Ontario Child Protection Tools Manual

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A Companion to the Child Protection Standards in Ontario

Ministry of Children and Youth Services

Ontario

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ONTARIO CHILD PROTECTION TOOLS MANUAL

INTRODUCTION

The *Ontario Child Protection Tools Manual* provides a set of required and supplementary instruments designed to assist Ontario child protection workers in their assessment and screening of situations in which a child is alleged to be in need of protection. The Ontario child protection tools are supports to decision making that help the child protection worker review each child protection decision point in an objective, systematic, strength-based, comprehensive manner. The outcome of the instruments, combined with sound clinical judgment, including culturally sensitive practice where appropriate, strengthens child safety and assessment.

The *Ontario Child Protection Tools Manual* is a companion to the *Child Protection Standards in Ontario*. The standards set out the level of performance that is expected at each step in the protection investigation, intervention and provision of ongoing services. The standards guide child protection work in the province.

The Ontario Child Protection Decision-Making Model

The Ontario Child Protection Decision-Making model is a systematic approach to decision-making within child protection that is based on the Structured Decision-Making™ (SDM) model developed by the Children's Research Centre in Wisconsin. Since 1989, the Children's Research Centre has been conducting research into and developing instruments to improve safety, decision-making and outcomes for children receiving child protection services. It has employed a research-based process that relies on actuarial risk assessment to identify the likelihood of future harm, and clinical assessment to ascertain the strengths and needs of children and their families. The resulting model has been adopted in several American jurisdictions as well as in Northern Australia. SDM and the Ontario Child Protection Decision-Making Model based on SDM, provide specific tools to support each decision critical to child protection.

Use of the Ontario Child Protection Decision-Making Model promotes consistency among child protection workers and agencies across the province by providing a framework to ensure consideration of standardized assessment criteria known to have statistical relevance to particular outcomes. The use of common criteria in turn ensures a common data baseline, which allows meaningful data collection and research, and improves accountability measures.

Ontario Child Protection Required Tools

In this manual are the Ontario Child Protection Required Tools for the assessment and analysis of all Ontario family-based child protection cases. The Ontario Child Protection Required Tools are based on the instruments developed by the Children's Research Center in Wisconsin in their Structured Decision-Making Model. These instruments were validated in their home jurisdiction of California. Ontario then undertook an extensive review process to modify the instruments to make them relevant to the Ontario context.

An "Ontario tool test drive" was conducted by the Bell Canada Child Welfare Research Center, Faculty of Social Work, University of Toronto in the fall of 2005. This test involved review of the instruments by 95 front-line child protection workers and supervisors across the province. The test resulted in a wide range of feedback that was considered for incorporation into the Ontario documents. The Ontario Child Protection Required Tools were also reviewed in draft form by a focus group of Ontario service directors, and a consultation was held with representatives of the Aboriginal community. Throughout the process, care was taken to preserve the constructs essential to the validity and reliability of the actuarial tools, and a commitment has been made to evaluate their effectiveness.

The Ontario Child Protection Required Tools, designed to support specific decision points in child protection work, are as follows:

1. Ontario Safety Assessment

2. Ontario Family Risk Assessment
3. Ontario Family and Child Strength and Needs Assessment
4. Reassessment Tools: Ontario Family Risk Reassessment **or** Ontario Reunification Package

The *Eligibility Spectrum (Revised October 2006)* developed by the Ontario Association of Children's Aid Societies continues to guide decisions about eligibility for child welfare services.

Ontario Supplementary Screening Tools

The Ontario Child Protection Required Tools are enhanced by the Ontario Supplementary Screening Tools, which are also included in this manual. The Ontario Supplementary Tools are screening instruments that are well researched and effective tools designed to assist Ontario child protection workers in their accurate identification of parents/caregivers and children in the community who may be experiencing difficulty in a particular life area. The four tools provided are approved by the Ministry to screen the following areas:

- child emotional wellbeing
- adult substance abuse
- adult alcohol abuse
- adult emotional wellbeing

A fifth instrument, the Family Support Scale, has been included as an information-gathering clinical guide used to explore resources available to families.

Manual Format

In the pages that follow, the *Ontario Child Protection Tools Manual* provides a description of each of the Required and Supplementary Tools approved for use within child protection in the province. The manual guides the child protection worker's application of the instruments and is subject to the Policies and Practices described in the C*hild Protection Standards in Ontario*.

The objectives of the manual are:

- to identify the purpose of each Required or Supplementary tool and the decision that it supports within the Ontario child protection model
- to discuss the application of each tool
- to identify the person/position responsible for using the tool
- to provide an explanation of each tool including discussion of the format
- to provide definitions of the terms used in each tool

Note: Inclusive Terms

In this manual,

- the word "child" also means "children", if there is more than one child to be considered
- the term "parent/caregiver" also includes parents or caregivers
- the term "parent/guardian" also includes parents or guardians
- "Family Name" on the forms refers to the assigned "case name"

ONTARIO SAFETY ASSESSMENT

Purpose	Safety Assessment is the *process* used to determine the level of immediate danger to a child. It considers the immediate threat of harm and the seriousness of the harm or danger given the current information and circumstances. Where imminent danger of harm to a child is present, the process then considers which interventions are needed to mitigate the threat to the child. After considering the immediate safety and interventions, the process leads to a safety decision. Safety assessment differs from risk assessment in that the safety assessment assesses the **present** conditions, the danger resulting from those conditions and the interventions **currently** needed to protect the child. Risk assessment looks at the likelihood of **future** maltreatment due to family characteristics, behaviours and functioning. The safety assessment *process* is conducted at the point of the first face-to-face contact with the child and family or at any subsequent point in the life of the case when child safety is of concern. Using the safety assessment tool as a guide, the information for each safety threat is collected from the child, caregivers and collaterals using good social work practice and engagement. Each of the safety threats is addressed at some time during the initial contact to ensure that all safety areas are assessed; however, the Ontario Safety Assessment tool is not meant to be used as a questionnaire. The minimum expectations for a safety assessment are that: • the child who is the victim of alleged maltreatment is interviewed or observed • the primary caregiver is interviewed • other children cared for in the home are seen or interviewed if there are reported threats to their safety • the home environment is seen if there are allegations that the child's living conditions are hazardous. Information from other relatives and collaterals (including the First Nation Band if the child is Aboriginal) may provide supporting information.
Application	The Ontario Safety Assessment is completed for all family-based investigations at the point of the first face-to-face contact, within the response time, on new or ongoing cases that are assigned for investigation. In the Safety Assessment document, the child protection worker records: • the assessment of safety • the plan for securing the child's safety • the plan for monitoring the Safety Plan • consultation/update with a supervisor. The Ontario Safety Assessment **must** be conducted: • before leaving a child in a home or returning a child to a home during an investigation • when there is a change in the ability of safety interventions to mitigate safety threats.

Application (continued)	The safety assessment process **may** be implemented within a family re-assessment in which changing circumstances known to induce stress have been identified (i.e. loss of income, moves, illness of caregiver or child, a change in family composition); The Ontario Safety Assessment tool **is not applied** to: • community caregiver investigations in non-family settings (e.g., school, daycare, residential setting) • fatality investigations with no surviving siblings **and** no other children cared for in the home • caregivers that have abandoned the child and whose whereabouts are unknown, and/or the caregivers are refusing contact with the CAS.
Responsibility	Child protection worker
Safety Assessment Form Completion	**Most Vulnerable Child** The Ontario Safety Assessment form consists of three sections. In each section, the responses relate to the **safety of the most vulnerable child** in each domain. **Parent/Caregiver** For the purpose of the Safety Assessment, **parents/caregivers** are identified as being the adults, parents, or guardians in the family who provide care and supervision for the children. If any one of the caregivers poses a safety threat to the most vulnerable child, a "yes" response is indicated in relation to that safety threat and the safety intervention is targeted to address the issue and the individual. ***1. Safety Threats*** The safety items (Ontario Safety Assessment section 1) are a list of safety threats that are correlated to risk of immediate harm. If the critical threats are in existence, they render a child in danger of immediate harm. Use of an "other" category allows a child protection worker to identify a unique safety condition that has not been included but, in the child protection worker's judgment, poses an immediate threat.

Safety Assessment Form Completion (continued)	Completion of this section of the Safety Assessment is dependent on the information available at the time of the assessment. Information gathered at the point of referral or subsequently may be factored into the assessment; however, child protection workers should make every effort to ensure that each safety threat is assessed prior to terminating the worker's initial face to face contact with family members. Based on reasonable efforts to obtain information on each safety threat, the child protection worker reviews the threat and chooses the response that best suits the situation. "Yes" indicates the presence of the safety threat; "No" indicates the absence of the threat. In the event that no information is available to address a specific threat area, and there is no evidence to suggest that it is a concern, the child protection worker indicates "No". If "Other" is used, the child protection worker provides a brief explanation in the allotted space. ***2. Safety Interventions*** Safety Interventions are actions deemed necessary whenever one or more safety threats have been identified in section 1. The presence of safety threats requires a worker to consider which interventions are necessary to resolve the identified threat or to mitigate it sufficiently in order to allow each child to remain safely in the home while the investigation continues. The severity of the threat, the availability of the needed safety intervention, the caregiver's willingness and ability to work towards a constructive resolution, the vulnerability of the child, and the family's history of cooperation must all be considered when assessing the potential for a successful safety-producing intervention. In the Safety Assessment document, the Safety Intervention list is comprised of general categories of interventions. These interventions are meant to provide temporary risk reduction during the investigative phase of service. Each category of intervention should be considered in terms of its availability, its usefulness in the situation, and the caregiver's willingness to implement and follow through with the strategy in order to reduce the imminence and severity of the threat of harm to the child. If a category represents an intervention that will be implemented, it is check-marked on the form. Should the severity and imminence of the threat of harm to the child be high, and should no safety intervention be available to sufficiently mitigate the conditions, apprehension and placement in CAS is the final safety intervention available. The **Safety Plan** is a discussion and description of the safety interventions implemented to resolve the identified safety threats. It is written at the end of the intervention section of the Safety Assessment document entitled **Safety Plan**. In it, the child protection worker details: • the contact information for each individual involved in the safety activities • the relationship between the child, family and support persons, organizations or First Nation community if the child is Aboriginal • the specific actions that will be taken to secure the child's safety • specifically what each individual will do • how often and how long they will do it • how the plan will be monitored and by whom • a backup plan if conditions of the safety plan cannot be met.

Safety Assessment Form Completion (continued)	***3. Safety Decision*** In this section of the Ontario Safety Assessment document, the child protection worker records the decision that is the outcome of the safety assessment process. If, after consideration of the safety threats, no concerns have been identified, the child protection worker may decide that there is no likelihood of imminent harm or danger to a child in the home. The child protection worker decides that conditions are **Safe**. If one or more safety threats have been identified, but protective interventions have been put in place to address those conditions and reduce the threat to the child, the child protection worker may decide that the child is **Safe with Intervention**. Where the child protection worker has determined that one or more safety threats are present and there are no safety interventions available to sufficiently mitigate the threats to the child, the child protection worker must consider the child **Unsafe**. The rationale for the Safety Decision, including how the intervention plan, if needed, is expected to mitigate safety concerns or is insufficient to address the concerns, is documented in the narrative area of this section.

Further Instructions regarding the Ontario Safety Assessment follow on the next page.

Ontario Safety Assessment Safety Threat Descriptors

The descriptors provided below are clarifications of the terms used in the Ontario Safety Assessment, including examples of the types of conditions that might be considered within each broader category. The descriptors are a guide to be used in conjunction with worker judgment and cultural sensitivity where appropriate, in capturing the presenting safety threats, interventions and determining a safety plan.

1. Parent/caregiver caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by:	**Serious injury or abuse to child other than accidental** Serious injury, caused by parent/caregiver, refers to a range of physical injuries that includes injury requiring hospitalization, injury that is not life threatening but causes the child serious pain and may require some level of medical intervention (e.g. sutures), and injuries that are superficial but multiple in nature. Serious physical harm to the child includes brain damage, skull or bone fractures, multiple bruises, internal injuries such as through shaking, dislocations, sprains, poisoning, burns, scalds, deep wounds or punctures, or severe cuts. Serious physical harm also includes any other physical injury (e.g. suffocating, shooting, bruises/welts, bite marks, choke marks) that seriously impairs the health or wellbeing of the child, requires medical treatment, or creates concern about the health or wellbeing of the child. **Caregiver fears he/she will maltreat child** Parent/caregiver expresses fear that he/she will maltreat child due to either parent/caregiver's own emotional state or frustration with child, and parent/caregiver requests placement. **Threat to cause harm or retaliate against child** Parent/caregiver has threatened to take an action against the child which would result in serious harm, or a family member plans to retaliate against the child for involving child protection services. **Excessive physical discipline or physical force** Parent/caregiver has used physical force or acted in a way that goes beyond reasonable discipline or has punished child beyond the child's endurance. **Drug-exposed infant** Toxicology screening on infant or birth mother, or birth mother's admission of substance abuse has determined that infant has been exposed to illicit drugs or substances (including solvents) or non-prescribed medication during pregnancy; infant suffers adverse effects attributable to substance exposure; infant is medically fragile as a result of exposure to substance abuse.

Ontario Safety Assessment Safety Threat Descriptors (continued)	
2. Current circumstance, combined with information that the parent/caregiver has or may have a history of previously maltreating a child in his/her care, suggest that the child's safety may be of immediate concern.	There must be both current immediate threats to child safety and related previous maltreatment that was severe and/or represents an unresolved pattern. Previous maltreatment includes any of the following: • prior death of a child as a result of maltreatment; • prior serious maltreatment of child by caregiver that caused serious injury and/or medical/physical findings consistent with sexual abuse based on medical exam • termination of parental rights (i.e. Crown wardship for the purposes of adoption) as a result of a previous child protection involvement • prior placement of children in place of safety or with an alternate caregiver by a Children's Aid Society due to presence of safety threats • prior child welfare involvement that resulted in verification of child maltreatment • prior child protection involvement that resulted in an inconclusive finding in relation to allegations of child maltreatment. Factors to be considered include seriousness, chronicity and/or patterns of child protection allegations • prior parental/caregiver behaviour that could have caused serious injury; retaliation or threatened retaliation against child for previous incidents • prior partner/adult conflict that resulted in serious harm or threatened harm to a child • prior failure to successfully complete either court-ordered or voluntary services to address child protection concerns.
3. Child sexual abuse is suspected and circumstances suggest that child's safety may be of immediate concern.	• Child discloses sexual abuse either verbally or behaviourally (e.g. age inappropriate, sexualized behaviour towards self or others). • Medical findings are consistent with child sexual abuse. • Parent/caregiver or others in the home have been investigated or convicted of a sexual offence against child or has had other sexual contact with child. • Parent/caregiver or others in the home have forced or encouraged child to engage in sexual performances or activities, including forcing child to observe sexual performance or activities. • There is access to a child by possible or confirmed sexual abuse offender.

Ontario Safety Assessment Safety Threat Descriptors (continued)	
4. Parent/caregiver fails to protect child from serious harm or threatened harm by other adults or children in the home. This may include physical, emotional or sexual abuse or neglect.	• Parent/caregiver fails to protect child from serious harm or threatened harm due to physical, sexual or emotional abuse or neglect by other family members, others in the home or others having access to the child. • Parent/caregiver does not provide supervision necessary to protect child from potentially serious harm by others, given the child's age or developmental stage. • An individual with a known history of violence/criminal behaviour resides in the home or parent/caregiver allows person access to the child.
5. Parent/caregiver's explanation for the injury to the child is questionable or inconsistent with type of injury, and the nature of the injury suggests that the child's safety may be of imminent concern.	• The injury requires medical attention. • Medical evaluation indicates injury is non-accidental or is a result of abuse; parent denies or attributes injury to accidental causes. • Parent/caregiver's explanation for the injury is inconsistent with the type of injury. • Parent/caregiver's description of the injury or cause of injury minimizes the extent of harm to the child. • Factors to consider include age of child, location of injury, exceptional needs of child or chronicity of injuries.
6. The family refuses access to the child or there is reason to believe that the family is about to flee.	• Family currently refuses access to the child or cannot or will not provide child's location. • Family has removed child from a hospital against medical advice to avoid investigation. • Family has previously fled in response to child protection involvement or has a pattern of abruptly leaving jurisdictions in response to child protection involvement. • Family has a history of isolating child from peers, school, professionals and others for extended periods of time for the purpose of avoiding investigation. • Parent/caregiver intentionally coaches or coerces child, or allows others to coach or coerce, in an effort to hinder the investigation.

