Ontario

Risk Assessment Model for Child Protection in Ontario

Eligibility Spectrum

Risk Assessment Model for Child Protection in Ontario

Plus Regulations

Revised 2000

Risk Assessment Model for Child Protection in Ontario

Revised 2000

With acknowledgement that some parts
of the *Risk Assessment Model for Child Protection in Ontario-Revised 2000* are based on the models developed by the New York State Department of Social Services and the British Columbia Ministry for Children and Families

ISBN 0-7778-9846-1
7.5M/07/2000.

Ce document est disponible en français

Dear Colleague

I am pleased to provide you with a copy of the revised Risk Assessment Model for Child Protection in Ontario.

The decision in 1997 to implement a common risk assessment instrument across Ontario as a standardized, comprehensive approach to the assessment of risk across all Children's Aid Societies was a significant step in building a stronger provincial child protection system.

The revised Risk Assessment Model for Child Protection in Ontario represents another critical milestone for several reasons:

- new Standards for all Child Protection Cases have been integrated with Risk Assessment Model requirements and commentary
- revisions reflect our original commitment to continue to improve the Model by addressing extensive feedback based upon your knowledge and experience with implementation

The revised Risk Assessment Model still includes:

- the Eligibility Spectrum, a tool designed in Ontario to assist Children's Aid Societies in making consistent decisions about eligibility for service
- safety and risk assessment tools, which lead to more informed and timely decisions to remove children from dangerous situations.

The revised Risk Assessment Model for Child Protection in Ontario continues to assist child protection workers in exercising their professional judgement and making the difficult decisions to protect children and keep them safe.

The first phase of the evaluation of initial implementation and training is complete. We know that the integration of risk assessment with broader child protection practice wisdom is a priority.

The research findings and recommendations have informed our planning for training and implementation of the revised Risk Assessment Model and Standards.

We have taken the lead for an inter-provincial risk assessment task force in reviewing current risk assessment research findings to enhance risk assessment models in effect across Canada.

The revised Risk Assessment Model represents extensive discussions with the Ontario Association of Children's Aid Societies, the Association of Native Child and Family Services in Ontario, model developers, and many Children's Aid Society and Ministry staff.

Your commitment to the Model clearly contributed to its successful implementation. We will need to continue to work in strong partnership to ensure that these revised requirements are implemented to contribute to the increased capacity of the child protection system in carrying out its mandate.

I believe that the revised Risk Assessment Model for Child Protection in Ontario is another important contribution to the protection of Ontario's vulnerable children. I look forward to our continuing collaboration on the important task of keeping children safe.

Cynthia Lees
Assistant Deputy Minister
Children, Family, and Community Services Division

March 2000

Table of Contents

Acknowledgements

Many people have contributed to the original development and subsequent revisions of the Risk Assessment Model for Child Protection in Ontario.

With respect to the development of the Risk Assessment Model in 1997, we want to acknowledge the generous assistance of:

Dr. Arnold Love whose skill and dedication made the Ontario Risk Assessment Model a reality within a short time frame.

The Risk Assessment Steering Committee who made a thoughtful and considered recommendation of a risk assessment instrument on which to base Ontario's Risk Assessment Model:

- Bruce Rivers
  Children's Aid Society of Metropolitan Toronto
- Louise Leck
  Ontario Association of Children's Aid Societies
- William Bevan
  Haldimand-Norfolk Children's Aid Society
- Larry McConnell
  Algoma Children's Aid Society
- Jerry Muldoon
  Renfrew Family and Children's Services
- Anne Westhuis
  Ontario Association of Children's Aid Societies,
  Zone 6 Representative
- Vicky Corbiere
  Association of Native Child and Family Services of Ontario
- Debbie Cantrell
  Association of Native Child and Family Services of Ontario

The Technical Advisory Group who worked unstintingly to adapt the New York Model to provincial legislation and policies:

- Mary Ballantyne
  Simcoe Children's Aid Society
- Alison Scott
  Wellington Family and Children's Services
- Ingrid Hauth
  Hamilton-Wentworth Children's Aid Society
- Chris Steven
  London-Middlesex Children's Aid Society
- Pierre Viger
  Ottawa-Carleton Children's Aid Society
- Gisele Hebert-Meloche
  Nipissing Children's Aid Society
- Brian O'Connor
  Children's Aid Society of Metropolitan Toronto
- Rocci Pagnello
  Leeds-Grenville Family and Children's Services
- Barbara Polhill
  Association of Native Child and Family Services of Ontario
- Louise Leck
  Ontario Association of Children's Aid Societies

The developers of the *Eligibility Spectrum* for their initiative and commitment to the task of instrument construction and validation:

- Mary Ballantyne
  Simcoe Children's Aid Society
- George Leck
  Simcoe Children's Aid Society

- Margaret Morrison
  Halton Children's Aid Society

- Deborah Goodman
  University of Toronto

The committee to revise the Eligibility Spectrum in keeping with the CFSA Amendments:

- Mary Ballantyne
  Simcoe Children's Aid Society

- Judy Van Leeuwen
  London Children's Aid Society

- Margaret Morrison
  Halton Children's Aid Society

- Deborah Goodman
  University of Toronto

- Marty Rutledge
  Muskoka Children's Aid Society

- Louise Barry
  Policy Analyst, MCSS

- John Calcott
  Legal Services Branch, MCSS

- Hanna Gavendo
  The Children's Aid Society of Toronto (MCSS)

- Judy Edwards
  Peel Children's Aid Society

- Corrie Tuyl
  Risk Assessment Project, MCSS

The staff of the Ministry of Community and Social Services who provided support to this project:

- Virginia Rowden
  Children's Services Branch

- Hanna Gavendo
  Children's Services Branch

- Lisa Dodds
  Management Support Branch

- Carol Appathurai
  Children's Services Branch

The **Ontario Association of Children's Aid Societies** and the **Association of Native Child and Family Services of Ontario** who worked in partnership with the ministry to develop the Ontario model and to see it implemented effectively in their child protection agencies.

A special thanks to all these individuals and to the child protection workers who implemented this new approach to protecting Ontario's vulnerable children.

With respect to the revised Risk Assessment Model for Child Protection in Ontario, many of the same people contributed to the process of revision. Additionally, we want to acknowledge the assistance of :

The Work Group to Develop New Standards for Child Protection Cases who demonstrated commitment to achieving Standards that supported the requirements of the Risk Assessment Model and reflected best practice:

- Corrie Tuyl (Co-Chair)
  Ministry of Community and Social Services

- Lisa Dodds (Co-Chair)
  Ministry of Community and Social Services

- Ms. Sandy Moshenko
  The Ontario Association of Children's Aid Societies

- Ms. Diane Cresswell
  The Ontario Association of Children's Aid Societies

- Ms. Joan Davis
  The Children's Aid Society of Toronto

- Ms. Hanna Gavendo
  The Children's Aid Society of Toronto

- Mr. Greg Moon
  Niagara Family and Children's Services

- Ms. Jane Van Buren
  Ottawa-Carleton Children's Aid Society

- Ms. Cathy Craig
  Nipissing Children's Aid Society
- Ms. Ronda Hallberg
  London-Middlesex Children's Aid Society
- Ms. Sidney Misener
  Grey Childrens Aid Society
- Phil Schwartz
  Ministry of Community and Social Services
- Carole Garland
  Ministry of Community and Social Services
- Norah Dougan
  Ministry of Community and Social Services
- Lenore Jones
  Ministry of Community and Social Services
- Rob Richards
  Ministry of Community and Social Services
- Jenny Iserman
  Ministry of Community and Social Services
- Alison Scott
  Risk Assessment Training Coordinator

Introduction to Risk Assessment Model and Standards for Child Protection in Ontario

The Child and Family Services Act (CFSA) is the legislation which governs child welfare services in Ontario. The paramount purpose of the CFSA is to promote the best interests, protection and well-being of children. Service providers have a duty to ensure that decisions are made according to clear, consistent criteria and are subject to procedural safeguards.

In keeping with the intent of the CFSA and recent amendments, the primary goal of the revised Risk Assessment Model for Child Protection in Ontario is to promote and support a structured and rational decision-making approach to case practice, without replacing professional judgement. The Model supports decision-making by guiding the worker through a process of information gathering and analysis that examines risk influences and child protection issues affecting family functioning. The specific tools included in the Model provide a foundation on which the worker can develop strategies for reducing risk and the child's need for protection, building family strengths and resolving identified problems. The Model supplements and complements child protection *Regulations* and integrates new *Standards for Child Protection.*

The structure of the Model supports the child protection supervisor by making it easier for the supervisor to ensure that the worker has taken appropriate steps, and has made an appropriate analysis of the situation. As a result, the Model assists the supervisor in supporting and evaluating staff, as well as promoting a shared responsibility for case decision-making.

Above all, the Model is meant to assist workers in making decisions and to complement professional judgement. In the following pages, each key decision point in child protection service is stated; and legislation, Standards, requirements supporting those Standards, and commentary are included. The factors included in the eligibility, safety and risk assessment tools act as prompts to the worker, to ensure that, under the pressure of a crisis environment, no important aspect of a situation is overlooked. They also help the worker to organize his/her thinking and recording so that conclusions are easier to reach, and to communicate with his/her supervisor, the child and family, and other service providers.

The Key Components

The revised Risk Assessment Model for Child Protection in Ontario has seven key components. The previous risk decision #4 (Is the child in Need of Protection?) has been split into risk decisions #4 (Are Child Protection Concerns Verified?) and #5 (Is the Child in Need of Protection?). There are 2 new risk decisions set out, #7 (What Other Assessment Issues Shall be Considered to Inform the Plan of Service?); and #9 (Does the case continue to Meet Eligibility Requirements?).

1. Eleven risk decision points

- **Risk Decision #1:** Does Case Meet Eligibility Requirements For Child Welfare Service?
- **Risk Decision #2:** What Is The Response Time?
- **Risk Decision #3:** Is The Child Safe Now?
- **Risk Decision #4:** Are Child Protection Concerns Verified?
- **Risk Decision #5:** Is The Child In Need Of Protection?
- **Risk Decision #6:** Is the Child at Risk of Future Abuse or Neglect?

- **Risk Decision #7:** What Other Assessment Issues Must be Considered to Inform the Plan of Service?
- **Risk Decision #8:** What is the Plan of Service for the Child and Family?
- **Risk Decision #9:** Does the Case Continue to Meet Eligibility Requirements for Child Protection Service?
- **Risk Decision #10:** Have Assessments Changed?
- **Risk Decision #11:** Should The Plan of Service Be Modified?

2. Standards to Guide Each Decision Point

Standards and supporting requirements have been developed for each risk decision. These requirements provide support and consistency to decisions made for each child protection case. These new Standards replace the previous *MCSS Standards and Guidelines for the Investigation and Management of Child Abuse Cases under the CFSA.*

3. Eligibility Assessment

Child protection staff use the *Eligibility Spectrum* at the time of receipt of the referral/report/information to make decisions about eligibility for service. The *Eligibility Spectrum* helps CAS staff to consistently interpret the need for child protection intervention.

4. Safety Assessment and Immediate Safety Plan

The child protection worker completes the *Safety Assessment* at the first face-to-face contact with a child (subsequent to receipt of the initial referral/report/information or on open cases when new allegations of a child in need of protection are investigated) to assess a child's immediate safety. When immediate safety interventions are required to ensure the child's safety while the investigation proceeds, an *Immediate Safety Intervention Plan* is completed.

5. Risk Assessment

The child protection worker uses their knowledge of Risk Assessment during the investigation phase and on an ongoing basis to assess the likelihood of future harm to the child. The child protection worker completes the *Risk Assessment Tool* when the assessment determines that a child is in need of protection and for subsequent case reviews.

6. Assessment of Other Child Protection Issues

For this new risk decision, the child protection worker completes an assessment of child protection issues to ensure that all issues related to the child's best interests, protection and well-being are addressed. It includes such subject areas as child development and long-term parenting capacity.

7. Plan of Service connected to the Risk Assessment and the Assessment of Other Child Protection Issues

The child protection worker, while completing the Risk Assessment and the assessment of other child protection issues, and involving all relevant parties, identifies issues to be addressed in the Plan of Service. The child protection worker determines outcomes required to reduce risk and the child's need for protection, and establishes strategies for achieving those outcomes. In this way, the information from the investigation and assessment process is linked directly to the planned interventions contained in the Plan of Service.

The Risk Assessment Model within the Legal Context of Child Protection

All child protection activity occurs within a legal context given the child protection mandate under the CFSA. Some child protection cases are brought before the court and others are not. This is a careful decision which is made jointly between the child protection worker and supervisor (often with the assistance of a legal advisor) in each case.

A protection application can be initiated at any time where there are grounds and depending on the circumstances of the case.

The Risk Assessment Model is not prescriptive on the subject of the involvement of the court, however, this standardized framework will support the child protection worker and supervisor to make these critical decisions more consistently.

It is also expected that the structure, tools, and requirements of the Risk Assessment Model will assist the child protection worker in collecting and organizing evidence required for court hearings.

The child protection worker and supervisor are responsible to determine whether a child is in need of protection and whether it is appropriate to initiate a protection application. It is only the court that can make a finding that the child is in need of protection.

Introduction to the Standards for Child Protection Cases

A number of factors converged in 1997 to highlight the need for MCSS to clarify minimum service expectations for all child protection cases. These factors included;

- the Child Mortality Task Force;
- the series of inquests into the deaths of children receiving CAS service;
- the MCSS File Review; and,
- the MCSS Accountability Review.

The Ministry of Community and Social Services' development of such expectations for service to all protection cases began with the introduction of **The Risk Assessment Model for Child Protection in Ontario** in October 1997, a key component of its Child Welfare Reform Agenda.

Given the Ministry's authority to set legislation, regulations, and policy direction for child protection, it was recognized that the development of new **Standards for all Child Protection Cases** to replace the current **MCSS Revised Standards for the Investigation of Child Abuse Cases under the CFSA** was another important component of the Child Welfare Reform Agenda. Previous Standards addressed minimum MCSS expectations for abuse cases only, *not* all child protection cases.

Work Group to Develop New Standards for Child Protection:

In April, 1998 a work group to develop new standards for child protection cases was struck by the Ministry. The work group consisted of representatives from children's aid societies, the Ontario Association of Children's Aid Societies, MCSS Program Supervisors as well as corporate staff, and was co-chaired by MCSS Management Support and Children's Services Branches.

A list of the work group members can be found in the 'Acknowledgements' section.

The new Standards for Child Protection Cases have been integrated with the Risk Assessment Model for Child Protection in Ontario.

A standard describing the Ministry' minimum requirements leads the content for each risk decision.

Issues Related to the Standards for Child Protection Cases:

1. Responsibility for Child Protection Case Decisions:

Responsibility for child protection case decisions is shared by the child protection worker and the relevant supervisors/managers. These Standards reflect this joint responsibility. It is understood that the form and content of consultations will differ from worker to worker and case to case, to acknowledge differing levels of experience and knowledge in the field. There are many references to the requirement for supervisory consultation prior to case decisions being made, as opposed to the requirement for supervisory signatures subsequent to those decisions. Distinctions are drawn throughout the Standards between decisions that require consultation and those requiring supervisory approval. Approval must be documented by a supervisory signature and/or electronic signoff, and a document has not been approved or completed until such signatures and/or signoff takes place.

2. Linkages to Other Sectors:

It is understood that the children's aid societies are an integral component of each community's broader services network and that they will continue to work collaboratively to maximize the quality and integration of service delivery. These Standards reinforce the critical importance of such collaboration by requiring the child protection worker to identify all collateral service providers and if applicable, identify reasons for their non-participation in developing the plan for the child and family.

Previous Standards required the development of protocols between police and the children's aid societies. While these new Standards do not specifically address such systemic issues, it is understood that children's aid societies rely on teamwork and cooperation with many other service sectors in performing their child protection functions. The Ministry therefore requires continued protocol development and review between the children's aid society and a number of service partners, including the police and Public Health Units.

Additionally, children's aid societies should consider developing protocols with other sectors to clarify roles and expectations, highlight service intersections, enhance working relationships, and improve the quality of direct service provision.

3. Procedures for Investigations Involving Staff, Volunteers, Residential and Foster Care Settings:

Societies are expected to continue to have procedures in place to address the unique requirements of these investigations and provide for the safety and protection of all potential victims. This may require the additional development of protocols between or among service sectors.

4. Native/Aboriginal Children and Families:

It is critical to the implementation of these Standards that the child protection worker's knowledge and understanding related to cultural issues in general and Native issues specifically, are taken into consideration and applied.

DEFINITIONS

Statute

A statute provides overall direction and legal requirements that describe the official mandate and parameters of service delivery. For Children's Aid Societies, the key statute is the Child and Family Services Act.

Regulation

Regulations clarify and specify administrative and procedural matters that are necessary to give effect to the provisions of a statute. Compliance with regulations is mandatory.

Minister's Regulations to be introduced in 2000 support the requirements outlined in the revised Risk Assessment Model for Child Protection in Ontario and provide specific direction to Children's Aid Societies for investigation, assessment, and management of child protection cases.

