

FAMILY COURT OF NOVA SCOTIA

Citation: Nova Scotia (Community Services) v. J.L.R., 2011 NSFC 28

Date: 20111206

Docket: FANCFSA-073062

Registry: Yarmouth

Between:

Minister of Community Services

Plaintiff

v.

J.L.R. and S.J.D.

Defendant

Editorial Notice

Identifying information has been removed from this electronic version of the judgment.

Restriction on publication: Publishers of this case please take note that **Section 94(1) of the *Children and Family Services Act* applies and may require editing of this judgment or its heading before publication.**

Section 94 provides:

94(1) No person shall publish or make public information that has the effect of identifying a child who is a witness or a participant in a hearing or the subject of a proceeding pursuant to this Act, or a parent or a guardian a foster parent or a relative of the child.

Judge: The Honourable Judge John D. Comeau, JFC

Heard: Comeauville - May 12, 2011
Digby - May 17, 2011

Digby - June 7, 2011
Digby - November 8, 2011

Counsel:

Donald Urquhart for the Minister of Community Services

Oliver Janson for J.L.R.

Colin Fraser for S.J.D.

The Application:

[1] This is a disposition under section 41 of the *Children and Family Services Act*. The children L. born September *, 2005, C. born July *, 2007 and L. born November *, 2009 were apprehended on November 22, 2010 and placed in the temporary care of the Minister of Community services on the 29th of November, 2010. Supervised access to the Respondent mother J.L.R. was set up for three times a week for two hours each session. Reasonable transportation fees were to be paid by the Minister. The completed interim hearing order dated December 14, 2010 provided for the preparation of a Parental Capacity Assessment, with the cooperation by the Respondent and her boyfriend P.B. Access was to remain the same as the original five day order. This assessment was also to determine if the Respondent's boyfriend P.B. was to have regular contact with the children. There is no reference to the participation of the Respondent father S.J.D. He has not taken part in this proceeding although he attended the protection hearing that found the children in need of protective services. This hearing and decision was held on February 17, 2011.

The issue:

Disposition. Long term care of the children

The Facts:

[2] The evidence at the protection hearing consisted of sworn affidavits of three agents of the Minister, Natasha Comeau sworn November 29, 2010 and December 10, 2010, Tammy Cleve sworn February 17, 2011 and Annie Warren sworn February 17, 2011. Reports of Cornelia Melville, psychologist with respect to C. dated September 23, 2010 and January 13, 2011, and respecting L. dated March 10, 2010 and January 14, 2011 as well as the access facilitator Karen Belliveau.

Summary of Evidence at Protection Hearing:

[3] The allegations set out in the notice of hearing referred to sections 22(2)(a), (b), (e), (f), (g) and (i). The Court found the children to be in need of protection as the Respondents agreed pursuant to section 40(3) that protective services were required.

[4] Involvement with this family by the Minister was extensive commencing in June of 2006. There have been many services provided, including a family support worker. The initial involvement of the Minister's agents was as a result of a domestic dispute with the Respondent father, S.J.D., angrily damaging the residence and scaring the Respondent mother J.L.R. Another occasion involved pushing and throwing things at her in the presence of one of the children. The family support worker was brought in to address and alleviate violence and ensure the child (L. at the time) was safe in the home.

[5] There were other incidents of violence described and the Respondent father agreed to attend anger management counselling. With the involvement of CASA (Citizens Against Spousal Abuse), the Respondent mother moved to another area but soon returned to live with the Respondent father. The agents for the Minister advised her they did not want her living with the Respondent father because of the danger to the child of domestic violence. The relationship continued with the parties eventually agreeing to couple counselling. C. was born during this time period. On December 31, 2007 the Minister's agent advised they were closing their file as there was then no concern about the welfare of the children. This did not happen until October 8, 2008 because of ongoing contact by the Respondent mother.

[6] On February 18, 2009 the Respondent mother contacted the agents concerning problems with disciplining L. who was biting, kicking, spitting at people, breaking toys and teaching this to his brother C.. She was referred to the Family Resource Centre. In September 2009 it appears the Minister's file was reopened to help the Respondent mother who was pregnant to deal with issues concerning L.. Professional advice was obtained when L. was born on November 20, 2009. On February 1, 2010 the Minister's file was again closed.