Ontario Safety Assessment Safety Threat Descriptors (continued)	
7. Parent/caregiver does not meet the child's immediate needs for supervision, food, clothing, medical, dental or mental health care.	• Minimal nutritional needs of the child are not met resulting in danger to the child's health and/or safety. • Child is without minimally warm clothing in cold months. • Parent/caregiver does not seek treatment for the child's immediate, chronic and/or dangerous medical condition or does not follow prescribed treatment. • Child appears malnourished. • Child has exceptional needs, such as being medically fragile, which caregiver does not or cannot meet. • Child is suicidal and parent will not/cannot take protective action. • Child demonstrates effects of maltreatment, such as serious emotional symptoms (e.g. anxiety, depression, self-destructive or aggressive behaviour or delayed development), or serious physical symptoms. • Parent/caregiver does not attend to child so that the child's need for care goes unnoticed or unmet (e.g. caregiver is present but child can wander alone, play with dangerous object, or is exposed to threatening conditions). • Parent/caregiver does not meet child's need for adequate, age-appropriate supervision. • Parent/caregiver is unavailable (e.g. incarcerated, hospitalized, or whereabouts unknown; or has abandoned the child.) • Parent/caregiver makes inadequate and/or inappropriate child care arrangements, or demonstrates very poor planning for child's care.

Ontario Safety Assessment Safety Threat Descriptors (continued)	
8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.	Based on the child's age and developmental status, the child's living conditions are hazardous and pose an immediate threat. Examples of the observed conditions may include: • leaking gas from stove or heating unit • substances accessible to the child that may endanger the health or safety of the child (such as drugs, solvents, alcohol, toxic substances) • living/sleeping arrangements that threaten immediate safety of an infant (e.g. adult sharing a bed with an infant or an unsafe crib) • lack of water or utilities (heat, plumbing, electricity) and no safe alternative provisions (if the community as a whole does not have the above resources available, indicate in the space provided and identify in the Intervention section the steps that will be taken to address any immediate threat to the child) • open windows; broken or missing screens • exposed electrical wiring • excessive garbage, rotten or spoiled food or excessive mould that threatens health (if the community as a whole has housing issues that include mould, identify the steps that will be taken to address any immediate threat to the child) • serious illness or significant injury that has resulted from the living conditions, and these conditions still exist • evidence of human or animal waste throughout living quarters • guns and other weapons that are not appropriately secured • other objects that pose a safety hazard and are accessible to child.
9. Parent/caregiver's current alcohol, drug or substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.	• Parent/caregiver has abused legal or illegal substances or alcohol to the extent that his/her ability to parent is significantly impaired. • The parent/caregiver is unable or will likely be unable to care for the child, has harmed or allowed harm to the child, or is likely to harm or allow harm to the child.

Ontario Safety Assessment Safety Threat Descriptors (continued)	
10. Partner/adult conflict exists in the home and poses a risk of serious physical and/or emotional harm or neglect to the child.	• Child injured in conflict between caregivers or between caregiver and another adult or is at risk of physical harm. • Child has suffered or is at risk of suffering emotional harm as demonstrated by serious anxiety (e.g. nightmares, insomnia) aggressive behaviour, self-destructive behaviour, delayed development or withdrawal related to situations associated with exposure to partner/adult conflict. • Child demonstrates signs of fear (e.g. cries, cowers, cringes, trembles) as a result of exposure to partner/adult conflict in the home. • Child's behaviour increases risk of physical injury (e.g. attempting to intervene or participate during violent dispute). • Adults use weapons or other instruments in a violent, threatening and/or intimidating manner. • There is evidence of property damage resulting from partner/adult conflict.
11. Parent/caregiver describes child in predominantly negative terms or acts toward child in negative ways that result in the child being a danger to self or others, acting aggressively, or being seriously withdrawn and/or suicidal.	Parent/caregiver actions may include: • describing child in a demeaning or degrading manner • cursing and/or repeatedly degrading child • scapegoating a particular child in the family • blaming child for incidents or problems • placing child in middle of custody dispute.
12. Parent/caregiver's emotional stability, developmental status or cognitive limitation seriously impairs his/her current ability to supervise, protect or care for child.	• Parent/caregiver's refusal to follow prescribed medication/treatment impedes ability to adequately parent the child. • Parent/caregiver's inability to control emotions impedes ability to adequately parent child. • Parent/caregiver acts out or exhibits distorted perception that impedes ability to parent child. • Parent/caregiver's inability to function or perform tasks of daily living impedes parenting. • Parent/caregiver expects child to perform or act in ways that are unrealistic for child's age/stage of development (e.g. young child expected not to cry, young child expected to sit still for extended periods). Parent/caregiver's developmental delay impedes ability to carry out basic parenting responsibilities or have basic parenting knowledge (e.g. failure/inability to access basic emergency medical care, lack of knowledge of basic child needs including nutrition, supervision, feeding schedules for infants).

Ontario Safety Assessment Safety Threat Descriptors (continued)	
13. Child is fearful of parent/ caregiver, other family members or other people living in or having access to the home.	Child demonstrates or expresses fear of parent/caregiver, other family members or other people residing in or with access to the home. Child may or may not have described fears to a non-offending parent/caregiver.
14. Other	Identify any other safety factor that has not been addressed above but is assessed as posing an immediate threat to the safety of the child.

Safety Intervention Descriptors

Safety Interventions are those actions taken to mitigate any safety threat that has been identified during the course of the information-gathering used to assess the immediate safety of a child. The purpose of a Safety Intervention is to address concerns that pose a serious and imminent threat, not to present a long-term solution. Interventions are grouped into general categories as listed below. At times, more than one intervention may be put in place to address presenting threats. Implementation of one or more Safety Interventions results in a Safety Plan.

1. Direct service intervention by child protection worker	Immediate actions taken or planned by the investigating child protection worker to specifically address one or more safety threats are direct service interventions. Examples include provision of information about alternate disciplinary techniques or child development; assistance to attain restraining orders; provision of emergency material aid; planned return visits to the home to check on progress; and education regarding child protection laws or community standards. The investigation itself does not constitute a direct service intervention.
2. Use of extended family, neighbours, community, Elders, or other individuals in the community as safety resources	Families often have support systems that can be mobilized to mitigate safety concerns. Exploration of the family's strengths during the safety assessment leads to identification of family's resources which may be used to address safety threats. Interventions include involving extended family members, neighbours or other individuals to address immediate threats to child. Examples include a family's agreement to use non-violent means of discipline, engaging a grandparent to assist with childcare, engagement of a community Elder or a neighbour's agreement to act as a safety net for an older child or to provide supervision.
3. Use of community agencies, Band Representatives or services as safety resources	Community, First Nation Band, or Faith based organizations become involved in activities to mitigate safety threats. Examples include use of a local food bank, friendly visiting program, Elder visit or a community service. Long term therapy, treatment and waitlists are not considered safety interventions because these do not create immediate change.

Safety Intervention Descriptors (continued)	
4. Parent/caregiver to appropriately protect victim from the alleged perpetrator	A non-offending parent/caregiver acknowledges the safety issues, is willing and able to protect child from the alleged perpetrator, and agrees to take immediate action to ensure the child's safety. Examples include an agreement that child will not be left in the care of the alleged perpetrator, or non-offending parent/caregiver agrees to assume all parenting responsibility to safeguard child.
5. Alleged perpetrator to leave the home, either voluntarily or in response to consideration of legal intervention	Alleged perpetrator agrees to leave the home, is forced to leave the home by the non-offending caregiver, or is removed from the home because of legal constraints (e.g. criminal charges, Band Council Resolution, restraining order).
6. Non-offending parent/caregiver to move to a safe environment with the child	A non-offending parent/caregiver moves with the child to a safe environment (e.g. shelter, Band safe house, hotel, home of extended friends or family) where there will be no access to the alleged perpetrator.
7. Legal intervention planned or initiated, child remains in the home	A legal action has commenced or will be commenced that will effectively mitigate identified safety threats. Legal action may be family-initiated (such as restraining orders, mental health committals, or a change in custody/access), or through an application under the *Child and Family Services Act*.
8. Other	The family or child protection worker has identified a unique intervention for an identified safety concern that does not fit in the categories above.
9. Parent/caregiver to voluntarily place the child outside the home	A voluntary agreement is developed between the parent/caregiver and Society to have the child reside in the care of a member of the child's extended family or community in accordance with the Out of Care Kin Placement Regulation (e.g. kinship service, placement out of care); a Temporary Care Agreement is signed between the caregiver and the Society to place the child in the care of the Society.

Safety Intervention Descriptors (continued)	
10. Child apprehended and placed in CAS care because interventions 1-9 do not adequately assure child's safety	One or more children are apprehended and placed in care of the Society pursuant to the *Child and Family Services Act*, and will be brought before the courts because no other option is available that adequately assures the child's safety.

ONTARIO SAFETY ASSESSMENT

Agency: _____

Family Name: _____

Cross Reference: _____

Address: _____

_____

Does address of safety assessment differ from address of family home? Yes _____ No _____

If Yes, please provide assessment address: _____

_____

Names of Parents/Caregivers Assessed & Relationship to child:

1. _____ 3. _____

2. _____ 4. _____

Names of Children and Birthdates:

1. _____ DOB __/____/_____
Surname(s) Given Names Day/Month/Year

2. _____ DOB __/____/_____
Surname(s) Given Names Day/Month/Year

3. _____ DOB __/____/_____
Surname(s) Given Names Day/Month/Year

4. _____ DOB __/____/_____
Surname(s) Given Names Day/Month/Year

5. _____ DOB __/____/_____
Surname(s) Given Names Day/Month/Year

6. _____ DOB __/____/_____
Surname(s) Given Names Day/Month/Year

(If more than six children are assessed, add additional names and numbers on reverse side.)

Are there additional names on the reverse? 1. Yes 2. No

Date of Child Protection Referral: ____/_____/_____ (Day Month Year) **Date of Safety Assessment:** _____/_____/____ (Day Month Year)

Date of Consultation: ____/_____/____ (Day Month Year) **Reason for Eligibility:** _____

SECTION 1: SAFETY THREATS

Assess family home for each of the following safety threats. Indicate whether currently available information results in reason to believe a safety threat is present.

Yes No 1. Parent/caregiver caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by:

_____ Serious injury or abuse to child other than accidental
_____ Caregiver fears he/she will maltreat child
_____ Threat to cause harm or retaliate against child
_____ Excessive discipline or physical force
_____ Drug-exposed infant.

Yes No 2. Current circumstance, combined with information that the parent/caregiver has or may have a history of previously maltreating a child in his/her care, suggests that the child's safety may be of immediate concern.

Yes No 3. Child sexual abuse is suspected and circumstances suggest that child's safety may be of immediate concern.

Yes No 4. Parent/caregiver fails to protect child from serious harm or threatened harm by other adults or children in the home. This may include physical, emotional or sexual abuse or neglect.

Yes No 5. Parent/caregiver's explanation for the injury to the child is questionable or inconsistent with type of injury, and the nature of the injury suggests that the child's safety may be of imminent concern.

Yes No 6. The family refuses access to the child or there is reason to believe that the family is about to flee.

Yes No 7. Parent/caregiver does not meet the child's immediate needs for supervision, food, clothing, medical, dental or mental health care.

Yes No 8. The physical living conditions are hazardous and immediately threatening to the health and/ or safety of the child. Note: If the community as a whole does not have the above resources, indicate here: ____. When identifying safety interventions, indicate how any immediate threat will be addressed.

Yes No 9. Parent/caregiver's current alcohol, drug or substance abuse seriously impairs his/her ability to supervise, protect or care for the child.

Yes No 10. Partner/adult conflict exists in the home and poses a risk of serious physical and/or emotional harm or neglect to the child.

Yes No 11. Parent/caregiver describes child in predominantly negative terms or acts toward child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being seriously withdrawn and/or suicidal.

Yes No 12. Parent/caregiver's emotional stability, developmental status, or cognitive limitation seriously impairs his/her current ability to supervise, protect, or care for the child.

Yes No 13. Child is fearful of parent/caregiver, other family members or other people living in or having access to the home.

Yes No 14. Other (specify):

_____

_____

SECTION 2: SAFETY INTERVENTIONS

If no safety threats are present, skip to Section 3. If one or more safety threats are present, consider whether safety interventions 1 – 8 will allow child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement for placement with kin or a Temporary Care Agreement or taking child into court directed CAS care.

Check all that apply:

_____ 1. Direct service intervention by child protection worker.

_____ 2. Use of extended family, neighbours, community Elders, or other individuals in the community as safety resources.

_____ 3. Use of community agencies, Band Representatives or services as safety resources.

_____ 4. Parent/caregiver to appropriately protect victim from the alleged perpetrator.

_____ 5. Alleged perpetrator to leave the home, either voluntarily or in response to consideration of legal intervention.

_____ 6. Non-offending parent/caregiver to move to a safe environment with the child.

_____ 7. Legal intervention planned or initiated – child remains in the home.

_____ 8. Other (specify) _____

_____ 9. Parent/caregiver to voluntarily place the child outside the home.

_____ 10. Child apprehended and placed in CAS care because interventions 1-9 do not adequately assure child's safety.

SAFETY INTERVENTION PLAN

Provide a brief description of intervention, detailing relationship of support persons to child including names, contact information, frequency and duration of supports and how the safety intervention plan will be monitored.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SECTION 3: SAFETY DECISION

Identify the safety decision by checking the appropriate line below. The decision should be based on the assessment of all safety threats, safety interventions, and any other information known about the case. Check one line only.

_____ 1. **Safe**. No safety threats are identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

_____ 2. **Safe with Intervention**. One or more safety threats are present, and protecting safety interventions have been planned or taken that immediately mitigate the identified safety threats. Based on protecting interventions, child will remain in the home at this time.

_____ 3. **Unsafe**. One or more safety threats are present and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

_____ All children placed.
_____ The following children were placed: *(enter name and date of birth from page 1)*

_____ _____ _____

_____ _____ _____

NARRATIVE

Provide rationale for the Safety Decision including how the intervention plan, if needed, is expected to mitigate safety concerns or is insufficient to address concerns.

Worker_____ **Date Completed** _____/_____/_____
Day / Month / Year

ONTARIO FAMILY RISK ASSESSMENT

Purpose	Risk Assessment is the *process* by which a child protection worker determines the likelihood of **future** child maltreatment within a family setting. This process begins at the point of first contact when the child protection worker starts to collect information about a family, and it continues throughout the investigative period. It involves the use of clinical skills to engage the client and elicit the needed details, relies on worker judgment to analyze the data collected from collaterals and previous child welfare history, and it uses the Ontario Family Risk Assessment tool to organize the information according to constructs that identify families which have low, moderate, high or very high probability of future abuse or neglect relative to other families. Risk assessment results in a forward-looking evaluation that considers factors that are known to contribute to risk of child maltreatment. It attempts to determine whether harm will likely continue or reoccur. The Ontario Family Risk Assessment is an actuarial (statistically driven) instrument in which collected information is organized along two indices: Abuse and Neglect. Using empirical probabilities, this Risk Assessment then identifies those families whose characteristics place them at a higher likelihood of future child maltreatment than other families. High risk families have significantly higher rates of subsequent referral and verification than low risk families. Correct use of the provided descriptors and scoring is essential to maintain the validity of the instrument. The Ontario Family Risk Assessment is completed for each child protection investigation, to assist the child protection worker's decision-making regarding the need for further service to the family based on the likelihood that maltreatment will reoccur
Application	The Ontario Family Risk Assessment is conducted as a part of each family-based investigation including out-of-home care by relatives, community members, customary care arrangements or a foster home, prior to the verification decision. The Ontario Family Risk Assessment is not applied to: • community caregiver investigations in non-family settings (e.g., school, daycare, residential setting) • fatality investigations with no surviving siblings **and** no other children cared for in the home • parent/caregivers who have abandoned the child and whose whereabouts are unknown and/or they are refusing contact with the CAS • cases that, following a safety assessment, meet the criteria for being closed directly or being discontinued. When the Risk Assessment tool has not been completed for any of the above reasons and the circumstances creating the exemption change (e.g. parent/caregiver returns, or new information requires that an investigation continue), the Ontario Family Risk Assessment is completed at the time of the change.

Responsibility	Child protection worker
Risk Assessment Form Completion	The Ontario Family Risk Assessment is an actuarial tool comprised of two indices: a Neglect Index and an Abuse Index. Each scale incorporates a range of family characteristics that capture dynamics associated with either abuse or neglect. During the course of the investigation, the child protection worker collects information from all possible sources to apply the information to the Ontario Family Risk Assessment. Some items in either scale are objective while others require the child protection worker to make an observation and judgment based on assessment. Throughout the risk assessment process, the parent/caregiver descriptors provided below must be used to maintain validity of the instrument. **Neglect Index** The neglect index consists of 10 factors associated with recurrence of neglect. Each factor has been weighted to produce a valid estimation of the likelihood of recurrence. Due to the actuarial base of the tool, the assigned weights cannot be changed. The score of the most appropriate prompt is chosen and recorded in the space provided. The maximum score attainable on the neglect index is 16. **Abuse Index** The abuse index consists of 10 factors associated with recurrence of abuse. Like the neglect index, each factor has been weighted to produce a valid estimate of the likelihood of recurrence of abuse. The actuarial weighting of each factor cannot be changed. The score of the most appropriate prompt is chosen and recorded. The maximum score attainable on the abuse index is 18. **Scoring** When both indices are complete, the Total Neglect Score and the Total Abuse Score are each calculated, using simple addition. The family's Scored Risk Level is based on the **highest score on either** the Neglect or the Abuse Index. **Overriding Conditions** Overriding conditions represent situations that are considered, without exception, to be indicative of increased risk to the child. In the Ontario Family Risk Assessment, the child protection worker indicates if an overriding condition exists. Presence of one or more overriding conditions increases risk to very high. **Discretionary Considerations** Discretionary Considerations are used by the child protection worker whenever he/she believes that the risk score does not accurately reflect the family's actual risk level. In the Ontario Family Risk Assessment, a discretionary consideration may be used by the child protection worker, based on judgment of the circumstances, to **increase** the Scored Risk Level by one rating. Use of Discretionary Consideration requires supervisory approval. Following consideration of Overriding Conditions and/or Discretionary Considerations, the Final Risk Level is determined.