Standards

Standards are policies that are developed by the Ministry, with input from key stakeholders, as a means of directing and measuring specific program areas. Standards are mandatory and establish a minimum level of performance to meet the compliance requirements in a particular program area.

Certain key requirements included in the Standards for child protection cases are in the CFSA Regulations. In some cases the Standards paraphrase language in the Regulation, and the Regulation should always be referred to for accuracy.

The Standards for child protection cases have been designed to facilitate measurement in order to assist the societies in monitoring the performance of staff and to assist the ministry in

monitoring agency performance. Standards use words such as 'must' and 'shall'.

In exceptional circumstances a society may not be able to meet the standards. Where this is the case, or where a variation on the standard is necessary to conduct a specific investigation, societies must document the reasons for deviation from the standard in the case file.

Requirements Supporting The Standard

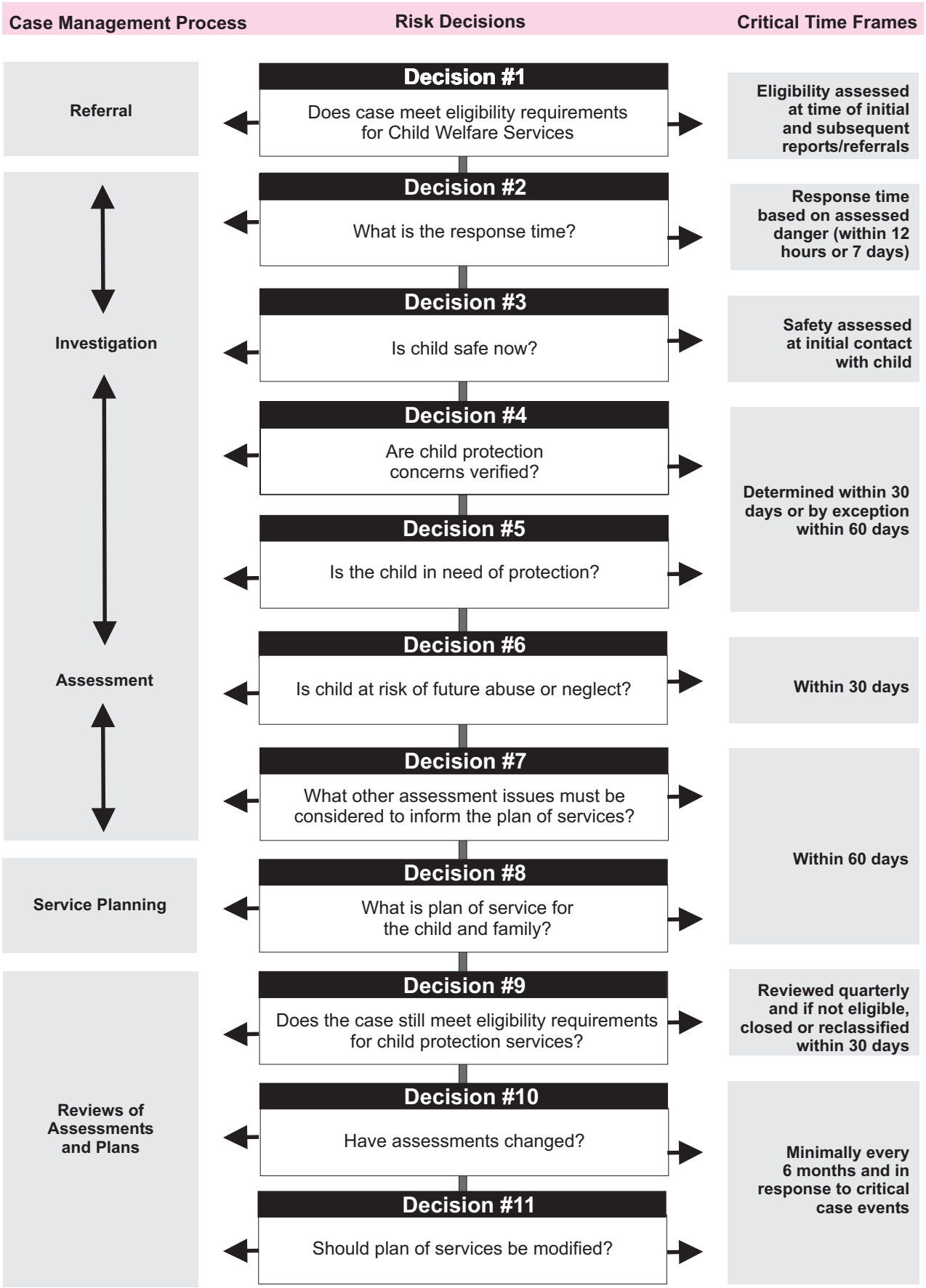
The requirements supporting the standard are a description of practices required to implement the Standard. They may also be used to assist the agency in monitoring the performance of staff and to assist the ministry in monitoring agency performance.

Compliance with these requirements will be reviewed as part of the Ministry's ongoing monitoring of children's aid societies.

Commentary

Commentaries are further explanations of the Standards and/or Requirements Supporting the Standards. Direction provided in Commentary is not mandatory. Commentary was developed to reflect preferred practice but may be tailored to fit individual society needs.

Risk Assessment Model for Child Protection in Ontario*



Note: This flowchart is presented here for clarity. It is not meant to imply that the process of child protection decision-making is a linear one. In fact, many decisions are over-lapping.

*** Revised 2000**

Risk Decision #1
Does the Case Meet Eligibility Requirements for Child Protection Service?

Standard (1): Eligibility for Service

In response to information received by a CAS that a child is or may be in need of protection a child protection worker shall within 24 hours:

- record the referral/report/information
- document the eligibility decision and supporting reasons
- search the provincial data base to determine whether there is any information on the system about contact between any society and the child or any member of the child's family that may be relevant in determining whether or not there are reasonable grounds to believe that the child is in need of protection, and where there has been such contact, record the relevant information concerning the contact
- document the decision about whether or not a full protection investigation will be initiated

In response to information received by a CAS that a child may have suffered or be suffering abuse, a child protection worker shall within 3 days document the results of a check with the Child Abuse Register.

Every CAS must implement a system of review at the supervisory level, on a regular basis and no less often than every 3 months, of decisions in that period that referrals/reports/information are not eligible for service.

This Standard also applies to new referrals/reports/information about protection concerns received by a CAS on a case which is receiving ongoing service.

Risk Decision #1

Does the Case Meet Eligibility Requirements for Child Protection Service?

Introduction

This Risk Decision determines if a referral/report/information is eligible for a full child protection investigation and protection assessment, or if the case is eligible for some other form of child welfare service.

Receiving referrals/reports/information that the child(ren) may be in need of protection and making decisions about eligibility for service is a critical function, for the following reasons:

- it is a means by which the community can communicate its concerns for children who may be in need of protection;
- it responds to the CFSA professional and public duty to report and increases the safety and protection of children;
- it is the initial point of contact between the children's aid society and the community and will heavily influence the perception of expertise and professionalism with which the community regards the society;
- it represents the gate-keeping function of the societies and their responsibility to enforce the provisions of the CFSA. Thorough information gathering is essential as the extent and accuracy of the information obtained from the referral source and other key sources of information will greatly impact on the decision;
- it provides a point of contact for the society's mandate and functions to be interpreted to the community, as clarified by the *Eligibility Spectrum*;
- it provides an opportunity to facilitate referrals to other community resources should the child and/or family not be eligible for child protection service.

Requirements Supporting Standard

The child protection worker must rate the referral/report/information on the *Eligibility Spectrum* (see Appendix A) and document the decision about eligibility for service. In all cases, this documentation must be completed within 24 hours, although the decision should be made as soon as possible after receipt of the information.

Making the Eligibility Decision

In addition to the *Eligibility Spectrum*, the following criteria are also to be considered in deciding whether to initiate a full protection investigation:

- whether the subject of the information is a child as defined in Part III of the CFSA;
- whether the child currently resides within the society's territorial jurisdiction (if the child does not reside within the society's territorial jurisdiction, the child protection worker should refer the matter to the appropriate children's aid society); and,
- a check of child protection records, including the provincial child protection data base.

For both new cases and cases already receiving ongoing protection service, the child protection worker shall identify any child(ren) in other families who are possibly in need of protection given the referral/report/information, and consider and document a decision about their eligibility for service using the *Eligibility Spectrum*.

When information is rated above the Intervention Line on the *Eligibility Spectrum*, a full protection investigation must be initiated. When information is rated below the Intervention Line, a full protection investigation may also be initiated under certain circumstances, e.g. when indicated by issues related to past history, the number and nature of 'Minimally Severe' descriptors, or other relevant factors. **The *Spectrum* is not intended to replace worker judgement**. (For example, if three referrals/reports have been received all scoring just below the Intervention Line, the worker may decide the significance of the aggregate information warrants a full protection investigation.)

When the information provided in the initial referral/report/information is insufficient for the child protection worker to make a judgement about eligibility for child protection service, the worker will make every effort to gather more information to inform this judgement. In all cases, this information must be gathered and the eligibility decision documented within 24 hours.

New Referrals/Reports/Information for Cases Receiving Ongoing Protection Service:

Once a full protection investigation has been completed, it is determined that a child is in need of protection, and a child is receiving ongoing protection service, a child protection worker may receive new referrals/reports/information about other protection concerns. In response, the child protection worker has the responsibility to make a decision about whether or not to initiate a new full protection investigation.

To assist the child protection worker with this decision, and in response to such referrals/ reports/information, the child protection worker must determine the most appropriate rating on the *Eligibility Spectrum* and document the decision about whether a new full protection investigation should be initiated with respect to the open case[1].

[1]If a full protection investigation is initiated, the child protection worker will also be required to complete the requirements of Risk Decisions #2, #3, #4, and #5 and Standards (2), (3), (4) and (5). Standard (10) describes the circumstances under which the worker must complete the requirements of Risk Decisions #6, #7, #8 and #9 and Standards (6), (7), (8) and (9).

Standard (10) describes the circumstances under which the child protection worker is also required to review the Risk Assessment, the Comprehensive Child Protection Assessment and the Plan of Service.

Supervisory Review

Supervisory review of decisions that referrals/reports/information were not eligible for service must be completed on a sample (minimum 10%) of such decisions on new and already open cases. The reviews must be completed at least every 3 months and the findings documented by the society.

Opening Cases Rated Below the Intervention Line

Where a decision is made to initiate a full child protection investigation even though the *Eligibility Spectrum* rating was below the Intervention Line, the case is a protection case, and it should be documented as such and *all subsequent child protection standards apply*. The supporting reasons for this decision should be documented in the file.

Generally, however, when information is rated below the Intervention Line, no full protection investigation is required. A CAS may open such cases for non-child protection services (other child welfare services) and *the Standards that follow would not apply*. Consideration should be given to referral to alternate resources as appropriate.

Changing Eligibility Ratings

Except as noted below, the initial *Eligibility Spectrum* rating may not be changed until after a judgement is made about whether the child is determined to be in need of protection (Risk Decision # 5).

If factual information is received after the Eligibility rating has been made but prior to the first face-to-face contact with the child(ren), and that information indicates that there are no longer any reasonable and probable grounds to suspect that the

child(ren) may be in need of protection, the Eligibility rating may be changed and the investigation discontinued. The decision to change the code and not to proceed with the investigation must be approved by the supervisor and documented in the case file.

Commentary

The *Eligibility Spectrum* is a tool designed to assist Children's Aid Society staff in making consistent and accurate decisions about eligibility for service at the time of receipt of referrals/reports/information. It assists in determining the requirements for child welfare service because a child may be in need of protection as defined by the CFSA. Supervisory consultation and review of complex situations by CAS staff members using the tool will support a consistent response pattern by the organization. The *Eligibility Spectrum* also categorizes and provides a code for all referrals/reports/information made to a Children's Aid Society. The *Eligibility Spectrum* supports inquiry and discussion between the person making the referral and the child welfare decision maker. It is of particular use in case situations in which the need to intervene is unclear.

History of the *Eligibility Spectrum*

The *Eligibility Spectrum* (originally called the *Intervention Spectrum*), was first developed in 1991 at Simcoe County Children's Aid Society. The *Child and Family Services Act*, the *Revised Standards for the Investigation and Management of Child Abuse Cases by the Children's Aid Societies Under the Child and Family Services Act* (MCSS), the *OACAS Accreditation Standards*, field practice wisdom and best practices research have all informed the development of the *Eligibility Spectrum*.

Subsequent to 1991, several agencies implemented the *Eligibility Spectrum*. In 1994, the Ministry of Community and Social Services provided a grant to the Ontario Association of Children's Aid Societies to test the reliability and validity of the *Eligibility Spectrum*. The research was conducted by faculty of the University of Toronto in conjunction with representatives from various Children's Aid Societies. The 1997 version of the *Eligibility Spectrum* was developed based upon the results of that research and feedback received from extensive field use.

Some revisions have been made in 2000 to better facilitate the use of the Spectrum within the revised *Risk Assessment Model for Child Protection in Ontario* and to reflect the amendments made to the CFSA.

Risk Decision #2
What Is the Response Time?

Standard (2): Response Time

When a decision to initiate a full protection investigation has been made, the child protection worker shall, as soon as possible and within 24 hours of receipt of the referral/report/information:

- document the response time decision, the reasons for the decision, the plan for investigation, and the supervisory consultation

For all referrals/reports/information requiring a full protection investigation, and determined to be extremely severe, the child protection worker shall:

- see the child(ren) who are the subject(s) of the referral/report/information as soon as possible and within 12 hours after receipt of the information;

- see all other children in the family as soon as possible and within 12 hours after receipt of the referral/report/information unless there are **no** reasonable and probable grounds to suspect that they may be in need of protection and a full protection investigation is not required.

For all referrals/reports/information requiring a full protection investigation and determined to be moderately severe, the child protection worker shall:

- see the child(ren) who are the subject(s) of the referral/report/information as soon as possible and within 7 days after receipt of the information;

- see all other children in the family as soon as possible and within 7 days after receipt of the information unless there are **no** reasonable and probable grounds to suspect that they may be in need of protection.

Reasons shall be documented in the case file and approved by the supervisor where:

- seeing the child(ren) is delayed beyond 12 hours after referrals/reports/information are determined to be extremely severe or 7 days for all other child protection cases;

- all the children in the family are not seen.

Risk Decision #2

What Is the Response Time?

Introduction

The level of danger faced by a child can be plotted on a continuum that stretches from none to life-threatening. Generally speaking, the time it takes to respond to referrals/reports/information should correlate with the level of danger to the child.

Deciding on an appropriate response time is a matter of professional judgement, as is assigning the appropriate priorities to differing, simultaneous referrals/reports/information. Clinical skills, child protection training, previous experience, and consultation with colleagues and supervisors are all important components of the professional judgement necessary to make these decisions.

The decision regarding safety made at this time is one of the most critical risk decisions. It is critical because one must decide, often with limited information available, whether any child requires an immediate response to prevent serious harm.

Requirements Supporting Standard

Response Time:

The worker, must make a decision about Response Time as soon as possible and appropriate after receipt of the information. Response Time documentation must be completed within 24 hours. The *Eligibility Spectrum* must be used to determine whether referrals/reports/information fall into the category of "Extremely Severe" or "Moderately Severe". All children must be seen as soon as possible, but those who are the subject of information that falls into the category of "Extremely Severe" must be seen within 12 hours after the information is received; those who are the subject of information that falls into the category of "Moderately Severe" must be seen within 7 days after the information is received.

Investigation Plan:

The worker must develop, in consultation with the supervisor, a plan for the investigation. The plan must be developed to maximize the child protection worker's ability to protect the child and to gather information in sufficient detail to make the judgements required in subsequent risk decision points. The plan includes:

a) Assignment of case responsibility for the investigation.

b) Decisions about how best to proceed to assess the immediate safety of the child(ren).

c) Decisions about the appropriate investigative steps required (including decisions about notification of police pursuant to the protocol in place between the society and the police, and the need to obtain a warrant/telewarrant for relevant information).

The decision about response time and rationale, and the plan for investigation, must be documented by the worker within 24 hours.

Frequently, it is the child who is the subject of the referral/report/information that becomes the subject of the full protection investigation and there is limited consideration of whether other children in the family may also require a full protection investigation and be in need of protection. **On the basis of the referral/report/information, the child protection worker will often have reasonable and probable grounds to suspect that all of the children in the family may be in need of protection**. The worker should not restrict him/her self to the child who is identified in the referral/report/information as the subject

of the full protection investigation, but shall make every effort to see **all** the children, **within the required response time** unless there are **no** reasonable and probable grounds to suspect that they may be in need of protection.

Commentary

Response Time:

While the Standard describes the minimum requirement, the child protection worker may be required to respond more quickly depending on case circumstances. Three general criteria assist in determining the response time to referrals/reports/information:

- **Immediacy.** One assesses whether a dangerous situation is already present or is likely to occur in the immediate future.
- **Seriousness.** While not always easy to define, these are typically dangerous situations that must be addressed to avoid the likelihood of harm to a child's life or health.
- **Protection.** This specifies that a safety intervention may be required immediately to ensure the child's safety.

