

## CARE PLAN GUIDE TO CONVERSATIONS: 16 - 18

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This guide is a reflection of the Guide to Conversations that can currently be printed within the Care Plan. For those that prefer it, this version is in a WORD document so it can be modified for use with the youth being planned for. Choose the questions based on the youth's development and needs at each meeting. Sections can be deleted that aren't applicable (e.g. specialized questions) or space can be added for notes.

The Guide to Conversations is meant to generate conversations with the youth and members of the care team or circle to support collaboration, participation and an accurate assessment. These questions are intended as a guide but are not a requirement. The intended purpose is not for all questions to be asked at one time and all responses then be documented in the assessment. The questions address key themes that can be summarized in the Assessment for each domain in the Care Plan. Gathering information related to the key themes in each Guide to Conversation is a process that builds on each conversation with the youth resulting in a greater depth of understanding over time. This information forms the foundation for the assessment in each domain and provides clarity for the direction of each plan.

The specialized questions, related to the options chosen on the front page of the Care Plan (Aboriginal, CYSN, Adoption Placement, 54.1 Placement, Expectant Parent, Parenting), should be used in addition to the core group of questions based on age. Specialized questions in each domain are preceded by a solid line and a short description. When they are not relevant for a youth they can be deleted.

To view all the question categories within the document, click view, click navigation pane and scroll. You can navigate the document by clicking on the category you want to view. Please note that making changes within the document may impact the navigation pane.

## **IDENTITY INCLUDING FAMILY AND SOCIAL RELATIONSHIPS AND CULTURE AND RELIGION**

### **Possible questions for the youth:**

#### Youth Identity

What name do you like to be called?

Do you have a nickname?

What are your proudest moments?

What are you good at?

What would others say you are good at?

Do you have a life book?

Do you have a place to keep your pictures, awards and other things special to you?

Do you have any beliefs about yourself that get in the way of you being who you want to be?

What would need to change for you to be the person that you want to be?

What is important to you about how people see you?

What do other people say you do to help them?

Who comes to you for help?

How do you let other people know what you need or want? How is this working for you?

How do you solve problems? Where did you learn this?

How do you give back to friends, family, school, community?

Are you “picked on” or teased for any reason by anyone? What happens? How do you deal with this?

How do you like to express your individuality? What helps or stops you from doing this?

People are different in their sexual attraction to other people. How would you describe your feelings? For example: Only attracted to females; mostly attracted to females; equally attracted to females and males; mostly attracted to males; only attracted to males; or not sure.

Do you consider yourself to be: heterosexual, homosexual, bisexual, questioning, two-spirited, unsure, or would you prefer not to answer this question?

Have you shared your thoughts around sexual identity with someone you trust? How did they respond when you shared?

How do you feel about being a young woman/man?

Have you shared your thoughts around gender identity with someone you trust? How did they respond when you shared?

Have you or someone you know experienced injustice because of how you or they identify?

### Family/Extended Family

How do you get information about your family?

Would you like to know more about your family?

Who do you identify as family? Who are you closest to?

Who do you feel most comfortable with in your family?

What family stories have you heard?

Who do you look like in your family?

How did you get your name?

Do you have pictures of the people that are most important to you?

What are your family/extended family's traditions, special foods and routines?

How do you stay connected to your family and others that are important to you?

How do you feel about yourself when you are with your family?

What would need to change or improve to have the relationship you want with people in your family (type, frequency, quality, behaviour, joint placement)? Do you think this is possible at this time?

What would you like to be different in your relationships with your brothers/sisters in care? Out of care?

### Culture, Spirituality and/or Religion

What is your family's culture? Religion?

What language do your parent's speak?

What opportunities do you have to speak or learn your family's language?

What culture, spirituality and/or religion do you identify with?

What do you know about your culture? What are you most proud of?

How would you like to be involved in your culture, spirituality and/or religion? What do you need to make this happen?

How is your culture, spirituality and/or religion supported? Who are the significant people supporting you?

Who goes to cultural, spiritual or religious events, celebrations or services with you?