Ontario Family Risk Assessment Descriptors

The descriptors provided below are clarifications of the terms used in the Ontario Family Risk Assessment, including examples of the types of conditions that might be considered within each broader category. The descriptors are a guide to be used in conjunction with worker judgment and cultural sensitivity where appropriate, in capturing the presenting risk factors.

Parent/Caregiver

Each parent/caregiver residing in the home and each child cared for in the home is included in the risk assessment. To preserve the validity of the instrument, **in the Ontario Family Risk Assessment, parent/caregiver ratings are based on the primary parent/caregiver** who is the adult living in the home who assumes the most responsibility for the child. In determining the primary caregiver, the child protection worker follows the criteria below:

- When two or more parents/caregivers share responsibility for the children, the adult with legal responsibility for the children is selected as the primary caregiver.
- When there are two or more parents/caregivers who share legal responsibility for the children, the parent/caregiver who is the **alleged offender is selected as the primary caregiver**.
- When more than one caregiver has allegedly perpetrated, the parent/caregiver with the most severe behaviour is selected as the primary caregiver.

Only one primary parent/caregiver can be identified in each Ontario Risk Assessment.

The **secondary parent/caregiver** is an adult, residing in the home, who has routine responsibility for child care but less responsibility than the primary caregiver.

Ontario Family Risk Assessment Descriptors
Neglect Index

N1. Current Complaint is for Neglect	Score 1 if the current complaint (referred allegation or information attained during the investigation) is for any type of neglect, including: • severe or general neglect • caregiver absence or incapacity • non sexual exploitation Non-sexual exploitation refers to use of a child in a labour, criminal or household context that seriously interferes with the child's participation in developmentally appropriate activities such as education or socialization or that places the child at developmental, social or physical risk.

Ontario Family Risk Assessment Descriptors **Neglect Index** (continued)	
N2. Number of Prior Child Protection Investigations	History from other jurisdictions is checked and reviewed to inform decisions in this area. Investigations of community caregivers (e.g. daycare, teacher, etc.) are excluded unless one or more parent/caregivers failed to protect. b) *Score 0* if there were no known previous child protection investigations for the family. Referrals that did not result in an investigation (e.g. Brief Service, Report Received Not Investigated, and Community Linkages) are scored as 0. c) *Score 1* if there is a history of one or more investigations, verified or not, for any type of physical or emotional abuse or sexual abuse or exploitation. Referrals that did not result in an investigation are not included. d) *Score 2* if there is a history of one or two investigations, verified or not, for any type of neglect in the family. e) *Score 3* if there were three or more investigations, verified or not, for any type of neglect, with or without abuse investigations, prior to the current investigation. Neglect includes: • severe and general neglect • caregiver absence or incapacity • non-sexual exploitation
N3. Family has Previously Received CAS Ongoing Child Protection Services (voluntary/court-ordered).	*Score 1* if family members have previously received child protection services or are currently receiving service as a result of a prior investigation. Previous involvement may be voluntary or court ordered.
N4. Number of Children Involved in Current Child Abuse/Neglect Incident	*Score the appropriate amount* given the number of children under 16 years of age for whom abuse or neglect was alleged or verified in the current investigation (e.g. four children under 16 results in a score of 1).
N5. Age of Youngest Child in the Family	*Score the appropriate amount* given the current age of the youngest child in the home where the maltreatment incident reportedly occurred (e.g. if youngest child is under 2, score 1). If a child is removed as a result of the current investigation, count the child as residing in the home.

Ontario Family Risk Assessment Descriptors **Neglect Index** (continued)	
N6. Primary Parent/Caregiver Provides Physical Care Inconsistent with Child Needs	*Score 1* if physical care of child (such as age-appropriate feeding, clothing, shelter, hygiene and medical care) threatens the child's well being or results in harm to the child. Examples include: • repeated failure to obtain standard immunizations • failure to obtain medical care for severe or chronic illness • repeated failure to provide child with clothing appropriate to the weather • persistent rodent or insect infestations falling below the minimal community standard • inadequate or inoperative plumbing or heating, where these utilities are available in the local community • poisonous substance or dangerous objects lying within reach of small child • child wears unchanged clothes for extended periods of time (according to community standard) • child not bathed on a regular basis resulting in dirt caked on skin and hair, and strong odour.
N7. Primary Parent/Caregiver has a Past or Current Mental Health Problem	*Score 1* if credible and/or verifiable statements by the primary parent/caregiver or others indicate that the primary parent/caregiver: • has been diagnosed with a DSM condition by a mental health clinician • had repeated referrals for mental health/ psychological evaluations • was recommended for treatment/hospitalization or was treated/hospitalized for emotional problems at any time.

Ontario Family Risk Assessment Descriptors **Neglect Index** (continued)	

N8. Primary Parent/Caregiver has a Past or Current Alcohol, Drug or Substance Problem	The primary parent/caregiver has a past or current alcohol/drug/substance abuse problem that interferes with his/her or the family's functioning. Such interference is evidenced by:
	
	• substance use that affects or affected
	  ▫ employment
	  ▫ criminal involvement
	  ▫ marital or family relationships
	  ▫ ability to provide protection, supervision and care for the child
	• an arrest in the past two years for driving under the influence or refusing breathalyser testing
	• self report of a problem
	• treatment received currently or in the past
	• multiple positive urine toxicology tests
	• health/medical problems resulting from substance use
	• child diagnosed with Fetal Alcohol Syndrome or Exposure, or child had positive toxicology screen at birth <u>and</u> primary caregiver was birthing parent.
	
	Score the following characteristics and record the sum as the item score (maximum score 2):
	
	a) *Score 0* if no past or current substance abuse problems.
	b) *Score 1* if past or current alcohol abuse.
	c) *Score 1* if past or current drug or substance abuse.
	
	Legal, non-abusive prescription drug use should not be scored.

N9. Characteristics of Children in the Family	*Score the appropriate amount* for each characteristic present and record the sum as the item score (maximum score 3): a) Score 0 if no child in the family exhibits characteristics listed below. b) Score 1 if any child in the family is medically fragile, defined as having a long-term (6 months or more) physical condition requiring medical intervention, or diagnosed as failure to thrive. c) Score 1 if any child is developmentally or physically disabled, including any of the following: developmental delay, learning disability, significant physical disability. d) Score 1 if any child had a positive toxicology result for alcohol or another drug at birth.

Ontario Family Risk Assessment Descriptors **Neglect Index** (continued)	
N10. Housing	Score the appropriate amount given the characteristics present and record the item score (maximum score 2): e) Score 0 if the family has housing that is physically safe. f) Score 1 if the family has housing but the current housing situation is physically unsafe such that it does not meet the health or safety needs of the child and falls below the minimum community standard. Examples include exposed wiring, inoperable heat or plumbing, roach/rat infestations, human/animal waste on floors, rotting food. g) Score 2 if the family is homeless or about to be evicted at the time the investigation began.

Ontario Family Risk Assessment Descriptors **Abuse Index**	
A1. Current Complaint is for Abuse	Score 1 if the current complaint or an allegation made during the investigation is for any type of abuse. This includes: • physical abuse • emotional abuse • sexual abuse or exploitation
A2. Number of Previous Child Abuse Investigations	Score the appropriate amount given the count of all investigations, verified or not, that were assigned for child protection investigation for any type of abuse prior to the current investigation. Abuse history from other jurisdictions is checked and reviewed. Investigations of community caregivers (e.g. daycare, teacher etc.) are excluded unless a parent/caregiver failed to protect.
A3. Family has Previously Received CAS Ongoing Child Protection Services	Score 1 if family has previously received ongoing child protection services or is currently receiving services as a result of a previous investigation. Service history may be voluntary or court-ordered.
A4. Prior Injury to a Child Resulting from Child Abuse or Neglect	Score 1 if a child sustained an injury resulting from abuse and/or neglect prior to the complaint which resulted in the current investigation. Injury sustained as a result of abuse or neglect may range from bruises, cuts and welts to an injury that requires medical treatment or hospitalization.
A5. Primary Parent/Caregiver's Assessment of Incident	Score the appropriate amount for each characteristic and record the sum as the item score (maximum score 3): a) Score 0 if none of the characteristics below are applicable. b) Score 1 if the primary parent/caregiver blames child for incident. Blaming refers to parent/caregiver's statement that maltreatment occurred because of child's action or inaction. For example, parent/caregiver claims that child seduced him/her or that child deserved beating because of misbehaviour. Score 2 if the primary parent/caregiver justifies maltreatment of child. Justifying refers to parent/caregiver's statement that his/her actions or inaction, which resulted in harm to the child was appropriate. An example would be to claim that the form of discipline was appropriate because it is how he/she was raised.

Ontario Family Risk Assessment Descriptors **Abuse Index** (continued)	
A6. Partner/adult Conflict in the Family in the Past Year	Score 2 if in the previous year, there has been one or more physical assaults or multiple periods of intimidation/ threats/ harassment between parents/caregivers or between parent/caregiver and another adult.
A7. Primary Parent/Caregiver Characteristics	Score the appropriate amount for each characteristic present and record the sum as the item score (maximum score 3): a) Score 0 if the primary parent/caregiver does not exhibit characteristics listed below. b) Score 1 if the primary parent/caregiver provides insufficient emotional/ psychological support to the child, such as persistently berating/belittling/ demeaning child, or depriving child of affection or emotional support. c) Score 1 if the parent/caregiver's disciplinary practices caused or threatened harm to child because he/she was excessively harsh and/or inappropriate to the child given the child's age and/or developmental stage. Examples include locking child in closed basement, holding child's hand over heat, hitting child with dangerous objects or depriving young child of physical and/or social activity for extended periods. d) Score 1 if the primary parent/caregiver's behaviour is characterized by controlling, abusive, overly restrictive or unfair actions, or over-reactive rules.
A8. Primary Parent/Caregiver has a History of Abuse or Neglect as a Child	Score 1 if credible statements by the primary parent/caregiver or others indicate that the primary parent/caregiver was maltreated as a child (maltreatment includes neglect, physical, sexual or other abuse).

Ontario Family Risk Assessment Descriptors **Abuse Index** (continued)	

A9. Secondary Parent/Caregiver has a Past or Current Alcohol, Drug or Substance Problem	The secondary parent/caregiver has a past or current alcohol/drug/substance problem that interferes with his/her or the family's functioning. Such interference is evidenced by:
	
	• substance use that affects or affected:
	  ▫ employment
	  ▫ criminal involvement
	  ▫ marital or family relationships
	  ▫ ability to provide protection, supervision, and care for the child
	• an arrest in the past two years for driving under the influence or refusing breathalyser testing
	• self report of a problem
	• received or receiving treatment
	• multiple positive toxicology screens
	• health/medical problems resulting from substance use
	• child diagnosed with Fetal Alcohol Syndrome or effects, or child had a positive toxicology screen at birth <u>and</u> secondary caregiver was birthing parent.
	
	Score the following:
	
	a) Score 0 if no past or current substance abuse problem.
	b) Score 1 if past or current substance abuse.
	
	Legal, non-abusive prescription drug use should not be scored.

Ontario Family Risk Assessment Descriptors **Abuse Index** (continued)	
A10. Characteristics of Children in the Family	Score the appropriate amount for each characteristic present and record the sum as the item score (maximum score 3): a) Score 0 if no child in the family exhibits characteristics listed below. b) Score 1 if any child in the family has been referred to the Youth Criminal Justice System for an offence. Child behaviour that has not resulted in criminal involvement but has created stress within the family should also be scored. Examples include children engaging in behaviours such as truancy, breaking curfews and repeated running away. c) Score 1 if any child is developmentally delayed, has a learning disability or any other developmental challenge. d) Score 1 if any child in the family has mental health or behaviour problems not related to a physical disability or developmental delay. Examples include ADHD, ADD, a DSM diagnosis, receiving mental health treatment, special education placement due to behaviour, or use of psychotropic medication.

ONTARIO FAMILY RISK ASSESSMENT

Agency_____
Family Name: _____**Date of Assessment:** ___/_____/_____
Primary Parent/Caregiver_____ **Secondary Parent/Caregiver**_____
Worker Name: _____

NEGLECT			Score	ABUSE			Score
	Current Complaint is for Neglect			A1.	Current Complaint is for Abuse		
	a. No b. Yes	0 1	____		a. No b. Yes	0 1	____
N2.	Number of Prior Child Protection Investigations (assign highest score that applies)			A2.	Number of Previous Child Abuse Investigations (number:_____)		
	a. None b. One or more, abuse only c. One or two for neglect d. Three or more for neglect	0 1 2 3	____		a. None b. One c. Two or more (Actual number ___)	0 1 2	____
N3.	Family Has Previously Received CAS Ongoing Child Protection Services (voluntary/ court-ordered)			A3.	Family has Previously Received CAS Ongoing Child Protection Services (voluntary/ court-ordered)		
	a. No b. Yes	0 1	____		a. No b. Yes	0 1	____
N4.	Number of Children Involved in Current Child Abuse/Neglect Incident			A4.	Prior Injury to a Child Resulting from Child Abuse/Neglect		
	a. One, two or three b. Four or more	0 1	____		a. No b. Yes	0 1	____
N5.	Age of Youngest Child in the Family			A5.	Primary Parent/Caregiver's Assessment of Incident (check applicable items, add for score) Max.score 3.		
	a. Two or older b. Under two	0 1	____		a. ___Not applicable b. ___Blames child c. ___Justifies maltreatment of a child	0 1 2	____
N6.	Primary Parent/Caregiver Provides Physical Care Inconsistent with Child's Needs			A6.	Partner/Adult Conflict in the Family in the Past Year		
	a. No b. Yes	0 1	____		a. No b. Yes (Number of Incidents __)	0 2	____
N7.	Primary Parent/Caregiver has a Past or Current Mental Health Problem			A7.	Primary Parent/Caregiver Characteristics (check applicable items, add for score) Maximum score 3.		
	a. No b. Yes	0 1	____		a. __ Not applicable b. __ Provides insufficient emotional/ psychological support c. __ Employs excessive/ inappropriate discipline d. __ Employs overly controlling/abusive or overly restrictive behaviour.	0 1 1 1	____
N8.	Primary Parent/Caregiver Has Historic or Current Alcohol, Drug or Substance Problem. (Check applicable items and add for score) Maximum score 2.			A8.	Primary Parent/Caregiver has a History of Abuse or Neglect as a Child		
	a. ___Not applicable b. ___Alcohol (current or historic) c. ___Drug (current or historic)	0 1 1	____		a. No b. Yes	0 1	____
N9.	Characteristics of Children in Family (Check applicable items and add for score) Maximum score 3			A9.	Secondary Parent/Caregiver Has Past or Current Alcohol , Drug or Substance Problem		
	a. ___Not applicable b. ___Medically fragile/ failure to thrive c. ___Developmental or physical disability d. ___Positive toxicology screen at birth	0 1 1 1	____		a. No b. Yes, alcohol and/or drug: __Alcohol __Drug	0 1	____
N10	Housing (check applicable item). Maximum score 2.			A10	Characteristics of Children in the Family (check appropriate items & add for score) Maximum score 3.		
	a. ___Not applicable b. ___Current housing is physically unsafe c. ___Homeless at time of investigation	0 1 2	____		a. ___Not applicable b. ___Criminal or acting out behaviour c. ___Developmental disability d. ___Mental health/ behavioural problem	0 1 1 1	____
	TOTAL NEGLECT RISK SCORE (Maximum 16)		____		**TOTAL ABUSE SCORE (Maximum score 18)**		____

ONTARIO FAMILY RISK ASSESSMENT (continued)

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse index, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
_____ 0 to 1	_____ 0 to 1	_____ Low
_____ 2 to 4	_____ 2 to 4	_____ Moderate
_____ 5 to 8	_____ 5 to 7	_____ High
_____ 9 +	_____ 8 +	_____ Very High

OVERRIDING CONDITIONS. Circle yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to very high.

Yes No 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.

Yes No 2. Non-accidental injury to a child under age two.

Yes No 3. Severe non-accidental injury.

Yes No 4. Parent/caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current).

DISCRETIONARY CONSIDERATIONS. If a discretionary consideration is determined, circle yes. Circle the discretionary risk level, and indicate reason. Risk level may only be overridden one level higher.