Specific factors which are also considered include:

- whether the child's health or safety is or may be in immediate danger;
- the child's vulnerability due to the child's age or developmental level;
- whether the nature, frequency, duration, and/or severity of the alleged abuse/neglect indicates immediate danger;
- availability of evidence (e.g., forensic) is likely to be available only at the time of reporting;
- the immediate need for support and reassurance to the child and/or non-offending parent;
- possible additional risk to the child resulting from disclosure;
- previous history of child protection intervention (including Child Abuse Register); and
- general previous history.

Investigation Plan:

The particular investigative steps required will vary with the referral/report/information about the child in need of protection. The first face-to face contact with the child occurs either inside or outside of the child's home depending on the circumstances. The child protection worker should consider using unannounced visits and observing the child(ren)'s home environment during the investigative phase to increase their capacity to protect the child.

The protocols which each CAS must have with local police departments should provide guidance in planning an appropriate and effective investigation. Approaches include a full protection investigation by the society with no report back to police, a full protection investigation by the society with a report back to police, a parallel society/police investigation jointly planned, and a joint society/police investigation.

The CFSA 'grounds for protection' set out the legislative provisions for determining whether a child is in need of protection. The *Eligibility Spectrum* supports the child protection worker's judgements about which children should be the subject of the full protection investigation.

The amendments to the Child and Family Services Act should make it easier for the CAS to get information they need at the

investigation stage. The amendments will provide for the court of a justice of the peace to issue a warrant/telewarrant (valid for 7 days) for access to a record or a specified part of a record if there are reasonable grounds to believe that the information is relevant to a protection investigation. The police may be of assistance in executing the warrant/telewarrant.

Consideration should be given to the ethno-cultural orientation of the child and family and the need for an interpreter. Great care should be taken in choosing an interpreter if one is needed. The interpreter should not be connected to the family of the alleged victim or to the alleged offender. (In the case of an allegation involving a hearing-impaired child or family, it is important to use a qualified interpreter.)

Where the child(ren) is(are) Native person(s), the worker should consult with the band representative or appropriate community resource worker.

Risk Decision #3
Is the Child Safe Now?

Standard (3): Safety Assessment

At the time of the first face-to-face contact with the child(ren) after the referral/report/information of protection concerns are received, the child protection worker shall:

- conduct an assessment of the immediate safety of the child(ren)
- take any actions necessary to protect the child(ren) from immediate harm

As soon as possible, and within 24 hours of the child(ren) being seen, the child protection worker shall document:

- the assessment of safety
- any immediate actions taken to protect the child(ren)
- consultation with a supervisor.

Reasons shall be documented by the child protection worker and approved by the supervisor where

- the safety assessment and immediate actions taken are not documented within 24 hours of seeing the child(ren)

If the facts/information indicate the possibility of injuries or the need for medical care, a medical examination will be arranged within 24 hours of receipt of the referral/report/information. The result of the examination shall be documented in the case file.

Risk Decision # 3

Is the Child Safe Now?

Introduction

The key priority upon receipt of a child protection referral/report/information is the focus on the immediate safety of each child. The child protection worker determines whether the assessment of available information leads them to conclude that children in the family or custodial setting are not in immediate danger, or whether appropriate interventions need to be immediately taken to protect the child. Only after immediate child safety issues have been addressed, can a more comprehensive investigation of child protection concerns and an assessment of family functioning proceed.

The focus of the *Safety Assessment* is time-limited and deals with immediate safety issues until a more comprehensive assessment of risk and other child protection issues can be completed.

Requirements Supporting Standard

In all cases where the referral/report/information is scored above the Intervention Line on the *Eligibility Spectrum* (Risk Decision #1), the child(ren) shall be seen and a *Safety Assessment* completed (unless factual information received after the initial Eligibility rating was made but prior to the first face-to-face contact with the child(ren) indicates that there are no longer any reasonable and probable grounds to suspect that the child(ren) may be in need of protection and the investigation is discontinued).

A *Safety Assessment* shall be completed for **all** children in the family in the context of each full protection investigation, **including investigations initiated for a child already receiving service from the CAS**. All child(ren) in the family who, on the basis of reasonable and probable grounds are suspected to be in need of protection, shall be seen by the child protection worker within the response time designated in Risk Decision #2. The child protection worker shall gather sufficient information to inform the *Safety Assessment* for each child in the family, including any children not seen by the child protection worker.

This Standard requires the child protection worker to consult with the supervisor at some point prior to the completion of the *Safety Assessment Form*. A judgement is required as to whether that consultation should occur at the time of the face-to-face contact with the child(ren) or subsequent to that contact. The *Safety Assessment Form* is to be completed by a child protection worker within 24 hours of a child(ren) being seen.

In addition to face-to-face contact with the child(ren), the child protection worker shall make every effort to interview the primary caregivers of the child(ren), to inform the *Safety Assessment.*

The child protection worker completes the *Safety Assessment* on the basis of all information gathered, including information related to the 11 safety factors critical to this judgement and any other safety factors relevant to the particular case.

In the event that face-to-face contact with any of the children who may be in need of protection and/or the primary caregivers of those children does not occur prior to the completion of the *Safety Assessment Form*, the child protection worker shall include plans to make those contacts in the *Immediate Safety Intervention Plan.*

In determining the steps/actions required for the *Immediate Safety Intervention Plan* for the child(ren), the child protection worker shall consider the cultural context of the child and family, and the range of strengths and/or protective factors which are present.

Regardless of the outcome of the *Safety Assessment* the child protection worker shall complete the full child protection investigation. The focus of the *Safety Assessment* is the immediate safety of the child, while the focus of the full

protection investigation is to determine whether a child is in need of protection. These tasks are overlapping, and at times few further investigative tasks remain subsequent to the assessment of the immediate safety of the child(ren).

The child protection worker shall identify any child(ren) in other families who may be in need of protection given the information gathered during the investigation. The worker shall document that information and determine eligibility for service using the *Eligibility Spectrum*, or report the concerns to the appropriate children's aid society.

The child protection worker shall identify any collateral service providers and seek appropriate consents to disclosure of information.

Where the child(ren) is(are) Native person(s), the worker should encourage the family to involve its band representative or appropriate community resource worker. These professionals will be of assistance to the child protection worker in the assessment of immediate safety of the child(ren) and in the formulation of the *Immediate Safety Intervention Plan*.

Any subsequent referrals/reports/information that a child is or may be in need of protection rated above the Intervention Line (Risk Decision #1), or new information or concerns that a child may be unsafe, require investigation and the completion of a new *Safety Assessment Form*.

Medical Examination:

If the facts/information indicate the possibility of injuries or the need for medical care and a medical examination is required, it is preferable that the worker and the child be accompanied by the child's parent or legal guardian. If this is not possible, the worker should request the parent's written consent to have the child examined (subject to the provisions of the Health Care Consent Act).

If these alternatives are not available or appropriate, the child should be apprehended so that the medical examination may proceed (subject to the provisions of the Health Care Consent Act). Prior to the medical examination the worker:

- advises the examining doctor of the nature and details of the suspected abuse/neglect and that an appropriate examination and written report are required
- requests medical procedures (e.g. radiologic bone survey, partial or full skeletal x-ray) where children have been seriously injured or there is suspicion of past injuries
- obtains the doctor's name, details of exactly what evidence of injury/neglect is found, as well as opinion as to cause.

(This information should be obtained directly from the doctor.)

- advises the doctor that he or she may be required to give evidence in court
- pursuant to the local protocol, requests that photographs be taken in all cases of visible injury
- consider whether consultation with a medical child abuse specialist may be required

The results of any examination of the child shall be recorded in the case file.

Commentary

To support the *Safety Assessment* process, 11 safety factors are listed on the *Safety Assessment Form* which describe behaviors and conditions that are frequently associated with a child being in immediate danger of serious harm. The presence of these specific factors, and any other information known about a particular case, provides a useful framework for reaching a safety decision. The three criteria used in Risk Decision #2 (i.e., immediacy, seriousness and protection) are also helpful.

The *Safety Assessment* is an assessment of **immediate** safety issues. It reviews **immediate** safety factors and assesses

whether or not **immediate** actions are required to ensure the safety of the child(ren) while the full protection investigation proceeds. The child(ren) is (are) assessed as either requiring or not requiring immediate safety interventions. The child is assessed as requiring no immediate safety interventions only if the child protection worker is satisfied that no actions are required to ensure the safety of the child **at the time** or **immediately after their** first face-to-face contact with the child.

Whenever referrals/reports/information are received that a child is or may be in need of protection, any other children in the family are also likely to be in need of protection. Unless there are no "reasonable and probable grounds to suspect", they must be seen and their safety assessed.

It is important to be aware that the investigation itself will often be seen as a threat to the parents and may place the child at further risk. This should be factored into the *Immediate Safety Intervention Plan.*

The number of interviews with the child(ren) should be kept to a minimum. Where possible, the interviewers should be the same throughout the investigation. The use of audiotapes and/or videotapes should be considered in order to reduce the number of interviews and maintain a clear record of key information.

In completing the *Safety Assessment*, it is extremely important that the child protection worker recognizes that there are many differences within our heterogeneous culture. The child protection worker must strive to understand their own ethno-cultural orientation and values as well as those of the child and family they are assessing to ensure an objective, fair assessment and an appropriate *Immediate Safety Intervention Plan.*

Sensitivity to the individual needs of a child is essential. Investigators should seek assistance from knowledgeable persons in order to understand and appreciate differences due to the cultural or exceptional needs of a child or family. These knowledgeable persons can assist the investigators in finding the most effective way to communicate with the child, to assess the child's level of understanding and to ensure that he or she is comfortable. In addition to cultural interpreters, such knowledgeable people may include intervenors for hearing/visually impaired children and others who work with exceptional children.

When appropriate, the child should be offered the choice of whether or not to have a support person present. The support person should remain with and give assistance to the child unless the child expresses the wish to be interviewed without a support person. This support person may be the "non-offending parent", or another responsible person who is close to the child, such as the school principal, teacher or counsellor.

If the conclusion reached is that any child's immediate safety is compromised, it is the child protection worker's responsibility to identify, provide, facilitate or arrange for appropriate interventions that control those factors which jeopardize a child's safety. The actions taken are intended to address identified immediate safety factors and ensure the child's safety while the full protection investigation and risk assessment proceed and are completed.

Immediate safety interventions are *not* expected to provide rehabilitation or change behaviours or conditions. The interventions are specifically employed to protect the child and *control* the situation until more permanent change can take place. Listed below are some of the commonly used immediate safety interventions, although, depending on the particular case, others may be appropriate.

- Crisis Intervention Casework
- Emergency Shelter
- Legal/Court
- Police Intervention
- Emergency Financial Assistance
- Residential Placement
- Homemaker
- Health Related Intervention or Assistance
- Family Violence Services
- Family, Friend, Volunteer Assistance

SAFETY ASSESSMENT FORM

CASE NAME: _____ FILE NUMBER:_____

DATE OF RECEIPT OF REFERRAL/REPORT/INFORMATION: _____

DATE SAFETY ASSESSMENT COMPLETED:_____

CAREGIVER #1: _____ CAREGIVER #2:_____

RELATIONSHIP TO CHILD*:_____ RELATIONSHIP TO CHILD*:_____

CHILD (a) _____ AGE:_____SEEN?_____

CHILD (b)_____ AGE:_____SEEN?_____

CHILD (c) _____ AGE:_____SEEN?_____

CHILD (d) _____ AGE:_____SEEN?_____

*specify whether in prime caregiver role or a caregiver with access

SAFETY FACTOR	PRESENT?	INFORMATION SUPPORTING ASSESSMENT OF SAFETY FACTOR
1. Caregiver's behaviour is violent or out of control.	❑ Yes ❑ No ❑ Not Known	
2. Caregiver describes or acts toward child/children in predominantly negative terms or has extremely unrealistic expectations.	❑ Yes ❑ No ❑ Not Known	
3. Caregiver caused, or has made a plausible threat that has or would result in, serious physical harm to the child/children.	❑ Yes ❑ No ❑ Not Known	
4. Child/children's whereabouts cannot be ascertained and/or there is reason to believe that the family is about to flee or refuse access to the child/children.	❑ Yes ❑ No ❑ Not Known	
5. Caregiver has not, or will not, provide sufficient supervision to protect the child/children from potentially serious harm.	❑ Yes ❑ No ❑Not Known	
6. Caregiver has not, or is unable, to meet the child/children's immediate needs for food, clothing, shelter, and/or medical care.	❑ Yes ❑ No ❑ Not Known	
7. Caregiver has previously harmed a child/children, and the severity of the harm, or the caregiver's prior response to the incident, suggests that child safety may be an immediate concern.	❑ Yes ❑ No ❑ Not Known	
8. Child/children is fearful of people living in or frequenting the home.	❑ Yes ❑ No ❑ Not Known	
9. The child/children's physical living conditions are hazardous and may cause serious harm to the child/children.	❑ Yes ❑ No ❑ Not Known	

SAFETY FACTOR	PRESENT?	INFORMATION SUPPORTING ASSESSMENT OF SAFETY FACTOR
10. Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.	❑ Yes ❑ No ❑ Not Known	
11. Caregiver's drug or alcohol use seriously affects his/her ability to supervise, protect, or care for each child/children.	❑ Yes ❑ No ❑ Not Known	
12. Other (specify):	❑ Yes ❑ No ❑ Not Known	

SAFETY DECISION

- ❑ No child/children requires immediate safety intervention.
- ❑ Child/children require immediate safety intervention.

IMMEDIATE SAFETY INTERVENTION PLAN:

NAME OF WORKER COMPLETING SAFETY ASSESSMENT:_____

DATE SAFETY ASSESSMENT FORM COMPLETED:_____

NAME OF SUPERVISOR CONSULTED:_____

DATE OF SUPERVISORY CONSULTATION:_____

Risk Decision #4
Are Child Protection Concerns Verified?

Standard (4): Determining Whether Protection Concerns are Verified

A CAS, as soon as possible and within 30 days after the referral/report/information is received, shall complete the full protection investigation, and:

- document the protection investigation steps and findings
- make a decision about whether alleged protection concerns have been verified in a conference involving at least the child protection worker and supervisor
- document the decision and supporting reasons
- obtain supervisory approval of the decision

The child alleged to be in need of protection, the caregiver(s) of the child(ren) and the person alleged to have caused the need for protection are to be advised of the outcome of the investigation within 14 days of its completion.

Reasons shall be documented by the child protection worker and approved by the supervisor where:

- decision about verification is delayed beyond 30 days
- notification of the investigation outcome is delayed or does not occur

When the decision is delayed beyond 30 days, it shall be made as soon as possible and no later than 60 days from receipt of the referral/report/information.

Risk Decision #4

Are the Child Protection Concerns Verified?

Introduction

One key purpose of the full protection investigation is to determine whether child protection concerns are verified. During the investigation, the worker gathers information, decides whether the information that led to the investigation appears to be more likely to be accurate than not accurate (balance of probabilities), and whether there are any other child protection concerns present.

Requirements Supporting Standard

The child protection worker shall complete a full protection investigation, document that investigation, and make decisions about whether protection concerns are verified within 30 days after the referral/report/information is received.

In exceptional circumstances only, and with supervisory consultation and approval, further steps may be required beyond the 30 days to complete the investigation and make this decision. In this event, Risk Decision #4 shall be made as soon as possible and no later than 60 days after receipt of the referral/report/information.

Investigation

The following steps are required for all child protection investigations:

- telephone or personal interview with the person who reported the allegations of abuse and/or neglect and any others who have relevant information
- review of existing society records for any present or past contact involving the family, alleged abuser or child
- review of any records of other CASs discovered through search of provincial data base for any prior contact (subject to the provisions of the MCSS Case Information Disclosure Policy Manual)
- contact with the Child Abuse Register (for abuse investigations only) to ascertain if the alleged abuser has been registered in the past, and the details of that registration and obtaining records from any child welfare authority that has previously registered the alleged abuser
- face-to-face contact with the child(ren) and interviews of the child(ren) using methods consistent with the child's developmental stage and ability to communicate
- interview of the alleged perpetrator of the abuse and/or neglect by the society and/or the police as appropriate
- interview of the child's primary caregivers
- decisions with respect to whether there are other potential child victims of abuse or neglect (e.g. siblings, other children in the home, children in other families) using the *Eligibility Spectrum* to support these judgements.
- obtaining release(s) of information to facilitate information sharing with other professionals
- gathering of evidence from other professionals involved with the child and/or family (e.g. medical, law enforcement, legal, educational)
- gathering of information from other witnesses/persons
- consideration about the need to seek a warrant/telewarrant

All of the above investigative steps, and any deviations from these requirements

in exceptional circumstances, shall be documented within the designated time frame.