What/where is your home community or country?

What do you know about it? Have you ever been there? When?

Who do you look up to in your culture or faith group (family, educator, health professional)?

### Social Relationships

Who do you talk to if you have a need or problem?

Who do you trust and confide in?

Who do you admire/look up to?

Who knows you the best?

How would that person describe you?

What makes a good friend?

Who is your good friend(s)?

What makes you a good friend?

What would you like to change or improve to make you a better friend?

Who do you feel good around?

Who do you spend time with?

How do you feel about yourself when you are with your friends?

How are your friends or time spent with your friends affecting how you want others to think about you?

What would you like to change or improve about your relationships?

How do you spend time with friends?

Who are the supportive adults in your life?

What do you think healthy dating relationships look like, feel like?

Are you dating anyone?

On a scale of 1-5, 5 being your ideal relationship, where does your relationship fit?

What needs to change or improve for you to have a healthy dating relationship?

Is there anything you need to develop the kind of relationships you want to have?

### **Possible questions for other members of the Care Team or Circle:**

#### Youth Identity

How does the youth contribute to the well-being of others and community?

How is this recognized and supported?

What do the adults closest to the youth identify as his/her greatest strengths?

How are these strengths supported and recognized?

Has a life book been started for this youth?

Who is working on the life book with the youth?

Where are pictures, awards and other items of importance to the youth kept?

#### Family/Extended Family

What is being done to place siblings together or support sibling connection?

How is contact facilitated between the youth, family and significant others?

What are the barriers/challenges to visitation/contact?

How does the caregiver support the youth's relationships with family?

Are any supports needed to facilitate the youth's contact with family including siblings and other important relationships?

#### Culture, Spirituality and/or Religion

What opportunities are available for the youth to explore and participate in his/her culture, spirituality and/or religion?

Who is encouraging the youth to be involved in his/her culture, spirituality and/or religion?

How does the caregiver support the youth's cultural identity? Religious and/or spiritual practices?

What resources does the caregiver require to support the youth's cultural, spirituality and/or religious identity?

What needs to be changed or improved to strengthen the youth's connection to culture, spirituality and/or religion?

If the youth does not identify with culture, what steps will be taken to support to develop a healthy cultural identity?

#### Social Relationships

What do significant adults in the youth's life see as needed to support his/her social development?

What do the supportive adults in the youth's life notice in terms of the youth's social strengths and challenges?

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**Aboriginal:**

How is the youth's Aboriginal community/band informed about and involved in the planning?

Describe the involvement the youth has with Aboriginal community and culture. If there is no involvement, please explain.

What is the youth's contact with Aboriginal family members and Aboriginal community?

What efforts have been made to connect with the youth's home community/culture/significant traditions?

What traditional ceremonies or celebrations has the youth participated in?

What traditional or community cultural protocols should be considered when engaging and interacting with community, family or extended family members?

**CYSN:**

Does the youth have Social Stories, visual calendar or augmented communication? Does s/he need them?

How does the youth communicate what s/he likes/dislikes?

What are the youth's favorite/special things (e.g., blanket, picture, sensory input or foods)?

How do the youth and caregiver communicate with each other? How does the youth communicate with family/siblings?

What needs to change or improve to support the youth's contact/communication with family/siblings?

How is the youth's communication in the community facilitated?

How do peers engage with the youth?

What are the barriers to peer engagement?

**Adoption Placement:**

Youth Identity

How has the youth been prepared for adoption?

What is the youth's understanding of the meaning of adoption?

What are the youth's views of adoption? Is s/he willing to sign consent? Has consent been taken?

Does the youth have the capacity to consent?

What items from birth parents, extended family, foster family and others are important to the youth and need to go with him/her to new home?

Have the Adoptive Parent(s) seen the youth's Life Book and/or photo album? When will the Life Book be given to the Adoptive Parent(s)?

Will the youth keep his/her name? How has the youth been involved in this decision?

#### Family/Extended Family

What exploration has occurred to facilitate joint placement with the youth's sibling(s) including those who have been adopted?