Yes No If yes, circle override risk level: Low Moderate High **Very High**

Discretionary consideration reason: _____

Supervisor's Review/ Approval of Discretionary Consideration:

_____ Date: _____/_____/_____

FINAL RISK LEVEL (circle final level assigned):

Low **Moderate** **High** **Very High**

ONTARIO FAMILY AND CHILD STRENGTH AND NEEDS ASSESSMENT

Purpose	The Ontario Family and Child Strength and Needs Assessment is a clinical instrument that assists the child protection worker to identify the presence of parent/caregiver and child strengths and resources as well as to identify the needs of family members. It helps child protection workers to systematically collect information and it supports development of a service plan that can utilize family strengths and target the areas of need. Through reassessments, the tool permits the child protection worker to monitor a family's progress and the impact of service provision. To complete the Ontario Family and Child Strength and Needs Assessment, the child protection worker collects information from immediate and extended family members, Band Representatives for Aboriginal children, collaterals, CAS and other available records and through direct observation. Using engagement, good social work practice, clinical skill and awareness of the child and family's cultural context where appropriate, the child protection worker analyses the information and applies it to the domains and scales within the tool.

Application	A Family and Child Strength and Needs Assessment **is completed** on every case receiving ongoing protection services:
	
	• within one month of
	  • the completion of the initial investigation, or
	  • the date of the case transfer following the initial investigation, or
	  • a termination meeting with a child and family
	• at six month re-assessment intervals from the date of the first service plan
	• when a case is being transferred to a new worker or closed and the previous assessment is more than 3 months old
	• when a case is being transferred to a new worker or closed and the previous assessment is less that 3 months old but is no longer relevant
	• when assessing a parent who is presenting a plan to care for the child.
	
	A Family and Child Strength and Needs Assessment **is not required** when a case is being closed within 3 months of the previous assessment and the focus of the last Service Plan was termination.
	
	A Family and Child Strength and Needs Assessment **may** be completed following:
	
	• completion of any subsequent investigation that has resulted in identification of new risk factors, new child protection concerns or a new risk assessment
	• at any additional point where a change in family circumstances is thought to affect the strengths or needs of family members.
	
	Only the Child Strength and Needs Assessment section is completed when parents/caregivers have abandoned the child and their whereabouts are unknown and/or they are refusing contact with the CAS. The Parent/Caregiver section of the Strength and Needs Assessment is not completed in the above situation.

Responsibility	Child protection worker

Form Completion	The Ontario Family and Child Strength and Needs Assessment Form is comprised of two sections: Parent/Caregiver Strength and Needs Assessment and the Child Strength and Needs Assessment. In each section, each domain is rated along a four point scale. An "a" represents a strength response, indicating that parent/caregiver or child has strong skills or resources in that area. A "b" response represents an "average" functioning in which parent/caregiver or child has not achieved exceptional skill but is managing stressors effectively and functioning at an adequate level. The "c" response represents a parent/caregiver or child who is experiencing increased need in the category. A "d" response indicates that the parent/caregiver or child is experiencing a serious need in the category. For each domain, the response that most closely represents the parent/caregiver or child functioning is selected. **Scoring** Responses in the Parent/Caregiver and the Child domains are given positive and negative values. In the Strength and Needs Assessments these values are not summed; rather, the lowest score represents highest need when prioritizing domains for service intervention. Highest scores are considered to be areas of strength. **Parent/Caregiver Strength and Needs Assessment** The Parent/Caregiver Strength and Needs Assessment is comprised of 11 domains that are designed to identify areas where: (1) a parent/caregiver may have potential resources or strengths that can be used in service planning; and (2) there are challenges that have to be addressed in order to improve family functioning. **Child Strength and Needs Assessment** This section of the form is comprised of 9 domains that identify the strengths and challenges of each child in the family. Each child in the family, who is under the age of 16 years, is assessed according to the domains whether residing with the family or in an out-of-home setting. Once each domain has been addressed, the child protection worker analyses the findings for the parent/caregiver and for the child to select the areas of greatest need (which are targeted in the service plan) and to identify the strengths and resources available to assist the family. **Priority Needs and Strengths** Following completion of each of the domains for parent/caregiver and child, the areas with the lowest scores represent the greatest needs. These areas are prioritized to be addressed in the service plan. For a child in an out of home placement, areas of need are flagged to be addressed in his/her plan of care. **Descriptors** The descriptors provided below are clarifications of the terms used in the Parent/Caregiver Strength and Needs Assessment and in the Child Strength and Needs Assessment, including examples of the types of conditions or behaviours that might be considered within each broader category. The descriptors are a guide to be used in conjunction with worker judgment and cultural sensitivity as appropriate, in capturing the presenting factors.

Form Completion (continued)	**Parent/Caregiver** For the purpose of the Family and Child Strength and Needs Assessment, a parent/caregiver is identified as being a parent, guardian or adult in the family who provides care and supervision for the children on a regular basis. More than one caregiver may be rated in the strength and needs assessment process.

Family and Child Strength and Needs Assessment Parent/Caregiver Strength and Needs Descriptors	
SN1. Alcohol, Drug or Substance Use/Abuse	This factor refers to any form of alcohol; illegal drugs or abuse of prescription or over the counter medication; and the broad category of substances which include inhalants, solvents, or other concoctions used to alter emotions or functioning. Check mark the specific substance in the list provided for consideration in development of the service plan. **a) Promotes and demonstrates healthy understanding of alcohol, drugs and substance use** Parent/Caregiver may use alcohol or prescribed drugs, however use does not negatively affect parenting skills and functioning, and parent/caregiver promotes and demonstrates an understanding of the choices made (abuse, use or abstinence) and the effects of alcohol, drugs and substance use on behaviour and society. **b) Alcohol or prescribed drug use** Parent/Caregiver may have a history of substance abuse or may currently use alcohol or prescribed drugs, however, it does not negatively affect parenting skills and functioning. **c) Alcohol, drug or substance abuse** Parent/Caregiver continues to use despite negative consequences in some areas such as family, social relationships, health, legal, employment or finances. Parent/Caregiver needs help to achieve and/or maintain abstinence from alcohol, drugs or other substances. **d) Chronic alcohol/drug/substance abuse** Parent/Caregiver's use of alcohol or drugs results in behaviours which impede ability to meet his/her own and/or the child's basic needs. Parent/caregiver experiences some degree of impairment in most areas including family, social relationships, health, legal, employment and finances. Needs intensive structure and support to achieve abstinence from alcohol or drugs.

Parent/Caregiver Strength and Needs Descriptors (continued)	
SN2. Family Relationships	**a) Supportive** Internal/external stressors (i.e. illness, financial problems, divorce, special needs) may be present but family maintains positive interactions demonstrated by mutual affection, respect, open communication and empathy, and shares responsibilities that are mutually agreed upon by family members. **b) Minor/occasional discord** Internal/external stressors are present but family is coping despite some disruption of positive interactions. **c) Frequent discord** Internal/external stressors are present and family is consistently experiencing increased disruptions of positive interactions, coupled with lack of cooperation and/or emotional/verbal abuse. Custody and access issues are characterized by frequent conflicts. Caregiver's pattern of adult relationships creates significant stress for the child. **d) Chronic discord** Internal/external stressors are present and family experiences minimal or no positive interactions. Custody and access issues are characterized by severe conflict such as multiple incidents of malicious reports to law enforcement and/or child protection service. Caregiver's pattern of adult relationships places child at risk for maltreatment and/or contributes to serious emotional distress.
SN3. Partner/Adult Relationships	**a) Individuals promote non-violence in the home** Family members mediate disputes and promote non-violence in the home. Relationships are respectful. Individuals are safe from threats, intimidation or assaults by family members. **b) Relationships free of threatening or assaultive behaviours among family members** Conflicts may be resolved through less adaptive strategies such as avoidance; however, family members do not control each other or threaten physical or sexual assault within the home. **c) Physical violence/controlling behaviour** Adult relationships are characterized by occasional physical outbursts that do not result in injuries; and/or controlling behaviour that results in isolation or restriction of activities. Both perpetrator and victim seek help in reducing threats of violence. If only one party agrees to seek help, score "d" even though violence did not result in injury. **d) Repeated and/or severe physical violence** One or more family members use regular and/or severe physical violence. Individuals engage in physically assaultive behaviours towards family members. Violent or controlling behaviour has resulted in injury (bruises, cuts, burns, welts, broken bones etc.), extreme isolation, humiliation, or restriction of activities.

Parent/Caregiver Strength and Needs Descriptors (continued)	
SN4. Social Support System	**a) Strong support system** Family engages with a strong, constructive, mutual support system. Interacts with extended family, friends, Elders, cultural, religious and/or community support or services that provide a wide range of positive resources. **b) Adequate support system** As needs arise, family uses extended family, friends, Elders, cultural, religious and community resources to provide constructive support and/or services such as child care, transportation, supervision, role-modeling for parent and child, parenting and emotional support, guidance, etc. **c) Limited positive support system** Family has a limited positive support system, is isolated, or reluctant to use available support; or support system is present but encourages negative behaviour. **d) No positive support system** Family has no support system and does not utilize extended family and community resources; or family has support system that perpetuates destructive behaviours and relationships.
SN5. Parenting Skills	**a) Strong skills** Parent/caregiver displays knowledge and understanding of age-appropriate parenting skills and integrates use on a daily basis. Parent/caregiver expresses hope for and recognizes child's abilities and strengths and encourages participation in family and community. Parent/Caregiver advocates for family and responds to changing needs. **b) Adequately parents and protects child** Parent/caregiver displays adequate parenting patterns that are age-appropriate for child in areas of expectations, discipline, communication, protection and nurturing. Parent/caregiver has basic knowledge and skills to parent. **c) Inadequately parents and protects child** Improvement of basic parenting skills needed by parent/caregiver. Parent/caregiver has some inappropriate expectations and gaps in parenting skills, demonstrates poor knowledge of age-appropriate disciplinary methods, and/or parent/caregiver's lack of knowledge of child development interferes with effective parenting. **d) Destructive/abusive parenting** Parent /caregiver displays destructive/abusive parenting patterns that result in risk of serious harm to the child.

SN6. Mental Health/Coping Skills	**a) Strong coping skills** Parent/caregiver demonstrates the ability to deal with adversity, crises and long-term problems in a constructive manner. Demonstrates realistic, logical thinking and judgement. Displays resiliency, has a positive, hopeful attitude. **b) Adequate coping skills** Parent/caregiver demonstrates emotional responses that are consistent with circumstances. Parent/caregiver displays no apparent inability to cope with adversity, crises or long-term problems. **c) Mild to moderate symptoms** Parent/caregiver displays periodic symptoms of mental health issues including but not limited to depression, low self-esteem, anxiety or apathy. Parent/caregiver has occasional difficulty dealing with situational stress, crises or problems. **d) Chronic/severe symptoms** Parent/caregiver displays chronic, severe mental health symptoms, including but not limited to depression, apathy or severe low self- esteem. These symptoms impair the caregiver's ability to perform in one or more areas of parental functioning, employment, education or provision of basic needs.
SN7. Family History of Criminal Behaviour or Child Abuse and Neglect	**a) Promotes positive values** No criminal behaviour or child abuse and neglect history, and family members promote and demonstrate values that instil respect for self and others. **b) No criminal behaviour or child maltreatment history, or successful problem resolution** No history of prior criminal behaviour or child maltreatment; or there has been prior criminal behaviour or child maltreatment history, but family members have demonstrated ability to resolve crises appropriately through the use of community resources. c) **Active involvement** Parent/caregiver's ability or availability to parent is negatively affected by criminal behaviour or child maltreatment such as outstanding warrants, arrests and/or history with child protection that has not been successfully resolved. **d) Chronic/severe involvement** No family member is able/available to safely assume caregiver role due to chronic criminal behaviour/child protection involvement with failed service plans. If the response is b, c, or d, the parent/caregiver with the concern is identified in the chart and the nature of the past involvement is check marked.

Parent/Caregiver Strength and Needs Descriptors (continued)	
SN8. Resource Management/ Basic Needs	**a) Resources are sufficient to meet basic needs and are adequately managed** Parent/caregiver has a history of consistently providing safe, healthy and stable housing; nutritional food and clothing. **b) Resources are limited but are adequately managed** Parent/caregiver provides adequate housing, food and clothing to meet basic needs. **c) Resources are insufficient or not well-managed** Parent/caregiver provides housing but it does not meet the basic needs of the child due to things such as inadequate plumbing, heating, wiring or housekeeping (in communities where these utilities are available). Food and/or clothing do not meet basic needs of the child. Family may be homeless, however there is no evidence of harm or threat of harm to child. **d) No resources or resources severely limited and/or mismanaged** Conditions exist in the family that have caused illness or injury to family members such as inadequate plumbing, heating, wiring (in communities where these utilities are available) or housekeeping has caused illness or injury. There is no food, food is spoiled, or family members are malnourished. Child chronically presents with clothing that is unclean, not appropriate for weather conditions or in poor repair. Family is homeless, which results in harm or threat of harm to child.
SN9. Cultural/Community	**a) Strong cultural/community resources** Family identifies with culture/community, heritage and beliefs and is connected with people who share similar belief systems. Parent/caregiver knows cultural/ community resources, both formal and informal and accesses them as needed. **b) Some cultural/community resources** Family identifies with culture/community, heritage and beliefs and practices traditions within the family. Family recognizes how they can access resources in the greater community. Individuals may experience some conflict and may struggle with cultural/community identity, yet are able to cope. **c) Limited cultural/community resources** Family experiences inter-generational and/or societal conflict surrounding values and norms related to cultural/community differences. Parent/caregiver perceives services and supports as unavailable, or access creates difficulties that cause internal conflict.

SN9. Cultural/Community (continued)	**d) Disconnected from cultural/community resources** Family is disconnected from cultural/community heritage and beliefs resulting in isolation, lack of support and limited access to resources. Connections with potential support networks are unavailable or perceived as unavailable due to lack of understanding of cultural/community and/or language differences. Family members experience conflict with cultural/community identity that is reflected in behaviour.
SN10. Physical Health	**a) Preventative health care is practiced** Parent/caregiver teaches and promotes good health. **b) Health issues do not affect family functioning** Parent/caregiver accesses regular health resources for him/herself (i.e. medical/dental care). **c) Health concerns/disabilities affect family functioning** Parent/caregiver has health concerns or conditions that affect family functioning and/or family resources. **d) Serious health concerns/disabilities result in inability to provide care for child** Parent/caregiver has serious/chronic health problems or conditions that affect his/her ability to care for and/or protect child.
SN11. Communication Skills	**a) Strong skills** Parent/caregiver's communication skills facilitate successful accessing of services and resources to promote family functioning. If parent/caregiver requires interpreter services, he/she obtains such services whenever needed. **b) Functional skills** Parent/caregiver's communication skills are not a barrier to effective family functioning, accessing resources or assisting child in the community or school. If parent/caregiver requires interpreter services, he/she uses such services when provided. **c) Limited skills** Parent/caregiver has limited communication skills resulting in difficulty accessing resources, which interferes with family functioning. If parent/caregiver requires interpreter services, he/she experiences difficulty accessing such services. **d) Severely limited skills** Parent/caregiver has severely limited communication skills resulting in an inability to access resources, which severely affects family functioning. If parent/caregiver requires interpreter services, he/she is unwilling/unable to communicate even when provided with such services.

Child Descriptors For each item that is not applicable because of the child's age, score as "0".	
CSN 1. Emotional/Behavioural	**a) Strong emotional adjustment** Child displays strong coping skills in dealing with crises, trauma, disappointment and daily challenges. Child is able to develop and maintain trusting relationships. Child is also able to identify the need for guidance and to seek and accept it. **b) Adequate emotional adjustment** Child displays developmentally appropriate emotional/ coping responses that do not interfere with school, family or community functioning. Child may demonstrate some depression, anxiety or withdrawal symptoms that are situationally related. Child maintains situationally appropriate emotional control. **c) Limited emotional adjustment** Child has occasional difficulty dealing with situational stress, crises or problems; such difficulty impairs functioning. Child displays periodic mental health symptoms including, but not limited to depression, running away, somatic complaints, hostile behaviour or apathy. **d) Severely limited emotional adjustment** Child's ability to perform in one or more areas of functioning is severely impaired due to chronic/severe mental health symptoms such as fire-setting, suicidal behaviour or violent behaviour towards people and/or animals.
CSN2. Family Relationships	For children in voluntary or court-ordered placement, score child's family, not placement family. For children in permanent placements, continue to score child's family, basing assessment on visits and other contact such as telephone contact or letters. If child has no contact with his/her family, score "0". **a) Nurturing/supportive relationships** Child experiences positive interactions with family members. Child has a sense of belonging within the family. Family defines roles, has clear boundaries and supports child's growth and development. **b) Adequate relationships** Child experiences positive interactions with family members and feels safe and secure in family, despite some unresolved family conflicts. **c) Strained relationships** Stress/discord within the family interferes with child's sense of safety and security. Family has difficulty identifying and resolving conflict and/or obtaining support and assistance on their own.

