family medical history gives your child the information needed to receive the best possible health care now and in the future.
3. To help select an adoptive family for your child.

As you give the information, please keep in mind what you would like your child to know about you and about how you came to decide on adoption as a plan for your child. Your own thoughts and words will mean a great deal to your child. Some common questions adopted persons ask about their background:

- What were the circumstances that led to my adoption?
- Who do I look like?
- What talents, interests or personality traits do I have in common with my birth parents (music, sports, and hobbies)?

A child wants to know about **both** parents. Where possible, have both parents provide their family history. If this is not possible, try to obtain and provide as much information as you can, or explain why it is not available.

Do not feel you have to limit yourself to the space given for each answer. Write on the back of the pages and add pages if you wish. You may want to have other family members help you in completing your family history. Feel free to ask your Child Protection Worker/Adoption Worker to help you.

The information you provide (Part 1 - identifying information will be retained within the Adoptions Registry at the Department of Health and Social Services and not shared in any manner) will be given to the adoptive parents to pass on to your child as he or she grows up. A copy of the information will also be kept on the child or youth's file with the Adoptions Registry at the Department of Health and Social Services to ensure that it will always be available to your child.



Concurrent Permanency Planning Assessment

WHAT IS PERMANENCY PLANNING?

The United Nations Conventions on the Rights of the Child (1989) states that every child has the right to a family, identity and culture. Permanency means something different for every child or youth in care. For many, it means being loved, a sense of belonging and ultimately, stability. It is about preserving cultural connections, building attachments, feeling a sense of safety and security and calling a place “home”. For children who have protection status, their sense of permanence has been disrupted, and they may experience doubt, uncertainty, and hesitancy that can seriously hinder healthy growth and development. Strategically identifying a permanency plan minimizes the amount of trauma a child or youth in care are exposed to, and can dramatically improve self-esteem and both social and familial relationships.

Permanency planning is extremely different for every child or youth. The foundations of permanence may include having a sense of:

- **Security in relationships:** knowing that relationships that exist now will continue into the future. *Legal security* comes from a relationship that is protected legally. *Emotional security* develops when a person whom the child has become attached to has proven to be trustworthy, by being consistent and reliable over time.
- **Belonging:** being part of a family that is stable and long-term. This connection and sense of belonging contributes to a child’s identity and prevents them from feeling alone and isolated. Emotional belonging comes from feeling part of a family and one’s acceptance into the family is unconditional.
- **Continuity:** which is the ability to understand and make connections between one’s past, present and the future. It is the ability to maintain attachments to people (and culture) even when separated by distance or time.

It is crucial that the Child Protection Worker takes the time to assess each unique case and create individualized permanency plans that clearly represent the collective voices of all supports involved with the child or youth receiving protection services. It is the responsibility of the Child Protection Worker to do their due diligence to align the plan with the best interests of the child or youth.

CONCURRENT PERMANENCY PLANNING

It is important that the need for permanency is kept at the forefront of the case planning process for children and youth who have a protection status. Concurrent planning will ensure that every effort is made to safely return a child or youth to their parent(s)/guardian(s) care, while at the same time, examining other long-term options should this not be possible. It’s important to continuously re-evaluate the child or youth’s sense of stability and permanency.



OPTIONS FOR PERMANENCY PLANNING

When developing a plan, the Child Protection Worker in collaboration with the child or youth, birth parent(s) and/or guardian(s), proposed caregiver(s), foster caregivers as well as extended family/close friends of the family, Indigenous Organization, if appropriate, and any other significant person(s) to the child or youth, must identify a permanency goal that may include one or more of the following:

- return to their birth parent(s);
- continuing placement with extended family or significant person(s) through a Voluntary Support Services Agreement (VSA, SSA) or a Court Order;
- departmental adoption or custom adoption;
- continuing placement with a foster caregiver(s);
- guardianship; and
- transition to independence.

Fill out the sections that are most appropriate for the child or youth.

Please use the questions within this tool as a guide to completing the Concurrent Permanency Plan form.



SECTION 1 - Child or Youth - Complete this section with the child or youth

A. PLACEMENT IN OR OUT OF THE HOME

The child or youth's views on their sense of safety, feeling about their living situation or placement, etc.

1. Tell me what you think you need?
2. What do you think is best for you right now?
3. What makes you feel safe, and why?
4. What makes you feel scared, and why?
5. What makes you feel brave?
6. How do you feel about where you live? What parts do you like the most? What parts do you like the least?
7. Describe to me what would be the "perfect day"? What are you doing that makes it special? Who is with you?
8. Is the placement meeting your needs? Is there something that needs to be changed about where you live?

The child or youth's sense of acceptance by their caregiver, feelings around long-term out-of-home care and any change in their role within the family, etc. (if the child is out of the home)

1. Tell me about how you feel in your current placement?
2. Do you feel like this placement is a good fit for you?
3. What kind of feelings do you have about being in this placement for a long time?
4. How do you see yourself fitting in this placement?
5. What makes you feel comfortable and loved within this placement?
6. Do you have any suggestions and/or concerns about returning home?

What does the child or youth identify as their immediate needs, as well as their goals for the future?

1. What is the first thing you think about when you wake up in the morning?
2. What type of things do you think you need each day to feel happy and healthy?
3. What are your goals and/or plans for the next week?
4. Tell me about your goals and/or plans for the next month?
5. Tell me about any longer-term goals and/or plans you may have?
6. What kind of help might you need to achieve any of your goals and/or plans? Tell me ways you think your caregiver may be able to help you?

B. RELATIONSHIPS/LEVELS OF CONTACT

Explore the relationship between the child and parent(s)/guardian(s). If the child is out of the home explore the level of contact and how it will be managed long-term.

1. Tell me about your parent(s)/guardian(s)?
2. Tell me your most favourite story that involves your parent(s)/guardian(s)?
3. What is your relationship like with your parent(s)/guardian(s)?
4. If you don't live with parent(s)/guardian(s), how often do you want to visit with them and where?
5. If you don't live with your parent(s)/guardian(s), what types of activities do you want to do when visiting with them?



Explore the relationships between the child and *sibling(s)*. If the child is out of the home explore the level of contact and how it will be managed long-term.

1. Tell me about your sibling(s)?
2. Tell me your most favourite story that involves your sibling(s)?
3. What is your relationship like with your siblings(s)?
4. If you don't live with your sibling(s), how often do you want to visit with them and where?
5. If you don't live with your siblings, what types of activities do you want to do when visiting with them?

Explore the relationships between the child and *extended family*. If the child is out of the home explore the level of contact and how it will be managed long-term.

1. Who is most important to you within your extended family?
2. Tell me your most favourite story that involves your extended family member(s)?
3. What is your relationship like with your extended family member(s)?
4. If you don't live with your birth family, how often do you want to visit with your extended family member(s) and where?
5. If you don't live with your birth family, what types of activities do you want to do when visiting with your extended family member(s)?
6. Whom would you like to have a stronger connection/relationship with and why?



SECTION 2 - Parent(s)/Guardian(s) - Complete this section with the parent(s)/guardian(s)

A. GOALS

Consider the family's goals and supports they need to achieve those goals. If the child is out of the home, consider what needs to occur for reunification with the birth family.

1. How are you addressing the problems that had placed your child in need of protection?
2. What supports do you need to address the concerns that placed your child in need of protection?
3. If your child is placed out of your home, is reuniting with your child the long-term goal? If so, what type of help do you need to achieve this?
4. If your child is placed out of your home, do you have any concerns about your child returning to your care? If so, what are your concerns?
5. If your child is placed out of your home, what arrangements need to be made to continue to meet your child's health, educational, social, emotional needs when they to your care (i.e., daycare, transportation to school and/or rehabilitation services)?
6. If your child is placed out of your home, how do you want to plan your child's return to your care?
7. Has your Child Protection Worker developed a safety plan with you? If so, what is your safety plan?

B. PLACEMENT - Complete this section if the child is out of the home

Views and feelings about the placement and move, etc.