[7] In March of 2010 many referrals were received concerning the mother's lack of parenting skills as well as medical neglect. Specific concerns were the children being left with babysitters for several days at a time without notice to the babysitters. Services were discussed including methods of discipline. Professional services were provided for L.. It came to the attention of the Minister in April of 2010 that the Respondent mother was in a new relationship with one P.B. The issue of discipline of the children remained a matter to be dealt with. Such matters of swearing, hollering and hitting the children. It was alleged also that P.B. had hit the children.

[8] There were allegations that this relationship was of a controlling nature. P.B. bullied her into buying him a truck out of a retroactive sum she received from the child tax credit. Part of P.B.'s control was not to allow her to have friends and she felt alone and isolated. Certain services for the children (speech therapy for C.) recommended were opposed by P.B. in exercising his control over the Respondent mother. She was referred to the women's shelter for advice.

[9] There were concerns about attendance at medical appointments and the Respondent mother refused to use the local bus, even though the Minister agreed to pay for it. She had moved to * area where public transportation was available.

[10] On November 22, 2010 the children were apprehended and the agent Natasha Comeau described her reasons as follows:

“There is a concern that J.L.R. continues to associate with partners who exhibit abusive behaviour. This occurred with S.D. Based upon reports from J.L.R. herself and her other children about P.B., he is exhibiting similar behaviour. The other children described incidents of P.B. “Hollering” and hitting L., C. and L..

The Agency has also received a referral indicating that L.'s broken arm was not an accident. This is currently under investigation.

The Agency is concerned that there has either been physical harm, or there is a substantial risk of physical harm.

With regard to medical treatment for the children, I note that there have been serious problems with all three children, and especially C.. J.L.R. has been reluctant to take him to speech therapy or physiotherapy or for mental health appointments. There have also been concerns about C. not receiving medicine for his ears. There are concerns about L.'s hips, and his need for physiotherapy, but J.L.R. has not followed this up. J.L.R. is reluctant to use public transit. Despite purchasing a truck for P.B. it appears P.B. is reluctant to take J.L.R. and the children to medical appointments.

J.L.R. appears to have limited ability to comprehend the children's needs, as she is not following through with recommendations for medical care of the children. For example, she re-scheduled an appointment with a pediatrician, but then did not keep the new appointment.

With regard to the children suffering emotional harm, it is noted that L. was expelled from day care. C. and L. had to attend separate day cares as they would often fight with each other. It is also noted that Ms. R. has not been the adult to discipline the children when they misbehave. This has been left to P.B. J.L.R. has not been able to learn how to effectively discipline the children, despite being shown how by Ms. Warren and other service providers.

With regard to the harm associated by being exposed to repeated domestic violence, it is noted that S.J.D. and P.B. were both boyfriends who engaged in abusive behaviour. Further, P.B. appears to have isolated J.L.R. by forcing her to move to *, and by trying to maintain control of J.L.R.

From my review of the file, I note the Agency has been involved for many years. J.L.R. seems not to be able to care appropriately for the children. She has used numerous babysitters, and the Agency has concerns about their appropriateness, especially given that one babysitter obtained a Peace Bond against J.L.R. J.L.R. has often left the children with a babysitter for two or three days at a time without giving the babysitter notice. J.L.R. has been encouraged to find other babysitters, but she has not.

J.L.R. appears to need continuous and constant intervention by the Agency, or nothing would ever get done in terms of medical care for the children. She appears to lack the capacity or ability to parent the children. J.L.R. does not maintain a stable or consistent lifestyle for children, as evidenced by her many moves.

Professional Reports: (The Respondent Mother)

[11] Stephen W. Theriault MSC, Registered Psychologist, prepared a parental capacity evaluation on the mother J.L.R. He had the opportunity to meet with her on three occasions “for testing or interviewing purposes and to observe her in interactions with her children”. He reviewed some of the material provided by the Minister’s agents and spoke to some collateral sources.

[12] His concerns with her parenting three children centered around her significant cognitive deficits which he found as a result of testing:

“These findings have several implications of significance regarding parental capacity. Her thinking will tend towards the concrete and her so-called executive skills such as problem solving, planning, analysis and self-reflection will be very weak. She will typically be unable to extrapolate from a specific case to a more general category and will not apply lessons learned in one situation to new or different situations. She will often fail to grasp more complex concepts and will tend to repeat behaviours in a rigid and inflexible way. Perhaps of particular importance to the current referral question, she will continue to be very immature in her interpersonal relationships and in her ability to discern and respond to the needs of others except in the most basic ways. This would apply to her children as well as others.