CSN2. Family Relationships (continued)	**d) Harmful relationships** Chronic family stress, conflict or violence severely impedes child's sense of safety and security. Family is unable to resolve stress, conflict or violence on its own and are not able or willing to obtain outside assistance.
CSN3. Medical/Physical	**a) Preventative health care is practiced** Child has no known health care needs. Child receives routine preventative and medical, dental and/or vision care and immunizations. **b) Medical needs met** Child has no unmet health care needs. Special conditions may exist but are adequately addressed. **c) Medical needs impair functioning** Child has a medical condition that may impair daily functioning. Special conditions exist that are not adequately addressed and/or routine medical, dental and/or vision care is needed. **d) Medical needs severely impair functioning** Child has a serious, chronic or acute medical condition that severely impairs functioning, and needs are unmet.
CSN4. Child Development	**a) Advanced development** Child's physical and cognitive skills are above chronological age level. **b) Age-appropriate development** Child's physical and cognitive skills are consistent with chronological age level. **c) Limited development** Child does not exhibit most physical and cognitive skills expected for chronological age level. **d) Severely limited development** Most physical and cognitive skills are two or more age levels behind chronological age expectations.
CSN5. Cultural/Community Identity	**a) Strong cultural/community identity** Child identifies with culture/community, heritage and beliefs and is connected with people who share similar belief systems. Child knows cultural/ community resources, both formal and informal and accesses them as needed. **b) Adequate cultural/community identity** Child identifies with culture/community, heritage and beliefs and practices, traditions within the family. Child recognizes how to access resources in the greater community. Child may experience some conflict and may struggle with cultural/community identity, but is able to cope. **c) Limited cultural/community identity** Child experiences inter-generational and/or societal conflict surrounding values and norms related to culture/community differences. Child perceives services and supports as unavailable, or access as limited. Conflicts with culture/community identity create difficulties for child.

CSN5. Cultural/Community Identity (continued)	**d) Disconnected from cultural/community identity** Child is disconnected from culture/community heritage and beliefs resulting in isolation, lack of support and lack of access to resources. Connections are unavailable or perceived as unavailable due to lack of understanding of cultural and language differences of support networks. Conflicts with culture/community identity result in problematic behaviour.
CSN6. Alcohol, Drug, Substance Use	**a) No alcohol, drug or substance use** Child does not use alcohol, drug or other substances and is aware of consequences of use. Child avoids peer relations/social activities involving alcohol, drugs or substance use and/or chooses not to use despite peer pressure/opportunities to use. **b) Experimentation/use** Child does not use alcohol, drug or substances. Child may have experimented with alcohol, drugs or substances but there is no indication of sustained use. No demonstrated history or current problems related to substance use. **c) Alcohol, drug or substance use** Child's alcohol, drug or substance use results in disruptive behaviour and discord in relationships in school, community, family or work. Use may have broadened to include multiple substances. **d) Chronic alcohol, drug or substance use** Child's chronic alcohol, drug or substance use results in severe disruption of functioning, such as loss of relationships, job, school suspension/expulsion, problems with the law and/or physical harm to self or others. Child may require medical intervention to detoxify.
CSN7. Education	Does child have a special education placement or Individual Education Plan? Yes__ No__. If Yes, describe in the space provided on the form. **a) Outstanding academic achievement** Child is working above grade level and/or is exceeding the expectations of the child's Individual Educational Plan. **b) Satisfactory academic achievement** Child is working at grade level and/or is meeting the expectations of the child's Individual Educational Plan. **c) Academic difficulty** Child is working below grade level in at least one, but not more than half of academic subject areas and/or child is struggling to meet the goals of the existing Individual Educational Plan. Existing educational plan may need modification.

CSN7. Education (continued)	**d) Severe academic difficulty** Child is working below grade level in more than half of academic subject areas and/or child is not meeting the goals of the existing education plan. Existing Individual Educational Plan needs modification. Also score "d" for a child who is required by law to attend school and is not attending.
CSN8. Peer/Adult Social Relationships	**a) Strong social relationships** Child enjoys and participates in a variety of constructive age-appropriate social activities. Child enjoys reciprocal, positive relationships with others. **b) Adequate social relationships** Child demonstrates adequate social skills. Child maintains stable constructive relationships with others. Occasional conflicts are minor and easily resolved. **c) Limited social relationship** Child demonstrates inconsistent social skills; child has limited positive interactions with others. Conflicts are more frequent and serious and child may be unable to resolve them. **d) Poor social relationships** Child has poor social skills as demonstrated by frequent conflictual relationships or exclusive interactions with negative or exploitive peers; or child is isolated and lacks a positive social support system.
CSN9. Unlawful Behaviour	**a) Preventative activities** Child is involved in community service and/or crime prevention programs and takes a stance against crime. Child has no arrest history and there is no other indication of unlawful behaviour. **b) No unlawful behaviour** Child has no arrest history and there is no other indication of illegal behaviour, or child has successfully completed probation and there has been no unlawful behaviour in the past two years. **c) Occasional unlawful behaviour** Child is or has engaged in occasional, non-violent unlawful behaviour and may have been arrested or placed on probation within the past two years. **d) Significant unlawful behaviour** Child is or has been involved in any violent or repeated non-violent unlawful behaviour which has or may have resulted in consequences such as arrests, incarcerations or probation.

ONTARIO FAMILY AND CHILD STRENGTHS AND NEEDS ASSESSMENT
(For Parent/Caregivers and Children)

Agency_____

Case Name_____Case Number:_____

Period Covered: _____Date of Assessment:____/____/_____Initial or Reassess #:_____

Worker: _____

Primary Parent/Caregiver: _____ Relationship to Child_____

Secondary Parent/Caregiver: _____ Relationship to Child_____

Other Caregiver: _____ Relationship to Child_____

Other Caregiver: _____ Relationship to Child_____

1. Child Name:_____ D.O.B. _____

2. Child Name:_____ D.O.B._____

3. Child Name:_____ D.O.B. _____

4. Child Name:_____ D.O.B._____

The following items should be considered for each family member. Worker should base score on his/her assessment for each item, taking into account family's perspective, child's perspective where appropriate, worker observations, collateral contacts, and available records. Refer to accompanying definitions to determine the most appropriate response. Enter the score for each item.

A. PARENT/CAREGIVER - Rate each parent/caregiver and enter lowest score for each one.

SN1. Alcohol, Drug or Substance Use/Abuse (Substances: inhalants, solvents, prescription/over-the-counter drugs etc.)		Parent/ Care-giver 1	Parent/ Care-giver 2	Care-giver 3	Care-giver 4
a) Promotes and demonstrates healthy understanding of alcohol, drugs and substance use	+3				
b) Alcohol or prescribed drug use	0				
c) Alcohol, drug or substance abuse	-3				
d) Chronic alcohol/drug/substance abuse	-5				

If c. or d., check all that apply:

__Heroin
__Alcohol
__Barbiturates
__Other sedatives or hypnotics
__Methamphetamine
__Other Amphetamines
__Other Stimulants
__Cocaine/Crack
__Marijuana/Hash
__PCP
__Tranquilizers (Benzodiazepine)
__Other Tranquilizers
__Non-Prescription Methadone
__Other Opiates and Synthetics
__Inhalants
__Over-the- Counter
__Other (specify)

SN2. Family Relationships					
a. Supportive	+3				
b. Minor/occasional discord	0				
c. Frequent discord	-3				
d. Chronic discord	-5				
SN3. Partner/Adult Relationships					
a. Individuals promote non-violence in the home	+3				
b. Relationships free of threatening or assaultive behaviours among family members	0				
c. Physical violence/controlling behaviour	-3				
d. Repeated and/or severe physical violence	-5				
SN4. Social Support System					
a. Strong support system	+2				
b. Adequate support system	0				
c. Limited positive support system	-2				
d. No positive support system	-4				

		Parent/ Care-giver 1	Parent/ Care-giver 2	Care-giver 3	Care-giver 4
SN5. Parenting Skills					
a. Strong skills	+2				
b. Adequately parents and protects child	0				
c. Inadequately parents and protects child	-2				
d. Destructive/abusive parenting	-4				
SN6. Mental Health/Coping Skills					
a. Strong coping skills	+2				
b. Adequate coping skills	0				
c. Mild to moderate symptoms	-2				
d. Chronic/severe symptoms	-4				
SN7. Family History of Criminal Behaviour or Child Abuse and Neglect					
a. Promotes positive values	+1				
b. No criminal behaviour or child maltreatment history, or successful problem resolution	0				
c. Active involvement	-1				
d. Chronic/severe involvement	-3				

If the response is b, c, or d, identify parent/caregiver involved and type of history (check all that apply):
(If criminal history is not available, write N/A in the space provided.)

Criminal	Child Abuse	
_____	_____	Primary Caregiver
_____	_____	Secondary Caregiver
_____	_____	Other Adult
_____	_____	Other Adult

SN8. Resource Management / Basic Needs					
a. Resources are sufficient to meet basic needs and are adequately managed	+1				
b. Resources are limited but are adequately managed	0				
c. Resources are insufficient or not well managed	-1				
d. No resources or resources severely limited and/or mismanaged	-3				
SN9. Cultural/Community					
a. Strong cultural/community resources	+1				
b. Some cultural/community resources	0				
c. Limited cultural/community resources	-1				
d. Disconnected from cultural/community resources	-3				
SN10. Physical Health					
a. Preventative health care is practiced	+1				
b. Health issues do not affect family functioning	0				
c. Health concerns/disabilities affect family functioning	-1				
d. Serious health concerns/disabilities result in inability to care for child.	-2				
SN11. Communication Skills					
a. Strong skills	+1				
b. Functional skills	0				
c. Limited skills	-1				
d. Severely limited skills	-2				

B. CHILD – Rate each child according to the current level of functioning

Child's Name (Insert one name in each column)		1	2	3	4
		Score	Score	Score	Score
CSN1. Emotional/ Behavioural					
a. Strong emotional adjustment	+3				
b. Adequate emotional adjustment	0				
c. Limited emotional adjustment	-3				
d. Severely limited emotional adjustment	-5				
CSN2. Family Relationships					
a. Nurturing/supportive relationships	+3				
b. Adequate relationship	0				
c. Strained relationship	-3				
d. Harmful relationship	-5				
CSN3. Medical/ Physical					
a. Preventative health care is practiced	+2				
b. Medical needs met	0				
c. Medical needs impair functioning	-2				
d. Medical needs severely impair functioning	-4				
CSN4. Child Development					
a. Advanced development	+2				
b. Age-appropriate development	0				
c. Limited development	-2				
d. Severely limited development	-4				
CSN5. Cultural/Community Identity					
a. Strong cultural/community identity	+1				
b. Adequate cultural/community identity	0				
c. Limited cultural/community identity	-1				
d. Disconnected from cultural/community identity	-3				
CSN6. Alcohol, Drug, Substance Use					
a. No alcohol, drug, substance use	+1				
b. Experimentation/use	0				
c. Alcohol, drug or substance use	-1				
d. Chronic alcohol, drug or substance use	-3				
CSN7. Education					
Does child have a special education placement or an Individual Education Plan? _____No _____Yes, describe:_____					
a. Outstanding academic achievement	+1				
b. Satisfactory academic achievement	0				
c. Academic difficulty	-1				
d. Severe academic difficulty	-3				
CSN8. Peer/Adult Social Relationships					
a. Strong social relationships	+1				
b. Adequate social relationships	0				
c. Limited social relationships	-1				
d. Poor social relationships	-2				
CSN9. Unlawful Behaviour					
a. Preventative activities	+1				
b. No unlawful behaviour	0				
c. Occasional unlawful behaviour	-1				
d. Significant unlawful behaviour	-2				

C. PRIORITY NEEDS AND STRENGTHS

Enter item number and description of up to three most serious needs (lowest scores) and greatest strengths (highest scores) from Family and Child Assessment (SN 1-11 for Family and SN 1-9 for Child)

Family Member	Priority Need	Priority Strength
	1.	1.
	2.	2.
	3.	3.

Does family or child identify areas of needs or strengths that are not included in the categories assessed by this tool?

1. _____ No

2. _____ Yes, describe:

_____

Ontario Reassessment Tools

Ontario Family Risk Reassessment

Purpose	When children remain with their original caregivers, the Family Reassessment Tools assist the child protection worker to determine whether there has been change in risk of harm to a child in the family, or in the family's strengths or needs. The reassessment helps evaluate and plan effective service intervention. The information that forms the base of this assessment is gathered through use of good social work skills that support client engagement and positive working relationships with collaterals. Through this evaluation, the child protection worker is assisted in the decision to continue or terminate service. The two tools used in reassessment are: (a) Family Risk Reassessment; and (b) Family and Child Strength and Needs Assessment. **a) Ontario Family Risk Reassessment** The Ontario Family Risk Reassessment tool combines items from the original risk assessment tool with items that evaluate the family's progress towards case goals. A single index is used to categorize risk of future maltreatment. A risk reassessment may result in a change of the previous risk level and require a change in the level of service to the family. **b) Ontario Family and Child Strength and Needs Assessment** The Family and Child Strength and Needs Assessment form is the same as used in the initial assessment; however, in the course of reassessment, the child protection worker may note changes in the family's strengths or needs that should be reflected in a revised service plan. For details regarding the Family and Child Strength and Need Assessment, refer to the section in this manual beginning on Page 37.
Application	The Reassessment Tools are used to review situations in which an Ontario Family Risk Assessment has already been completed, the family is receiving protection services, and the **children remain in the care of their parent/caregiver**. The Reassessment Tools are used: • at each six month case review • when case closing is considered; the Ontario Family Risk Reassessment is always completed; the Ontario Family and Child Strength and Needs Assessment is completed according to the application requirements on Page 37 • when a case is being transferred to a new worker and the previous assessment is more than 3 months old or is no longer relevant **Note**: When a new referral results in an investigation, an initial risk assessment (not a reassessment) is conducted.
Responsibility	Child protection worker

Ontario Family Risk Reassessment Form Completion	**The Ontario Family Risk Reassessment Form is composed of a Risk Reassessment Index and a Scoring section.** The Risk Reassessment is an actuarial (statistically driven) tool. Each item on the Family Risk Reassessment form has been weighted to accurately reflect the relationship between the item and the likelihood of future harm. For the objective factors, the child protection worker enters the appropriate number (i.e. number of prior neglect or abuse investigations) and assigns the related score. For the remaining items, the child protection worker bases the response on information gathered, and clinical assessment of the family's characteristics and progress. The score for the most appropriate descriptor is entered. **Scoring** When the Risk Reassessment index is complete, the Total Score is calculated, using simple addition. The family's Risk Level is based on the Total Score. Overriding Conditions and Discretionary Considerations are then applied, if appropriate. **Overriding Conditions** Overriding Conditions represent conditions that, if in existence, are considered without exception to be indicative of increased risk to the child. In the Risk Reassessment, the worker indicates if an overriding condition exists. Presence of one or more overriding condition increases risk to Very High. **Discretionary Considerations** Discretionary Considerations are used by the child protection worker whenever he/she believes that the risk score does not accurately reflect the family's actual risk level. Discretionary Considerations are based on the expectation that at the point of a reassessment, the worker has an in-depth knowledge of the family. In the Risk Reassessment, a discretionary consideration may be used by the child protection worker, based on judgment of the circumstances, **to increase or decrease** the Scored Risk Level by one rating. The reason for the Discretionary Consideration is documented and requires approval of a supervisor. Following application of the Overriding Conditions and Discretionary Considerations, the Final Risk Level is determined. **Primary Parent/Caregiver, Secondary Parent/Caregiver** To maintain validity of the tool, the definitions of Primary Parent/Caregiver and Secondary Parent/Caregiver are the same in the Ontario Family Risk Assessment and the Ontario Family Risk Reassessment. For a detailed description, refer to the Risk Assessment section of this manual, Page 23.

Ontario Family Risk Reassessment Descriptors	
The descriptors provided below are clarifications of the terms used in the Family Risk Reassessment, including examples of the types of conditions that might be considered within each broader category. The descriptors are a guide to be used in conjunction with worker judgment and cultural sensitivity as appropriate, in capturing the presenting risk factors.	
R1. Total Number of Previous Neglect or Abuse Child Protection Investigations on Parent/ Caregiver	Score the item based on the count of all investigations, verified or not, which were assigned for child protection investigation for any type of abuse or neglect prior to the investigation resulting in the current case opening. History from other jurisdictions is reviewed and included in this category. Investigations of community caregivers (e.g. daycare, teacher etc) unless parent/caregiver failed to protect and brief service contacts are excluded.
R2. Family has Previously Received Ongoing Child Protection Services (voluntary or court ordered)	Score 1 if the family has previously received ongoing child protection services prior to the current child protection opening. Previous involvement may have been voluntary or court ordered.
R3. Primary Parent/Caregiver has a History of Abuse or Neglect as a Child	Score 1 if credible statements by the parent/primary caregiver or others indicate that the parent/primary caregiver was maltreated as a child (maltreatment includes neglect, physical, sexual or other abuse).
R4. Child Characteristics	Score the appropriate amount for each characteristic present and record the sum as the item score (maximum score 2): a) Score 1 if one or more children in the family is developmentally delayed or physically disabled, or displays any of the following: learning disability, other developmental problem or significant physical handicap. b) Score 1 if one or more children in the family is medically fragile (defined as having a long-term – six month or more – physical condition requiring medical intervention), or is diagnosed as showing failure to thrive. c) Score 0 if no child in the family exhibits any of the above characteristics.