1. How do you feel about where your child is going to live or where your child is living? What parts about it do you like the most? What parts do you like the least?
2. Is the placement meeting your child's needs? Is there something that needs to be changed about where your child lives?
3. Have extended family and/or significant person(s) been explored as a potential placement for your child?

C. RELATIONSHIPS/LEVELS OF CONTACT

Explore the relationships between the *child and parent(s)/guardian(s), sibling(s) and extended family*. If the child is placed out of the home long-term, consider how these relationships will be sustained and how contact will be managed.

1. Tell me about your relationship with your child?
2. If your child is placed out of your home, what type of contact do you want with your child (i.e., home visits, community visits, written communication, telephone, videoconferencing, attend appointments, use of social media, etc.)?
3. If your child is placed out of your home, how often do you want to visit with your child and where?
4. If your child is placed out of your home, what types of activities do you want to do when spending time with your child?
5. What type of contact do you want your child to have with their sibling(s) if not placed in the same home; i.e., home visits, community visits, written communication, telephone, videoconferencing, use of social media, etc.)?
6. How often do you want your children to visit with each other and where?
7. Who is the key family member(s) involved with your child?
8. Which family member(s) are helpful to you and your child, and how will they continue to support you and your child?
9. Whom would you like your child to have a stronger connection/relationship with and why?



SECTION 3 – Proposed Caregiver - Complete this section with the proposed caregiver if the child or youth is being placed out of the home

A. PLACEMENT

Describe the child or youth's relationship within your family.

1. Tell me about your family. How does everyone get along?
2. How often does everyone get together? Where does this occur?
3. Will the child or youth be able to remain actively involved with their birth family?

What is the child or youth's needs within this family unit, and how will these needs be fulfilled?

1. What do you see as being the child or youth's needs in your home?
2. How will you meet these needs?

Identify the strengths and/or challenges when it comes to long-term planning for your child and meeting their needs.

1. What are the biggest strengths in your family? How can those strengths help you support the child or youth?
2. In what ways do you think your family may struggle?
3. Can you think of ways to make things easier for your family and the child or youth?

B. RELATIONSHIPS/LEVELS OF CONTACT

Explore the levels of child and parent(s)/guardian(s) contact and how it will be managed long-term.

1. Explain how you will support the parent(s)/guardian(s) and child relationship?
2. Where do you see your role as caregiver fitting in?

Explore the levels of sibling(s) contact and how this contact will be managed long-term.

1. Explain how you will support the child or youth's relationship with their sibling(s)?
2. Where do you see your role as caregiver fitting in?

Explore the levels of extended family contact and how this contact will be managed long-term.

1. Explain how you will support the child or youth's relationship with their extended family?
2. Where do you see your role as caregiver fitting in?

Discuss the attitude toward access with the parent(s)/guardian(s) and proposed caregiver(s), and any impact access may have on caring for the child or youth.

1. Tell me about your relationship with the parent(s)/guardian(s)?
2. Do you have any objection to the parent(s)/guardian(s) having access? Why or why not?
3. Tell me how your opinion of the parent(s)/guardian(s) may impact the child or youth?



SECTION 4 – Case Conference – The information gathered in this section is the result of the consultation with the Child Protection Worker, Supervisor/Manager and Deputy Director, Practice. Fill out the permanency option that is most appropriate for the child or youth.

A. CONSULTATION

What is the rationale for the child or youth to be involved with Child and Family Services?

1. Why does everyone believe the child or youth is receiving protection services through a POCA, SO, TCO and PCO?
2. If the child is living within the family home, what are the family's goals to address the child protection concerns?
3. What strengths are identified on the Household Strengths and Needs Guide?
4. What supports are needed to help the family meet their goals as identified under their Plan of Care/Case Plan?

Is the long-term goal reunification with parent(s) /guardian(s)?

1. What does everyone see as being the value in working towards reunification?
2. What arrangements need to be made to continue to meet the child or youth's health, educational, social, emotional needs when they return home (school move, transportation to appointments etc.)?
3. What supports does the family need/have to assist with the child or youth's return home?
4. How will the child or youth's return home be staged?

Is placement with **extended family or significant other(s)** an appropriate permanency option?

1. What are the feelings around placement with extended family or significant other(s) through a Voluntary Support Services Agreement (VSA, SSA) or Court Order?
2. Is this type of placement something to consider in the future? If so, who has been identified as a possible placement?
3. Does the extended family or significant other(s) have a comprehensive understanding of the child or youth's needs in terms of experiencing trauma, neglect and separation? If not, what supports and/or education can be provided?
4. What is the nature of the relationship between the child or youth and the extended family or significant other(s)?
5. Does the extended family or significant other(s) have realistic expectations of the child or youth and their role as a caregiver?
6. Is the extended family or significant other(s) able to manage challenging behaviours and deal with anger and split loyalties?
7. Does the extended family or significant other(s) have the flexibility in time and commitments to respond to emerging situations related to the child or youth, i.e., illness, emotional support, school issues?
8. Is the extended family or significant other(s) willing to work in cooperation with the Department, NTHSSA and Region and inform the child or youth's Child Protection Worker of changes, incidents and concerns?
9. Is the extended family or significant other(s) aware of all the permanency options for the child or youth?
10. Is the extended family or significant other(s) aware of the services and limitations of services from the Department, NTHSSA and Region(s)?



Is departmental adoption an appropriate permanency option?

1. What are the feelings around adoption?
2. Is adoption something to consider in the future? If so, who has been identified as a possible placement?
3. What supports would the proposed caregiver(s) require to assist with the child or youth's transition to their home?
4. How will the child or youth's placement in this home be staged?
5. Does the proposed caregiver(s) have a comprehensive understanding of the child or youth's needs in terms of experiencing trauma, neglect and separation? If not, what supports and/or education can be provided?
6. What is the nature of the relationship between the child or youth and the proposed caregiver(s)?
7. Does the proposed caregiver(s) have realistic expectations of the child or youth and their role as the caregiver?
8. Is the proposed caregiver(s) able to manage challenging behaviours and deal with anger and split loyalties?
9. Does the proposed caregiver(s) have the flexibility in time and commitments to respond to emerging situations related to the child or youth, i.e., illness, emotional support, school issues?
10. Is the proposed caregiver(s) aware of all the permanency options for the child or youth?
11. Is the proposed caregiver(s) aware of the support services and limitations of services from the Department, NTHSSA and Region(s), i.e., adoption subsidy for departmental adoptions?

Is custom adoption an appropriate permanency option?

1. What are the feelings around custom adoption?
2. Is custom adoption something to consider in the future? If so, who has been identified as a possible placement?
3. What supports would the proposed caregiver(s) require to assist with the child or youth's transition to their home?
4. How will the child or youth's placement in this home be staged?
5. Does the proposed caregiver(s) have a comprehensive understanding of the child or youth's needs in terms of experiencing trauma, neglect and separation? If not, what supports and/or education can be provided?
6. What is the nature of the relationship between the child or youth and the proposed caregiver(s)?
7. Does the proposed caregiver(s) have realistic expectations of the child or youth and their role as the caregiver?
8. Is the proposed caregiver(s) able to manage challenging behaviours and deal with anger and split loyalties?
9. Does the proposed caregiver(s) have the flexibility in time and commitments to respond to emerging situations related to the child or youth, i.e., illness, emotional support, school issues?
10. Is the proposed caregiver(s) aware of all the permanency options for the child or youth?
11. Is the proposed caregiver(s) aware of the support services and limitations of services from the Department, NTHSSA and Region(s), i.e., Voluntary Services Agreement?

Is continuing placement with foster caregiver(s) an appropriate permanency option?

1. What are the feelings around long-term foster placement?
2. Is this type of placement something to consider in the future? If so, who has been identified as a possible placement?
3. What supports would the foster caregiver(s) require to assist with the child or youth's transition to their home?
4. How will the child or youth's placement in this home be staged?
5. Does the foster caregiver (s) have a comprehensive understanding of the child or youth's needs in terms of experiencing trauma, neglect and separation? If not, what supports and/or education can be provided?



