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

Birth Family Medical and Social History 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 of 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.

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 Guide

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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) <u>Assist the youth to develop a vision statement:</u> 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) <u>Describe/Define the youth's goals and ambitions</u> through identifying concrete implementation steps (educational, work, developmental) they will need to follow.

(3) <u>Define education and employment needs including:</u>

- 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) <u>Life skills development including:</u>

- 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) <u>Placement Objectives including:</u>

- 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) <u>Service/Program Supports Including:</u>

- Financial support and what will be covered; youth's contribution or other financial resources (family, student assistance, other financial resources).
- 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) <u>Connections (confirmation, encouragement, facilitation to be more healthy where applicable) including:</u>

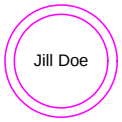
- Specific goals and tasks to facilitate cultural, spiritual, familial, community and other identified connections. There must be an emphasis on connection with immediate and extended family who are willing to become re-involved with the youth in a positive way. Where appropriate, involve family members 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) <u>Legal Considerations</u> including a plan for resolution of any outstanding legal requirements (including creditor issues).

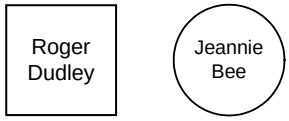
(9) <u>Plan implementation summary</u> including referrals needed, primary contacts and contact information (frequency/purpose of the meeting), secondary contacts, monitoring agreements between the Child Protection Worker and the youth, financial accountability expectations, timelines etc.

Genogram Code Key

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



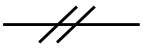
Female Applicant – should be indicated by a double circle and is placed on the right



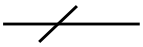
Other males and females should be indicated by a single square or circle – males are placed to the left and females to the right. Siblings are placed in order of birth.

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



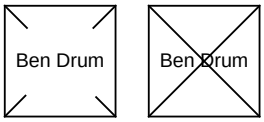
Solid line with two slashes through it represents a divorce – date of divorce is placed above the line



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

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, even if that is foster care with relatives. In recent years, guardianship with a relative 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 relative 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 relative caregiver, but adoption is not appropriate, perhaps because the relative 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'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 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 much 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**

The child requires routine medical attention, monitoring and treatment of temporary, situational health needs. For example, the child may: • **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**	The child requires monitoring 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: • **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**	The child requires active, intermittent monitoring and supervision and is dependent on some technical care. For example, the child may: • **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)**	The child requires ongoing monitoring, supervision, care and assessment, 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: • **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**

			of infection to others (HIV, Hepatitis) • **require ongoing pain management**
1	**5**	**8**	**10**
COMMENTS			

2. **Developmental**

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 • **exhibit regressive behaviours or actions as a means of coping or getting attention**	The child has a developmental delay and requires formal interventions (weekly) to be implemented in order to improve development or diminish developmental delays. For example, the child may: **need speech, occupational or physiotherapy**	The child has a developmental delay and requires formal interventions (several times a week) to be implemented in order to improve development or diminish severe developmental delays. For example, the child may: • **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**	The child has severe developmental delays and requires constant and intense interventions 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: • **have FAS**
1	**3**	**5**	**7**
COMMENTS			

3. **Eating**

The child's eating habit is within the normal range and age appropriate. For example, the child may: • **refuse certain foods** • **-snack between meals** • **overeat at meals and hide food until secure in the knowledge that the food will be regularly available** • **if an infant, require frequent feeding**	The child requires some assistance and/or supervision beyond what is age appropriate that may be due to a physical or mental disability but attempts to assist. For example, the child may: • **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**	The child requires total physical assistance due to a disability. For example the child may: • **need to be spoon fed** • **need hand over hand assistance** • **have special feeding needs (cleft palate)**	The child requires continual supervision and monitoring 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. • **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**
COMMENTS			

4. **Personal Care**

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**	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: • **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.**	The child requires <u>total assistance and close supervision</u> in the completion of personal care tasks. For example, child may: • **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**	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 • **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 spasticitiy** • **be over the age of 12 and be incontinent of bowel or bladder**
2	**4**	**6**	**8**
COMMENTS			

5. **Communication**

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	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: • **have a cognitive delay** • **have a language delay**	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)	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).
1	**3**	**5**	**8**
COMMENTS			