Ontario Family Risk Reassessment Descriptors (continued)	
R5. New Investigation of child protection concerns since the Initial Risk Assessment or Last Reassessment	Score 2 if at least one investigation has been initiated since the initial risk assessment or last reassessment. This includes open or completed investigations, regardless of investigation conclusion, that have been initiated since the initial assessment or last reassessment.
R6. Parent/Caregiver has not Addressed Alcohol, Substance or Drug Abuse Problem Since Last Assessment/ Reassessment	Indicate whether or not the primary and/or secondary parent/caregiver has a current alcohol/ substance/ drug abuse problem that interferes with the parent/caregiver's or the family's functioning, and the parent/caregiver is not addressing the problem. If both parents/caregivers have an alcohol, drug or substance abuse problem, rate the more negative behaviour of the two caregivers. Not addressing the problem may be evidenced by: • alcohol, drug or substance use that affects caregiver's employment; criminal involvement, marital or family relationships; or his/her ability to provide protection, supervision and care for the children • an arrest since the last assessment/ reassessment for driving under the influence, or self report of a problem • multiple positive urine screens • health/medical problems resulting from substance abuse • child diagnosed with Fetal Alcohol Syndrome or Effects (FAS or FAE) or child had positive toxicology screen at birth <u>and</u> primary or secondary caregiver was birthing parent. Score the following: a) Score 0 if there is no history of an alcohol, drug or substance abuse problem. b) Score 0 if there is no current alcohol, drug or substance abuse problem that requires intervention. c) Score 0 if there is an alcohol, drug or substance problem and the problem is being addressed. d) Score 1 if there is an alcohol, drug or substance use problem and the problem is not being addressed. Legal, non-abusive prescription drug use should not be scored.

R7. Partner/Adult Relationships	Score this item based upon current status of adult relationships in the family. a) Score 0 if there are no problems observed. b) Score 1 if there are partner/adult relationships that are harmful to family functioning or the care the child receives. c) Score 2 if partner/adult conflict is present. Family has had, since the most recent assessment, physical assault(s) or periods of intimidation/ threats/ harassment between parents/caregivers or between parent/caregiver and another adult.
R8. Primary Parent/Caregiver Provides Physical Care Inconsistent with Child Needs	Score 1 if physical care of child such as lack of age-appropriate feeding, clothing, shelter, hygiene and medical care threatens the child's well being or results in harm to the child. Examples include: • repeated failure to obtain standard immunizations • failure to obtain medical care for severe or chronic illness • repeated failure to provide child with clothing appropriate to the weather • persistent rodent or insect infestations • inadequate or inoperative plumbing or heating, (in communities where these utilities are available) or excessive mould • poisonous substance or dangerous objects lying within reach of small child • child wearing unchanged clothes for extended periods of time • child not bathed on a regular basis resulting in dirt caked on skin and hair and strong odour.
R9. Primary Parent/Caregiver's Progress with Case Plan	Score this item based on whether the primary parent/caregiver has demonstrated or is beginning to demonstrate skills learned from participation in services. a) Score 0 if all desired services were unavailable during the last assessment period. b) Score 0 if primary parent/caregiver successfully completed all services recommended, or is actively participating in services, or is pursuing objectives detailed in case plan. Observation demonstrates parent/caregiver's application of learned skills in interaction between child and caregiver, caregiver to caregiver, caregiver to other significant adult, self-care, home maintenance, financial management, or demonstration of skills toward reaching the behavioural objectives agreed upon in the case plan.

R10. Primary Parent/Caregiver's Progress with Case Plan (continued)	c) Score 1 if there was minimal participation in pursuing objectives in the case plan. The parent/caregiver is minimally participating in services, has made progress but is not fully complying with the objectives in the case plan. d) Score 2 if primary parent/caregiver has participated in services but is not meeting case plan objectives, refused involvement in services, or failed to comply/participate as required. The parent/caregiver refuses services, sporadically follows the case plan, or has not demonstrated the necessary skills due to a failure or inability to participate.
R11. Secondary Caregiver's Progress with Case Plan	Rate this item based on whether the secondary caregiver has demonstrated or is demonstrating skills learned from participation in services: a) Score 0 if not applicable. All desired services were unavailable during the last assessment period. b) Score 0 if not applicable. Only one caregiver in the home. There is no secondary caregiver in the home. c) Score 0 if caregiver successfully completed all services recommended, or is actively participating in services; or is pursuing objectives detailed in case plans. Observation demonstrates caregiver's application of learned skills in interaction(s) between child/caregiver, caregiver to caregiver, caregiver to other significant adult, self-care, home maintenance, financial management, or demonstration of skills toward reaching the behavioural objectives agreed upon in the case plan. d) Score 1 if there was minimal participation in pursuing objectives in case plan. The caregiver is minimally participating in services, has made progress but is not fully complying with the objectives in the case plan. e) Score 2 if caregiver has participated in services but is not meeting case plan objectives, refused involvement in services, or failed to comply/participate as required. The caregiver refuses services, sporadically follows the case plan, or has not demonstrated the necessary skills due to a failure or inability to participate.

ONTARIO FAMILY RISK REASSESSMENT

(All Children Remain in Care of Parent/caregiver)

Agency _____

Family Name: _____ Date: ____ /_____/_____

Primary Parent/Caregiver: _____ Secondary Parent/Caregiver:_____

Child:_____ D.O.B. _____

Child:_____ D.O.B. _____

Child:_____ D.O.B. _____

Child_____ D.O.B. _____

Worker Name: _____

				Score
R1.	**Total Number of Previous Neglect or Abuse Child Protection Investigations on Parent/Caregiver**			
	a.	_____None	0	
	b.	_____One	1	
	c.	_____Two or more	2	
R2.	**Family has Previously Received Ongoing Child Protection Services (voluntary/ court-ordered)**			
	a.	_____No	0	
	b.	_____Yes	1	
R3.	**Primary Parent/Caregiver has a History of Abuse or Neglect as a Child**			
	a.	_____No	0	
	b.	_____Yes	1	
R4.	**Child Characteristics** (check applicable items and add for score, maximum score 2)			
	a.	_____One or more children in family home is developmentally or physically disabled	1	
	b.	_____One or more children in family home is medically fragile or diagnosed with failure to thrive	1	
	c.	_____No child in the family exhibits any of the above characteristics	0	
The following case observations pertain to the period since the last assessment/ reassessment.				
R5.	**New Investigation of Child Protection concerns since the Initial Risk Assessment or Last Reassessment**			
	a.	_____No	0	
	b.	_____Yes	2	
R6.	**Parent/Caregiver has not addressed Alcohol, Substance or Drug Abuse Problem Since Last Assessment/ Reassessment** (check one)			
	a.	_____No history of alcohol, substance or drug abuse problem	0	
	b.	_____No current alcohol, drug or substance abuse problem that requires intervention	0	
	c.	_____Yes, alcohol, drug or substance abuse problem and the problem is being addressed	0	
	d.	_____Yes, alcohol, drug or substance abuse problem and the problem is not being addressed	1	
R7.	**Partner/ Adult Relationships**			
	a.	_____None applicable	0	
	b.	_____Yes, partner/adult relationships harmful to family functioning or care child receives	1	
	c.	_____Yes, partner/adult conflict is present	2	
R8.	**Primary Parent/Caregiver Provides Physical Care Inconsistent with Child Needs**			
	a.	_____No problems	0	
	b.	_____Yes, problems	1	
R9.	**Primary Parent/Caregiver's Progress with Case Plan** (check one)			
	a.	_____Not applicable	0	
	b.	_____Successfully completed all services recommended or actively participating in services; pursuing objectives detailed in case plan	0	
	c.	_____Minimal participation in pursuing objectives in case plan	1	
	d.	_____Has participated but is not meeting objectives; refuses involvement in services or failed to comply/ participate as required	2	

R10.	Secondary Caregiver's Progress with Case Plan (check one)			
	a.	_____No Secondary caregiver. Only one caregiver in home	0	
	b.	_____Not applicable; all services unavailable	0	
	c.	_____Successfully completed all services recommended or actively participating in services; pursuing objectives detailed in case plan	0	
	d.	_____Minimal participation in pursuing objectives in case plan	1	
	e.	_____Has participated but is not meeting objectives; refuses involvement in services or failed to comply/ participate as required	2	
		TOTAL SCORE		

SCORED RISK LEVEL. Assign the family's risk level based on the following chart:

Score	Risk Level
0 to 2	Low
3 to 5	Moderate
6 to 8	High
9 to 16	Very High

OVERRIDING CONDITIONS Circle yes if a condition shown below is applicable in this case.
If any condition is applicable, override final risk level to **very high**.

Yes No 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim
Yes No 2. Non-accidental injury to a child under age two
Yes No 3. Severe non-accidental injury
Yes No 4. Parent/caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current)

DISCRETIONARY CONSIDERATION. If a discretionary consideration is determined, circle yes, circle discretionary risk level, and indicate reason. Risk level may be changed to one level higher or lower than Scored Risk Level.

Yes No 5. If yes, override risk level (circle one): Low Moderate High **Very High**

Discretionary override reason:

_____

_____

_____

_____

_____

Supervisor's Review/ Approval of Discretionary Override:

_____Date: _____/_____/_____
Day / Month / Year

FINAL RISK LEVEL (circle final level assigned): Low Moderate High **Very High**

ONTARIO REUNIFICATION ASSESSMENT TOOLS

Purpose	The purpose of the Reunification Assessment is to structure critical case management decisions for children who, although currently in placements, have a goal of reunification. This is accomplished by: • assisting child protection workers to monitor critical case factors that affect goal achievement • helping child protection workers to organize and structure the information gathered during case activity in preparation for the case review process • expediting permanency for children in out-of-home placements The Reunification Assessment process considers: • the Risk Level within the family to whom the child is to be returned • the quality and frequency of Access that has occurred during the placement period • the Safety of the environment to which the child is being returned • the need for continued Reunification efforts, Concurrent Planning and Permanency Each phase of the Reunification Assessment process is dependent on the findings of the previous phase and is supported by a tool. Following the principles of family-centered practice, the child protection worker is encouraged to share with the family, the case plan and the criteria that will be used to evaluate progress, and to assist the family to understand the relationship between each of the phases of the reunification considerations. In the first phase, the child protection worker assesses the family's reunification risk level based on the most recently determined risk level identified in an Ontario Family Risk Assessment (not a reassessment). If the reunification risk level is low to moderate, the child protection worker then proceeds to the second phase, which is the evaluation of the quality and frequency of access between the child and parent/caregivers with whom reunification is being considered. Where access is assessed to be appropriate, the child protection worker then proceeds to the third phase, which is to assess the safety of the home environment. The result of each of these phases is then analyzed prior to a final consideration regarding the child's return or consideration of the fourth phase which is permanency planning. When any of the phases result in an unfavourable assessment, the worker proceeds directly to the permanency planning phase. To gather all of the information required to assess the risk level, quality and frequency of access, and the safety of the family environment and permanency plans, the child protection worker gathers input from the family and considers their progress. The child protection worker also seeks input from the staff or team providing services to the child, collaterals, Band representatives or First Nation Agencies if the child is Aboriginal and other supports who have participated in the case plan. This information is used to determine the appropriate responses to the questions in the reunification assessment process. The outcome of each reunification tool is then considered along with cultural and contextual information and clinical analysis.

Purpose (continued)	The Reunification Assessment guides the child protection worker's decision-making regarding: • returning a child to the family from whom he/she was removed • maintaining out-of-home placement • terminating a goal of reunification and implementing a permanent plan. The tools used in the Ontario Reunification Assessment are: • the Reunification Risk Assessment • the Ontario Family and Child Strength and Needs Assessment (described in earlier section of the Manual, beginning on Page 37) • the Access Evaluation • the Reunification Safety Assessment • the Placement/Permanency Planning Guide.
Application	A Reunification Assessment is completed: • when there is consideration of a child's return to the **family from whom he/she was removed** • at the time of each 6 month case review where at least one child is placed outside the family home • when a case with at least one child in an alternate care placement is being transferred to a new worker, and the previous assessment is more than 3 months old or is no longer relevant. A Reunification Assessment is not completed: • when closing a file after a permanent plan has been achieved for a child in out of home care and no other child is being cared for in the home. Note: When a child is being returned to parents/caregivers on short notice or following a very short out-of-home placement, the child protection worker may not have an opportunity to complete a full reunification assessment. In these circumstances, the child protection worker implements, at a minimum, the Reunification Safety Assessment.
Responsibility	Child protection worker

Reunification Tools Form Completion **A. Reunification Risk Assessment**	
R1. Risk Level on Most Recent Family Risk Assessment (not Reunification Risk Level or Reassessment Risk Level)	The baseline for all reunification reassessments is the risk level. This is the research-based component of the decision-making model. The appropriate risk level to be used in this factor is either: • the final risk level from the initial referral, investigation and risk assessment or, • the final risk level from the most recent subsequent referral, investigation and risk assessment (whether verified, not verified or inconclusive). The most recent Ontario Family Risk Assessment result is recorded for this factor (Do not use a risk reassessment score).
R2. New Verification of Child Protection Concerns since the Initial Risk Assessment or Last Reunification Reassessment	Consider only the period of time between the original assessment and the current reassessment (if this is the first reunification reassessment) or the period of time between the most recent reunification reassessment and the current reassessment. If there has been a new verification of child protection concerns in this period, indicate “yes” and score 2 points. If there has been no new verification, indicate “no” and score 0.
R3. Progress toward Case Plan Goals	Determine progress towards case plan goals in consultation with the family, children’s service team, Band representative or First Nation Agency if the child is Aboriginal and all service providers who have been working with the family members. Consider only the period of time between the original risk assessment and the current reassessment (if this is the first reunification reassessment) or the time period between the most recent reunification reassessment and the current one.
Reunification Risk Level	Add the score assigned on each of the above factors to arrive at the Total Score. Check the risk level that corresponds to the Total Score.

Reunification Tools Form Completion **A. Reunification Assessment (continued)**	
Reunification Assessment: Overriding Conditions	Overriding Conditions represent conditions that, if in existence, are considered without exception to be indicative of increased risk to the child. In the Reunification Risk assessment, consider only the period of time between the original risk assessment (if this is the first reunification assessment), or the most recent reunification reassessment, and the current reassessment. Indicate if an Overriding Condition exists. The presence of one or more overriding conditions increases risk to very high.
Reunification Assessment: Discretionary Considerations	Discretionary considerations are used by the child protection worker whenever he/she believes that the risk score does not accurately reflect the family's actual risk level. The Reunification Risk Reassessment allows the worker to use discretion to **increase or decrease the risk level by one step**. The rationale for allowing a change in either direction is that after 6 months of working with the family, the child protection worker has acquired significant knowledge of the family and is in a position to clinically assess the impact of the factors weighted in the Reunification Risk Reassessment. Reasons for a Discretionary Consideration are specified in #5 of the form. Following review of Overriding Conditions and Discretionary Considerations, the Final Reunification Risk Level is indicated.

Reunification Tools Form Completion **B. Access Evaluation**	
The Access Evaluation is completed only when the Reunification Risk Assessment results in a risk level of Low or Moderate.	If access frequency and quality were identical for all children in the family, indicate that the matrix applies to all children. If access varied among the children, complete one matrix for each child.
Access Frequency	Determine access frequency by identifying the number of access visits that occurred and dividing that number by the number of access visits that were available to the family. Do not count visits that did not occur for reasons not attributable to the family (e.g. child's illness, lack of transportation for the child). Actual Visits/ Available Visits = Access Frequency
Access Quality	Determine access quality. Consider multiple sources of information including, but not limited to, access observation, parent/ caregiver/ guardian report, foster/ substitute caregiver report, and child report. On the Access Evaluation matrix, locate the row corresponding with the family's access frequency and the column corresponding with the family visitation quality. Mark the intersecting point. If the marked point falls within the shaded area, the family's access evaluation is considered to be **adequate**. If the marked point falls outside of the shaded area, the family's access evaluation is considered **inadequate**.
Access Evaluation: Overriding Conditions	Overriding Conditions represent conditions that, if in existence, are considered without exception to be indicative of increased risk to the child. Where access is fully supervised for safety reasons, reunification cannot be considered.
Access Evaluation: Discretionary Considerations	A child protection worker can determine that unusual case circumstances warrant changing an adequate evaluation to inadequate or changing an inadequate to adequate evaluation (e.g. quality of access was strong, frequency was less than adequate but absences were due to documented medical emergencies). Reasons for the change must be documented and supervisory approval is required.

Following review of Overriding Conditions and Discretionary Considerations, the Final Access Evaluation is indicated.

Reunification Tools Form Completion
C. Reunification Safety Assessment

Reunification Safety Assessment

The Reunification Safety Assessment is only completed when:

- reunification risk level is low or moderate **and**
- access is assessed as acceptable.