If the siblings in care will not all be placed together in this permanent placement, how was the youth involved in the decision?

If the decision has been made to place the youth separately from one or more of siblings in care, has an exception to place siblings separately been granted?

Who are the significant people (e.g., birth parents, siblings, extended family, caregivers) in the youth's life that s/he needs a lifelong connection with?

What arrangements have been made to prepare the Adoptive Parent(s), the youth and the significant people in the youth's life for these relationships to continue post placement?

Have openness agreements been signed with these people to support that lifelong connection?

Are there any safety considerations the Adoptive Parent(s) need to be aware of in relation to the youth's existing relationships?

#### Culture and/or Religion

How will the Adoptive Parent(s) support the youth's connection to culture and religion?

Which of the youth's current relationships and/or activities supporting culture and/or religion will be maintained?

#### Aboriginal

What is the view of the youth's Band or Aboriginal community about adoption?

If the youth is of a different Aboriginal heritage than the Adoptive Parent(s), has a cultural plan and/or cultural safety agreement been developed to support the youth's unique cultural heritage?

If required, has the Exceptions Committee approved an exception to policy to permit adoption of an Aboriginal youth by a Non-Aboriginal family?

### **54.1 Placement:**

#### Youth Identity

How has the youth been prepared for 54.1 placement?

What is the youth's understanding of the meaning of 54.1 placement?

What are the youth's views of 54.1 placement? Is s/he willing to sign consent? Has consent been taken?

Does the youth have the capacity to consent?

What items from birth parents, extended family, foster family and others are important to the youth and need to go with him/her into 54.1 placement?

Have the Guardian(s) seen the youth's Life Book and/or photo album? When will the Life Book be given to the Guardian(s)?

#### Family/Extended Family

What exploration has occurred to facilitate joint placement with the youth's sibling(s) including those who have been adopted?

If the siblings in care will not all be placed together in this permanent placement, how was the youth involved in the decision?

If the decision has been made to place the youth separately from one or more of siblings in care, has an exception to place siblings separately been granted?

Who are the significant people (e.g., birth parents, siblings, extended family, caregivers) in the youth's life that s/he needs a lifelong connection with?

What arrangements have been made to prepare the Guardian(s), the youth and the significant people in the youth's life for these relationships to continue post placement?

Are there any safety considerations the Guardian(s) need to be aware of in relation to the youth's existing relationships?

#### Culture and/or Religion

How will the Guardian(s) support the youth's connection to culture and religion?

Which of the youth's current relationships and/or activities supporting culture and/or religion will be maintained?

#### Aboriginal

What is the view of the youth's Band or Aboriginal community about his/her 54.1 placement?

If the youth is of a different Aboriginal heritage than the Guardian(s), has a cultural plan and/or cultural safety agreement been developed to support the youth's unique cultural heritage?

## **HEALTH INCLUDING PHYSICAL AND EMOTIONAL AND BEHAVIOURAL DEVELOPMENT**

### **Possible questions for the youth:**

#### Physical

Do you have a physical or mental health condition or disability?

If yes, what is it? How does it impact you? Has anything changed recently that makes things harder or easier for you? Is there anything you would like to know about your health condition or disability? Is there anything you would like your caregiver or social worker to know?

What is your understanding of why the doctor has prescribed medication for you?

How do you feel about taking the medication(s)?

Have you noticed any changes since you started taking the medication(s)?

How often do you see a doctor to talk about how the medication is affecting you?

Do you have any dietary needs/preferences? Is this diet for health, religious, cultural or moral reasons? What is important about your dietary needs/preferences?

How have you experienced your body changing or growing (i.e. puberty)?

Are you concerned about your weight (shape or size) at all?

What are the choices that you are making that affect your health now or in the future (smoking, alcohol/drug use, sex, self-harm, exercise, nutrition)? How would the significant people in your life describe your choices?

Is there anything that would need to change or improve for you to be or feel healthy?

What do you do for physical activity and exercise? What would you like to do?

On a scale of 1-5 (1 being low) how would rate your physical health, energy level, wellness?