Her Millon Clinical Multiaxial Inventory-III profile is strongly suggestive of an individual who has adopted a rigidly defensive style in most situations. The profile suggests that she is habitually unable to recognize or admit to her own shortcomings, that she is hypersensitive to criticism and that she typically projects blame for things that go wrong on to others. The profile also suggests that she is prone to unpredictable impulsive behaviour and that she is chronically resentful and moody. Her MCMI-III responses were typical of an individual who is self indulgent and insistent on attention, but who may reciprocate with only minimum loyalty and affection”.

[13] He says that these scores also suggest an individual who is “highly defensive” and has a tendency to deny one’s functional deficits. Her behaviour in refusing to take the children to medical appointments or use of public transportation (Minister agreed to pay the costs) “strongly suggests a lack of empathy for her children’s needs and very poor judgement”.

[14] Another area of concern is that the mother’s “cognitive and psychological problems and the dependency they generate cause her to make very poor choices of partners”. There is evidence that she has been involved with abusive partners. Abusive to both her and the children.

[15] At the present time she says she has no relationship with P.B. although there is some evidence that indicates otherwise.

The Children:

C. d.o.b. July *, 2007

[16] Referral was made to Cornelia K. Melville, M.Ed., Registered Psychologist and she prepared a professional report dated September 3, 2010. Contact was made at the home of the Respondent mother. In addition to the mother, C.'s brother L. was there as well as the maternal grandmother. A worker was there from the * Early Intervention program and the Family Support Worker.

[17] While the mother was preoccupied with the other people in the home, the assessor attempted to play with C. but no toys were available. Toys were downstairs because her partner P.B. would not allow them upstairs. C. played with the plants and was reprimanded by his mother and when she was advised toys were needed she said P.B. would be upset if they were brought upstairs and it was too messy to go down there.

[18] The assessor found it very difficult to engage the mother in conversation. She was preoccupied. She says the mother's interaction with C. is to reprimand him and

is “unable to provide him with positive alternatives and age appropriate activities for him”.

[19] Her conclusions were as follows:

“My conclusion is that the mother is cognitively unable to understand how to address needs beyond her own and that common sense problem solving specific to her children’s needs is beyond her capacity. As a result she could not see why having C. tied to the clothes line, outside, unsupervised for long periods of time was wrong. Her only conclusion to this recent event was that someone called DOCS on her and that was why she had moved away from * so that others would stop watching her. She was unable to understand the larger issue of C.’s safety. This pattern is pervasive and underlying many of the issues relating to the children’s well being. I do not feel that she is being purposefully negligent rather that the expectations are beyond her capacity. My recommendation is for C. to be in a full day program where he can be exposed to age appropriate activities, peers and develop interaction patterns with both children and adults that are based on positive models. These observations and recommendation will be forwarded to Natasha Comeau”.

L. d.o.b. September *, 2005

[20] The same assessor (C. Melville) who reported on C. earlier prepared a report on the oldest child L.. He had been referred to mental health by his mother over concerns regarding his behaviour, both in the home and the community. His

behaviour was described as aggressive directed at others, including adults and children. These issues were discussed with the mother and the child was observed at day care and a development profile was conducted.

“SUMMARY AND RECOMMENDATIONS

L. presented as a 4 1/2 year-old boy with demonstrated difficulties in emotional resiliency as well as having a developmental profile in the low range, about 1 year to 1 1/2 years below his age level. In addition, L. also presented as a young boy with Attention Deficit Disorder of the active type. My primary concern with L. at this time is with his limited emotional resiliency, which is often characterized by a failure to respond to social and environmental interactions in a developmentally appropriate manner and this will continue to be a barrier to his ongoing development. Inconsistency and instability within the home significantly contributes to his emotional resiliency difficulties. L. presented as a young boy who almost expects relationships to fail and he, therefore, sabotages relationships so that he can have control over when they will fail. L. has experienced many failed relationships, especially with the male figures in his 4 1/2 years. In addition, given the amount of stress in the family unit, his relationship with his mother, at times, may also feel less stable to him, as he constantly feels that he is competing for her attention with his two younger siblings and new male partners. It is, therefore, imperative for L. to continue to have supports that reinforce schedules, routines, learning how to make appropriate choices, visual supports and if there are environmental changes, that there are preparations and planning ahead of time so that he understands and has positive reinforcement as a consequence.