Applying to the court or a justice of the peace for a warrant or telewarrant is an optional investigative step to be considered depending on case circumstances.

Regardless of the outcome of this Risk Decision, the worker shall also complete the requirements of Standard (5) and Risk Decision #5 (determining whether the child is in need of protection).

Verification

Verification of information alleged in the referral/report/information involves a careful examination of all the information obtained during the investigation, and a decision that **on the balance of probabilities** it is more likely than not that the harm or risk of harm occurred or is likely to occur. In some cases, original allegations cannot be verified but information is obtained during the investigation that may lead to verification of other protection issues.

The verification process shall involve:

- a formal meeting or case conference involving at least the child protection worker and the worker's supervisor
- a review of all relevant information obtained throughout the investigation
- an identification of verification criteria which indicate that the child was harmed or was at risk of harm
- an identification of facts that refute the allegations of harm or risk of harm
- an application of the appropriate test

In determining whether or not the alleged harm or risk of harm is verified, the child protection worker shall assess and consider the following:

- the validity of any statement by a child who is the subject of the referral/report/information
- the validity of any statement of a child who is a witness
- any statement made by the person who is alleged to have harmed the child or subjected the child to a risk of harm
- any statements made by the child's parents or other caregivers
- any forensic or scientific evidence
- any physical evidence
- any medical evidence
- any personal observations of witnesses
- any corroborating evidence
- any opinion evidence from a qualified professional
- past history or pattern of behaviour
- credibility of the referral source

Child Abuse Register

Where an allegation of abuse (all of which are rated 'Extremely Severe' on the *Eligibility Spectrum*) has been verified, the procedures for reporting to the Child Abuse Register (CFSA- Regulation 71) are to be followed (see *MCSS Guidelines for Reporting to the Child Abuse Register).*

Abuse is defined in the CFSA s. 72.1 as a child in need of protection under clause 37 (2) (a), (c), (e), (f), (f.1), or (h).

Note: Cases of verified neglect should not be reported to the Register, unless that neglect has resulted in actual harm to the child, in which case the CFSA S.72(1) defines the condition as abuse, and it should be reported to the Register if it meets reporting criteria for abuse.

Commentary

The above description of required elements to be considered in verifying protection concerns highlights the need for workers to have a framework for determining statement validity. It is recommended that each CAS endorse a systematic approach for assessing the validity of statements. Implementation of a systematic approach assists the child protection worker in applying consistent criteria, informed by scientific research, to statements made by children or other parties. The analysis of these statements is often an integral component of a full child protection investigation.

Verification of neglect:

Verification is a term that has generally applied to abuse cases only. In the context of these Standards it is intended to apply to neglect cases as well. In cases of neglect, like in cases of abuse, the child protection worker should be able to demonstrate a factual basis for the assessment that, on a balance of probabilities it is more likely than not that the neglect occurred.

Neglect is often characterized by a chronic failure to meet a child's basic needs (pattern of neglect) but may also be one act of omission which has actual or potential serious consequences for the child. It is important that child protection workers consider both possibilities in the verification process.

The CFSA amendments specifically include neglect in the grounds for a child being in need of protection.

Note:
If there are insufficient grounds to verify child protection concerns, but there appear to be significant problems in the family that may develop into child protection concerns, the CAS worker may wish to explore with the family whether further service is required and whether service will continue on a non-protection (or other child welfare) basis.

Risk Decision #5
Is the Child In Need of Protection?

Standard (5): Determining Whether the Child is in Need of Protection

A CAS shall ensure that as soon as possible and within 30 days after the referral/report/information is received:

- a determination of whether there are reasonable and probable grounds to believe that the child(ren) is(are) in need of protection is made;
- the determination and supporting reasons are documented by the child protection worker;
- the determination is approved by a supervisor;

Reasons shall be documented and approved by the supervisor where:

- a determination of the need for protection is delayed beyond 30 days

When the determination is delayed beyond 30 days, the child protection worker shall:

- make the determination as soon as possible and no later than 60 days from receipt of the referral/report/information;
- document a plan to complete the full protection investigation.

Risk Decision #5

Is the Child in Need of Protection?

Introduction

In addition to determining whether the child protection concerns are verified (Risk Decision/Standard #4), the investigation conclusions include the society's opinion of whether there are reasonable and probable grounds to determine that the child is in need of protection. The child protection worker makes every effort to make this determination within 30 days after the receipt of the referral/report/information.

The decision about whether the child is in need of protection will determine whether ongoing child protection services will be provided, or non-protection services will be provided, or the case will be closed. The reason for service (i.e. *Eligibility Spectrum* rating) is updated at this point to reflect the situation on completion of the investigation.

Requirements Supporting Standard

On completion of the full protection investigation, and after making the decision about verification, the child protection worker shall make a determination about whether the child(ren) is(are) in need of protection according to the grounds set out in CFSA s. 37. This decision shall be made and documented within 30 days of receipt of the referral/report/information, and shall be based on reasonable and probable grounds.

The documentation shall include

- the determination about the need for protection
- the rationale for that decision
- reference to relevant risk factors
- evidence of consideration of special needs
- evidence of consideration of cultural factors
- any need for consultation related to the specific case.

In exceptional circumstances, and with supervisory approval, further steps may be required beyond the 30 days to complete the full protection investigation and to make this determination. In that event, Risk Decision #5 shall be made as soon as possible and no later than 60 days from receipt of the referral/report/information.

Note: If further investigative steps are required beyond the 30 days, the child protection worker is required by Standard #6 to complete the *Risk Assessment Tool* within the 30 days.

The possible outcomes of the full protection investigation are:

- original protection concerns are not verified and the child is not in need of protection
- original protection concerns are not verified but the child is in need of protection for other reasons
- original protection concerns are verified but the child is not currently in need of protection
- original protection concerns are verified and the child is currently in need of protection

If it is determined that the child(ren) is(are) currently in need of protection, the current reason for service provision shall be documented using the *Eligibility Spectrum*, and the Standards and Risk Decisions that follow apply.

If it is determined that no children are in need of protection, the case should be closed, or non-protection services provided. If the case is closed or re-classified to non-protection services, the documentation of the *Risk Assessment Form* is not required. Standards (6), (7), (8), (9) and (10), and all the following Risk Decisions do not apply, unless the determination is not made within the 30 days, in which case Standard (6) and Risk Decision #6 apply.

Commentary

It is understood that the worker makes a **judgement** about whether or not the child is determined to be in need of protection, while it is only the court that can make a **finding** that the child is in need of protection.

It is also important that the worker recognizes that The CFSA, Regulations, and Standards require that this judgement be based on reasonable and probable grounds rather than on irrefutable fact.

If there are insufficient grounds to determine that the child is in need of protection, the CAS worker may wish to explore with the family whether further service is required and whether service will continue on a non-protection basis.

There is a close correlation between information which is considered in making the decision about verification and the information the child protection worker considers in making a determination of whether or not a child is in need of protection. Some additional issues which are considered in making the latter decision include:

- **Risk Assessment Factors:** The child protection worker's knowledge of factors which are most strongly correlated with future abuse or neglect of a child, are important considerations in the decision about whether or not a child is determined to be in need of protection. (In the context of this risk decision point, and throughout the life of the case, the worker can consider the risk assessment factors without actually completing the *Risk Assessment Form,* unless the Form is specifically required by the revised Risk Assessment Model for Child Protection In Ontario.)

  The child protection worker begins to gather information related to the assessment of the risk of future abuse and/or neglect of the child from the time the initial referral/report/information is received. During the investigation of the specific protection concerns or allegations, the child protection worker gathers thorough information related to risk factors, to inform the determination about whether the child is in need of protection.

- **The child(ren) and the family's special needs or ethno-cultural identity.** Child protection workers should consider consulting with persons knowledgeable about these needs (e.g. band representative, elder, family services worker, staff who work with exceptional children, multicultural community workers).

- **Consultation:** Consultation with specialists in the fields of social work, medicine, law, psychiatry, psychology and education should be considered as circumstances require. The society's Review Team may also be used as an appropriate resource.

Risk Decision #6
Is the Child at Risk of Future Abuse or Neglect?

Standard (6): Risk of Future Abuse/Neglect

Where further steps are required to complete a full protection investigation beyond 30 days from receipt of the referral/report/information, or where it is determined that the child is in need of protection, the child protection worker shall complete:

- a risk assessment and risk analysis
- a plan to address any immediate risk issues

within 30 days of receipt of the referral/report/information by the CAS.

Risk Decision #6

Is the Child at Risk of Future Abuse or Neglect?

Introduction

Risk assessment is a complex analysis of the interaction among risk-related elements, an identification and examination of a family's perceptions and strengths, and any other significant case circumstances that may affect family functioning. The analysis should help evaluate the likelihood that a child may be abused or neglected in the future. It should also help determine what services are needed, if any, to reduce identified risks, build upon family strengths and resolve identified problems.

In contrast to the time-specific and time-limited focus of the *Safety Assessment*, the *Risk Assessment* is intended to support the worker's judgement about predicting the level of risk of harm to the child(ren) over the time period through to the next scheduled reassessment of risk.

While the paramount purpose of any child protection assessment is to address the best interests, protection, and well-being of the child the assessment must consider the strengths and needs of the child and family. The CFSA states that,"...while parents may need help in caring for their children, help should give support to the autonomy and integrity of the family unit, and wherever possible, be provided on the basis of mutual consent." Family strengths, and the potential for the family and/or the community to provide for the needs of the child and family, are critical elements of developing a Plan of Service that will protect the child and reduce risk. When strengths are considered in assessing risk, and the plan developed in partnership with the family and other potential resources, the opportunities for change can be more easily identified.

The family's perception of the risk elements, and their ability to recognize their deficits and strengths is of major importance.

The child protection worker begins to gather information related to the assessment of the risk of future abuse and/or neglect of the child from the time the initial referral/report/information is received. During the investigation of the specific protection concerns or allegations, the child protection worker gathers thorough information to inform the decision about whether or not those concerns or allegations can be verified, doing so within the context of the factors correlated to a risk of future abuse/neglect of a child.

The *Risk Analysis* requires the child protection worker to analyse and interpret the ratings of the risk elements. The worker lists all the elements with high ratings, all the elements with low ratings, and all those where the information is 'unknown'. The worker then describes how the interaction of those elements intensifies or mitigates the risk to the child(ren), and makes a judgement about the *Overall Risk Rating*.

After considering all of the risk ratings, interactions between elements, and information still needed, the worker priorizes the risk issues to be brought forward to and addressed in the *Plan of Service* (Risk Decision #8). Since the assessment of risk of harm to a specific child in a specific context is extremely complicated and depends on the interplay of many variables, the *Risk Analysis* is critical to informing an appropriate and realistic *Plan of Service* (Risk Decision #8).

It is important to ensure that the assessment is sensitive to any special needs and the ethno-cultural identity of the child(ren) and family.

Where the child is an Indian or Native person, societies should encourage the family to involve a band representative or appropriate Native Child and Family Service Agency in the development of the plan.

Requirements Supporting Standard

The *Risk Assessment Form* and the *Risk Analysis* shall be completed by the worker and approved by the supervisor within 30 days after the receipt of the referral/report/information, for all cases where a child has been determined to be in need of protection, or where that determination can not be made within 30 days.

There are three possible scenarios at this Risk Decision point (30 days after receipt of the referral/report/information):

a. The full protection investigation has been completed and the child has been determined to be in need of protection (Risk Decision #5). A *Risk Assessment* shall be completed and the Standards and Risk Decisions that follow apply.

b. The investigation has been completed and no child has been determined to be in need of protection (Risk Decision #5). A *Risk Assessment* is not required and Standards (7), (8), (9) and (10) and all Risk Decisions that follow do not apply.

c. The investigation has not yet been completed. A *Risk Assessment* shall be completed in this case, and is based on all information gathered to date. Any immediate risk issues are identified and addressed.

It should be noted that a review of the *Risk Assessment* is required as outlined above where any new information has been received on an open protection case that has resulted in a full protection investigation (Risk Decision #1).

Thorough information gathering at each stage of investigation and service provision is required to facilitate an accurate risk assessment. The rating given to each risk element represents a judgement based upon that information. For each judgement, the rating should be a careful balance between facts that create or exacerbate risk for the child and protective factors or strengths which ameliorate risk.

A risk rating of '9' should be used rarely, only in situations where not enough information has been gathered on which to base a judgement. It is recognized that what is expected in rating risk elements is a judgement supported by evidence, not a proof of fact.

The child protection worker, in making the judgements necessary to complete the *Risk Assessment* and *Risk Analysis*, should take the child and family's identified strengths and ethno-cultural orientation into consideration.

The child protection worker documents the results of this information-gathering and assessment by completing the *Risk Assessment Form* and the *Risk Analysis* at the conclusion of the investigation for all cases where it is determined that a child is in need of protection.

Commentary

It is essential, in predicting risk, to consider protective factors. Protective factors are defined as those factors or processes that, in combination with the risk element, seem to modify, ameliorate, or alter the likelihood of future harm for the child.

The literature[2] on protective factors groups them into three general categories: individual characteristics, family characteristics, and supportive significant others.

- Individual characteristics include attributes such as self-sufficiency, high self-esteem, and altruism

- Family characteristics include supportive relationships with adult family members, harmonious family relationships, expressions of warmth between family members and mobilization of supports in times of stress

- Community supports refers to supportive relationships with people and/or organizations external to the family. These external supports provide

2 Multicultural Guidelines for Assessing Family Strengths and Risk Factors in Child Protective Services, edited by Peter J. Pecora and Diana J. English, Washington Risk Assessment Project, 1993.

positive and supportive feedback to the child and reinforce and reward the child's positiv coping abilities.

The following information provides a more detailed description of each of these areas:

Individual characteristics: This category of protective factors refers to factors that are innate (birth order, age, gender) as well as those that are learned (self-care and interpersonal attributes). Individual attributes include:

- Birth order--first born
- Health status--healthy during infancy and childhood
- Activity level--multiple interests and hobbies, participation and competence
- Disposition--good-natured, precocious, mature, inquisitive, willing to take risks, optimistic, hopeful, altruistic, personable, independent
- Developmental Milestones--meets or exceeds age-appropriate expectations
- Self-concept--high self-esteem, internal locus of control, ability to give and receive love and affection
- Perceptive--quickly assesses dangerous situations and avoids harm
- Interpersonal Skills--able to create, develop, nurture and maintain supportive relationships with others, assertive, good social skills, ability to relate to both children and adults, articulate
- Cognitive Skills--able to focus on positive attributes and ignore negative
- Intellectual Abilities--high academic achievement.

Family characteristics: Family characteristics that offer protective qualities include attributes that apply to the entire family unit as well as personal relationships with parental figures. Family characteristics include:

- Structure--rules and household responsibilities for all members
- Family Relational Factors--coherence and attachment, open exchange and expression of feelings and emotions
- Parental Factors--supervision and monitoring of children, a strong bond to at least one parent figure, a warm and supportive relationship, abundant attention during the first year of life, parental agreement on family values and morals
- Family Size--four or fewer children spaced at least two years apart
- Socioeconomic Status--financial security
- Extended Family--nurturing relationships with substitute caregivers such as aunts, uncles and grandparents.

Community characteristics: Community characteristics include individuals and institutions, external to the family, that provide educational, emotional, and general supportive ties with the family unit as a whole or with individual family members. These protective factors include:

- Positive peer relationships
- Extended family in close proximity
- Schools--academic and extra-curricular participation and achievements, close relationship with a teacher(s)
- Reliance on informal network of family, friends and community leaders for advice.

The preceding offers a brief overview of the individual, family, and community protective factors that serve as a buffer to some children in stressful and/or abusive situations. However, given the differences in family structure, child rearing practices and relationship to community, the degree to which the above factors apply to cross-cultural situations is unclear. Certainly some of the characteristics are universal across ethnic and class background. However, other factors may have a greater or lesser impact on families depending on their ethno-cultural orientation. In fact, some characteristics that apply specifically to some families may not be represented in the above discussion. The following list of protective factors may have special relevance to cross-cultural situations:

- Active Extended Family: relatives that are active in the child's life, provide material resources, child care, supervision, parenting, emotional support to the child

- Religious Affiliation: belongs to and actively participates in a group religious experience. Faith and prayer.

- Strong Racial Identity: exhibits racial pride, strongly identifies with ethnic group through clubs, organizations, political and social change movements

- Close Attachment to the Ethnic Community: resides in the ethnic community, easy access to ethnic resources including social services, merchants, media (newspaper), demonstrates a commitment to the ethnic community

- Dispositional Attributes: activity level, sociability, intelligence, competence in communication (oral and written), locus of control

- Personal Attributes: high self-esteem, academic achievement, assertiveness

- Supportive Family Milieu: cohesiveness, extensive kinship network, non-conflictual relations

- External Support System: involvement or non-involvement of fathers, male role models, supportive social environment

Assessing risk therefore requires a careful balance between the facts which aggravate risk and those which mitigate against risk in a given situation. It is incorrect to suggest that risk assessment is a process which deals with negative issues only; in fact, the worker's judgement with respect to each rating is informed by information related to positive and negative aspects of the individual's and family's functioning.