6. **Socialization**

The child requires support and monitoring in their	The child requires active support, teaching and	The child requires active demonstration, teaching and supervision of explicit	The child requires continuous hands on intervention so that

socialization in order to learn age appropriate skills. He/she may experience occasional difficulty interacting with peers and adults. For example, child may: • **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**	guidance to get involved or learn appropriate socialization skills as he/she experiences difficulty engaging in daily activities. For example, the child may: • **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.**	socialization skills to them while engaged with others. For example, the child may, • **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**	he/she may be able to participate in mainstream social activities, due to a physical, mental, or emotional disability. For example, the child may: • **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)**
2	**6**	**10**	**12**
COMMENTS			

7. **Behaviour Management**

The child requires structure with clear, consistent expectations and consequences in order to learn routines and reduce unacceptable behaviours. For example, the child may: • **be upset at**	The child requires more than age appropriate supervision and assistance in order to learn routines and reduce inappropriate behavior. For example, the child may: • **have temper tantrums, excessive in**	The child requires ongoing supervision and a formal program 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: • **AWOL for periods of time** • **be physically**	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

bedtime • **have temper tantrums involving crying, screaming yelling, etc.** • **resist following instructions** • **miss curfew**	**number, that may involve personal or property destruction** • **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**	**aggressive** • **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**	imbalances in the body. For example, the child may: • **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.**
4	**6**	**10**	**14**
COMMENTS			

8. Sexuality

The child requires age appropriate guidance, protection and direction. For example, the child may: • **display normal curiosity about other's**	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: • **be sexually precocious**	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: • **engage in sexual**	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: • **engage in bestiality**

bodies • **require information on sexuality and body changes** • **require birth control counselling**	• **initiate inappropriate touching** • **have poor undefined boundaries** • **masturbate in private (and/or need to be encouraged not to masturbate in pubic)**	**activity freely either as a follower or a leader** • **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.**	• **be a sexual offender and there is a great risk that he/she will offend again.**
1	**4**	**10**	**14**
COMMENTS			

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

The child requires structure, support and consistency in learning/accomplishing life skills**.** Or, the child is an infant For example the child: • **can learn life skills through observation and demonstration** • **is a preschooler and can learn picking up toys**	The child requires teaching, support and monitoring beyond what is age appropriate to learn/accomplish life skills. For example the child: • can learn life skills through demonstrations or examples • needs preparation for independent living (e.g. shopping and budgeting)	The child requires <u>active assistance</u> beyond what is age appropriate to learn/accomplish life skills. For example the child: • **can learn life skills through a structured program that involves steps and repetition.**	The child requires <u>total assistance and ongoing program development</u> to enhance or maintain life skills. For example, the child may: • **have a physical or mental handicap**

and safety behaviours.			
1	**3**	**5**	**8**
COMMENTS			

10. School/Educational Program/Employment

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: • **monitor school programs and homework** • **attend parent/teacher meetings** • **attend school activities** OR, the child requires assistance from a supporting person to find and maintain employment such as: • **teaching job**	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: • **supervise homework** • **set job/educational goals** • **teach job search skills development**	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: • **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**	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: • **be suspended from school frequently** • **require direct supervision or specialized situations (e.g. Challenge)**

search skills • **assist with job skills development**			
2	**5**	**9**	**11**
COMMENTS			

11. Emotional/Psychiatric/Psychological

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. OR, the child has been in care for longer than six months and experiences periodic separation and loss trauma which requires support and attention	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 b displayed through anger, low self-esteem, weeping, anxiety, irregular sleep patterns, etc.	The child requires <u>clinical intervention</u> due to some psychological or emotional difficulties. • **require medication to reduce or alleviate the symptoms** • **require counseling (e.g. Mental Health, Addictions)**	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.
2	**4**	**6**	**12**

COMMENTS

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

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**	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**	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**	The child requires <u>daily active</u> assistance or support to strengthen family relationships. • **have daily contact with teaching and instruction**
1	**3**	**5**	**7**
COMMENTS			

13. Cultural Improvement

The child requires assistance to develop an awareness of his/her culture. • The routine and culture of the placement resource is similar to the child's.	The child requires assistance to develop an awareness of his/her culture. The routine and culture of the placement resource is different from the child's. • **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)**	
1	**3**	

COMMENTS

_____ _____

Child Protection Worker Date

_____ _____
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 placemen or the adoptive family requires further evaluation.