Given below are number of recommendations that have been shared both with his daycare providers as well as with his mother and Early Intervention. These have included:

1. Continuing to support the concepts of routines and consistency. L. will continue to need support to understand that there are boundaries and things that he can and cannot do. However, these boundaries need to be provided and modeled in a positive manner. Inconsistency with management of boundaries will exacerbate his inability to focus and his impulsivity. L. will

also require supports to understand that immediate gratification is not always possible and the learning of patience and waiting for an end result is important.

2. Lifestyle issues such as the amount of sleep and the diet-reducing and eliminating sugar from his diet will be essential to helping with his increased activity and his inability to sustain attention. They will also help him with some of his emotional regulation difficulties.
3. Incorporating movement and physical challenges with his routine in order to help him prepare for mental attending, especially as mental activity increases in complexity. Having frequent movement breaks as well as activities that supports deep pressure will allow him to help organize himself neurologically for later learning challenges.”

L. d.o.b. November *, 2009

[21] He was born November *, 2009 and was referred to Cornelia Melville in February of 2011. Her first contact with the child had been in September, 2010 when she visited the home with the mother present, to see his brother C.. She noticed L. had a significant arm injury which she described as immobilized. She also attended planning meetings. Following a formal assessment certain observations were made:

“L. has made significant improvement since being in the foster care placement. Over the course of the last 6 months, he has changed from being a very low affect, non-visually responsive, non-smiling little boy who communicated primarily

through consistent whining and crying to a young boy who engages in his environment, demonstrates a lot of emotion, affect, reciprocity with others and is beginning to establish early attachment to a primary caregiver. L. has responded well to the extensive supports provided to him and will continue to make improvements in a very structured, loving, nurturing and consistent environment. The additional supports of Speech and Language Therapy and Physical Therapy will continue to provide ongoing supports for L. during his developmental years.

An area of concern that was noted, both in informal play activities and during formal assessment, is L.'s limited attention span and need for high immediate gratification. Attention and activities related to expanding his attention span are going to be very important for L.. L.'s limited attention may become his greatest barrier to his ongoing development and, as such, the importance of structure, consistency, routine, turn-taking, choice-making, waiting his turn are all critical during this developmental phase. Therefore, the future decisions regarding L.'s wellbeing are critical at this time and will have a significant impact on his ongoing development. Stability, nurturing and a responsive environment that is adaptive to meeting L.'s specific needs will continue further appropriate developmental gains for him".

Minister's Plan of Care:

[22] The Minister is seeking an order pursuant to section 42(1)(f) of the *Children and Family Services Act* that the three children named herein be placed in the permanent care and custody of the state.

[23] Their plan refers to the numerous services provided to this family over the years. These services consist of the following:

Protection Caseworker - development and implementation of the case plan;

Children in Care Caseworker - responsible for supervising the children's placement and to provide their transportation to medical appointments;

Access Co-ordinator and Facilitator;

Family Support Worker - provides home parental instructions to address issues of discipline, routine, and to identify community resources to support parents and child's needs;

Transportation - providing vouchers for access visits and court attendances.

Community Resources consisted of:

Assessment Services - Psychologist;

Family Resource Centre - parenting advice;

Employment Support Income Assistance - mother

[24] Other services accessed were Legal Aid, Tri-County Regional School Board, Public Health, Early Intervention Program, Developmental Psychologist, Paediatrician, Parent's Place (parenting), budgeting. An ear, nose and throat specialist was also consulted with C., speech and language intervention for C. and a speech language for L., day care for C..

[25] A child psychiatrist was consulted for L. and the mother was encouraged to continue counselling with Mental Health.

Mother's Plan of Care:

[26] The mother has filed a formal plan of care and is seeking an order pursuant to section 42(1)(a)(or (b) of the *Children and Family Services Act*. That the Minister's application be dismissed or the children be returned to her care subject to supervision of the Minister for a period of six months in accordance with section 43 of the *Act*.

[27] Services that have been offered and used is described in the plan and she points out that the bulk of the services only started in the summer of 2010 and then in November the children were apprehended.

“I believe that the Agency’s Application is premature and that they have not afforded me time in order to develop and use new tools that these professionals have provided me in order to help me raise my children.”