6. What is the nature of the relationship between the child or youth and the foster caregiver(s)?
7. Does the foster caregiver(s) have realistic expectations of the child or youth and their role as the caregiver?
8. Is the foster caregiver(s) able to manage challenging behaviours and deal with anger and split loyalties?
9. Does the foster caregiver(s) have the flexibility in time and commitments to respond to emerging situations related to the child or youth, i.e., illness, emotional support, school issues?
10. Is the foster caregiver(s) willing to work in cooperation with the Department, NTHSSA and Region and inform the child or youth's Child Protection Worker of changes, incidents and concerns?
11. Is the foster caregiver(s) aware of all the permanency options for the child or youth?
12. Is the foster caregiver(s) aware of the support services and limitations of services from the Department, NTHSSA and Region(s), i.e., basic, age and special needs rate as well as foster care allowance?

Is a guardianship agreement or order an appropriate permanency option?

1. What are the feelings around guardianship agreement or order?
2. Is this type of placement something to consider in the future? If so, who has been identified as a possible placement?
3. What supports would the proposed caregiver(s) require to assist with the child or youth's transition to their home?
4. How will the child or youth's placement in this home be staged?
5. Does the proposed caregiver(s) have a comprehensive understanding of the child or youth's needs in terms of experiencing trauma, neglect and separation? If not, what supports and/or education can be provided?
6. What is the nature of the relationship between the child or youth and the proposed caregiver(s)?
7. Does the proposed caregiver(s) have realistic expectations of the child or youth and their role as the caregiver?
8. Is the proposed caregiver(s) able to manage difficult behaviours and deal with anger and split loyalties?
9. Does the proposed caregiver(s) have the flexibility in time and commitments to respond to emerging situations related to the child or youth, i.e., illness, emotional support, school issues?
10. Is the proposed caregiver(s) willing to notify the Child and Family Services office prior to moving the child or youth or returning the child or youth to their parent(s)/guardian(s)?
11. Is the proposed caregiver(s) aware of all the permanency options for the child or youth?
12. Is the proposed caregiver(s) aware of the support services and limitations of services from the Department, NTHSSA and Region(s), i.e., Voluntary Services Agreement?

Is transitioning the young person to independence an appropriate permanency option?

1. What is the young person's level of emotional and behavioural development and maturity?
2. How does the young person keep themselves well, i.e. attend the gym, meditates, participates in ceremonial activities, etc.? What things are needed for the young person to be well – physically, mentally, emotionally and spiritually?
3. Does the young person have any medical, physical or mental health and addictions issues? How can they be supported in addressing these needs?
4. Does the young person have current medical care coverage; i.e. health care, health insurance, etc.?
5. Does the young person have current dental coverage?
6. Does the young person have current identification, i.e., birth certificate, passport, general ID, status card, driver's license, etc.?
7. Is the youth attending school? If so, what grade and school?
8. What is the young person's education goal, i.e., complete high school diploma, upgrading education, attending college, university or a trade's school etc.? What is their plan?
9. Is the young person currently employed? If so, where?

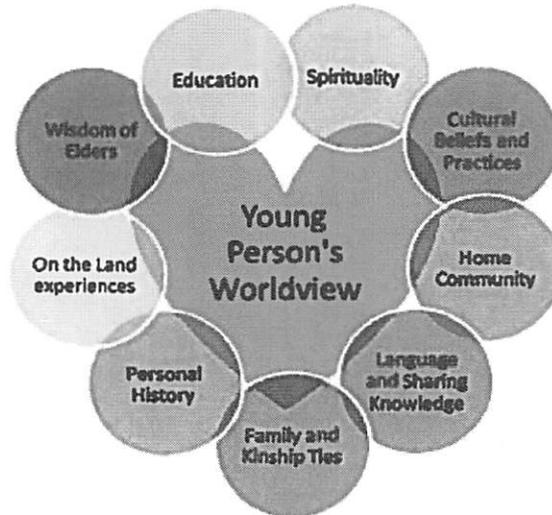


10. Where does the young person want to live, i.e., room and board, apartment etc.? What is their plan to find and pay for a place to live?
11. What does the young person need for transportation, i.e., bus pass, bike, taxi, driver's license, own a vehicle, etc.? What is their plan for achieving this goal?
12. What type of relationship does this young person have with their community? What is going on in their community? What kind of activities are in their community? What type of resources, services and programs are within their community.
13. What other independent living skills does the young person require to living independently?
14. What supports/resources does the young person need/have to assist in their transition to independent living?

Section 9 - Concurrent and Permanency Planning

Form 9.1

Cultural Support Plan



The Cultural Plan will support any child or youth in connecting with their self-identified community and facilitate cultural supports. The plan should contain the young person's details, kinship circles, cultural links and significant family information.

Child or Youth's Information	
Name: [REDACTED]	Gender: [REDACTED]
Date of Birth/Age: [REDACTED]	Birthplace/Home Community: [REDACTED]
CFS Status: Plan of Care Agreement	Matr/NY [REDACTED]
Ethnic Identity: [REDACTED]	Language: English
Health Care #: [REDACTED]	Treaty #, if applicable: [REDACTED]
Indigenous Organization Membership, if applicable: <ul style="list-style-type: none"> • [REDACTED] 	
Do you identify with Indigenous Organization? If yes, please explain: <ul style="list-style-type: none"> • It is unknown if [REDACTED] personally identifies with an Indigenous Organization, however he does have a treaty number. 	

Significant Person(s)/Connections and Relationship to Child or Youth:

- [REDACTED] has a strained relationship with his biological mother, [REDACTED] and his father [REDACTED] lives in [REDACTED] with minimal contact.
- [REDACTED] has expressed that he enjoys living with his foster parents, [REDACTED] and [REDACTED] and their family.

History of biological mother's home community:

1. If Indigenous, what group does the biological mother belong to? If Non-Indigenous, what ethnic group and/or culture does the biological mother identify with?

- [REDACTED]

2. What is biological mother's family name?

- [REDACTED]

3. Are there any extended family members and/or community Elders able to collaborate in maintaining and strengthening the child or youth's connections to their heritage, community and culture?

- [REDACTED] came to the Community June 2018 after being away in [REDACTED] for [REDACTED] years. [REDACTED] has had difficulties adjusting to [REDACTED] which in part is related to his limited cognitive and social skills.
- [REDACTED] enjoys watching and listening to drumming during community drum dances.
- [REDACTED] does not have any extended family members within the community of [REDACTED].

History of biological father's home community:

1. If Indigenous, what group does the biological father belong to? If Non-Indigenous, what ethnic group and/or culture does the biological father identify with?