Are you sexually active? Have you shared this with your doctor? Are you aware of and following the recommended tests to keep you healthy (i.e., pap)?

What do you know about contraception? How did you get this information?

How are you protecting your sexual health? What information do you have on safe sex practices?

What do you know about sexually transmitted infections?

Who are your resources to get this information when you need it? What is the plan for further discussion/education?

#### Emotional/Behavioural Development

What are the hardest/best things you experienced this year?

What information do you need to know about these experiences?

How do you feel most of the time?

What do you worry about?

How do you cope with or deal with worry/stress?

Do you ever use substances to cope with your feelings?

How does your way of coping impact your health? Do you want support to identify different ways of coping?

How do you tell or show people how you are feeling? What is the response of the people around you? How would you like them to respond?

What needs to be different for you to feel heard?

What are your sleeping and eating patterns like?

**Possible questions for other members of the Care Team or Circle:**

Physical

Describe the developmental milestones that this youth has achieved appropriate for age and ability. Are there any areas of concern? What is in place to support this youth's ongoing development?

What does the caregiver notice about how the youth's ongoing physical or mental health condition or disability affects the youth? Has he or she noticed any changes?

Does the caregiver require any additional information, education or support in relation to the youth's health condition or disability to meet the youth's needs?

What organic and non-organic causes for symptoms/behaviour been explored? What social/environmental interventions or supports have been put in place for this youth?

Do the caregiver(s) have the necessary knowledge/resources to provide the youth with his/her dietary needs/preferences?

What method of communication does the youth use?

What supports are in place for the youth to develop communication and language skills?

What are the youth's therapy needs – occupational therapy, physical therapy, speech therapy?

Has there been any access to or exploration of traditional/alternative healing practices/therapies?

Do the significant adults in the youth's life have any concerns related to smoking, or the use of alcohol or drugs?

### Emotional/Behavioural Development

How have the youth's relationships and life circumstances impacted self image, feelings, behaviour, and relationships (e.g., being in care, circumstances that led to being in care, grief and loss, school, peer relationships)?

How does the youth show symptoms of worry, distress and grief (e.g., poor appetite, difficulty sleeping, somatic complaints, self-injurious, aggressive behaviour)? What are the triggers? Please describe the impact on the youth's life (e.g. school, relationships)?

What do adults closest to the youth notice about his/her emotional state?

Is there a mental health professional supporting the youth? What is the treatment strategy?

What is in place to support the youth's positive emotional/behavioural development?

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### CYSN:

What are the youth's equipment needs (e.g. mobility, eating, toileting, dressing)?

Does the youth require any modifications to equipment or medical supplies?

What modifications to equipment or medical supplies could improve the quality of life for this youth?

What help is s/he getting to develop communication and language skills?

If the youth requires significant support including toileting, bathing etc., does s/he understand the difference between good and bad touch?

How is the youth cued to physical touching (e.g., part of visual routine, given cue in advance)?

Please describe the supports in place to support the tasks of daily living (eating, dressing, toileting, mobility).

### Expectant Parent: Female

What do you understand the options to be for a young person who is pregnant?

What are your plans regarding the pregnancy?

How do you feel about this pregnancy?

Who was the first person you told?

What are you excited/worried about?

What medical care are you receiving for your pregnancy?

Are there any special considerations with your pregnancy and or birth?

What is your pre-natal care?

Are you taking pre-natal vitamin supplements?

Are you receiving a pre-natal diet allowance?

Are you attending pre-natal classes? What do you need to make this happen (someone to go with you, transportation, child-care)?

What is your birth plan?

What support would be helpful?

How do you hope the baby's father and his family will be involved with the baby?

How have your relationships with the baby's father, friends and others changed since you became pregnant? How has this impacted you?

What do you know about the community resources available to support new parents?

What do you know about the use of drugs and alcohol during pregnancy?

What do you need to keep you and your baby safe?

What do you know about safe sleeping practices for babies?

What do you know about the "period of purple crying"?

Has a referral been made to Public Health?

**Expectant Parent: Male**

What do you understand the options to be for a young person who is pregnant?