It is extremely important to clarify the family's perception of the issues identified by the risk factors. Issues the child protection worker may assume are positive mitigators of risk may in fact be the opposite. For example, the daily visit of a grandparent can be a support or it can be experienced as a stressor. What is crucial to the accurate assessment of risk is how the factor operates in that family's situation.

At any time, when a risk assessment is completed, the child protection worker may not have complete knowledge of the child and family's functioning, but, is at all times required to assess risk on the basis of the facts that are available (assumes thorough and ongoing information gathering).

There are potential sources of errors[3] in completing a risk assessment which should be guarded against. These include:

- Inadequate training
  - re child protection
  - re risk assessment
- Over-reliance on Mechanical Tools
- Short Circuiting
  - inadequate data
  - premature judgement
- Biased Data
- Lack of Consultation
- Over-Confidence
  - re ability to predict future maltreatment
- Failure to Consider Strengths
- Failure to Review Cultural Considerations
- Inappropriate and Improper Use of Risk Assessment Instrument
  - improper care taken in making judgements
  - use of instrument at improper decision point

3 Child Protection Risk Management System, Department of Health and Community Services, New Brunswick, 1996, p.51.

Procedures for Completing Risk Assessment Tool

The *Risk Assessment Tool* includes five assessment categories called *influences*, related to the:

(1) Caregiver

(2) Child

(3) Family

(4) Intervention

(5) Abuse/Neglect

Within each one of these *influences* are related risk *elements*, derived from child welfare theory, research studies, and field experience. Grouping risk elements within a set of risk influences facilitates a sharper focus on the specific elements within an influence, as well as a broader examination of the interactions of more diverse risk elements.

There are 22 risk elements examined by the *Risk Assessment Tool*. Each risk element includes five scales of severity ranging from zero (0) to four (4). The scale headings are present on the *Risk Assessment Tool*.

The number nine (9) is assigned when there is insufficient information to rate a risk element. Every risk element is important. A special effort should be made to collect the information needed to rate *each* risk element. A risk element with "insufficient information" should alert the social worker/supervisor to a possible problem situation.

The Risk Assessment Scales are further defined by descriptions called *anchors*. The anchors help assign a rating by providing a narrative description which defines the status or functioning of a child, caregiver, or family. In order to choose the anchor best suited to describe the particular case situation, the following guidelines should be kept in mind:

- Choose the anchor where the description more closely reflects your assessment of that particular risk element. It does *not* have to match exactly.
- If there is more than one description within an anchor, not all parts need apply in order to select that particular anchor.
- Not all anchors will be mutually exclusive. Partial descriptions from more than one anchor may reflect your particular case. Again, choose the risk element level that seems to fit *most closely*. When in doubt, select the anchor with the higher rating.
- When multiple children and/or caregivers are involved, identify each caregiver (Caregiver #1 or Caregiver #2) or child (Child a, Child b, Child c, or Child d) and select the tick box which reflects the appropriate risk level for that individual. Caregivers to be rated include caregivers with significant access to the child.
- Where a risk element is present, use the Summary Description Box to describe the facts which support your rating. Use codes to identify the caregiver (#1, #2) or child (a, b, c, d) affected by the risk element.
- There is interaction and overlap among Risk Elements that must be taken into consideration in completing both the *Risk Assessment* and *Risk Analysis*.
- Where certain information applies to rating more than one Risk Element, include this information only in rating the element where it fits best, e.g. while substance abuse may be considered to be a mental health issue, it should be considered in rating only CG2 (Alcohol or Drug Use), and not CG6 (Mental, Emotional, Intellectual Capacity to Care for Child).
- Select the most appropriate anchor that would apply if child protection services were withdrawn and the child protection case was closing. This method best reflects the *actual risk* that would be present without child protection supports.

Risk Assessment Scale Anchor Descriptions

Caregiver Influence
CG1. Abuse/Neglect of Caregiver

4. Severe abuse/neglect as a child.

Severe abuse/neglect as a child resulted in serious emotional disturbance and/or physical scars/disability.

3. Recurrent but not severe abuse/neglect as a child.

Recurrent abuse/neglect as a child; may have resulted in emotional or physical impairment.

2 Episodes of abuse/neglect as a child.

Recounts being abused or neglected as a child, but not severely or recurrently: with no apparent impairment.

1. Perceived abuse/neglect as a child with no specific incidents.

Does not recount being abused or neglected. Expresses dissatisfaction with the care or treatment s/he received when young.

0. No perceived abuse/neglect as a child.

Recounts being loved and well cared for with no incidents of abuse or neglect.

9. Insufficient information to make a rating.

Caregiver Influence
CG2. Alcohol or Drug Use

4. Substance use with severe social/behavioural consequences.

Compulsion to use substance, loss of control over use, and continued use despite adverse consequences. Suspected sale and/or manufacture of drugs; dropout from social responsibilities (unemployment, spouse has left, child is abandoned); or severe behavioural problems (extreme aggression or passivity, no concern for future, confusion much of time).

3. Substance use with serious social/behavioural consequences.

Regular and heavy abuse of one or more substances: alcohol or drugs. High risk of not meeting social responsibilities (danger of losing job, financial problems, spouse threatens to leave, child care suffers)

2. Occasional substance use with negative effects on behaviour.

Uses drugs other than marijuana or alcohol occasionally or binges on alcohol or marijuana. Negative effects on social behaviour (job absenteeism, constant arguments at home, dangerous driving) and on child care. Short term stupor impairs performance.

1. Occasional substance use.

Occasionally smokes marijuana or drinks alcohol to point of impairment. Mild effects on child caring ability or everyday functioning.

0. No misuse of alcohol or use of drugs.

May drink but in moderation. No use of illegal drugs or drug-related activity. No observable effects on everyday functioning.

9. Insufficient information to make a rating.

Note: If drug/alcohol use is recent but not present, remember to rate as if there were no child protection services being provided.

Caregiver Influence
CG3. Caregiver's Expectations of Child

4. Unrealistic expectations with violent punishment.

Unrealistic, not age-appropriate expectations may result in violent behaviour or punishment for child's failure to meet expectations. Physical discipline is the caregiver's only response to child's misconduct and pattern of physical discipline is escalating in severity.

3. Unrealistic expectations with angry conflicts.

Unrealistic expectations may lead to regular conflicts and anger toward child over behaviour. Caregiver frequently administers excessive physical discipline. Verbal discipline is frequently inappropriate and excessive in response to child's age and misconduct.

2. Inconsistent expectations leading to confusion.

Has knowledge of age-appropriate behaviour but is inconsistent in expectations. Child is left frustrated and confused by inconsistency. Verbal and physical discipline are inconsistently administered and are often not appropriate to child's age and misconduct.

1. Realistic expectations with minimal support.

Good knowledge of age-appropriate behaviours with realistic standards most of the time. May not encourage or assist child with task when necessary to meet standards. Verbal discipline is generally controlled and appropriate to child's age and misconduct.

0. Realistic expectations with strong support.

Good knowledge of age-appropriate behaviour with consistent and realistic standards. Sets safe and reasonable limits with appropriate consequences. Has flexible demands and provides child with options. Encourages and helps child with tasks when needed. Verbal discipline is controlled and appropriate to child's age and misconduct.

9. Insufficient information to make a rating.

Caregiver Influence
CG4. Caregiver's Acceptance of Child

4. Rejects and is hostile to child.

Child is viewed as evil or bad. Child is consistently criticized and put down. Child is resented and even hated. Caregiver is hostile to child.

3. Disapproves of and resents child.

Child is seen as disruptive and the cause of many problems. Caregiver disapproves of or criticizes child constantly and is resentful of child.

2. Indifferent and aloof to child.

Caregiver is neither accepting nor rejecting. Relates to child in matter-of-fact, functional terms but has little emotional involvement and rarely demonstrates acceptance.

1. Limited acceptance of child.

Describes child positively most of the time, but only when asked; only occasionally does so spontaneously.

0. Very accepting of child.

Frequently and spontaneously speaks about accomplishments of child with approval. Accepts child even when she or he disapproves of behaviour.

9. Insufficient information to make a rating.

Caregiver Influence
CG5. Physical Capacity to Care for Child

4. Incapacitated due to chronic illness or disability resulting in inability to care for child.

Acute or chronic illness or disability, or experience of severe pain critically impairs caregiver's ability to perform child caring role.

3. Physical impairment or illness which seriously impairs child caring capacity.

Physical illness or disability seriously restricts or interferes with caregiver's ability to care for child. Child care may be at risk because of communicable disease that endangers health, or terminal illness that will impair child caring capacity of caregiver.

2. Moderate physical impairment or illnesses resulting in only limited impact on child caring capacity.

Generally healthy but has one or more physical illness or disabilities which have a mild impact on child caring capacity.

1. Very limited physical impairment or illness with virtually no impact on child caring capacity.

Caregiver has limited physical illness or has a debilitating disease (e.g. MS, arthritis, diabetes, or hypertension) that has not progressed to stage of sustained impairment. Limited impairment of motor functioning has little or no effect on child caring capacity.

0. Healthy with no identifiable risk to child caring capacity.

Caregiver in generally good health with no identifiable illnesses, disabilities, or inadequate health habits that would impact child caring.

9. Insufficient information to make a rating.

Note: Consider presence of substance use withdrawal symptoms, such as insomnia, chronic fatigue, irritability, severe headaches, seizures, nausea and vomiting in assessing presence of physical illness or disability.

Caregiver Influence
CG6. Mental/Emotional/Intellectual Capacity to Care for Child

4. Incapacitated due to mental/emotional disturbance or developmental disability resulting in inability to care for child.

Caregiver has serious mental/emotional disturbance and behaviour may be affected by delusions or hallucinations. Psychological state may exhibit severe impairment in communication (incoherent, unresponsive) or judgment. Illness critically impairs ability to provide child care. Caregiver could be dangerous to self and others; suicidal preoccupations. Caregiver has severe intellectual limitations (i.e., has severe developmental disability), emotional instability, and/or has very poor reasoning abilities which severely affect his/her ability to protect or care for child.

3. Serious mental/emotional disturbance or developmental disability which seriously impairs child caring capacity.

Symptoms may include serious disturbances in judgment, thinking, or emotions that may frequently affect caregiver's ability to perform child care tasks. Caregiver is not a danger to others or self. Caregiver has intellectual limitations which adversely affect his/her ability to care for child.

2. Moderate mental/emotional disturbance or developmental disability with limited impairment of child caring capacity.

Symptoms such as feelings of powerlessness, low self-esteem, anxiety attacks, or mood swings have only a mild impact on the child caring capacity of caregiver. Caregiver has some intellectual limitations or developmental disability which somewhat restricts ability to protect/care for child.

1. Symptoms of mental/emotional disturbance or developmental disability with no impact on child caring capacity.

Caregiver suffers from transient symptoms of psychological stress, emotional problems, or from mental illnesses with little or no impairment of child caring capacity. Caregiver may have some intellectual limitations which do not affect his/her ability to care for child.

0. No identifiable mental/emotional disturbance.

Caregiver has no symptoms of mental illness, psychological disturbance, or intellectual limitations. Appears to be emotionally stable.

9. Insufficient information to make a rating.

Note: Choose the rating that most closely approximates the description of the impact on the child.

Child Influence
C1. Child's Vulnerability

4. Child younger than 2 yrs. old, or older child with special needs.

Child is an infant or toddler under the age of two, or an older child with special needs.

3. Child older than 2 years old, not regularly visible in the community.

Child is older than two years of age and is generally cared for in the family home; public exposure is minimal; or child may be cared for outside the home, but scheduled periods of absence are greater than two days at a time.

2. Child is under 12 years old, attends school, day care, or early childhood development program.

Child under age of 12, regularly attends school or other child care program at least three days a week, with no more than two days between days of attendance.

1. Child is over 12 years old, and younger than 16 yrs. old.

Child is between the ages of 12 and 16, is regularly in the community and/or school environment.

0. Child is 16 years old or older, with adequate self-sufficiency skills.

Child can care for self independently. Is able, when necessary, to prepare food for self and dress appropriately for conditions. Can negotiate transportation system and knows how to access emergency services.

9. Insufficient information to make a rating.

Child Influence
C2. Child's Response to Caregiver

4. Extremely anxious with uncontrolled fear, withdrawal, or passivity.

No interaction between child and caregiver. Child is extremely fearful, shakes or cowers hysterically, or cries uncontrollably from fear. Child is extremely passive, withdrawn, or aloof toward caregiver. Persistently crying infant not soothed or comforted by caregiver. Minimal eye contact between caregiver and infant. Physical response may be rigidity or pulling away from caregiver.

3. Very anxious with negative, disruptive, and possibly violent interaction.

Child/caregiver interaction is very negative. Interaction is disruptive, unpredictable, or possibly violent. Child may deny knowledge, tell conflicting stories, refuse to answer questions, or use rehearsed answers in response to questions about caregiver or injuries. Child does not respond, over-responds, or withdraws if caregiver displays affection or anger.

2. Moderately anxious with apprehension and suspicion toward caregiver.

Child is apprehensive and suspicious toward caregiver; appears inappropriately fearful of caregiver. Asks caseworker not to tell caregiver what s/he says. Claims no problems but demeanor does not match statement. Afraid to answer questions and checks caregiver's response after answering. Overly compliant with or mistrustful of caregiver. Child does not respond to caregiver's affection.

1. Marginally anxious with some hesitancy toward caregiver.

Child is sometimes cautious around caregiver. Hesitant to talk; exhibits excessive shyness. Child may fail to elicit affection, or respond to caregiver's affection on occasion.

0. Child trusts and responds to caregiver in age-appropriate way.

Child trusts and responds to caregiver in age-appropriate, positive way. Minor conflicts with caregiver are resolved and are seldom long-term. Child is calm, relaxed, and self-assured. Child engages positively with caregiver and elicits affection, and responds with facial expression, posture, and behaviour.

9. Insufficient information to make a rating.

Child Influence
C3. Child's Behaviour

4. Dangerous behaviour problems.

Is violent and dangerous to others or self (suicidal thoughts or attempt) or has a history of violent or criminal behaviour, irrespective of age. Incidence of exhibitionism or voyeurism. Age inappropriate, violent or intimidating sexual behaviour; admits to or is diagnosed as chemically dependent or associates with peers who are. Inappropriately wary of adult contacts; behavioural extremes. Exaggerated fear of closeness or physical contact. Infant or young child is rigid, non responsive, or listless.

3. Serious behaviour problems.

Occasionally violent and dangerous to others. Evidences some self-destructive or self-abusive behaviours. Destructive objects or possession, and/or animals. May be chemically dependent. Isolated or scapegoated by peers/siblings. Withdrawal from social interactions; lack of trust, particularly with significant others. Sleep disorders such as insomnia or nightmares. Runs away frequently or exhibits regular truancy from school. Difficult infant (colic, hyperactive); fussy, sleeps very little.

2. Moderate but pervasive behaviour problems.

Significant pattern of aggression or withdrawal at school, with friends, or siblings. Periodic truancy from school or runs away for short periods of time. Child may act much younger than age-appropriate; use behaviour to gain attention; or be having behaviour problems at school, in the community, or at home. Difficulty in concentrating at school; overeating, loss of appetite, or other changes in diet. Repeated use of alcohol or other substances.

1. Minor behaviour problems.

Mild symptoms of hyperactivity or depression. Possible minor school problems or truancy. Experimentation with alcohol or other substances. Generally exhibits age-appropriate behaviour.

0. No significant behaviour problems.

Behaviour seems age-appropriate with acceptable school attendance and school/community/home behaviour. No use of alcohol or other substances.

9. Insufficient information to make a rating.

Child Influence
C4. Child's Mental Health and Development

4. Incapacitated due to mental/emotional disturbance or developmental delay and unable to function independently.

Child has severe mental/emotional disturbance (including possible delusions, hallucinations) and/or developmental delay that makes him/her unable to function age-appropriately. May be dangerous to self (suicidal) or others. Psychological state shows severely impaired communication (incoherent, unresponsive, chronic depression) and judgement (grossly inappropriate acts). Child has diagnosed mental illness (autism, schizophrenia, conduct disorder, etc.) or emotional instability.

3. Serious mental/emotional disturbance or developmental delay impairs ability to function in most daily activities.

Child exhibits a serious mental/emotional disturbance or developmental delay. This often is characterized by poor judgement, disturbances in thinking or mood (severely depressed, talks or suicide) that effectively prevent child from functioning in most daily activities: attending school, successfully interacting with family or friends, going out in public. Child appears to act in hyperactive manner.

2. Moderate mental/emotional disturbance or developmental delay impairs ability to perform some daily activities.

Emotional disturbance (self-doubt or anxiety attacks) or moderate developmental delay impair ability of child to function in some daily activities but not others. Symptoms include refusal to attend pre-school/school, bed-wetting, aggression, or withdrawal from others. Child has diagnosed learning disability (dyslexia, attention deficit disorder, etc.) which impacts negatively on pre-school/school performance without aggression or withdrawal.