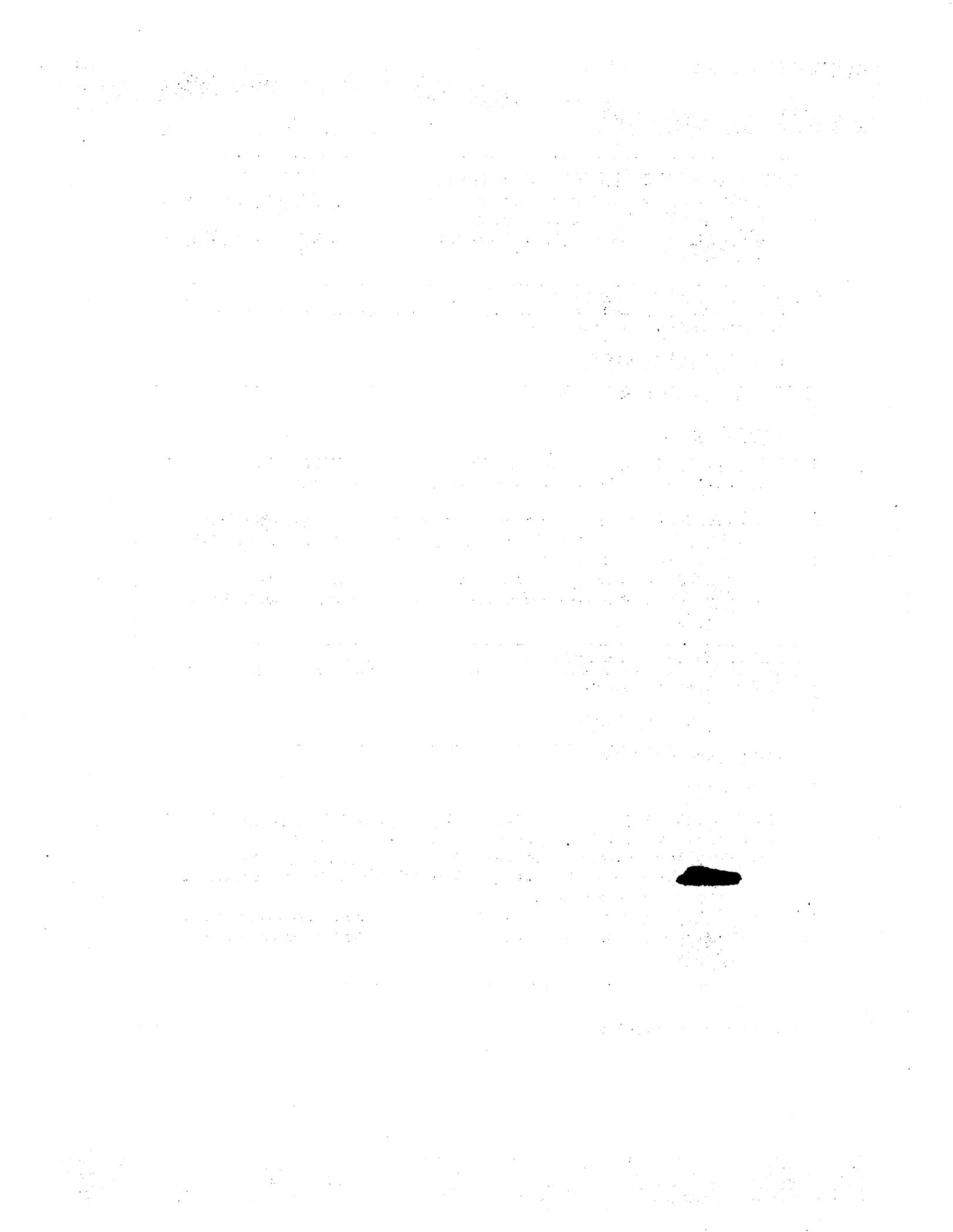
- [REDACTED]

2. What is biological father's family name?

- [REDACTED]

3. Are there any extended family members and/or community Elders able to collaborate in maintaining and strengthening the child or youth's connections to their heritage, community and culture?

- [REDACTED] came to the Community June 2018 after being away in [REDACTED] for [REDACTED] years. [REDACTED] has had difficulties adjusting to [REDACTED] which in part is related to his limited cognitive and social skills.
- [REDACTED] enjoys watching and listening to drumming during community drum dances.
- [REDACTED] does not have any extended family members within the community of [REDACTED].





History of community where the child or youth were born:

Fort Providence, NWT, incorporated as a hamlet in 1987, population 695 (2016c), 734 (2011c), 727 (2006c).

The Hamlet of Fort Providence is located on the northeast bank of the MACKENZIE RIVER, 233 km southwest of YELLOWKNIFE. Local Slavey Dene were attracted to this community after a Roman Catholic mission was built by Bishop Vital-Justin GRANDIN in 1861. In 1867 the Grey Nuns established a boarding school for Dene children, and a HUDSON'S BAY COMPANY trading post, RCMP Station and federal government departments followed soon after. Prior to the 1950s, when an all-weather road was built, access was limited to river or air.

Present day Providence was chosen as a mission site in the early 1860s by the Roman Catholic Oblate Bishop Grandin, so named because the mission was intended to sustain and act as a centre for the rest of the Mackenzie District missions. This was one of the few occasions when a mission preceded a trading post in the Northwest Territories, but it also freed the bishop from seeking permission from the HBC for the post (the Oblates at the time were in steady competition with the Anglican Church which had close ties with the HBC). By 1868, the HBC had moved its post at Big Island to Providence and the settlement became known as Fort Providence.

The new settlement at Providence, which the Metis call "Home of the River People" or Deh Gah Got'ie Koe (Deh Gah Got'ie means 'By the River' in Dene; Koe means 'Home or Houses'). The other Dene name for Fort Providence is Zhahti Koe which means 'mission house.' This speaks to the historical importance of the Oblate mission at this site, which was reinforced when, in 1867, Grey Nuns established a boarding school and orphanage here. Some Aboriginal families took advantage of the new school, including the Bouviers—sending their son to attend the school the first year it opened. Other children were brought to Providence from across the north, with many coming as orphaned survivors of the devastating 1865 scarlet fever epidemic. Grey Nuns operated the school, teaching the children reading, writing, and elementary arithmetic; although central to the school's purpose was religious instruction and evangelization.

Cultural and/or Ethnic Group History (founding persons, lineage, contributions, etc.):

Fort Providence is made up of Dene and Metis indigenous groups.

Metis families played a key role in Aboriginal settlement at Fort Providence. Two Metis families, the Bouviers and Forciers, wintered at Providence in 1863-64, in part to help Grandin build the new bishop's residence. Catherine Bouvier was the daughter of a Metis man named François Beaulieu from Salt River (in today's Wood Buffalo National Park near Fort Smith). Beaulieu's mother was Chipewyan and Cree and her family raised François. His father was from Quebec. Joseph Bouvier (Catherine's husband) was a Metis from Red River, Manitoba. Catherine and Joseph's family thus connected the 18th century Metis of the Athabasca region with the newer Metis from Red River who had come north in the 19th century.



Individual Cultural and/or Ethnic Journey:

1. If appropriate, what Indigenous and/or ethnic group does the child or youth personally identify with?

Nicholas resided in Hay River for several years before coming to Fort Providence in June 2018. Nicholas has severe cognitive limitations and I am not sure what ethnic group he identifies the most

- Due to [redacted] cognitive limitations, as well as the multiple disruptions and trauma in his life, it is unclear if he has an understanding of his Indigenous heritage or what that means to him.
- It is the hope that providing [redacted] within a safe and stable environment that his heritage can be something that he becomes more aware of and is able to identify with.

2. What types of cultural and/or ethnic activities does the child or youth enjoy? (i.e., being on the land, beading, drumming, sewing, local ceremonies, cooking etc.)

- [redacted] participates in different cultural activities in the community; he appears to enjoy hand games and listening to drumming.
- It is our hope that once [redacted] is stabilized, more cultural activities can be incorporated into his daily life.

3. What does the child or youth know about their family's religion, culture, heritage, and spiritual beliefs?

- [redacted] biological mother, [redacted] takes [redacted] to church (Catholic).
- [redacted] foster have also taken him to the local Catholic Church for mass.
- [redacted] struggles to participate in rigid public events where there are large crowds of people.

4. Is maintaining a connection to their heritage/way of life important the child or youth and why?

- [redacted] cognitive limitations limit his grasp of his heritage and why maintaining a connection is important.
- CFS is committed to supporting [redacted] with become more aware of his heritage so that he can develop his own cultural identity.

Cultural and/or Ethnic Supports, Services, Programs or Activities to access (Elders, community groups or members):

1. What type of cultural and/or ethnic supports, services, programs or activities does the child or youth want to learn about or participate in and how often?

- [redacted] is not able to verbalize what cultural supports, services, or activities he would like to participate in.
- [redacted] has been observed trying to participate in hand games in the past and he also seems to enjoy watching the Hand Games being played.
- However, [redacted] has a difficult time participating in large groups as he seems to get sensory overloaded.

Please Note: [redacted] is in the parallel stage of social play and sometimes he gets deregulated when



interacting with more than two or three people at the same time. Sometimes he seems solitary or lonely (within the context of a group), but he is present and tends to cover his face and/ or head.

██████████ is interested in social interactions and cares about his friends, but these interactions are challenging for him. ██████████ sometimes misunderstands social situations, therefore it is recommend that any type of activities be introduced with a social story to help him understand what will happen next.