How do you feel about this pregnancy?

Who was the first person you told about the pregnancy?

What are you excited/worried about?

Are you attending pre-natal classes? What do you need to make this happen (someone to go with you, transportation, child care)?

How do you hope to be involved with the baby's mother and the baby?

What do you know about the community resources available to support new parents?

What do you know about the use of drugs and alcohol during pregnancy?

What do you know about safe sleeping practices for babies?

What do you know about the "period of purple crying"?

**Parenting: Mother**

What is your understanding of your child's developmental needs?

Do you have information about supporting your child's social-emotional development?

Do you have any concerns about your child's health?

Are your child's immunizations up to date?

Is there something that you need support with in this area?

What does your child need from you or others to have the best life?

What do you know about bonding and attachment? How will you get this information?

What do you remember about being parented?

What do you want your child's memories to be about being parented?

What are your hopes and dreams for this child?

What do you need from yourself, from others for this to be your child's experience?

What is your relationship with the child's father and his family?

Who can you count on for practical help such as babysitting or support regarding being a parent? How do they help you?

How has your relationship with the baby's father, friends and others changed since you became pregnant or a parent? How has this impacted you?

What information have you received about post-natal care/post-partum depression?

What do you know about the community resources available to support parents?

Have you been in contact with Public Health?

**Parenting: Father**

What is your understanding of your child's developmental needs?

Do you have information about supporting your child's social-emotional development?

Do you have any concerns about your child's health?

Are your child's immunizations up to date?

Is there something that you need support with in this area?

What does your child need from you or others to have the best life?

What do you know about bonding and attachment? How will you get this information?

What do you remember about being parented?

What do you want your child's memories to be about being parented?

What are your hopes and dreams for this child?

What do you need from yourself, from others for this to be your child's experience?

What is your relationship with the child's mother and her family?

Who can you count on for practical help such as babysitting or support regarding being a parent? How do they help you?

How has your relationship with the baby's mother, friends and others changed since the baby was born? How has this impacted you?

What do you know about the community resources available to support parents?

Have you been in contact with Public Health?

**Adoption Placement:**

If the medical/social history for the youth's birth parent(s) has not been gathered in written form, are the Adoptive Parent(s) accepting that this information is not available?

When is the youth scheduled to have a complete medical prior to placement?

What supports is the youth receiving to support his/her physical/emotional/behavioural health? What services need to continue after placement?

What is the Adoptive Parent(s) understanding of the impact/potential impact of the youth's prenatal history on his/her development?

How will the Adoptive Parent(s) support the youth in relation to grief, loss and the effects of early childhood trauma?

How will the Adoptive Parent(s) ensure the youth's medical needs are addressed (e.g., MSP, extended medical for dental, specific services etc.)?

Describe the Adoptive Parent(s) plan to continue the immunization schedule recommended by Ministry of Health or the youth's physician.

Have any reports/assessments come to MCFD after placement? If yes, have the Adoptive Parent(s) been given a copy? If yes, has the Letter of Acknowledgement been amended?

**54.1 Placement:**

If the medical/social history for the youth's birth parent(s) has not been gathered in written form, are the Guardian(s) accepting that this information is not available?

When is the youth scheduled to have a complete medical prior to placement?

What supports is the youth receiving to support his/her physical/emotional/behavioural health? What services need to continue after placement?

What is the Guardian(s) understanding of the impact/potential impact of the youth's prenatal history on his/her development?

How will the Guardian(s) support the youth in relation to grief, loss and the effects of early childhood trauma?

How will the Guardian(s) ensure the youth's medical needs are addressed (e.g., MSP, extended medical for dental, specific services etc.)?

Describe the Guardian(s) plan to continue the immunization schedule recommended by Ministry of Health or the youth's physician.

Have any reports/assessments come to MCFD after placement? If yes, have the Guardian(s) been given a copy?

## **EDUCATION/SOCIAL RECREATIONAL ACTIVITIES**

### **Possible questions for the youth:**

#### Education

How would you describe your school attendance?