[28] If the children are returned to her care she would still require the help of the Minister accessing the same services provided in the past.

[29] She would follow up with health professionals and home services for herself and the children. The plan outlines her understanding of the children’s professional needs and she is prepared to ensure that they are met.

[30] On occasion she would be requesting respite care as does the foster mother.

[31] Housing sufficient for the children would be obtained (at the time of the preparation of this plan she had found a place).

[32] Evidence at the last court hearing was that P.B. would not be residing with her and the children. This modifies the plan although there appears to be some on and off contact with P.B.

“I recognize that I have had troubles raising the children in the past, I believe that the intervention by the Agency and the support services that they have offered are helping me better understand my children’s needs and raise them in a more positive manner. Should this Honourable Court decide that the children be returned to my care under the supervision of the Agency, which I would be agreeable to this occurring, I will be able to raise the three children together.”

THE LAW:

“Section 42(1): Disposition Order - *Children and Family Services Act*

42(1) At the conclusion of the disposition hearing, the court shall make one of the following orders, in the child’s best interests:

- (a) dismiss the matter;
- (b) the child shall remain in or be returned to the care and custody of a parent or guardian, subject to the supervision of the agency, for specified period, in accordance with Section 43;
- (c) the child shall remain in or be returned to the care and custody of a person other than a parent or guardian, with the consent of that other person

subject to the supervision of the agency for a specified period in accordance with Section 43;

- (d) the child shall be placed in the temporary care and custody of the agency for a specified period, in accordance with Section 44 and 45;
- (e) the child shall be placed in the temporary care and custody of the agency pursuant to clause (d) for a specified period and then be returned to a parent or guardian or other person pursuant to clauses (b) or (c) for a specified period, in accordance with Section 43 to 45;
- (f) the child shall be placed in the permanent care and custody of the agency in accordance with Section 47.

Section 41(5): Duty of court upon making order

41(5) Where the court makes a disposition order, the court shall give

- (a) a statement of the plan for the child's care that the court is applying in its decision; and
- (b) the reasons for its decision, including
 - (i) a statement of the evidence on which the court bases its decision, and
 - (ii) where the disposition order has the effect of removing or keeping the child from the care or custody of the parent or guardian, a statement of the reasons why the child cannot be adequately protected while in the care or custody of the parent or guardian.”

[33] *C.A.S. (Halifax) v. Emmerson (1991), F.H. CFSA/CAS, (Levy, J.F.C)(Unreported), page 19:*

“The very obvious thrust and philosophy of the Act is to assure that parents and children are allowed to stay together unless for clear and important reasons such, a course, is antithetical to the child’s best interests. Integral to the legislation is the reasonable provision of the services (Section 13) that are not necessary to accomplish this task.

The Act makes clear in a host of ways, not least in 42(2)... that the severing of parental rights is to be a last step when all reasonable steps to provide services have failed, been refused, or are clearly inadequate to protect the child.

Restriction on Removal of Child

42(2) The Court shall not make an order removing the child from the care of a parent or guardian unless the Court is satisfied that less intrusive alternatives, including services to promote the integrity of the family pursuant to Section 13,

- (a) have been attempted and have failed;
- (b) have been refused by the parent or guardian; or
- (c) would be inadequate to protect the child

Services to the Family:

[34] In discussing the use of services, our Court of Appeal has again offered direction in *Nova Scotia (Minister of Community Services) v. L.L.P.* [2003] N.S.J. No. 1

‘The goal of ‘services’ is not to address the parents deficiencies in isolation, but to serve the children’s needs by equipping the parents to fulfill their role in order that the family remain intact. Any service-based measure intended to preserve or reunite the family unit, must be one which can effect acceptable change within the limited time permitted by the **Act** Ultimately, parents must assume responsibility for parenting their children. The **Act** does not contemplate that the Agency shore up the family indefinitely.’