1. Symptoms of mental/emotional disturbance with minimal impact on daily activities.

Child suffers from transient symptoms of emotional stress (difficulty concentrating, loss of appetite, frequent fatigue, nightmares) or mild developmental delay which has minimal impact on pre-school/school or socialization. May be anxious or have some conflict around peer relations; child may be slightly immature.

0. No identifiable mental/emotional disturbance.

Child has no symptoms of illness of developmental delay. Is emotionally stable and exhibits age-appropriate emotional behaviour and intellectual development.

9. Insufficient information to make a rating.

Child Influence
C5. Child's Physical Health and Development

4. Severe physical illness, disability, or lack of physical development; requires medical care.

Severe/chronic physical illness, substance use having serious effect on child's health and development, drug withdrawal or positive toxicology, disability or handicap, or severe pain/discomfort from conditions severely restricts child's activities or school performance. Special efforts unable to restore such activities. Child's weight and height are below 5th percentile for age; reason unknown or attributed to quality of care. Child is listless and needs medical care. Diagnosis of Fetal Alcohol Syndrome. Child is diagnosed with Sexually Transmitted Disease or other physical indications of sexual activity inappropriate to age.

3. Serious physical illness, disability, or lack of physical development; restricts activities without special care.

Physical illness or disability seriously restricts activities and school performance and requires special care which caregiver views as burdensome. Child's weight and height are below 5th percentile for age; reason unknown, but caregiver is cooperative and willing to learn.

2. Moderate physical illness, disability, or lack of physical development; restricts activities somewhat but overcome with special care.

Moderate physical illness or disability, or moderate pain/discomfort restrict child somewhat. Activities and school performance achieved with special care and treatment. Child's weight and height are below 5th percentile for age; medical reasons are known.

1. Mild physical illness, disability, or lack of physical development; does not restrict activities.

Mild physical illness or disability that does not restrict child's activities or school performance. Child's height and weight is between 5th and 10th percentile; reason is known.

0. Healthy and no obvious physical illness, disability, or lack of physical development.

Child is healthy and has no or only minor illness or disability which does not restrict child's activities or school performance. Child's weight or height are at or above the 10th percentile.

9. Insufficient information to make a rating.

Family Influence
F1. Family Violence

4. Repeated or serious physical violence or substantial risk of serious physical violence in family.

Adult required medical treatment for injuries sustained or medical attention required but not sought. Unexplained injuries. Recurring or frequent requests for police intervention; restraining order may exist. Threats or use of weapons by one family member against another. Absolute domination of emotional, financial, and sexual spheres by one member; other member is submissive. Caregiver is pregnant, incidents of physical violence have occurred since pregnancy.

3. Incidents of physical violence in family; imbalance of power and control.

Adult physically assaulted by another family member but no medical attention required. Threats (to kill or seriously injure) expressed between family members. Previous requests have been made to police for assistance. Emotional and financial control maintained by one family member; possible sexual abuse of one family member by another. Incidents of violence occur in presence of children.

2. Isolation and intimidation; threats of harm.

Family members controlled through limited access to financial resources, intimidation, and/or isolation. Other family member attempts to control activities, movement, and contacts with other people. Family member put in fear by looks, actions, gestures, destruction of property. Threats of harm and/or pushing and shoving of one family member by another.

1. Verbal aggression.

Family member's activities constrained through verbal aggression. Member may exhibit anxiety or apprehension in the presence of other member. Caregiver has experienced prior abusive relationships.

0. Mutual tolerance.

There is mutual communication. Conflicts between family members are handled without physical threats, intimidation, or violence. One adult in family -- no domestic violence issues. No experience with prior abusive relationships.

9. Insufficient information to make a rating.

Note: The term "adult" includes adults in the family, siblings, and any other adults who may be included in the family constellation, regardless of residence, such as a batterer who may be in and out of the home over time.

Family Influence
F2. Ability To Cope With Stress

4. Chronic crisis with limited coping.

One or more stressors have caused caregiver to act severely depressed or immobilized. Crisis is adversely affecting child caring on a chronic basis; caregiver exhibits inappropriate, very limited, or no coping skills.

3. Prolonged crisis strains coping skills.

One or more stressors have occurred which resulted in a prolonged or current crisis. Caregiver's coping strategies are strained and adversely affect child caring capacity.

2. Stabilized after period of crisis.

One or more stressors have occurred, but the family has stabilized after crisis. Child caring capacity adversely affected during periods of crisis.

1. Resolution without adverse effect.

One or more stressors have occurred, but the family has resolved any associated crisis with no adverse effect on child caring capacity.

0. Free from stress influence.

Family is currently, and has been, free from the influence of any major stressors during the last year.

9. Insufficient information to make a rating.

Note: Stressors may include, but are not limited to, pregnancy or recent birth, unemployment or other employment changes, financial hardship, death of a spouse or family member, moving recently, change in marital relationships, prolonged illness or serious injury, inconsistent child care arrangements, overcrowding, blended families, chaotic life-style or consistent conflict, acute psychiatric episode, or loss of housing. May also include other events not listed, but perceived by family as major stressors.

Family Influence
F3. Availability of Social Supports

4. Effectively isolated.

Geographically and/or socially isolated from community supports. Alienated from, or ongoing conflict with extended family, friends, or neighbours.

3. Some support, but unreliable.

Support from family/friends is inconsistent/unreliable. Limited community services available; transportation/mobility difficulty.

2. Some reliable support, but limited usefulness.

Family supportive, but not close by. Some support from friends. Community services available but difficult to access.

1. Some reliable and useful support.

Satisfactory relationships with family and friends. May participate in one or more community, religious, or other social groups. Community services available and accessible.

0. Multiple sources of reliable and useful support.

Strong relationships with family, friends, and neighbours; available for necessary support. Caregivers are involved with activities outside the home.

9. Insufficient information to make a rating.

Family Influence
F4. Living Conditions

4. Extremely unsafe; multiple hazardous conditions that are dangerous to children and have caused physical injury or illness.

Dangerous conditions in the home have caused physical injury of illness in children. There have been episodes of eviction and/or homelessness, or severe overcrowding that have created anxiety in children, disruption of schooling, etc.

3. Very unsafe: multiple hazardous conditions that are dangerous to children.

2. Unsafe: one hazardous condition that is dangerous to children.

1. Fairly safe: one possibly hazardous condition that may harm children.

0. Safe: no hazardous conditions apparent.

9. Insufficient information to make a rating.

Note: Hazardous conditions could include, but are not limited to:

- Extremely Severe Leaking gas from stove or heating unit
- Recent fire in living quarters or building
- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in the open
- Lack of water or utilities
- Peeling lead-base paint
- Hot water/steam leaks from radiator
- No guards on open windows; broken/missing windows
- Inadequate heat/plumbing/electricity
- Evidence of vermin
- Garbage not disposed of properly
- Perishable food not properly stored
- Evidence of human or animal waste

Family Influence
F5. Family Identity and Interactions

4. Negative family interactions.

One or both caregivers fail to provide children with emotional nurturance. Vacating of roles by adults; interaction between family members primarily negative. Serious disruption of family functioning resulting from significant change in family composition.

3. Family interactions generally indifferent

One or both adult caregivers rely/relies on children to provide emotional support in daily living; provide(s) only limited emotional nurturance to children. Roles and responsibilities are confused and misunderstood. Limited positive family interactions. Some members isolated from family functioning, including scapegoating of the child. Change in family composition disrupting functioning of one of more family members.

2. Inconsistent family interactions.

Adult caregivers expect a disproportionate amount of emotional support and comfort from children during periods of stress or crisis. Caregivers provide inconsistent emotional support for children. Interactions between members unsupportive or indifferent. Family is adapting poorly to change in family composition.

1. Family interaction usually positive.

Child and caregiver roles are normally distributed and fulfilled with only occasional minor exceptions. Family roles are sometimes confused and ineffective. Interaction between family members usually positive with only occasional relationship problems within family; or family is adapting to recent alteration or breakdown in family structure.

0. Family interactions typically supportive.

Child caregiver roles are appropriate. Adult caregivers provide appropriate amounts of emotional nurturance and support to the child. Caregiver has stable marriage or relationship with partner; family members appear close, supportive, and caring.

9. Insufficient information to make a rating.

Intervention Influence
I1. Caregiver's Motivation

4. No motivation to meet child's needs.

Rejects caretaking role, taking a hostile attitude towards child care responsibilities; denies it's his/her job. Denies family problems.

3. Very little motivation to meet child's needs.

Does not reject caretaking role but is indifferent or apathetic to child's needs; not concerned enough to resist competing demands on money, time, and attention; takes no responsibility for child's unmet needs.

2. Motivated to meet child's needs, but caregiver has multiple impediments to solving problems.

Caregiver is motivated to meet the needs of child but there are serious impediments (e.g., problem recognition, parenting ability, parenting confidence, willingness and ability to seek help) that may limit progress.

1. Motivated to meet child's needs, but caregiver has some impediments to solving problems.

Caregiver is motivated to meet the needs of the child, but there are some impediments (e.g., problem recognition, parenting ability, parenting confidence, willingness/ability to seek and utilize help) that may interfere with progress.

0. Motivated to meet child's needs, and caregiver has no impediments to solving problems.

Caregiver is motivated to meet the needs of the child and there are no impediments that will significantly affect progress.

9. Insufficient information to make a rating.

Intervention Influence
I2. Caregiver's Cooperation with Intervention

4. Refuses to cooperate.

Refuses to accept agency involvement. Actively resists and sabotages agency efforts, e.g. by making it impossible to contact family.

3. Cooperates minimally, but resists intervention.

May verbally accept agency involvement. May resist utilization of services. Requires constant prodding/assistance from agency to use services, or participates in service in a minimally acceptable manner.

2. Cooperates, but poor response to intervention.

Accepts agency involvement and utilizes services, but utilization is poor. Accepts referrals but may delay action; may postpone or not keep appointments; may drop services to soon.

1. Cooperates, with generally appropriate response to intervention.

Accepts agency involvement and utilizes services in manner that will benefit client, but full service benefits not always realized due to various factors such as ambivalence, disorganization, etc. May require support and active encouragement from agency to properly utilize services.

0. Cooperates with intervention.

Accepts agency involvement. Actively participates in services, if needed.

9. Insufficient information to make a rating.

Abuse/Neglect Influence
A1. Access to Child by Perpetrator

4. Open access with no adult supervision.

Victim and perpetrator live together with no other adult supervision.

3. Open access with ineffective adult supervision.

Victim and perpetrator live together with other adult who sometimes leaves them alone. There is uncertainty whether other adult in family can or will protect child. Perpetrator lives elsewhere, but has unrestricted visitation without supervision.

2. Open access with effective adult supervision.

Lives with victim or frequently visits, but effectively supervised (e.g., other adult almost always present, other adult willing and able to protect child).

1. Limited access with effective adult supervision.

Perpetrator lives outside the home and visits victim infrequently and only with other effective adult supervision.

0. No access to child OR no perpetrator.

Perpetrator lives outside the home and never visits, or is totally prevented from gaining access due to incarceration or by the effective barring of access by another caregiver.

OR

There is no perpetrator.

9. Insufficient information to make a rating.

Note: For the purposes of this risk element, "**Perpetrator**" includes a perpetrator of verified neglect as well as of abuse.

Abuse/Neglect Influence
A2. Intent and Acknowledgement of Responsibility

4. Deliberate or premeditated abuse or neglect.

Caregiver explains occurrences of abuse or neglect as deliberate or premeditated and blames victim for their occurrence.

3. Hides or denies responsibility for abuse/neglect.

Refuses to offer explanation despite evidence and/or denies role in and responsibility for occurrences.

2. Rationalizes abuse/neglect or doesn't understand role.

Caregiver justifies or rationalizes role, assumes little responsibility, or is confused or unaware about his/her role.

1. Understands role in abuse/neglect; accepts responsibility.

Caregiver acknowledges role in occurrences, takes responsibility, and feels guilty.

0. Injury is accidental or neglect is not deliberate.

Incident appears accidental and caregiver appears sorry and remorseful.

9. Insufficient information to make a rating.

Abuse/Neglect Influence
A3. Severity of Abuse/Neglect

4. Extreme harm or substantial danger of extreme harm.

Severe bizarre abuse/neglect resulting in death, disfigurement, or dysfunction of organ or limb; or intentional acts that created a substantial danger of death, disfigurement, or dysfunction of organ or limb; or torture as a disciplinary practice; or sexual abuse accompanied by violence or exploitation (i.e. prostitution, pornography); or life threatening failure to meet child's needs (e.g. failure to thrive).

3. Serious harm of substantial danger of serious harm.

Non-accidental serious physical injury requiring immediate medical attention; or intentional acts or disciplinary practices that created a substantial danger of serious physical injury; or sexual abuse; or failure to meet minimum needs of child (food, clothing, shelter, medical, supervision, emotional care) has caused or has created a substantial danger of causing serious physical injury or serious disease requiring immediate medical attention.

2. Moderate harm or substantial danger of moderate harm.

Moderate harm to less sensitive parts of the child's body, or substantial danger of moderate harm, as a result of intentional actions or disciplinary practices, which may require medical attention; or moderate harm or substantial danger of moderate harm has been created as a result of failing to meet a child's minimum needs in one or several areas.

1. Minor harm or substantial danger of minor harm.

Minor injury or substantial danger of minor harm, clearly not requiring medical attention, caused by intentional acts or disciplinary practices; or failure to meet a child's minimum need(s) resulting in minor harm or substantial danger of minor harm.

0. No harm or substantial danger of minor harm.

9. Insufficient information to make a rating.

Note: This risk element applies to the most recent child protection investigation.

Abuse/Neglect Influence
A4. History of Abuse/Neglect Committed by Present Caregivers

4. Severe or escalating pattern of past abuse/neglect.

Severe past abuse/neglect or an escalating pattern of seriousness.

3. Serious recent incident or a pattern of abuse/neglect.

There has been recent serious abuse/neglect or there exists a non-escalating pattern of abuse/neglect.

2. Previous abuse/neglect.

There are disclosures of previous abuse/neglect of a specific nature.

1. Abuse/neglect concerns.

Children or other sources provide information that raises concerns about possible past abuse/neglect, but there is no real clarity about the nature of such abuse/neglect.

0. No history of abuse/neglect.

There is no information available that previous abuse/neglect has occurred.

9. Insufficient information to make a rating.

Case Risk Rating Guidelines

(5) High Risk

- Cases assigned a high risk rating reflect situations which pose the most dangerous and highest likelihood of future abuse or neglect to a child.
- It is likely that most of the risk element ratings are “3" or “4". If many risk elements have lower ratings, one or more particular elements are significant enough to warrant a high case risk rating.
- It is expected that these cases will remain open as protection cases to the Children’s Aid Society unless clear justification can be provided. It is essential that these cases receive child protection services to decrease identified risk.

(4) Moderately High Risk

- Cases assigned a moderately high risk rating reflect situations where there is a highly serious risk of future abuse or neglect to a child.
- It is likely that several of the risk element ratings are “3" or “4". If many risk elements have lower ratings, one or more particular elements are significant enough to warrant a moderately high case risk rating.
- It is expected that these cases will remain open as protection cases to the Children’s Aid Society unless clear justification can be provided. There is a high likelihood that these cases need child protection services to decrease identified risk.

(3) Intermediate Risk

- Cases assigned an intermediate risk rating reflect situations where there is significant risk of future abuse or neglect to a child.
- It is likely that several of the risk element ratings are “2" or “3". If many risk elements have lower ratings, one or more particular elements are significant enough to warrant an intermediate case risk rating.
- It is expected that these cases will remain open as protection cases to the Children’s Aid Society unless clear justification can be provided. These cases are likely to benefit from child protection services to decrease identified risk.

(2) Moderately Low Risk

- Cases assigned a moderately low risk rating reflect situations where the risk of future abuse or neglect to a child is relatively low.
- It is likely that most of the risk elements are rated “2" or lower. If there are any risk elements rated higher, these risk elements are likely to be offset by elements with lower ratings and by family or individual strengths.
- Some of these cases may have family or child needs which may be met by child protection services.

(1) No/Low Risk

- Cases assigned no/low case risk rating reflect situations where the risk of future abuse or neglect to a child is low or insignificant.
- It is likely that most of the risk elements are rated a “0" or “1". If there are any risk elements rated higher, these risk elements are likely to be offset by lower rated elements and family or individual strengths.
- Few of these cases are likely to have family or child needs which are appropriate for the child protection agencies to provide.