What arrangements have been made for you to get to and from school? How is this working?

What do you enjoy most about school?

Do you feel you belong? On a scale of 1 to 5, 5 being the strongest feeling of belonging, how would you rate your feeling about this school?

What needs to change or improve? How can the adults in your life help you?

Do you feel you are treated fairly and respected at school? By school staff? By peers?

Who helps you with your school work? How is this working??

Are there any subjects or classes you need help with?

Who knows you the best at school? What does he/she notice about you?

Do you have a safe place/safe person to go to at the school if you need to?

School transitions – What do you need to feel the most comfortable in your new school?

Is there anything standing in your way of going as far as you would like to go in school?

What are your educational/career goals now? After you graduate?

What do you need to be successful?

Who is helping you explore educational/career opportunities?

What do you know about the supports/funding available to you for your future educational/career plans?

#### Social/Recreational Activities

What things do you like to do? What are your interests and hobbies?

What sports, clubs or recreational and/or cultural activities are you involved in?

What opportunities have you had to choose what activities you would be involved in?

Is there anything you would like to be different?

Is there any special equipment that you need?

**Possible questions for other members of the Care Team or Circle:**

**Education**

What is the youth's attendance at school? If the youth is not attending what is getting in the way?

What does the youth's teacher or other educational support staff report about the youth's overall progress?

Does the youth have any special educational needs or abilities? What are they? What supports have been provided?

Has the school applied for funding based on the youth's special needs? How has this funding been utilized?

Does the youth require additional supports at school or at home?

Is the youth experiencing or involved in racism or bullying? What's happening and how are the adults in the youth's life supporting?

What are the caregiver(s) hopes/expectations in relation to the youth's educational achievement?

**Social/Recreational Activities**

What modifications or specialized equipment is required to support the youth to participate in activity(s) of interest?

How does the child's caregiver(s) support the child's interests/activities?

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**Aboriginal:**

In what ways is the youth experiencing racism? What's happening and how are the adults in the youth's life supporting him/her?

What opportunities does the youth have to learn about the history of Aboriginal people in Canada?

Are the youth's choices regarding classes respected?

Has the school applied for funding based on the youth's Aboriginal heritage? How has this funding been utilized?

Does the youth have an Aboriginal support person or team at the school?

Is the youth eligible for post-secondary funding through his/her Aboriginal community?

**CYSN:**

How does the youth communicate with school staff?

How do peers engage with the youth? How does the youth engage with peers?

Is the youth participating in a grad transitions program?

**Expectant Parent: Female and Male**

What are your goals for your education when your baby is born?

What do you need to accomplish your goals (childcare, transportation)? How can the school support these? How can the significant adults in your life support you?

**Parenting: Mother and Father**

What do you need to accomplish your goals (childcare, transportation)? How can the school support these? How can the significant adults in your life support you?

How has becoming a parent impacted your education/relationships at school?

What is your return to school plan?

**Adoption Placement:**

What do the Adoptive Parent(s) understand about the youth's needs in relation to education, including the possible impacts of the youth's prenatal and genetic history and life experiences?

What educational supports are currently in place and need to continue to support the youth's unique learning needs?

Are there recorded recommendations for future psycho-educational or other assessments/supports?

How will the Adoptive Parent(s) continue to support the youth's recreational activities and interests?

What information have the Adoptive Parent(s) been given regarding the youth's potential eligibility for post majority funding for educational pursuits?

**54.1 Placement:**

What do the Guardian(s) understand about the youth's needs in relation to education, including the possible impacts of the youth's prenatal and genetic history and life experiences?

What educational supports are currently in place and need to continue to support the youth's unique learning needs?

Are there recorded recommendations for future psycho-educational or other assessments/supports?

How will the Guardian(s) continue to support the youth's recreational activities and interests?

**PLACEMENT/LIVING ARRANGEMENT**

**Possible questions for the youth:**

Placement/Living Arrangement

Do you feel welcome in this home?

Do you feel you belong here?

What would need to be different for you to feel more welcome?

What is your understanding about why you are in foster care?