[35] The Court of Appeal in *J.F. v. Children’s Aid Society of Cape Breton* (Victoria) [2005] N.S.C.A. 101 made the following observations at paragraphs 17 and 18:

“The maximum time limits for a child welfare proceeding are set out in s. 45 of the **Act**: twelve months for children under six years of age and eighteen months for those between six and twelve years. At the end of the statutory period a court must either dismiss the proceeding or order permanent care and custody. The time frames within which the proceeding must be resolved are necessarily short in deference to the ‘child’s sense of time,’ as is recognized in the recitals to the **Act**:

AND WHEREAS CHILDREN have a sense of time that is different from that of adults and services provided pursuant to this **Act** and proceedings taken pursuant to it must respect the child’s sense of time;

Orders for permanent care are not limited to situations where there is no hope of parental improvement. The question is whether adequate parenting can be achieved within a reasonable time frame. That period is presumed to be the statutory time limited (**Nova Scotia (Minister of Community Services) v. L.L.P.**, 92003] N.S.J. NO. 1 (C.A.)Q.L.).”

CONCLUSION/DECISION:

[36] This matter involves a decision on the long term care of three children. The Respondent mother plans to care for the children alone, having advised the Court that if they are returned to her she is no longer living with P.B. , although there appears to be some contact between the two. This has been a controlling and violent relationship that is continues, would be contrary to the children’s best interests.

[37] The Court has reviewed the professional’s reports on the Respondent mother. There are concerns over the mother’s “significant cognitive deficits” which have a negative effect on parenting ability Her skills in problem solving, planning analysis and self-reflections are very weak. In simple terms, she does not have the ability to learn from her mistakes, particularly where they are pointed out to her. She is bound to repeat her mistakes in a rigid and inflexible way. All as a result of cognitive deficits.

[38] The Court had the ability to observe the mother's demeanour while on the witness stand. Her inability to understand questions and give a thoughtful reply was noted. She admits in her evidence and in the written plan of care, services by the Minister would be required if the children are returned to her. Her time line is six months.

[39] As the last hearing, the Respondent mother advised she is no longer planning to partner with P.B. to parent the children. There is, however, some evidence that there is some contact between the two. P.B. is a controlling and violent person and there is evidence he has assaulted the children. His control of the Respondent mother resulted in her buying him a truck with some retroactive child tax credit funds she received. Once he had the vehicle he would not take her anywhere (i.e. children or her medical appointments) if she did not pay for the gasoline. The potential of contact or a further relationship with him if the children were returned to her is very disconcerting.

[40] From the evidence, there appears on the part of the Respondent mother, a propensity to form relationships with partners who are violent and controlling.

[41] It is clear the Respondent mother needs support for herself emotionally and help parenting her children. Very little help would come from a partner with such characteristics. Her counsel, in his written summation, indicates the mother plans to stay in the * area and there is evidence she has secured or has the potential to secure a larger residence. There is no evidence that she has any extended family support in this area. The reliance would be on the Minister to provide services. She would need services for transportation (to medical services) and home support services. There is a suggestion that she would require respite maybe in the form of babysitting services. Day care services for the children may be requested. The central theme of the Respondent mother's plan is support of the Minister. The children also need ongoing community supports.

[42] The children have their own particular problems which have been described in evidence and by professional reports. C. needs "a full day program with exposure to age appropriate activities with peers and develop interaction patterns with children and adults that are based on positive models". L. has Attention Deficit Disorder amongst other developmental problems. He requires "reinforced schedules, routine, learning how to make appropriate choices and ... positive reinforcement". This is the same kind of thing that is required for L..

[43] The issue is whether the Respondent mother can provide for her own needs and the children's with the latter requiring priority.

[44] This case cannot be about the mother and her desire to have the children back. It is about the children and their best interests. The mother admits she cannot care for the children without the help of the Minister's agents and services.

[45] The preamble to the *Children and Family Services Act* recognizes there is a time limit (see also section 45) with respect to services given children sense of time.

“AND WHEREAS the children have a sense of time that is different from that of adults and services provided pursuant to this **Act** and proceedings taken pursuant to it must respect the child's sense of time”.

[46] Parents deficiencies are not considered in isolation but services are provided to equip them to fulfil their role in order to keep the family intact. (See *MCS v. L.L.P., supra.*) It was not intended that services would be provided beyond the statutory period. The evidence is clear that given the Respondent mother's cognitive deficits, the period of time would not be enough to have her assume full responsibility as a parent.

[47] It is in the best interests of the children that permanent care and custody.

Access has been considered but the Court determines it would not be in their long term best interests (see *L.I.v. Mi'kmaw Family and Children's Services of Nova Scotia* 2011 NSCA 104)

[48] Counsel for the Minister will prepare an order accordingly.

JOHN D. COMEAU
Judge of the Family Court of Nova Scotia