██████████ enjoys outdoor activities, however he needs to be monitored closely as he frequently gets triggered by smells or get overstimulated (sensory integration difficulties).

2. Who will support these activities (Child Protection Worker, foster caregiver(s), biological parent(s), extended family, teacher, etc.)?

- NWT Social Workers are committed to providing opportunities to ██████████ to participate in any cultural activities that he shows interest in.

3. Is there anyone that the child or youth respects and would like to spend time within their community (i.e., elder)?

- ██████████ has two friends that he appears to enjoy spending time with.
- ██████████ and his friends have disagreements; however his friends understand and forgive ██████████ quickly.

Comments:

- ██████████ is a sweet boy who's high risk and challenging behaviours are often mistaken for malicious outbursts rather than ██████████ inability to control his actions.
- ██████████ likes arts and crafts and is quite artistic. His pictures capture the use of different colours and display his great eye-hand coordination.
- ██████████ tends to focus on people's hands and their hand movements.
- ██████████ enjoys viewing pictures and can focus closely on Aboriginal paintings displayed at the local shops in ██████████.
- ██████████ has a new hearing device. Ideally this will have a positive impact on his quality of life. We encourage him to use it so he can enjoy listening to music and drumming more clearly.
- ██████████ could be described as a "runner". He often leaves his foster placement without the knowledge or permission of his foster parents. He is often found playing in the park or just walking around.



Guardianship as a Permanency Option for Children or Youth

Adapted from *Guardianship Assistance and Policy Implementation – A National Analysis of Federal and State Policies and Programs, (2018)*. Casey Family Programs.

WHAT IS GUARDIANSHIP?

Research shows that children and/or youth do best when raised with relatives or friends of the family, even if that is foster care with relatives and friends. In recent years, guardianship with a relative or friend of the family has become recognized as an important permanency option for children and/or youth in foster care when reunification is not possible.

As a guardian, a person is granted care and custody of a child and/or youth and is responsible for providing the child and/or youth with a safe and stable home, food, clothing, and basic health care. A guardian also has the right to make certain decisions regarding the child and/or youth, including consent to school enrollment and routine and medical care.

It should be noted that should child protection concerns arise within a guardian's home, or a placement with a guardian breaks down, Child and Family Services may intervene, and can offer protection services to the family.

WHY GUARDIANSHIP:

One of the reasons guardianship has become integrated into child protection practice is that it fills the need for permanency when neither reunification nor adoption are appropriate. For example, guardianship may be well-suited for an older child who has an established relationship with a caregiver, but adoption is



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not appropriate, perhaps because the caregiver or child and/or youth are unable or unwilling to pursue it. Guardianship may also be the right choice in cases in which reunification is not possible or in the child and/or youth’s best interest, but there are no grounds for termination of parental rights. For example, this might be a case where the birth parent is severely disabled and unable to parent, but the parent and child and/or youth want to maintain their relationship and legal standing as parent and child and/or youth.

RIGHTS OF BIOLOGICAL PARENTS and GUARDIAN:

The primary difference between guardianship and adoption is that guardianship does not require termination or relinquishment of parental rights, and guardians’ rights are not as expansive as parental rights. Birth parents may retain certain rights and responsibilities such as the right to consent to adoption of the child and/or youth, major medical treatment, and they often remain responsible for paying child support. As part of the Guardianship Agreement or Guardianship Order, courts and/or the new guardians may allow birth parents to maintain contact with their child including regular visitation. Birth parents may also retain the right to request the court and/or new guardians to revoke or modify a Guardianship Agreement or Guardianship Order upon a showing of changed circumstances and that changing the guardianship is in the child or youth’s best interest. Another distinction between guardianship and adoption is that the legal relationship between a guardian and child ends when the child reaches the age of majority, is adopted, or marries.

CULTURAL IDENTITY:

Guardianship also allows for maintenance of bonds between children and/or youth and their birth families in culturally sensitive contexts. Maintenance of strong familial and indigenous bonds among Indigenous children and/or youth



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and families is a particularly salient reason to promote guardianship assistance within Indigenous communities. Indigenous children and/or youth’s loss of familial, ancestral, and cultural connections is likely to increase when placed with families that do not share their culture or heritage. This challenge is particularly acute for Indigenous children and/or youth who are disproportionately represented in foster care and whose familial and cultural ties are a central part of their overall well-being.

Minimum Contact Guidelines for Adoption Probation Period

While on adoption probation, you must monitor the well-being and adjustment of the child or youth to his or her adoptive family. The minimum numbers of contacts required by you, as the Child Protection Worker are as follows:

Child or Youth:

- **One (1) face-to-face contact/interview** with each child or youth within two (2) working days of placement in the adoptive home.
- **Two (2) face-to-face contacts/interviews** with each child or youth for the first two (2) months of placement. A majority of these contacts must take place in the adoptive parent(s) home.
- **One (1) private contact/interview** with each child or youth every two (2) months up until the expiry of the probationary period.

Adoptive Parent(s):

- **One (1) contact/interview** with the adoptive parent(s) every two (2) months, following the initial contact.

Child or Youth and Adoptive Parent(s):

- Following the private visits, each child or youth and the adoptive parent(s) will be seen together **once every two (2) months** in their home environment interacting with each other.

Note:

Private visits can be held in the same physical location, however each visit must be conducted in a separate room.

Private visit refers to meeting with a particular individual apart from any other person. This allows the individual an opportunity to speak in confidence with you.

Contact means communicating either by telephone, email or face-to-face.

Face-to-face contacts mean communicating in person with a particular individual.

Needs Assessment Related Terms

Adapted from the Adopt Ontario website (n.d.)

The following is a list of some of the needs that may affect children and some possible implications of parenting.

Attachment Issues

Child does not receive consistent, attentive care and nurturing and does not bond to a primary caregiver during infancy.

Adoption Implication: The child may be indiscriminately affectionate with strangers, may have challenges in forming stable, trusting relationships. Parents should learn techniques for enhancing attachment and strive to find ways to maximize interactions with their child.

Sexual Abuse

Sexual contact perpetrated upon a child by a person or persons who have power and control over the child.

Adoption Implication: The child may present numerous psychological, cognitive, behavioural and relationship effects including sexual acting out, overt masturbation, flirtation behaviour and depression. Therapeutic interventions may be appropriate.

Physical Abuse

A non-accidental form of injury or harm inflicted on a child by a caregiver. This includes but is not restricted to physically restraining, wounding, burning, poisoning and related assault causing visible or non-visible harm.

Adoption Implication: The normal attachment process for a child whereby the child learns to trust and enjoy the give and take of a caring relationship may be interrupted. The child may be fearful, be slow to trust others and have attachment difficulties.

Fetal Alcohol Spectrum Disorder (FASD)

FASD is a medical diagnosis for a specific pattern of birth defects caused by prenatal exposure to alcohol.

Fetal Alcohol Syndrome (FAS) includes particular sets of facial features, growth deficiency and central nervous system deficits.

Fetal Alcohol Effect (FAE) is similar but without the physical features.

Adoption Implication: Many of these children are bright and creative. They may have some learning difficulties, may require a special education program and usually do best in a structured environment. More severe situations may involve impaired social skills and problems with short-term memory, understanding of consequences or cause and effect relationships.

Attention Deficit Hyperactivity Disorder (ADHD)

This is a cluster of symptoms characterized by a short attention span, poor concentration, impulsivity and hyperactivity.

Adoption Implications: Children with this disorder have difficulty listening, flowing through with instructions, are easily distracted, are always on the go, fidget constantly, are impulsive, are unable to wait their turn, interrupt others and typically have difficulty at school.

Cocaine Use during Pregnancy

The long-term effects of cocaine use during pregnancy are not fully known. Some suggest that there can be physiological and neurological damage as well as learning issues.

Adoption Implications: Adopting parents must be able to live with the uncertainty and be prepared to use and advocate for outside services, as the child's needs dictate.