What do you say when people ask questions about your family or why you are in foster care? Do you want help with this?

Do you feel safe? On a scale of 1 to 5, 5 meaning you feel very safe, how would you rate how safe you feel?

Do you feel able to express yourself in the home?

Who do you go to for help with your school work at home?

What do you do once you get home from school or on the weekends?

Are you satisfied with the amount of privacy you have?

Are there any changes you would like to see?

What are the rules and expectations in your placement/living arrangement?

What happens if these aren't followed?

How do you know that your caregivers care about you?

What do you like about where you live? What would you change or improve about where you live?

What is important to you about the people you live with?

How would you describe your relationship with the people you live with?

What would you change or improve about your relationships with the people you live with?

If there has been or will be a move

What is your understanding about the reasons why you moved/will be moving?

When you moved were any of your belongings left behind?

How do you feel about the move?

What do you need to make this transition easier?

What do/will you miss the most?

Who would you like to stay in contact with? What would that look like?

**Possible questions for other members of the Care Team or Circle:**

Placement/Living Arrangement

How does the caregiver support the plan for the youth's legal permanence?

How is the caregiver supporting the youth's preparation for adulthood?

How does the caregiver describe his/her relationship with the youth?

How does the youth's room reflect his/her interests, who is important to him/her and who s/he is (e.g., pictures of those that are important to him/her)?

How does the caregiver acknowledge the youth's strengths?

How does the caregiver acknowledge the youth's culture and/or religious identity within the home?

How does the caregiver provide opportunities for the youth to eat and prepare traditional foods specific to culture?

What resources does the caregiver require to support the youth's growth and development?

Is there a plan to maintain contact with the caregivers or others in the home?

If there has been or will be a move

If the youth is moving or has moved, is there a plan to maintain contact with the caregivers or others in the home?

How is the caregiver(s) maintaining the youth's routines?

How is the caregiver(s) promoting the youth's sense of belonging in their family?

What strategies are in place to support the youth through the transition?

How is the caregiver(s) acknowledging the youth's grief and loss?

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**CYSN:**

Does the physical environment need modifications to support the youth's needs?

Does the vehicle need modifications to support the youth's needs?

Does the youth have any exceptional clothing needs?

If the youth is non-verbal how does s/he communicate with his/her caregiver?

What resources does the caregiver need to support the youth's special needs?

Is the caregiver(s) considering caring for the youth post 19?

**Expectant Parent/Parenting:**

If you and your child are living in a foster home do you feel you belong?

Do you have everything you need (equipment etc.) to keep your child safe in your home?

What is the agreement between you and your caregiver about babysitting, transportation, the baby's father/mother visiting?

What needs to change or improve for you to feel supported as a parent?

How does your caregiver or other significant adults support you as a parent?

**Adoption Placement:**

Attach a visitation schedule that has been arranged with foster parents, Adoptive Parent(s), Adoption Social Worker, Guardianship Social Worker and youth. Describe the financial plans to support the visitation schedule.

How will the Adoptive Parent(s) maintain the youth's significant routines after adoption placement?

How does the youth adapt to new situations and how this will be addressed during pre-placement visits and after placement?

How will the Adoptive Parent(s) support and promote the youth's sense of belonging in their family?

How will the Adoptive Parent(s) acknowledge the youth's grief and loss?

What other strategies has the youth's care team identified to support him/her through the transition including supporting attachment to the Adoptive Parent(s)?

What is the Adoptive Parent(s) understanding of the possibility of the youth exhibiting changes (regression) in behaviour and developmental abilities (e.g., self care, social) following placement? What support do they require and how will they respond to the youth?

Are there any home renovations/modifications required to meet the youth's needs? Describe how the Adoptive Parent(s) will address these needs (e.g., accessibility, bedroom or vehicle requirements).

**54.1 Placement:**

How will the Guardian(s) maintain the youth's significant routines after adoption placement?

How does youth adapt to new situations and how this will be addressed during pre-placement visits and after placement?

How will the Guardian(s) support and promote the youth's sense of belonging in their family?