RISK ASSESSMENT TOOL

Date of Case Opening:
Current Primary Reason for Service:

❑ **Initial** ❑ **Review**

CASE NAME:_____ FILE NUMBER:_____

CAREGIVER #1: _____ CAREGIVER#2:_____

RELATIONSHIP TO CHILD*:_____ RELATIONSHIP TO CHILD*:_____

CHILD (a) _____ AGE: _____LEGAL STATUS:_____

CHILD (b)_____ AGE: _____LEGAL STATUS:_____

CHILD (c) _____ AGE: _____LEGAL STATUS:_____

CHILD (d) _____ AGE: _____LEGAL STATUS:_____

**specify whether in primary caregiving role, or caregiver with access*

CAREGIVER INFLUENCE

CG1. Abuse/Neglect of Caregiver

Caregiver #1	Caregiver #2		
❑	❑	4.	Severe abuse/neglect as a child.
❑	❑	3.	Recurrent but not severe abuse/neglect as a child.
❑	❑	2.	Episodes of abuse/neglect as a child.
❑	❑	1.	Perceived abuse/neglect as a child with no specific incidents.
❑	❑	0.	No perceived abuse/neglect as a child.
❑	❑	9.	Insufficient information to make a rating.

Summary Descriptions Use specific examples to justify your risk ratings. Specify the caregiver(s) or child(ren) to whom the risk factor applies.
CG1.

CG2. Alcohol or Drug Use

Caregiver #1	Caregiver #2		
❑	❑	4.	Substance use with severe social/behavioural consequences.
❑	❑	3.	Substance use with serious social/behavioural consequences.
❑	❑	2.	Occasional substance use with negative effects on behaviour.
❑	❑	1.	Occasional substance use.
❑	❑	0.	No misuse of alcohol or use of drugs.
❑	❑	9.	Insufficient information to make a rating.

CG2.

CG3. Caregiver's Expectations of Child

Caregiver #1	Caregiver #2		
❑	❑	4.	Unrealistic expectations with violent punishment.
❑	❑	3.	Unrealistic expectations with angry conflicts.
❑	❑	2.	Inconsistent expectations leading to confusion.
❑	❑	1.	Realistic expectations with minimal support.
❑	❑	0.	Realistic expectations with strong support.
❑	❑	9.	Insufficient information to make a rating.

CG3.

CG4. Caregiver's Acceptance of Child

Caregiver #1	Caregiver #2		
❑	❑	4.	Rejects and is hostile to child.
❑	❑	3.	Disapproves of and resents child.
❑	❑	2.	Indifferent and aloof to child.
❑	❑	1.	Limited acceptance of child.
❑	❑	0.	Very accepting of child.
❑	❑	9.	Insufficient information to make a rating.

CG4.

CAREGIVER INFLUENCE

CG5. Physical Capacity to Care for Child

Caregiver #1	Caregiver #2		
❑	❑	4.	Incapacitated due to chronic illness or disability resulting in inability to care for child.
❑	❑	3.	Physical impairment or illness which seriously impairs child caring capacity.
❑	❑	2.	Moderate physical impairment or illnesses resulting in only limited impact on child caring capacity.
❑	❑	1.	Very limited physical impairment or illness with virtually no impact on child caring capacity.
❑	❑	0.	Healthy with no identifiable risk to child caring capacity.
❑	❑	9.	Insufficient information to make a rating.

CG5.

CG6. Mental/Emotional/Intellectual Capacity to Care for Child

Caregiver #1	Caregiver #2		
❑	❑	4.	Incapacitated due to mental/emotional disturbance or developmental disability resulting in inability to care for child.
❑	❑	3.	Serious mental/emotional disturbance or developmental disability with seriously impairs child caring capacity.
❑	❑	2.	Moderate mental/emotional disturbance or developmental disability with limited impairment of child caring capacity.
❑	❑	1.	Symptoms of mental/emotional disturbance or developmental disability with no impact on child caring capacity.
❑	❑	0.	No identifiable mental/emotional disturbance.
❑	❑	9.	Insufficient information to make a rating.

CG6.

CHILD INFLUENCE

C1. Child's Vulnerability
Child

a	b	c	d		
❑	❑	❑	❑	4.	Child younger than 2 yrs. old, or older child with special needs.
❑	❑	❑	❑	3.	Child older than 2 years old, not regularly visible in the community.
❑	❑	❑	❑	2.	Child is under 12 years old, attends school, day care, or early childhood development program.
❑	❑	❑	❑	1.	Child is over 12 yrs. old, and younger than 16 yrs. old.
❑	❑	❑	❑	0.	Child is 16 years old or older, with adequate self-sufficiency skills.
❑	❑	❑	❑	9.	Insufficient information to make a rating.

Summary Descriptions Use specific examples to justify your risk ratings. Specify the caregiver(s) or child(ren) to whom the risk factor applies.
C1.

C2. Child's Response to Caregiver
Child

a	b	c	d		
❑	❑	❑	❑	4.	Extremely anxious with uncontrolled fear, withdrawal, or passivity.
❑	❑	❑	❑	3.	Very anxious with negative, disruptive, and possibly violent interaction.
❑	❑	❑	❑	2.	Moderately anxious with apprehension and suspicion toward caregiver.
❑	❑	❑	❑	1.	Marginally anxious with some hesitancy toward caregiver.
❑	❑	❑	❑	0.	Child trust and responds to caregiver in age-appropriate way.
❑	❑	❑	❑	9.	Insufficient information to make a rating.

C2.

C3. Child's Behaviour
Child

a	b	c	d		
❑	❑	❑	❑	4.	Dangerous behaviour problems.
❑	❑	❑	❑	3.	Serious behaviour problems.
❑	❑	❑	❑	2.	Moderate but pervasive behaviour problems.
❑	❑	❑	❑	1.	Minor behaviour problems.
❑	❑	❑	❑	0.	No significant behaviour problems.
❑	❑	❑	❑	9.	Insufficient information to make a rating.

C3.

CHILD INFLUENCE

C4. Child's Mental Health and Development
Child

a	b	c	d		
❑	❑	❑	❑	4.	Incapacitated due to mental/emotional disturbance or developmental delay and unable to function independently.
❑	❑	❑	❑	3.	Serious mental/emotional disturbance or developmental delay impairs ability to function in most daily activities.
❑	❑	❑	❑	2.	Moderate mental/emotional disturbance or developmental delay impairs ability to perform some daily activities.
❑	❑	❑	❑	1.	Symptoms of mental/emotional disturbance with minimal impact on daily activities.
❑	❑	❑	❑	0.	No identifiable mental/emotional disturbance.
❑	❑	❑	❑	9.	Insufficient information to make a rating.

C4.

CHILD INFLUENCE

C5. Child's Physical Health and Development

Child a	Child b	Child c	Child d		
❑	❑	❑	❑	4.	Severe physical illness, disability, or lack of physical development; requires medical care.
❑	❑	❑	❑	3.	Serious physical illness, disability, or lack of physical development; restricts activities without special care.
❑	❑	❑	❑	2.	Moderate physical illness, disability, or lack of physical development; restricts activities somewhat but overcome with special care.
❑	❑	❑	❑	1.	Mild physical illness, disability, or lack of physical development; does not restrict activities.
❑	❑	❑	❑	0.	Healthy and no obvious physical illness, disability, or lack of physical development.
❑	❑	❑	❑	9.	Insufficient information to make a rating.

C5.

FAMILY INFLUENCE

F1. Family Violence **Family Situation** ❑ 4. Repeated or serious physical violence or substantial risk of serious physical violence in family. ❑ 3. Incidents of physical violence in family; imbalance of power and control. ❑ 2. Isolation and intimidation; threats of harm. ❑ 1. Verbal aggression. ❑ 0. Mutual tolerance. ❑ 9. Insufficient information to make a rating.	**Summary Descriptions** Use specific examples to justify your risk ratings. Specify the caregiver(s) or child(ren) to whom the risk factor applies. **F1.**
F2. Ability to Cope With Stress **Family Situation** ❑ 4. Chronic crisis with limited coping. ❑ 3. Prolonged crisis strains coping skills. ❑ 2. Stabilized after period of crisis. ❑ 1. Resolution without adverse effect. ❑ 0. Free from stress influence. ❑ 9. Insufficient information to make a rating.	**F2.**
F3. Availability of Social Supports **Family Situation** ❑ 4. Effectively isolated ❑ 3. Some support, but unreliable. ❑ 2. Some reliable support, but limited usefulness. ❑ 1. Some reliable and useful support. ❑ 0. Multiple sources of reliable and useful support. ❑ 9. Insufficient information to make a rating.	**F3.**

FAMILY INFLUENCE	
F4. Living Conditions **Family Situation** ❑ 4. Extremely unsafe; multiple hazardous conditions that are dangerous to children and have caused physical injury or illness. ❑ 3. Very unsafe: multiple hazardous conditions that are dangerous to children. ❑ 2. Unsafe: one hazardous condition that is dangerous to children. ❑ 1. Fairly safe: one possibly hazardous condition that may harm children. ❑ 0. Safe: no hazardous conditions apparent. ❑ 9. Insufficient information to make a rating.	**F4.**
F5. Family Identity and Interactions **Family Situation** ❑ 4. Negative family interactions. ❑ 3. Family interactions generally indifferent ❑ 2. Inconsistent family interactions. ❑ 1. Family interaction usually positive. ❑ 0. Family interactions typically supportive. ❑ 9. Insufficient information to make a rating.	**F5.**

INTERVENTION INFLUENCE

I1. Caregiver's Motivation

Caregiver #1	Caregiver #2		
❑	❑	4.	No motivation to meet child's needs.
❑	❑	3.	Very little motivation to meet child's needs.
❑	❑	2.	Motivated to meet child's needs, but caregiver has multiple impediments to solving problems.
❑	❑	1.	Motivated to meet child's needs, but caregiver has some impediments to solving problems.
❑	❑	0.	Motivated to meet child's needs, and caregiver has no impediments to solving problems.
❑	❑	9.	Insufficient information to make a rating.

Summary Descriptions Use specific examples to justify your risk ratings. Specify the caregiver(s) or child(ren) to whom the risk factor applies.
I1.

I2. Caregiver's Cooperation with Intervention

Caregiver #1	Caregiver #2		
❑	❑	4.	Refuses to cooperate.
❑	❑	3.	Cooperates minimally, but resists intervention.
❑	❑	2.	Cooperates, but poor response to intervention.
❑	❑	1.	Cooperates, with generally appropriate response to intervention.
❑	❑	0.	Cooperates with intervention.
❑	❑	9.	Insufficient information to make a rating.

I2.

ABUSE/NEGLECT INFLUENCE

A1. Access to Child by Perpetrator

Caregiver #1	Caregiver #2		
❑	❑	4.	Open access with no adult supervision.
❑	❑	3.	Open access with ineffective adult supervision.
❑	❑	2.	Open access with effective adult supervision.
❑	❑	1.	Limited access with effective adult supervision.
❑	❑	0.	No access to child OR no perpetrator.
❑	❑	9.	Insufficient information to make a rating.

Summary Descriptions Use specific examples to justify your risk ratings. Specify the caregiver(s) or child(ren) to whom the risk factor applies.

A1.

A2. Intent and Acknowledgement of Responsibility

Caregiver #1	Caregiver #2		
❑	❑	4.	Deliberate or premeditated abuse or neglect.
❑	❑	3.	Hides or denies responsibility for abuse/neglect.
❑	❑	2.	Rationalizes abuse/neglect or doesn't understand role.
❑	❑	1.	Understands role in abuse/neglect; accepts responsibility.
❑	❑	0.	Abuse is accidental or neglect is not deliberate.
❑	❑	9.	Insufficient information to make a rating.

A2.

A3. Severity of Abuse/Neglect

Caregiver #1	Caregiver #2		
❑	❑	4.	Extreme harm or substantial danger of extreme harm.
❑	❑	3.	Serious harm of substantial danger of serious harm.
❑	❑	2.	Moderate harm or substantial danger of moderate harm.
❑	❑	1.	Minor harm or substantial danger of minor harm.
❑	❑	0.	No harm or substantial danger of harm.
❑	❑	9.	Insufficient information to make a rating.

A3.

A4. History of Abuse/Neglect Committed by Present Caregivers				**A4.**
Caregiver #1	**Caregiver #2**			
❑	❑	4.	Severe or escalating pattern of past abuse/neglect.	
❑	❑	3.	Serious recent incident or a pattern of abuse/neglect.	
❑	❑	2.	Previous abuse/neglect.	
❑	❑	1.	Abuse/neglect concerns.	
❑	❑	0.	No history of abuse/neglect.	
❑	❑	9.	Insufficient information to make a rating.	

RISK ANALYSIS

DATE RISK ASSESSMENT TOOL COMPLETED:_____

CASE NAME:_____

A. List all risk elements which received a rating of 3 or 4 and any other risk elements that rated lower but are significant sources of risk for the child(ren) in this case:

B. List all risk elements which received a rating of 0 or 1 and any others that indicate significant strengths for this case:

C. List all those risk elements for which there was insufficient information to make a rating (#9's):

D. Describe how these risk elements interact with each other:

i. Do any risk elements interact with each other to intensify risk to the children? How?

ii. Do any risk elements reduce the impact of other risk elements on the children? How?

E. If further steps are required to complete the full protection investigation beyond 30 days, describe the preliminary risk reduction plan.

F. Give rating of overall risk for family.

- ❑ High Risk
- ❑ Moderately High Risk
- ❑ Intermediate Risk
- ❑ Moderately Low Risk
- ❑ No/Low Risk

Date Risk Assessment Tool Completed: _____

Worker's Signature: _____

Date Approved: _____

Supervisor's Signature: _____

Risk Decision #7
What Other Assessment Issues Shall be Considered to Inform the Plan of Service?

Standard (7): Assessment of Other Child Protection Issues

When it is determined that the child(ren) is(are) in need of protection, after completion of the assessment of the risk of future abuse and/or neglect of the child, and within 60 days of receipt of the referral/report/information the child protection worker shall document:

- an assessment of the capacity of the parents to provide for the child's long-term well-being and safety and any need for alternate permanent plans
- an assessment of the developmental level(s) of the child(ren)
- an assessment of the environment
- an assessment of the family dynamics and relationship issues
- a description of the family's perception of the problem
- a description of child and family strengths

The assessment of other child protection issues shall be approved by the supervisor within 60 days after receipt of the referral/report/information.

Risk Decision #7

What Other Assessment Issues Shall be Considered to Inform the Plan of Service?

Introduction

The paramount purpose of the CFSA is the "best interests, protection and well-being of children". One of the other purposes is to support the "autonomy and integrity of the family as long as that is consistent with the paramount purpose." In keeping with these principles, an assessment of other child protection issues is undertaken to complement the focused *Risk Assessment*. This assessment deals with broader child protection issues than does the *Risk Assessment*, and identifies additional service planning issues to help address the comprehensive needs of the child and family.

By completing an assessment of other child protection issues related to the child(ren) and family, and to more fully inform the Plan of Service *(Risk Decision #8)* for the child(ren) and family, the child protection worker supplements the risk assessment and analysis by addressing other important child protection assessment issues.

The assessment of other child protection issues is completed prior to the Plan of Service (Risk Decision # 8), since it identifies issues (additional to those identified in the *Risk Assessment*) to be addressed in the plan.

Although there is some overlap in subject areas between the *Risk Assessment* and the assessment of other child protection issues, the focus of each is different. The *Risk Assessment* focuses on these areas specifically as they relate to the risk of future harm to the child, while the assessment of other child protection issues focuses on other general areas which are relevant to child protection decisions. For example, the *Risk Assessment* addresses aspects of the child's development only as predictors of risk of harm , while the assessment of other child protection issues addresses whether the child is meeting developmental targets and receiving parenting conducive to optimal development.

Requirements Supporting Standard

After the determination that a child is in need of protection and the completion of the *Risk Assessment* and *Risk Analysis*, the social worker shall complete the assessment of other child protection issues. This assessment shall be completed by the worker and approved by the supervisor within 60 days after receipt of the referral/report/information.

Where new information has been received on an open protection case, and where that new information has resulted in a full protection investigation (Risk Decision #1) and an additional determination that the child is in need of protection (Risk Decision #5), the assessment of other child protection issues shall be reviewed by the worker and approved by the supervisor within 60 days of receipt of the information.

A prescribed format for the assessment of other child protection issues is neither provided nor required as a component of the revised Risk Assessment Model for Child Protection in Ontario at this time. The use of appropriate standardized formats by societies is optional. What is required is that each record contain a summary of the issues set out in Standard (7).

Where the child is Indian or a Native person, societies should encourage the family to consider the participation of the band representative or appropriate Native Child and Family Service Agency to assist in gathering information for the formulation of an assessment of other child protection issues.

Commentary:

The reasons the items outlined in Standard #7 are considered to be key components of an assessment of other child protection issues include:

- It is generally considered that risk assessment tools have the greatest capacity to predict the risk of harm to a child reliably when the focus is relatively short-term. The *Risk Assessment*'s capacity to reliably predict long-term future harm is somewhat more limited. Since the child protection assessment should always include a long-term focus and an assessment of the best long-term plans for a child, the issue of parenting capacity is critical. For purposes of the assessment of other child protection issues, parenting capacity is considered to refer to the ability of the child's care-givers to make required changes within a time frame essential to the child's safety and well-being.