The Reunification Safety Assessment is based on the principles of the initial safety assessment. It assesses the threat of immediate harm to a child in a particular environment. However, when reunification is considered, the tool guides the child protection worker to assess for the presence of eight protective factors. The Reunification Safety Assessment consists of three sections:

i) Protective Factor Identification
ii) Safety Interventions
iii) Safety Decision

C. Reunification Safety Assessment
(i) Protective Factor Identification.

Based on all information known (including a home visit at the time of the Reunification Assessment) about the family to whom the child is being returned, indicate whether each protective factor exists through "yes" or "no". Item #9 allows the child protection worker to indicate that there is a unique condition in the home that would cause threat of immediate harm if the child was returned. In each section, all children in the family are considered and the responses documented relate to the **safety of the most vulnerable child** in each domain.

1. Parent/Caregiver protects child from serious physical abuse, sexual abuse, neglect, threatened harm or maltreatment.	Parent/Caregiver demonstrates protective response toward child; recognizes impact of abuse or maltreatment; has made verified progress in changing behaviour if this was an area of initial concern.
2. Parent/Caregiver allows access to child and there is no reason to believe that the family is about to flee.	Parent/Caregiver allows or agrees to allow access to the child and there is no reason to believe that the family will flee.
3. Parent/Caregiver is willing and able to meet the child's need for supervision, food, clothing and medical, dental or mental health care.	Parent/Caregiver is willing, has accessed or has made provisions to access the necessary resources to meet the child's basic needs (including supervision and health care) in a manner that is consistent with the child's developmental stage.

4. The parent/caregiver's current physical living conditions are not hazardous or threatening to the health and safety of the child.	The parent/caregiver's current physical living conditions or home to which the child will return is free of hazardous conditions that are threatening to the health and safety of the children. Minimum community standards are maintained within the home.
5. Parent/Caregiver's ability to supervise, protect and care for the child is free of impairment by alcohol, drug or substance use or mental health conditions.	Parent/Caregiver has the ability to supervise, protect and care for the child and is free of impairment by alcohol, drug or substance use or an untreated or unstable mental health condition.
6. The home is free of partner/adult conflict.	Adult relationships within the home are free of violence, intimidation, threats, and control.
7. Parent/Caregiver describes child in neutral or positive terms and acts toward child in positive or neutral ways.	Parent/caregiver relationship with child is characterized by positive, supportive interaction free of blaming, scapegoating, name-calling, demeaning or degrading actions.
8. The home is free of new family members who have a history of child maltreatment, sexual abuse, domestic violence or a violent record.	No new family members with history of child abuse or maltreatment, domestic violence, or general violence have joined the family constellation.
9. The home is free from any other condition that would place the child in immediate danger of serious harm.	The home and the family are free of any other condition not noted above, that places the child in immediate danger of serious harm. If such a condition exists, score "no" and describe the safety factor in the space provided.

Reunification Tools Form Completion
C. Reunification Safety Assessment
(ii) Safety Interventions

If the response to questions 1 to 8 are all affirmative ("yes"), indicating that all protective factors are in place, **and** there is no unusual condition posing an immediate safety threat, there is no need for a Safety Intervention or a Safety Plan. The worker proceeds to the Reunification Safety Decision.

If one or more protective factors are absent, or there is an unusual condition that poses a threat of immediate danger, as indicated by a "no" response, it is necessary to consider whether there are safety interventions available and able to mitigate the threat of immediate harm if the child returned to the home.

As in the initial Ontario Safety Assessment, the Safety Intervention list consists of general categories of interventions rather than specific programs. The child protection worker considers each potential category of interventions and determines whether that intervention is available and sufficient to mitigate the danger of immediate harm and whether the caregiver will follow through with the planned intervention.

The child protection worker may determine that a combination of safety interventions is appropriate and that with an intervention or interventions, the child would be safe. The worker may determine that even with intervention, the child would be unsafe. The interventions provide a Safety Plan that is short-term and allows work to continue on the case plan.

If one or more protective factors are absent or an unusual condition exists and available safety interventions are insufficient to ensure the child's safety, the final option is to indicate that the child will remain in care or in an alternate placement.

Safety Intervention Descriptors	
1. Direct service intervention by child protection worker	Actions taken or planned by the child protection worker to specifically address one or more safety factors are direct service interventions. Examples may include provision of information about child development or alternate disciplinary techniques; assistance to attain restraining orders; provision of emergency material aid; planned return visits to the home to check on progress; or education regarding child protection laws and community standards. The investigation itself does not constitute a direct service intervention.
2. Use of extended family, neighbours, community, Elders, or other individuals in the community as safety resources	Families often have support systems that can be mobilized to mitigate safety concerns. Exploration of the family's strengths during the Reunification Safety Assessment leads to identification of the family's resources which may be used to address safety threats or lack of protective factors. Interventions include involving extended family members, neighbours or other individuals to address immediate risks to child. Examples include a family's agreement to use non-violent means of discipline, engaging a grandparent to assist with childcare, engagement of a community Elder or a neighbour's agreement to act as a safety net for an older child, or to provide supervision.
3. Use of community agencies, Band Representatives or services as safety resources	Community, First Nation Band or Faith-based organizations become involved in activities to mitigate safety factors. Examples include use of a local food bank, friendly visiting program, Elder visit, or community service. Long term therapy, treatment and waitlists are not considered safety interventions.
4. Parent/caregiver to appropriately protect child from the alleged perpetrator	A non-offending parent/caregiver acknowledges the safety issues and is willing and able to protect child from the alleged perpetrator, and/or agrees to take action to ensure the child's safety. Examples include an agreement that child will not be left in the care of the alleged perpetrator, or non-offending parent/caregiver agrees to assume all parenting responsibility to safeguard child.
5. Alleged perpetrator to leave the home, either voluntarily or in response to legal intervention	Alleged perpetrator agrees to leave the home, is forced to leave the home by the non-offending parent/caregiver, or is removed from the home due to legal restraints (i.e. criminal charges, Band Council Resolution, restraining order).

Reunification Tools Form Completion **C. Reunification Safety Assessment** **(ii) Safety Interventions** **(continued)**	
6. Non-offending parent/caregiver has moved to a safe environment with the child	A non-offending parent/caregiver moves with the child to a safe environment (e.g. shelter, Band safe house, hotel, home of friends or family) where there will be no access to the alleged perpetrator.
7. Legal action planned or initiated	A legal action has commenced or will be commenced that will effectively mitigate identified safety factors. Legal action may be family-initiated such as restraining orders, mental health committals or a change in custody/access. Alternatively, the legal action may be through an application under the *Child and Family Service Act*.
8. Other	The family or child protection worker has identified a unique intervention for an identified safety concern that does not fit in the categories above.
9. Use of kinship options or Customary Care	Arrangements made to have the child reside in the care of a member of the child's extended family or community in accordance with kinship options or Customary Care Agreement.
10. Child remains in substitute care because interventions 1-9 do not adequately assure child's safety	One or more children will remain in care of the Society pursuant to the *Child and Family Service Act*, or in an alternate placement because no other option is available that adequately assures the child's safety.

Reunification Tools Form Completion
C. Reunification Safety Assessment
(iii) Reunification Safety Decision

In this section of the Reunification Safety Assessment, the child protection worker records the result of the assessment. The rationale for the Reunification Safety Decision is documented in the narrative area of this section, including how the Safety Intervention Plan, if needed, is expected to mitigate safety concerns, how it will be monitored or if it is insufficient to address the concerns.

Reunification Safety Definitions	
Safe	If, after consideration of the safety threats and protective factors, no concerns have been identified, the child protection worker may decide that there is no likelihood of imminent harm or danger to a child in the home. The conditions are considered safe.
Safe with Intervention	If one or more safety threats have been identified and adequate protective interventions have been put in place to reduce the risks to the child, leading the child protection worker to believe that the conditions have been addressed on a temporary basis, the child protection worker may decide that the child is safe with intervention. The Safety Intervention plan is identified.
Unsafe	Where the child protection worker has determined that one or more safety threats are present and there are no safety interventions available to sufficiently mitigate the risks to the child, the worker must consider the child unsafe.

Reunification Tools Form Completion

D. Placement/Permanency Planning Guide

After the child protection worker has completed the Reunification Risk Assessment, Access Evaluation and/or Reunification Safety Assessment, the Placement/Permanency Planning Guide assists the worker to track case direction as it leads to one of three termination points:

- child's return to caregivers
- continued reunification focus
- implementation of a permanent plan.

The primary considerations are the length of time that the child has been in care and the age of the child.

According to the *Child and Family Services Act*, a permanent plan must be developed for any child who is under the age of 6 years and who has been in substitute care for a cumulative period of 12 months within a 5-year period. Any child over the age of 6 years must have a permanent plan if in care for a period of 24 cumulative months. In following the Placement/Permanency Planning Guide, the worker considers the factors and assessments available and the worker follows the appropriate branch to the next decision point.

Substantial Probability of Reunification refers to the worker's assessment of the caregiver's potential success at meeting the goals of the service plan and to address the areas that contribute to risk. It also considers the potential success of access. When the child protection worker's assessment indicates that the probability of reunification exists within the *Child and Family Services Act* timeframe appropriate for the child's age, decision-making continues towards the appropriate end.

Intensify Concurrent Planning signals a need to identify and assess permanency planning options, while continuing to consider a goal of Family Reunification. This ensures that planning for either Return to Caregivers or Placement happens at the same time and that a permanent plan is attained for the child in a timely manner.

E. The Permanency Plan

The Permanency Plan documents the case direction for each child.

ONTARIO REUNIFICATION REASSESSMENT

Agency_____

Family Name: _____ Date completed:____/_____/____

Child's Name: _____ Date of Birth: ___/____/_____ Case #:_____

Parent/Caregiver being assessed: _____

Relationship to child: _____

A. REUNIFICATION RISK REASSESSMENT

R1.	Risk Level on Most Recent Family Risk Assessment (not Reunification Risk Level or Risk Reassessment Level)			Score
	a.	Low	0	
	b.	Moderate	3	
	c.	High	4	
	d.	Very High	5	
R2.	Has there been a New Verification of Child Protection Concerns since the Initial Risk Assessment or Last Reunification Reassessment?			
	a.	No	0	
	b.	Yes	2	
R3.	Progress Toward Case Plan Goals			
	a.	Successfully met all case plan objectives and routinely demonstrates desired behaviour	-2	
	b.	Actively participating in programs; routinely pursuing objectives detailed in case plan; frequently demonstrates desired behaviour	-1	
	c.	Partial participation in pursuing objectives in case plan; occasionally demonstrates desired behaviour	0	
	d.	Refuses involvement in programs and/or has exhibited a minimal level of participation with case plan, and/or rarely or never demonstrates desired behaviour	4	
		Total Score		

REUNIFICATION RISK LEVEL.

Assign the risk level based on the following chart:

Score	Risk Level
-2 to 1	_____ Low
2 to 3	_____ Moderate
4 to 5	_____ High
6 and above	_____ Very High

OVERRIDING CONDITIONS (During Current Period)

Override to **Very High**. Check appropriate reason.

Yes No 1. Prior sexual abuse; offender has access to child and has not successfully completed treatment.

Yes No 2. Cases with non-accidental injury to an infant and parent has not successfully completed treatment.

Yes No 3. Serious non-accidental physical injury requiring hospital or medical treatment and parent has not successfully completed treatment.

Yes No 4. Death of a sibling as a result of neglect in the family.

DISCRETIONARY CONSIDERATIONS:

Reunification risk level may be adjusted up or down one level

Yes No 5. Reason:
_____
_____
_____
_____

FINAL REUNIFICATION RISK LEVEL:

_____ Low _____ Moderate _____ High _____ Very High

Supervisor's Review/ Approval of Discretionary Consideration:

_____ Date: _____/_____/_____

To be completed for each home to which a child may be returned (e.g. father's home, mother's home).

B. ACCESS EVALUATION (see definitions below.)

If Access frequency and quality are identical for all children in the family, indicate here ___ and list children below.

Child _____

_____

_____

_____

_____

If Access frequency and quality varied among the children, complete a separate matrix for each child.

Access Compliance with Access Plan	Quality of Face-to-Face Visit			
	Strong	Adequate	Limited	Destructive
Totally				
Routinely				
Sporadically				
Rarely or Never				

Shaded cells indicate acceptable visitation.

Overrides:

_____Overriding Condition: Access is supervised for safety

_____Discretionary Consideration (reason): _____

Final Access Evaluation

_____

_____

_____

Descriptors

Access Frequency - Compliance with Case Plan

(Visits that are appreciably shortened by late arrival/ early departure are considered missed.)

Totally: Parent regularly attends visits or calls in advance to reschedule (90-100% compliance)
Routinely: Parent may miss visits occasionally and rarely requests to reschedule visits (65-89% compliance)
Sporadically: Parent misses or reschedules many scheduled visits (26-64% compliance)
Rarely or Never: Parent does not visit or visits 25% or fewer of the allowed visits (0-25% compliance).

Quality of Face-to-Face Visit (Quality of access assessment is based on social worker's direct observation whenever possible, supplemented by observation of child, reports of foster parents, etc.)

Strong Consistently:
- X demonstrates parental role
- X demonstrates knowledge of child's development
- X responds appropriately to child's verbal/non-verbal signals
- X puts child's needs ahead of his/her own
- X shows empathy toward child

Adequate — Occasionally:
- X demonstrates parental role
- X demonstrates knowledge of child's development
- X responds appropriately to child's verbal/non-verbal signals
- X puts child's needs ahead of his/her own
- X shows empathy toward child

Limited — Rarely:
- X demonstrates parental role
- X demonstrates knowledge of child's development
- X responds appropriately to child's verbal/non-verbal signals
- X puts child's needs ahead of his/her own
- X shows empathy toward child

Destructive — Never:
- X demonstrates parental role
- X demonstrates knowledge of child's development
- X responds appropriately to child's verbal/non-verbal signals
- X puts child's needs ahead of his/her own
- X shows empathy toward child

Analysis of access between caregivers and child. Describe interaction, patterns, changes and any concerns.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

C. ONTARIO REUNIFICATION SAFETY ASSESSMENT

Agency_____

Family Name: _____ **Cross Reference**_____

Address:_____

Names of Caregivers Assessed and Relationship to Child

1. _____ **2.**_____

3._____ **4.**_____

Name and Date of Birth of Child to be Reunited with Parent/Caregivers (Day/Month/Year)

1. _____ DOB ____/_____/_____
2. _____ DOB ____/_____/_____
3. _____ DOB ____/_____/_____
4. _____ DOB ____/_____/_____
5. _____ DOB ____/_____/_____
6. _____ DOB ____/_____/_____

* **Reunification Safety Assessment is to be completed in conjunction with Reunification Reassessment and Access Evaluation only if reunification risk is low or moderate, and visitation is acceptable.**

SECTION 1: PROTECTIVE FACTOR IDENTIFICATION

(Assessment must include a home visit.)

This assessment covers the entire period of time since the last assessment was completed. It rates the current situation in the family home.

Review each of the eight protective factors. These factors are protective behaviours or conditions that minimize the likelihood of a child being in immediate danger of serious harm. Circle all that apply to any child in the family home, and to any child who is being considered for return to the family home.

Yes No 1 Parent/ Caregiver protects child from serious physical abuse, sexual abuse, neglect, or threatened harm.

Yes No 2 Parent/ Caregiver allows access to child and there is no reason to believe that the family is about to flee.

Yes No 3 Parent/ Caregiver is willing and able to meet the child's needs for supervision, food, clothing, and medical, dental or mental health care.

Yes No 4 Parent/ Caregiver's current physical living conditions are not hazardous or threatening to the health and safety of the child.

Yes No 5 Parent/ Caregiver's ability to supervise, protect, and care for the child is free of impairment by alcohol, drug or substance use or mental health conditions.

Yes No 6 The home is free of partner/adult conflict.

Yes No 7 Parent/ Caregiver describes child in neutral or positive terms and acts toward child in positive or neutral ways.

Yes No 8 The home is free of new family home members who have a history of child maltreatment, sexual abuse, domestic violence or a violent record.

Yes No 9 The home is free from any other condition that would place the child in immediate danger of serious harm.

_____

SECTION 2: SAFETY INTERVENTIONS

If all eight protective factors are present **and** "Yes" is circled in item nine, skip to Section 3. If one or more protective factors are absent or "No" is circled on item nine, consider whether safety interventions 1-8 will allow the child to return to the home. Check the item number for all protective interventions that will be implemented. If there are no available protective interventions that would allow the child to return to the home, indicate by checking item nine or ten.