Preparing the Child for Adoption Placement

1. Preparing the child for adoption is a two-step process. The child first needs to be prepared in general for adoption placement. The child then needs additional preparation when a specific family is selected.
2. Preparing the child for adoption, especially when adoption means separation of the child from the family with whom he or she has lived, includes helping both the child and his or her foster parent(s) to deal with their feelings about the planned change. Some children, depending on their age, level of understanding, and needs, require more extensive preparation than others. During the preparation process, the role of a child's foster parent(s) is extremely important. The more involved foster parent(s) are in this phase of the work, the better able and willing they are to assist in positively preparing the child for moving to an adoptive home.
3. When preparing the child for adoption:
 - Assist the child with issues about his or her past, including feelings of loss and grief.
 - Assist the child with feelings about adoption in general and about placement with a specific adoptive family.
 - Provide opportunities for the child to actively participate in planning for the adoption.
 - Assist the foster parent(s) in preparing the child to make the change to the new family.
 - Provide the foster parent(s) with support to deal with their feelings of loss related to the child's adoption.
4. When assessing the child's emotional preparation for adoption, consider whether the child is able to:
 - Separate from his or her foster parent(s) and form attachments with the adoptive family.
 - Talk about his or her birth family, what happened to the child and the birth family; why the child came into care and why he or she cannot return to the birth family.
 - Identify and express feelings about his or her past.

- Deal with feelings of grief and loss.
 - Discuss his or her desire to be adopted.
 - Express his or her views about an adoption plan if prospective adoptive parent(s) are selected.
 - Accept that he or she can have more than one (1) family.
 - Visualize what the new family would be like.
5. Once the child has been prepared emotionally, discuss the meaning and effects of adoption after considering the following factors:
- The history of the child’s family of origin, including, if applicable, the reasons the child came into care.
 - The child’s culture, language, traditions, and spiritual or religious beliefs of the family or community with which he or she identifies.
 - The child’s right and need:
 - To be fully informed about adoption and its effects.
 - To freely express his or her feelings and views about adoption.
 - To ask questions and seek clarification of what he or she does not understand.
 - To express his or her choices and preferences to the fullest extent possible, consistent with his or her age and developmental level.
 - The child’s age, developmental level and maturity in understanding the concept of adoption, providing as much detail as the child needs and understands.
 - The child’s unique experiences and needs.
 - The child’s need for predictability in moving from the familiar to the unfamiliar.
 - The child’s need to have a sense of control over his or her life.
 - The importance of continuity in the child’s care, and what “family” means to the child and the child’s concept of what it may provide.
6. The *NWT Adoption Act* requires that a child of sufficient maturity be counselled about the effects of adoption prior to adoption placement. When counselling a child, consider the effects of adoption in the context of legal, emotional and social consequences for the child. Counsel the child in a way that is consistent with his or her capabilities, and explore the effects and meaning of adoption. Incorporate the following points:
- Adoption is a legal act that enables a child to be raised in an adoptive family when their birth family is not able.
 - When a child is adopted, all the parental rights and responsibilities of the child’s birth parent(s) are transferred to the adoptive parent(s).
 - Adoptive parent(s) may legally change the child’s given or family name.

- If the child is 12 years of age and older, the adoptive parent(s) can only change the child's given or family name if the child consents.
- Adoption means a child grows up knowing he or she has two (2) families, a biological family and an adoptive family.
- Being adopted by a family means separation from another family.
- It is natural for a child who is adopted to feel and express a range of emotions including feelings of loss, anger, and grief.
- As a member of an adoptive family, the child has the opportunity to be loved and to feel secure.

7. To determine if the child is thoroughly prepared and ready for an adoption placement:

- Consult with the child and consider the child's views of the adoption placement.
- Meet with and consider the views of those involved in preparing the child, including your Supervisor.
- Discuss the child's preparation process and the child's readiness for an adoption placement.

If it is determined that the child is thoroughly prepared and ready for an adoption placement, obtain the approval of your Supervisor on the child's comprehensive plan of care.

8. A Life Book is kept by the child after placement as a permanent personal record of their childhood experiences. It can be used to help a child understand and integrate past events in his or her life and to understand the reasons for the impending placement.

- A Life Book is essentially a memory book developed by the child, the foster parent(s) and the Child Protection Worker and may include:
 - Photographs and other memorabilia.
 - Souvenirs and details of developmental milestones, such as the child's birthdays, first tooth, first steps and so on.
 - Names and addresses of caregivers and other persons living in the placement setting.
 - Pictures and drawings.
 - Report cards.
 - Journals, diaries, essays or personal narratives.
 - Certificates of achievement.
 - Letters from friends or relatives.
 - Souvenirs from trips, concerts and sporting events.
 - Badges and ribbons from clubs and sports events in which the child has participated.

SPECIALIZED NEEDS ASSESSMENT FOR A CHILD/YOUTH RECEIVING FOSTER CARE SERVICES GUIDELINES

Name of Child/Youth: _____

Date of Birth: _____

CFIS Number: _____

1. Physical

<p>The child requires <u>routine</u> medical attention, monitoring and treatment of temporary, situational health needs. For example, the child may:</p> <ul style="list-style-type: none"> • have lice, scabies, measles, mumps, chicken pox • have occasional minor illness (e.g. influenza, colds) • wear a hearing aid, orthopedic brace or splint • have cavities, toothaches, require orthodontic services • have started her menstrual cycle • have eczema, allergies, asthma 	<p>The child requires <u>monitoring</u> of his/her health status and intermittent supervision throughout the day due to health problems frequently or for long periods of time, and is dependent on others to meet his/her daily health care needs. For example, the child may:</p> <ul style="list-style-type: none"> • have eczema, allergies, asthma • wear hearing device, orthopedic brace or splint • be under the age of 14 and pregnant • have frequent minor illness • require frequent medical attention • require daily medication due to physical/mental disability 	<p>The child requires <u>active, intermittent monitoring and supervision</u> and is dependent on some technical care. For example, the child may:</p> <ul style="list-style-type: none"> • have seizures that involve involuntary movement of muscles in his/her arms and legs (petit mal) • need oxygen therapy • need respiratory therapy or breathing monitored • need positioning • have symptoms related to drug/alcohol withdrawal • be unable or unwilling to take medications due to a physical/mental disability • require pain management • require daily medication injections • have a disease where there is a risk of infection to others (ie tuberculosis, hepatitis B, HIV) 	<p>The child requires <u>ongoing monitoring, supervision, care and assessment,</u> often requiring judgment at any time for possible medical intervention. A change in health status would result in an immediate life threatening situation. For example, the child may:</p> <ul style="list-style-type: none"> • require suctioning • have seizures in which the child loses consciousness, temporarily stops breathing, and may be incontinent (grand mal) • have an established colostomy or continuous drainage catheter • be continually dependent on a mechanical device to replace or compensate for vital body functions or even immediate threat to life • be at risk for extended stays in hospital • have ongoing symptoms related to drug or alcohol withdrawal • have a disease where there is a risk
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			<p>of infection to others (HIV, Hepatitis)</p> <ul style="list-style-type: none"> • require ongoing pain management
1	5	8	10
COMMENTS			

2. Developmental

<p>The child is developmentally typical but may require consistent routines or exercises in order to develop and/or maintain skills within a normal range. The child may</p> <ul style="list-style-type: none"> • exhibit regressive behaviours or actions as a means of coping or getting attention 	<p>The child has a developmental delay and requires <u>formal interventions (weekly)</u> to be implemented in order to improve development or diminish developmental delays. For example, the child may: need speech, occupational or physiotherapy</p>	<p>The child has a developmental delay and <u>requires formal interventions (several times a week)</u> to be implemented in order to improve development or diminish severe developmental delays. For example, the child may:</p> <ul style="list-style-type: none"> • need intensive toilet training program of a long term nature • need to attend a special preschool or school program • require daily or consistent follow-through by caregiver 	<p>The child has severe developmental delays and <u>requires constant and intense interventions</u> by a variety of sources that are provided across environments and that are potentially life sustaining, in order to enhance or maintain existing developmental skills. Such interventions involve one on one support and are very intrusive. For example, the child may:</p> <ul style="list-style-type: none"> • have FAS
1	3	5	7
COMMENTS			