How will the Guardian(s) acknowledge the youth's grief and loss?

What other strategies has the youth's care team identified to support the youth through the transition including supporting attachment to the Guardian(s)?

What is the Guardian(s) understanding of the possibility of the youth exhibiting changes (regression) in behaviour and developmental abilities (e.g., self-care, social) following placement? What support do they require and how will they respond to the youth?

Are there any home renovations/modifications required to meet the youth's needs? Describe how the Guardian(s) will address these needs (e.g., accessibility, bedroom or vehicle requirements).

## **SELF CARE AND INDEPENDENCE SKILLS**

### **Possible questions for the youth:**

Do you have the opportunity to choose and purchase your clothing?

Do you need any personal supplies (hygiene)?

What tasks/chores do you do regularly?

What choices/decisions are you responsible for?

What identification do you have/need?

Do you have a job/volunteer placement? How many hours a week do you work/volunteer?

What would you like to do with your life and what do you need to get there?

What do you want to learn to do? What do you need to learn to do?

What kind of support/help do you need to develop these skills?

Do you need support to learn how to manage your money; find housing; care for your home; find a job, or other things you will need to know as an adult?

What do you know or need to know about available services and community resources that can provide support and help you achieve your goals?

Do you need support to research and apply for financial assistance to achieve your educational/vocational goals?

Who do you want to be in your life as an adult? What do you need to make this happen?

What things are you most worried about as you get closer to transitioning to adulthood?

What can the adults in your life do to support you to get what you need?

### **Possible questions for other members of the Care Team or Circle:**

If the youth has a disability or health condition that impacts independence, describe the plan to develop self-care and independence skills.

Is the youth's clothing and grooming age/need appropriate?

What help does the youth need to be able to function independently at a level appropriate to his/her ability?

What are the youth's personal safety skills and level of independence in the community?

What pre-employment skills has the youth mastered?

Transition to Adulthood planning including CLBC/Home Health/Adult Mental Health

Youth Transition Conference

Describe the opportunities the youth has to learn and practice self-care that are specific to cultural customs.

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**\*Specialized questions in each domain are based on the selections on the front page of the Care Plan. They are not based on age and wording may need to be modified. They are intended to be used along with the core questions above not instead of.**

**CYSN:**

What or who supports the youth in daily living?

What self-care skills (bathing, dressing, toileting, eating) can the youth perform independently?

What self-care skills can the youth do with assistance? What assistance is provided?

**Transition to Adulthood**

Has PWD been applied for? When will it be in pay?

Transition to CLBC/Home Health/Adult Mental Health/Health Services for Community Living - Who is making these referrals to ensure continuity of service into adulthood?

Are there any special therapies that need to continue into adulthood? Are any of these recommended by medical health professionals? What is the plan to continue these services (e.g. transportation and fees)?

Has the physician resubmitted a request for medical supplies to MSD so that the supplies continue to be available into adulthood without a gap in service?

Is a special dietary allowance required?

Will the youth be moving? If so, does the new residence require modifications (e.g. lifts, specialized equipment)? What is the plan for the location of the new residence and the move?

If the youth is remaining in the current placement, has a request for sharing the placement with CLBC been submitted?

**PERMANENCY PLAN**

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**\*Specialized questions in each domain are based on the selections on the front page of the Care Plan. They are not based on age and wording may need to be modified.**

**Adoption Placement:**

Are the Adoptive Parent(s) willing to accept the legal risk of birth parents applying to rescind the CCO or apply for access up until the Adoption Order is granted?

Are the Adoptive Parent(s) aware that an application for access could be applied for after the Adoption Order is granted and that they would be responsible for all legal costs?

Are there current access orders attached to the CCO and/or de-facto access with any family members or others? If yes, what is the plan going forward into adoption?

Has everyone who has an Access Order or de-facto access been given written notification about the adoption plan and the potential impact on the Access Order prior to adoption placement?

**54.1 Placement:**

Are there current access orders attached to the CCO with any family members or others? If yes, what is the plan going forward into 54.1? Is there a need to vary the order(s)?