- These Standards apply to all child protection cases including neglect cases. While there are a variety of approaches to the assessment of neglect, one of the clearest is an identification of the specific impact on the child(ren). An assessment of the child's development is one essential element in understanding the impact of maltreatment.

- The specific risk factors included in the risk assessment tool related to environmental issues are quite narrow and focus on physical hazards (F4-Living Conditions) as those correlate most strongly with the future harm to a child. In each case, but particularly when addressing neglect, a thorough observation of the child's environment is an essential element of the assessment of other child protection issues.

- Prior to completing a Plan of Service with the child, family, and any service collaterals, it is critical that the child protection worker have an understanding of the family relationships and dynamics. It is important that the assessment be as thorough as possible and take into consideration the family's ethno-cultural orientation. A thorough assessment of strengths as well as problem areas is required.

Other topics which may be included in the assessment of other child protection issues are:

- parents' family background, experience with their own parents, history of relationships, including information about family violence
- parents' reaction to the child's birth
- parents' educational and employment history
- parents' ethno-cultural orientation
- child's physical, emotional, social and intellectual development
- parent/child relationships
- parental expectations of child
- family stresses: housing, economic, employment, isolation, alcohol/drugs, psychological, legal, and/or marital problems
- personal and parental factors leading to the abuse/neglect
- family strengths (e.g. extended family support, strong ties with First Nations)
- family and community resources
- family's ability to protect the child
- family's potential to seek and use help
- family's perception of CAS role
- relationship with CAS and with worker

Risk Decision #8
What is the Plan of Service for the Child and Family?

Standard (8): Plan of Service

When the full protection investigation determines that a child is in need of protection, and a risk assessment, risk analysis, and the assessment of other child protection issues have been completed, a plan for reducing the risk of future harm to the child, and for promoting the child's best interests, protection and well-being shall be completed by the child protection worker and approved by the supervisor within 60 days of receipt of the referral/report/information.

The Plan of Service shall:

- be developed with the participation of the child(ren) and family
- be developed in consultation with the supervisor
- identify all collateral service providers, including medical
- identify any reasons for collateral service providers' non-participation in developing the plan
- be based on the risk assessment, risk analysis, and the assessment of other child protection issues identify specific, measurable, outcomes to reduce risk and to promote the best interests, protection and well-being of the child
- identify persons responsible and time frames for each outcome
- identify the specific planned level of contact by child protection worker with the child(ren) who have been determined to be in need of protection and their caregiver(s)
- identify the specific planned level of contact with the child(ren) and their caregivers by service providers other than the child protection worker, both internal and external to the children's aid society
- identify dates for review of all outcomes
- be implemented

Risk Decision #8

What is the Plan of Service for the Child and Family?

Introduction

The CFSA states that among the functions of a children's aid society are "to protect, where necessary, children who are under the age of 16 years or are in the society's care or under its supervision" and "provide guidance, counselling, and other services to families for protecting children or for the prevention of circumstances requiring the protection of children." The Plan of Service is developed with this in mind.

The social worker drafts the Plan of Service for the Child and Family by linking the formulation from the *Risk Analysis* with information collected in the assessment of other child protection issues. Elements rated as high risk and protection issues identified in the assessment of other child protection issues are brought forward to the Plan of Service.

Desired outcomes for the case are articulated, along with methods and services to be used to achieve those outcomes. Planning is done in conjunction with the family and collateral service providers wherever possible. The planned level of contact with the child and family is set out as part of the Plan of Service.

Requirements Supporting Standard

For all cases where a child has been determined to be in need of protection, the Plan of Service shall be completed by the worker and approved by the supervisor within 60 days after receipt of the referral/report/information.

Where new information is received on an open protection case, and where that new information has resulted in a full protection investigation (Risk Decision #1) and an additional determination that the child is in need of protection (Risk Decision #5), the Plan of Service shall be reviewed, and approved by the supervisor, within 60 days of receipt of the information.

Participation of the child and family in the development of the plan is essential at this Risk Decision point, as is consultation with other collaterals and service providers.

The child protection worker shall document the efforts to develop the Plan of Service with its prescribed components in a conference format, involving the child (as appropriate), family, and all collateral service providers.

The child protection worker shall identify any collateral service providers and seek appropriate consents to disclosure of information.

The child protection worker shall include in the Plan of Service activities to seek co-operation from collateral service providers in informing the children's aid society of any temporary or permanent withdrawal of the family from service or treatment.

Where the child is an Indian or native person, the worker should encourage the family to involve a Band representative or appropriate Aboriginal Child and Family Service Agency in the development of the Plan of Service.

In carrying out the Plan of Service the child protection worker is to consider a combination of announced and unannounced home visits. Plans to see and interview children privately are to be built into each Plan of Service. Plans of Service shall demonstrate the planning of private interview time with children and their care-givers at least once during every 6 month period.

Commentary

Unlike safety interventions which aim to *control* immediate safety issues at the time of the first contact with the child(ren), plans of service are oriented toward long term risk reduction and the resolution of identified problems that create risk. The emphasis of the Plan of Service is on increasing the best interests, protection, and well-being of the child by facilitating behaviour change and/or altering the conditions leading to the child's harm or a risk of harm .

The Plan of Service**,** as informed by an accurate, thorough, and objective assessment, is more than an exercise of documentation. It is the process whereby the child protection worker, the child and family, and any collateral service providers identify the short and long term solutions and strategies to address issues which contribute to risk for the child.

Child protection service planning and provision shall be goal-oriented and each action taken should relate to the Plan of Service. The goals are to be stated in the form of desired outcomes, with the specific tasks and actions to achieve the goals for which various parties to the Plan will be responsible.

1) Outcomes are most helpful when they:

   - build on the strengths of the child and family
   - when they are specific
   - when they are measurable
   - when they are realistic
   - when they are clear to all the parties
   - when they specifically address the risk issues that have been identified

2) Additionally, the Plan of Service is strengthened when:

   - progress is observable and not open to interpretation
   - the consequences for not meeting outcomes are understood
   - outcomes are time limited
   - agreements with third parties are confirmed in writing.

3) Child protection service is planned and purposeful and flows from the overall Plan of Service.

4) Child protection service is selective and makes judgements about which of many risk issues are priorized in the Plan of Service.

5) Child protection service is to be assertively monitored.

6) The child and family are a major resource for and participant in the Plan of Service.

Risk Decision # 9: Does The Case Continue to Meet Eligibility Requirements for Child Protection Service?

Standard (9): Determining Whether the Case Continues to Meet Eligibility Requirements for Child Protection Service

Every 90 days from the first Plan of Service, the child protection worker shall:

- document the current reason for service
- document the decision about whether or not the child and family remain eligible for protection service, and supporting reasons
- obtain supervisory approval of the decision.

If it is determined that the case no longer meets the requirements for protection service, the protection case shall be closed or reclassified within 30 days.

Risk Decision #9

Does The Case Continue to Meet Eligibility Requirements for Child Protection Service?

Introduction

It is extremely important to maintain clarity in the distinction between protection cases and non-protection cases. Quarterly reviews of the reasons for service represent an essential check and balance and an opportunity to review the continued eligibility for child protection service.

Once a child protection case has been opened, it is important to work toward the time when the case can be appropriately closed. Family members, the worker, and all service providers should clearly understand what needs to be accomplished in order to reach this goal. Each individual case will have its own set of outcomes that family members and other persons are working to achieve. Progress will be measured and assessed against these outcomes.

Requirements Supporting Standard

The child protection worker shall review the decision about whether the child(ren) is(are) still determined to be in need of protection (CFSA s. 37(2)), and whether the case continues to meet requirements for protection service at least every 90 days after the first Plan for Service.

In making a decision about whether the case continues to meet requirements for protection service, the child protection worker shall consider:

- the overall risk rating of the family;
- the degree to which the child and family outcomes have been achieved;
- whether there is any child in the family who is still a child as defined in Part III of the CFSA;
- whether the child currently resides within the society's territorial jurisdiction (if not, the child protection worker should refer to the appropriate children's aid society.)

Based upon the above considerations, the child protection worker shall choose the applicable reason for current service from the *Eligibility Spectrum*. If the current primary reason for service is rated above the Intervention Line on the *Eligibility Spectrum*, the case continues to meet the requirements for child protection service. If there is no applicable reason for service which falls above the Intervention Line on the *Eligibility Spectrum*, the case generally would not meet the requirements for child protection service.

As with the assignment of Risk Ratings, the *Eligibility Spectrum* rating is to be determined at this point as if there were no child protection services being provided to the child and family.

When there is no applicable reason for service rated above the Intervention Line on the *Eligibility Spectrum*, a protection case may be kept open under certain circumstances, e.g. issues related to past history, the number and nature of 'Minimally Severe' descriptors which continue to apply, or other relevant factors. **The *Spectrum* is not intended to replace worker judgement**.

The decision about continued eligibility, rationale and supervisory consultation shall be documented in the case file.

In such circumstances, where a decision is made to keep a protection case open, the case should continue to be documented as such and **all Standards for Child Protection Cases apply.**

If the case no longer meets requirements for child protection service, **the case shall be closed or reclassified as a non-protection case within 30 days.** Prior to reclassification or case closing, the *Risk Assessment*, the assessment of other child protection issues, and the Plan of Service shall be reviewed as required by Standard (10) and Risk Decision # 10. **The Standards for Child Protection Cases do not apply to any subsequent non-protection service provided.**

Commentary

It is understood that at times, for casework reasons, the contact between a child protection

worker and the family prior to case closure maybe extended beyond the 30 days. In this event, the protection case can be reclassified as a non-protection case, and closed as soon as possible.

The following list of general guidelines for case closing may be useful in conjunction with the specific evaluation of a particular case and the use of professional judgement.

First, consider closing a child protection case when:

- There are no longer any reasonable and probable grounds to believe that any child is in need of protection as defined by the CFSA.
- All children can remain safe despite withdrawal of interventions that have protected each child.
- Risk element ratings and risk assessment analysis leads the worker to conclude that the risk of future abuse or neglect is not likely, or is significantly less likely, due to a less dangerous combination of risk elements, increased family strengths, a more realistic viewpoint by family members, or other ameliorating factors.
- The review of the Plan of Service shows an acceptable level of outcome achievement for the most significant identified problems.

Next, further consider:

- Whether case progress has been consistent over a long enough period of time.
- Whether improvements can likely be maintained despite withdrawal of services.
- Whether additional services could further reduce risk, whether these services are available, and whether the family has reasonably strong ability to benefit if services were maintained or provided.

The following circumstances may require that a case be closed even if *risk has not been reduced*:

- All children are Crown Wards, either available for adoption or in foster care permanently.
- All children are in foster care and have permanency planning goals of independent living or in adult residential care.
- Caregivers refuse to accept offered services and court intervention is not warranted or a protection application has been dismissed.
- Death of all caregivers or all children.
- Family moves out of the Society's jurisdiction or cannot be located.
- All children in the case are over 16 years of age, unless they are subject to an Order under Part III of the CFSA.

Risk Decision #10: Have Assessments Changed?

Risk Decision #11: Should The Plan of Service be Modified?

Standard (10): Review of Risk Assessment, Assessment of Other Child Protection Issues, and Plan of Service

The child protection worker shall complete and document a review of the assessment of future risk of harm to a child, the assessment of other child protection issues, and the plan for reducing risk to the child:

- at a minimum of every 6 months
- in accordance with the requirements described by Standards #6, #7, #8
- when considering admission of a child(ren) to the care of the society
- when considering discharge of a child(ren) from the care of the society
- when transferring a case
- when closing a case or reclassifying to a non-protection case, unless, prior to case closure or re-classification, there are no longer any children who are receiving child protection service
- when a new full protection investigation for a child in a family already receiving protection service, has been completed and protection concerns are verified

Risk Decision #10
Have Assessments Changed?

Risk Decision #11
Should The Plan of Service be Modified?

Introduction

Standard # 10 speaks to the requirements regarding Risk Decisions #10 and #11, and encompasses the ongoing reassessment of risk and other protection issues, and reformulation of the Plan of Service, throughout the period that a child protection case is open.

The assessment of risk in child protection is a dynamic and ongoing process. Case outcomes and changes in child and family risk levels are reviewed regularly (every 6 months), and outcomes restated or new outcomes set. Reassessment and review of the Plan of Service also occurs at critical points in the case: admissions or discharges from care; case transfer; case closure; and a new full child protection investigation which results in verification of protection concerns.

All requirements set out in Standards (6), (7) and (8), and Risk Decisions #6, #7 and #8, apply to the reviews. As with the formulation of the initial Plan of Service, the case review should involve, at minimum, the child and family, the social worker and other service providers.

The child protection worker shall identify any new collateral service providers and seek and/or renew appropriate consents to disclosure of information.

Requirements Supporting Standards

The child protection worker shall complete reviews of the *Risk Assessment*, *Risk Analysis*, the assessment of other child protection issues, and the Plan of Service (including child and family outcomes) at a minimum of every 6 months after the initial Plan of Service is completed.

If the activities which had been planned to achieve the desired outcomes were not completed, the reasons should be documented.

A review of the assessments and plan is mandatory at the points described in the Standard. Such points are generally triggered by case events which could change the assessments of risk and protection, and Plan of Service.

The Standard requires review of the assessments and Plan of Service when considering a child's admission to or discharge from care. In most cases, admissions and discharges should be carried out on a planned basis, and should follow a review of the assessments and Plan of Service. In some situations, admission or discharge may be necessary on an emergency basis, and will precede the review of the assessments and Plan of Service.

The Standard also requires review of the assessments and Plan of Service at case closing. An exception is made where there are no longer any children receiving protection service, such as where all children are Crown Wards, or where there are no children under the age of 16 (unless they are subject to an order under Part III).

The supervisor shall approve each *Risk Assessment* and assessment of other child protection issues and shall be consulted in the development of the Plan of Service.

Commentary

Reassessment of Risk

Outcomes identified in the Plan of Service are monitored throughout the provision of child protection service. Each contact with the child(ren), family and collateral service providers is to be considered an opportunity to review progress on risk reduction outcomes.

Changes in individual functioning, family circumstances, or family dynamics can result in an increase or decrease in risk to a child. The worker needs to be alert to changes impacting the child and family, and especially to changes having the potential to increase the risk of harm to a child. Some examples of important changes include:

Caregiver Influence

- changes regarding alcohol/drug use
- changes in physical capacity to care for a child
- changes in emotional capacity to care for a child

Child Influence

- changes in the child's development/behaviour which may trigger an abusive caregiver response
- changes in the child's mental health
- changes in the child's physical health

Family Influence

- changes related to living arrangements/environment
- loss of relationships or support systems
- changes in employment
- changes related to income security/stability
- changes in the marital relationship
- changes related to who is living with the family

Intervention Influence

- sudden or major changes in the client's relationship with the worker or other service providers
- sudden or significant changes in motivation and cooperation regarding services
- premature withdrawal from services
- unavailable for access by the social worker

The *Risk Assessment Tool* is used in completing all reviews.

Reassessment of Other Child Protection Issues

Reassessment of risk provides only a partial indication of changes that have occurred for the child and family. It is essential that all of the areas outlined in Standard #7 (Assessment of Other Child Protection Issues) be reevaluated to inform a revised Plan of Service.

Plan of Service

Each Plan of Service subsequent to the first should reflect any changes noted in the reassessments of risk and child protection issues. Some objectives may be achieved, and some may need to be addressed in different ways. Some previous objectives may be discontinued, and some new ones developed.

Close monitoring of outcomes identified in the Plan of Service ensures that the focus of service remains the reduction of risk to and need for protection of the child. Monitoring the Plan of Service is the process of gathering information about the service provision process to evaluate progress towards the stated and/or agreed upon outcomes. The child protection worker is to:

- verify that services are being provided according to the time frame of the Plan of Service
- identify problems related to the delivery of services and the child and family's participation in these services soon enough to be able to make changes in the Plan
- work with children and families to remedy problems that occur regarding the provision of services
- identify child and family's progress or lack of progress in meeting outcomes
- communicate directly with children and families in identifying problems related to achieving the outcomes identified in the Plan of Service and the consequences if these outcomes are not achieved
- revise the Plan of Service as needed by identifying new or additional issues which are central to reducing risk of harm
- ensure that consents to release of information are signed to allow information sharing with all collateral service providers
- maintain written documentation of all activities

Supplementary Child Protection Standards

Standard # 11

Standard (11): Record-Keeping

Detailed contemporaneous notes of any contact related to a child (children) and families shall be kept by the child protection worker.

All child protection summary recordings shall be signed and dated by the child protection worker and read, approved, signed, and dated by the child protection supervisor.

Commentary

For the purposes of Standard #11, contact includes all case decisions, and reviews related to the child (children) and family who are receiving child protection service.

Standard # 12

Standard (12): Deviation from Child Protection Standards

Reasons for deviation from the New Standards for Child Protection Cases, and supervisory approval for those deviations, shall be documented on the child protection file.

Requirements Supporting Standard

Every effort to meet Standards shall be made and those efforts documented.

The child protection worker shall make judgments about appropriate reasons for deviation from these Standards in consultation with a supervisor.