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3. Eating

<p>The child's eating habit is within the normal range and age appropriate. For example, the child may:</p> <ul style="list-style-type: none"> • refuse certain foods • -snack between meals • overeate at meals and hide food until secure in the knowledge that the food will be regularly available • if an infant, require frequent feeding 	<p>The child requires <u>some assistance and/or supervision</u> beyond what is age appropriate that may be due to a physical or mental disability but attempts to assist. For example, the child may:</p> <ul style="list-style-type: none"> • attempt to hold spoon • attempt to suck • occasionally eat non-food items • have symptoms of an eating disorder such as anorexia or bulimia • have a special diet or food preparation requirements 	<p>The child requires <u>total physical assistance</u> due to a disability. For example the child may:</p> <ul style="list-style-type: none"> • need to be spoon fed • need hand over hand assistance • have special feeding needs (cleft palate) 	<p>The child requires <u>continual supervision and monitoring</u> of their eating or intake as their eating patterns have placed them at high risk and the condition cannot readily be rectified with medical intervention.</p> <ul style="list-style-type: none"> • be fed through a GI tube • need intake and weight loss/gain monitoring • choke frequently • need proper positioning • vomit after each meal (physical cause) • have been diagnosed as anorexic or bulimic • eat non-food items frequently
1	3	5	7
<p>COMMENTS</p>			

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4. Personal Care

<p>The child requires some prompting, suggestions, supervision and monitoring that is age appropriate in the completion of personal care tasks. For example, child may: Need reminders to bathe, brush teeth, wash hands before meals, wash hair regularly, clean room without being asked change clothes regularly</p>	<p>The child requires <u>partial</u> assistance, teaching, monitoring and <u>regular</u> supervision in the completion of personal care tasks beyond what is age appropriate. For example, the child may:</p> <ul style="list-style-type: none"> • experience occasional enuresis and may need bedding changed up to three times per week • be incontinent of bladder or bowel and need clothing changed up to three times per day • require attention at night on an average of once per night during the normal sleep schedule • resist or have difficulty following through on self care routines. 	<p>The child requires <u>total assistance and close supervision</u> in the completion of personal care tasks. For example, child may:</p> <ul style="list-style-type: none"> • experience ongoing enuresis and may need bedding changed four to six times a week • be incontinent of bowel and/or bladder and may need clothing changed four times per day • use assistance devices for mobility (wheelchair, walker) • require attention at night on an average of twice per night during the normal sleep schedule 	<p>The child requires <u>formal intensive intervention</u> in the completion of personal care tasks. The child may: Experience regular enuresis/encopresis and may need bedding changed more than six times a week</p> <ul style="list-style-type: none"> • be incontinent of bowel and/or bladder and may need clothing changed more than four times a day • require attention at night up to three or more times during the normal sleep schedule • be unable to perform self care tasks • need to maintain or enhance existing care skills because of paralysis or spasticity • be over the age of 12 and be incontinent of bowel or bladder
2	4	6	8
<p>COMMENTS</p>			

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5. Communication

<p>The child is able to verbalize and comprehend. He/she may have a mild hearing loss or speech impairment that does not significantly interfere with communication</p>	<p>The child experiences some difficulty understanding instructions or expectations and may not express him/herself appropriately due to disabilities or lack of learning opportunities. Or, the child may have verbal and comprehension skills but refuses to use them. For example, the child may:</p> <ul style="list-style-type: none"> • have a cognitive delay • have a language delay 	<p>The child is verbal but has extreme comprehension and memory difficulties. The child may have functional impairment of hearing or sight and may require adaptive equipment/aids or modification of the environment (use of Braille, use of a hearing aid)</p>	<p>The child communicates only through body language, facial expressions and vocalizations due to a developmental delay, physical or emotional problem. The child may communicate with the use of augmented language (sign language, pictures).</p>
1	3	5	8
<p>COMMENTS</p>			

6. Socialization

<p>The child requires <u>support and monitoring</u> in their</p>	<p>The child requires <u>active support, teaching and</u></p>	<p>The child requires <u>active demonstration, teaching and supervision</u> of explicit</p>	<p>The child requires <u>continuous hands on intervention</u> so that</p>
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<p>socialization in order to learn age appropriate skills. He/she may experience occasional difficulty interacting with peers and adults. For example, child may:</p> <ul style="list-style-type: none"> • boss or manipulate others • lie or steal • seek attention • disrupt and can be inconsiderate of others • be over the age of 14 and experiment with alcohol or drugs 	<p><u>guidance</u> to get involved or learn appropriate socialization skills as he/she experiences difficulty engaging in daily activities. For example, the child may:</p> <ul style="list-style-type: none"> • withdraw • be unable to make friends • have poor or inappropriate play skills • have poor social judgment engage in minor young offender activities such as shoplifting, mischief. 	<p>socialization skills to them while engaged with others. For example, the child may,</p> <ul style="list-style-type: none"> • be a threat to other children when interacting • engage in moderate young offender activity (e.g. repeated shoplifting) • have poor social judgment which puts the child or others at risk 	<p>he/she may be able to participate in mainstream social activities, due to a physical, mental, or emotional disability. For example, the child may:</p> <ul style="list-style-type: none"> • require someone to be in the pool and assist them in order to go swimming • require someone to accompany and remain with him/her so he/she can participate in social activities (e.g. school dance) • exhibit a pattern of involvement in young offender activity (e.g. willful destruction, thefts, B&E and assault)
<p>2</p>	<p>6</p>	<p>10</p>	<p>12</p>
<p>COMMENTS</p>			

7. Behaviour Management

<p>The child requires structure with clear, consistent expectations and consequences in order to learn routines and reduce unacceptable behaviours. For example, the child may:</p> <ul style="list-style-type: none"> • be upset at 	<p>The child requires <u>more than age appropriate supervision</u> and assistance in order to learn routines and reduce inappropriate behavior. For example, the child may:</p> <ul style="list-style-type: none"> • have temper tantrums, excessive in 	<p>The child requires <u>ongoing supervision and a formal program</u> in the home, school and community due to demonstrated patterns of behavior that places him/her or other at risk. For example, the child may:</p> <ul style="list-style-type: none"> • AWOL for periods of time • be physically 	<p>The child requires constant supervision and a formal program as the child's behaviors/conditions places him/her or others in life threatening situations. The behaviors might be obsessive/compulsive and may cause tissue damage, infection, malnutrition or chemical</p>
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<ul style="list-style-type: none"> bedtime • have temper tantrums involving crying, screaming yelling, etc. • resist following instructions • miss curfew 	<p>number, that may involve personal or property destruction</p> <ul style="list-style-type: none"> • be verbally aggressive/abusive • AWOL for short periods of time(less than 24 hours) • be impulsive and may be a hazard to him/herself or others • wander away 	<p>aggressive</p> <ul style="list-style-type: none"> • exhibit fire setting behaviors • express suicidal ideation and attention seeking attempts • occasionally engage in behaviors that are self-injurious or self-abusive (head banging, picking at skin, slapping or hitting oneself etc.) • be under 14 and experiment with alcohol or drugs 	<p>imbalances in the body. For example, the child may:</p> <ul style="list-style-type: none"> • Constantly engage in behaviors that are self-mutilating (e.g. biting body parts, head banging or picking at skin) • have a history of physically aggressive behavior • ruminate or vomit • be actively suicidal • be violent • use alcohol, non-prescription drugs and/or solvents on a regular or heavy basis • have intentionally harmed animals • be involved in prostitution • AWOL frequently placing him/herself at risk.
<p>4</p>	<p>6</p>	<p>10</p>	<p>14</p>
<p>COMMENTS</p>			

8. Sexuality

<p>The child requires age appropriate guidance, protection and direction. For example, the child may:</p> <ul style="list-style-type: none"> • display normal curiosity about other's 	<p>The child requires <u>firm, consistent guidelines and teaching</u> due to a pattern of risk behavior but attempts to assist. For example, the child may:</p> <ul style="list-style-type: none"> • be sexually precocious 	<p>The child requires <u>firm, planned, consistent teaching, guidelines and increased supervision</u> because he/she displays or has experienced a pattern of sexual behavior that places him/her or others at risk. For example, the child may:</p> <ul style="list-style-type: none"> • engage in sexual 	<p>The child requires <u>constant supervision, clinical intervention and close monitoring</u> as the child engages in inappropriate sexual activities causing great risk to him/herself or others. For example, the child may:</p> <ul style="list-style-type: none"> • engage in bestiality
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<ul style="list-style-type: none"> • bodies require information on sexuality and body changes • require birth control counselling 	<ul style="list-style-type: none"> • initiate inappropriate touching • have poor undefined boundaries • masturbate in private (and/or need to be encouraged not to masturbate in public) 	<p>activity freely either as a follower or a leader</p> <ul style="list-style-type: none"> • be vulnerable to be sexually exploited due to mental, physical or psychiatric problems • have sexually offended • engage in impulsive masturbation in public • have been sexually exploited. 	<ul style="list-style-type: none"> • be a sexual offender and there is a great risk that he/she will offend again.
<p style="text-align: center;">1</p>	<p style="text-align: center;">4</p>	<p style="text-align: center;">10</p>	<p style="text-align: center;">14</p>
<p>COMMENTS</p>			

9. Life Skills – community safety, using community services, time and money management

<p>The child requires structure, support and consistency in learning/accomplishing life skills.</p> <p>Or, the child is an infant</p> <p>For example the child:</p> <ul style="list-style-type: none"> • can learn life skills through observation and demonstration • is a preschooler and can learn picking up toys 	<p>The child requires teaching, support and monitoring beyond what is age appropriate to learn/accomplish life skills. For example the child:</p> <ul style="list-style-type: none"> • can learn life skills through demonstrations or examples • needs preparation for independent living (e.g. shopping and budgeting) 	<p>The child requires <u>active assistance</u> beyond what is age appropriate to learn/accomplish life skills. For example the child:</p> <ul style="list-style-type: none"> • can learn life skills through a structured program that involves steps and repetition. 	<p>The child requires <u>total assistance and ongoing program development</u> to enhance or maintain life skills. For example, the child may:</p> <ul style="list-style-type: none"> • have a physical or mental handicap
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and safety behaviours.			
1	3	5	8
COMMENTS			

10. School/Educational Program/Employment

<p>The child requires support in the school and at home to maximize the benefits of a school/education program. For example, the child requires a supporting person to:</p> <ul style="list-style-type: none"> • monitor school programs and homework • attend parent/teacher meetings • attend school activities <p>OR, the child requires assistance from a supporting person to find and maintain employment such as:</p> <ul style="list-style-type: none"> • teaching job 	<p>The child requires <u>extra</u> support, direct assistance and teaching several times a week to complete assignments, or to seek and maintain employment, due to identified learning problems or disabilities or developmental delays. For example the child may require a supporting person to:</p> <ul style="list-style-type: none"> • supervise homework • set job/educational goals • teach job search skills development 	<p>The child requires <u>daily</u> support to maximize the benefits of a school/education or employment program, due to learning delays, behavioral problems or truancy problems that interfere with success. For example the child may require a supporting person to:</p> <ul style="list-style-type: none"> • maintain daily communication with the school • provide special transport to and from school or place of employment • set job/educational goals • teach job search skills development 	<p>The child requires <u>one to one</u> support to attend school or an employment program due to learning delays, behavioral or physical problems or probable truancy. The child may:</p> <ul style="list-style-type: none"> • be suspended from school frequently • require direct supervision or specialized situations (e.g. Challenge)
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<p>search skills</p> <ul style="list-style-type: none"> assist with job skills development 			
2	5	9	11
COMMENTS			

11. Emotional/Psychiatric/Psychological

<p>At the time of entry into care and up to six months immediately thereafter the child requires support and attention as he/she is experiencing separation and loss trauma that could be evidenced through anger, low self-esteem, weeping, anxiety, irregular sleep patterns, etc.</p> <p>OR, the child has been in care for longer than six months and experiences periodic separation and loss trauma which requires support and attention</p>	<p>The child requires <u>additional support or attention</u> after six months in the same placement and he/she is continuing to experience prolonged separation and loss trauma that could be displayed through anger, low self-esteem, weeping, anxiety, irregular sleep patterns, etc.</p>	<p>The child requires <u>clinical intervention</u> due to some psychological or emotional difficulties.</p> <ul style="list-style-type: none"> require medication to reduce or alleviate the symptoms require counseling (e.g. Mental Health, Addictions) 	<p>The child requires <u>treatment</u> as he/she has been formally diagnosed with a psychiatric disorder or psychological problems. The treatment may include the use of psychotropic drugs, individual therapy or group therapy. The child's behavior/responses maybe irrational and unpredictable.</p>
2	4	6	12

COMMENTS

12. Family Involvement – Includes birth family, adoptive family or any other significant attachment

<p>The child requires <u>regular</u> assistance or support to maintain family relationships. The child may: -have regular or occasional contact with the family through visits, letters or telephone (may need to be supervised) have sporadic, unplanned, or no contact and will require some support</p>	<p>The child requires <u>regular active</u> assistance or support to strengthen family relationships. For example, the child may: • need counseling sessions with the family • need supervised or monitored contact with the family experience upset prior to and after visits with his/her birth family</p>	<p>The child requires <u>frequent active</u> assistance or support to strengthen family relationships. For example, the child may: • have contact with the family up to three times per week • have more than three visits a week with the family</p>	<p>The child requires <u>daily active</u> assistance or support to strengthen family relationships. • have daily contact with teaching and instruction</p>
<p>1</p>	<p>3</p>	<p>5</p>	<p>7</p>

COMMENTS

13. Cultural Improvement

<p>The child requires assistance to develop an awareness of his/her culture.</p> <ul style="list-style-type: none"> • The routine and culture of the placement resource is similar to the child's. 	<p>The child requires assistance to develop an awareness of his/her culture.</p> <p>The routine and culture of the placement resource is different from the child's.</p> <ul style="list-style-type: none"> • experience acceptance or and a positive attitude toward his/her culture • observe and participate in traditions, customs and activities from the child's culture in his/her home and community • have physical reminders of his/her culture in their home (e.g. pictures posters) 	
<p>1</p>	<p>3</p>	
<p>COMMENTS</p>		

Child Protection Worker

Date

Child and Family Services
Section 9 – Concurrent and Permanency Planning

Tool

Supervisor – Child Protection

Date

Waiving, Reducing and/or Extending the Adoption Probation Period

The six (6) month probationary period provides an opportunity to ensure that the child or youth receives support during the transitional period of becoming a member of the adoptive family. Furthermore, it ensures that the adjustment of the adoptive family and their capacity to meet the child or youth's needs is assessed, monitored and documented.

The Director of Child and Family Services will only consider waiving, reducing and/or extending the six (6) month adoption probation period for prospective adoptive parent(s) in the following circumstances:

- The child or youth has previously resided with the prospective adoptive parent(s) on a continuous basis for more than twelve months after Permanent Custody Order has been granted and the child or youth understands, according to their developmental level, the implications of adoption and how it differs from foster care.
- The child or youth is transitioning out of care and wants the adoptions to proceed and is prepared to consent to his or her adoption.
- The adoptive family are moving outside of the Northwest Territories.

The Director's approval for a request is based solely on the best interests of the child or youth. Requests will not be granted under the following circumstances:

- on the basis of convenience;
- when outstanding issues are present;
- when the adoptive family is avoiding or circumventing the requirement for monitoring; and
- when there are concerns that a consent may be revoked, e.g., a child over 12 years of age.

Appropriate reasons to request **extending** the six (6) month probation requirement include:

- there are concerns regarding the attachment between the child or youth and the adoptive family; and
- there are challenges within the adoptive family that require a longer period of adjustment to the adoption placement or the adoptive family requires further evaluation.