Check all that apply:

_____ 1. Direct Service intervention by child protection worker

_____ 2. Use of extended family, neighbours, community, Elders or other individuals in the community as safety resources

_____ 3. Use of community agencies, Band Representatives or services as safety resources

_____ 4. Parent/ caregiver to appropriately protect the child from the alleged perpetrator.

_____ 5. Alleged perpetrator to leave the home, either voluntarily or in response to legal intervention.

_____ 6. The non-offending parent/caregiver has moved to a safe environment with the child.

_____ 7. Legal action planned or initiated(specify): _____

_____ 8. Other (specify):_____

_____ 9. Use of kinship options or Customary care.

_____ 10. Child remains in substitute care because interventions 1-9 do not adequately assure child's safety.

Safety Intervention Plan

Provide a brief description of Safety Intervention, detailing relationship of support persons to child including names, contact information, frequency and duration of supports, and how the Safety Intervention Plan will be monitored.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SECTION 3: REUNIFICATION SAFETY DECISION

Identify the reunification decision by checking the appropriate line below. The decision should be based on the assessment of all protective factors, safety threats, protective interventions, and any other information known about the case. Check one line only.

_____ 1. **Safe**: All protective factors are present at this time, and no safety threat was identified. Based on currently available information, there are no children likely to be in immediate danger of serious harm. Child will be returned home.

_____ 2. **Safe with Intervention**: One or more protective factors are absent or a safety threat was identified, and protecting interventions have been planned or taken. One or more children will be returned home.

The following child (Name and Date of Birth) will be returned home:

1. _____ DOB ____/_____/_____
2. _____ DOB ____/_____/_____
3. _____ DOB ____/_____/_____
4. _____ DOB ____/_____/_____
5. _____ DOB ____/_____/_____
6. _____ DOB ____/_____/_____

_____ 3. **Unsafe**: One or more protective factors are absent or a safety threat was identified, and placement is the only protecting intervention possible for the child. Without remaining in placement, child will likely be in danger of immediate or serious harm.

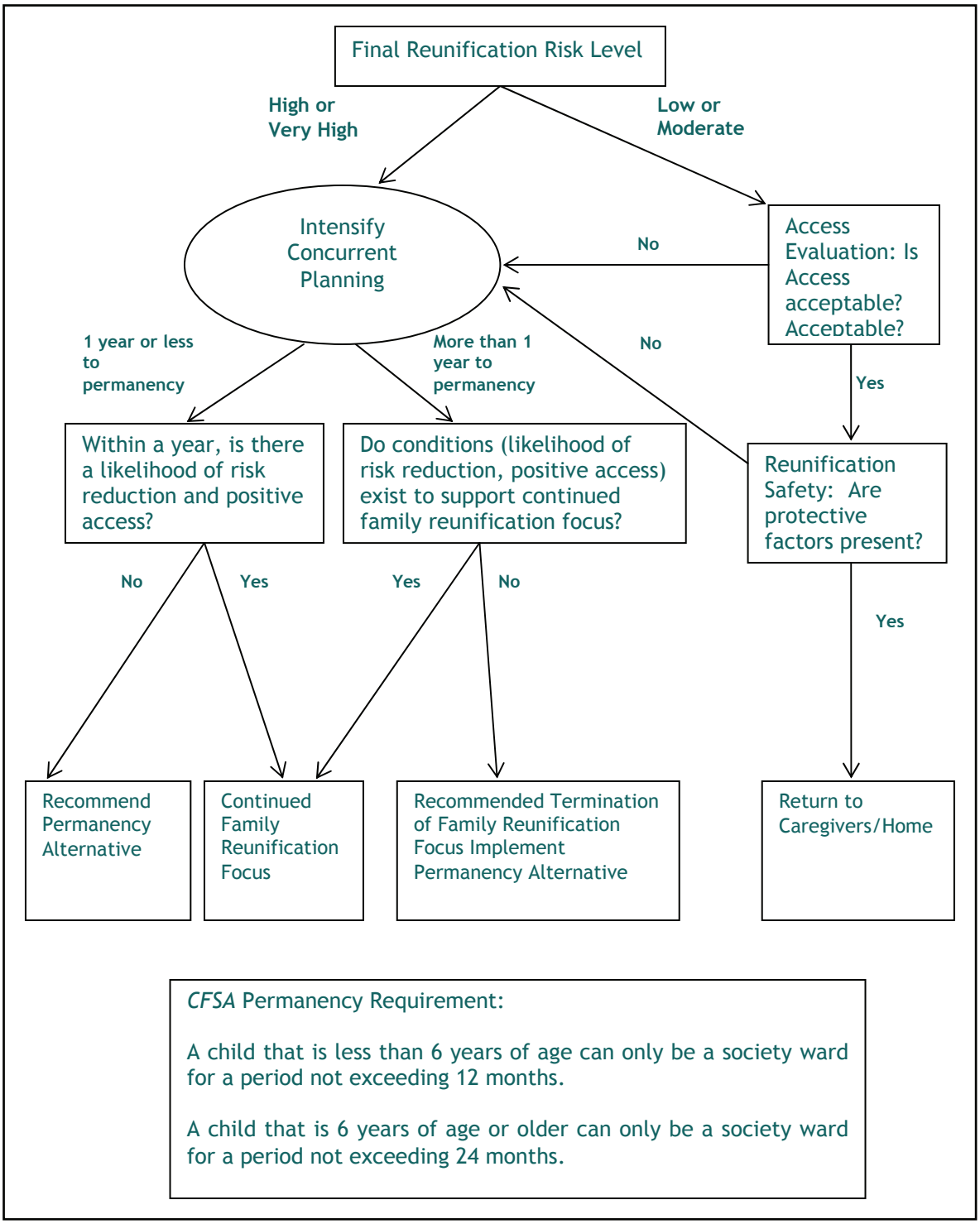
NARRATIVE

Provide rationale for the Safety Decision including how the intervention plan, if needed, is expected to mitigate safety concerns or is insufficient to address concerns.

Worker_____ **Date Completed** _____

D. PLACEMENT/PERMANENCY PLANNING GUIDE

Complete for each child receiving family reunification services and enter results in Section E.



CFSA Permanency Requirement:

A child that is less than 6 years of age can only be a society ward for a period not exceeding 12 months.

A child that is 6 years of age or older can only be a society ward for a period not exceeding 24 months.

E. Permanency Plan for:

Child: _____ D.O.B._____/_____/_____
Day / Month / Year

Rationale:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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_____

ONTARIO SUPPLEMENTARY SCREENING TOOLS

Ontario Supplementary Screening Tools

The Ontario Supplementary Screening Tools contain four screening instruments, approved by the Ministry of Children and Youth Services, that are well researched and effective tools designed to assist Ontario child protection workers in their accurate identification of parents/caregivers and children in the community who may be experiencing difficulty in a particular life area. The screening tools are included as supplements to probe areas where a family member may have indicated some measure of difficulty on an Ontario Child Protection Required Tool, or a child protection worker suspects a level of difficulty is being experienced. The purpose of the tools is to determine the need for further assessment.

The supplementary screening instruments are administered as needed in a child protection case. They are not meant to be diagnostic but rather to provide a brief means of recognizing individuals who may be in need of more specialized assessment. A fifth instrument has been included as an information-gathering clinical guide used to explore resources available to families, which may be used when appropriate.

The challenge of a screening instrument is to distinguish between people who may be experiencing a special challenge and those who are not. Effective screening tests will correctly identify the majority of individuals who have a particular challenge; however, they may miss a small proportion of the population that do have the problem, and they may suggest that some people have a problem when they actually do not. For this reason, it is important that any of the screening tools be used as a first step in an assessment *process,* and that further evaluation of each individual is undertaken before a conclusion is drawn.

Each of the Ontario Supplementary Screening Tools has been selected and approved following an evaluation of available research that has considered the purpose, reliability, validity and accuracy of the instrument in its ability to detect one of the areas below. The Ontario Supplementary Screening Tools have also been evaluated regarding usage in child welfare or related fields, language availability and cross cultural sensitivity.

Areas identified for screening supports for child protection workers are:

1. **Child Emotional Wellbeing**
2. **Adult Alcohol Use**
3. **Adult Drug/Substance Use**
4. **Adult Emotional Wellbeing**

A fifth instrument, the **Family Support Scale** has been included as an information-gathering clinical guide used to explore resources available to families.

Use of screening or information-gathering tools involves engagement of the parent/caregiver or respondent. When considering implementation of a supplementary tool, the child protection worker must be cognizant of the impact that child protection involvement can have on a parent/caregiver and how that environment can influence responses. The child protection worker also considers the family's cultural context and how the use of a screening tool may be perceived. The outcome of the screening tools and their validity may be compromised if a co-operative and positive worker-client relationship has not yet been established. Each of the screening tools is based on self-report, which requires an understanding of the purpose of the exercise and the use of the results. For the information-gathering instrument, the family's participation is important to its success. Child protection workers are

encouraged to have full discussions with the participant prior to introduction of the process and following the application.

A further consideration in the use of screening instruments is the choice of using a written questionnaire or an interview format. While the written questionnaire is less time consuming for the child protection worker, it is less personal and may lose an opportunity to build a positive working relationship with the respondent. A written questionnaire is also reliant on the respondent's ability to complete the required tasks. Literacy, ability and language skills are primary considerations. Using an interview format provides opportunity for clarification of terminology if not understood, and opens the door for exploration of issues in greater detail following completion of the instrument.

The following section of the manual provides a description of each of the Ontario Supplementary Screening Tools, including important considerations, usage, scoring and interpretation.

Child Emotional Well-being Screen
Strength and Difficulties Questionnaire

Purpose	The Strength and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire designed to examine five areas of child/youth functioning: emotional symptoms, conduct problems, hyperactivity, peer relationship problems and prosocial behaviours. To explore these areas of a child's emotional wellbeing, the SDQ poses questions that probe 25 child/youth attributes. It is not an effective screen for adolescent suicidal behaviour and should not be used for that purpose. For Ontario child protection workers, the SDQ is used to assist in the identification of a child who may be experiencing emotional difficulties due to exposure to maltreatment, exposure to domestic violence or other life circumstances suspected to have a detrimental effect on child wellbeing. When using the SDQ, it is important that the family is engaged and consenting, and that the purpose of the tool is shared with the family members and others who are providing the information. The outcome of the instrument is also shared with the family and, where there is consent, it is shared with a recipient service provider to support the referral process and/or development of a service plan.
Application	The SDQ is a supplement to the Family and Child Needs and Strengths Assessment for a child who remains in the care of his/her parents/caregivers. The SDQ may be used to further explore the child's emotional wellbeing and need for further assessment when the child protection worker providing service to the child suspects a level of need in one or more of the following domains of the Child Strength and Needs evaluation: • Emotional/behavioural • Substance Use • Peer/adult Social Relationships • Unlawful Behaviour When the child is self-harming or clearly demonstrating a need for further assessment of his/her emotional wellbeing, the child protection worker proceeds directly to pursuing the appropriate referrals for assessment and treatment services through the local hospital, children's mental health or other appropriate community agency. The SDQ may be conducted at any time during child protection involvement with a child and his/her family. It may be repeated in intervals of 6 months or more where concerns remain about a child's emotional wellbeing, or to determine service effectiveness and improved functioning.
Responsibility	• Child protection worker involved with the child and family • Other child protection agency staff with a working relationship with the child

Form Completion	The Ontario Supplementary Screening Tools includes four versions of the SDQ. Each one asks about the same 25 child attributes. The Informant versions of the SDQ are: • Parent/caregiver or teacher of a child 3 to 4 years old • Parent/caregiver or teacher of a child 4 to 10 years old • Parent/caregiver or teacher of a child 11 to 16 years old A self-report version is included for a Child/youth 11 to 16 years old. The SDQ may be provided directly to the respondents for completion. Use within a focused interview in which the administering worker employs good social work practice and engagement is more likely to ensure the screening process is complete and that the purpose of the questionnaire is understood by the client. Having different informants (e.g. parent/teacher and adolescent) complete versions of the questionnaire also allows the worker and family to compare and contrast various perceptions of the child's wellbeing and the impact of the child's stress.
Scoring	The elements of the SDQ are research-based and weighted to accurately screen for children's emotional difficulty. The values assigned to each response cannot be changed and the scoring formula is prescribed. The scoring instructions have been taken directly from the Strength and Difficulties Information website: http://www.sdqinfo.com/.

Strengths and Difficulties Questionnaire

Parent/Caregiver or Teacher of Child 3-4

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help is if you answered as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's name _____
Date of birth _____

	Male/Female		
	Not True	**Somewhat True**	**Certainly True**
Considerate of other people's feelings	[ ]	[ ]	[ ]
Restless, overactive, cannot stay still for long	[ ]	[ ]	[ ]
Often complains of headaches, stomach-aches or sickness	[ ]	[ ]	[ ]
Shares readily with other children, for example toys, treats, pencils	[ ]	[ ]	[ ]
Often loses temper	[ ]	[ ]	[ ]
Rather solitary, prefers to play alone	[ ]	[ ]	[ ]
Generally well behaved, usually does what adults request	[ ]	[ ]	[ ]
Many worries or often seems worried	[ ]	[ ]	[ ]
Helpful if someone is hurt, upset or feeling ill	[ ]	[ ]	[ ]
Constantly fidgeting or squirming	[ ]	[ ]	[ ]
Has at least one good friend	[ ]	[ ]	[ ]
Often fights with other children or bullies them	[ ]	[ ]	[ ]
Often unhappy, depressed or tearful	[ ]	[ ]	[ ]
Generally liked by the other children	[ ]	[ ]	[ ]
Easily distracted, concentration wanders	[ ]	[ ]	[ ]
Nervous or clingy in new situations, easily loses confidence	[ ]	[ ]	[ ]
Kind to younger children	[ ]	[ ]	[ ]
Often lies or cheats	[ ]	[ ]	[ ]
Picked on or bullied by other children	[ ]	[ ]	[ ]
Often offers to help others (parents, teachers, other children)	[ ]	[ ]	[ ]
Thinks things out before acting	[ ]	[ ]	[ ]
Steals from home, school or elsewhere	[ ]	[ ]	[ ]
Gets along better with adults than with children	[ ]	[ ]	[ ]
Many fears, easily scared	[ ]	[ ]	[ ]
Good attention span, sees chores or homework through to the end	[ ]	[ ]	[ ]

Do you have any other comments or concerns?

Overall, do you think that your child/this child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?

No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

ess than a month	1-5 months	6-12 months	Over a year

- Do the difficulties upset or distress your child?

Not at all	A little	A medium amount	A great deal

- Do the difficulties interfere with your child's/this child's everyday life in the following areas?

	Not at all	A little	A medium amount	A great deal
Home Life (Parent only)				
Friendships				
Classroom Learning				
Leisure Activities (Parent only)				

- Do the difficulties put a burden on you or the family as a whole?

Not at all	A little	A medium amount	A great deal

Signature: _____ Date: _____

Mother/Father/Other (please specify:)

Thank you very much for your help

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Strengths and Difficulties Questionnaire

Parent/Caregiver or Teacher of Child 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help is if you answered as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's name .....
Date of birth .....

	Male/Female		
	Not True	**Somewhat True**	**Certainly True**
Considerate of other people's feelings	[ ]	[ ]	[ ]
Restless, overactive, cannot stay still for long	[ ]	[ ]	[ ]
Often complains of headaches, stomach-aches or sickness	[ ]	[ ]	[ ]
Shares readily with other children, for example toys, treats, pencils	[ ]	[ ]	[ ]
Often loses temper	[ ]	[ ]	[ ]
Rather solitary, prefers to play alone	[ ]	[ ]	[ ]
Generally well behaved, usually does what adults request	[ ]	[ ]	[ ]
Many worries or often seems worried	[ ]	[ ]	[ ]
Helpful if someone is hurt, upset or feeling ill	[ ]	[ ]	[ ]
Constantly fidgeting or squirming	[ ]	[ ]	[ ]
Has at least one good friend	[ ]	[ ]	[ ]
Often fights with other children or bullies them	[ ]	[ ]	[ ]
Often unhappy, depressed or tearful	[ ]	[ ]	[ ]
Generally liked by the other children	[ ]	[ ]	[ ]
Easily distracted, concentration wanders	[ ]	[ ]	[ ]
Nervous or clingy in new situations, easily loses confidence	[ ]	[ ]	[ ]
Kind to younger children	[ ]	[ ]	[ ]
Often lies or cheats	[ ]	[ ]	[ ]
Picked on or bullied by other children	[ ]	[ ]	[ ]
Often offers to help others (parents, teachers, other children)	[ ]	[ ]	[ ]
Can stop and thinks things out before acting	[ ]	[ ]	[ ]
Can be spiteful to others	[ ]	[ ]	[ ]
Gets along better with adults than with children	[ ]	[ ]	[ ]
Many fears, easily scared	[ ]	[ ]	[ ]
Good attention span, sees chores or homework through to the end	[ ]	[ ]	[ ]

Do you have any other comments or concerns?

Overall, do you think that your child/this child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?

No	Yes - minor difficulties	Yes - definite difficulties	Yes - severe difficulties

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year

- Do the difficulties upset or distress your child/this child?

Not at all	A little	A medium amount	A great deal

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not a all	A little	A medium amount	A great deal
Home Life (Parent only)				
Friendships				
Classroom Learning				
Leisure Activities (Parent only)				

- Do the difficulties put a burden on you or the family as a whole?

Not at all	A little	A medium amount	A great deal

Signature: _____ Date: _____

Mother/Father/Other (please specify:)

Thank you very much for your help

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Strengths and Difficulties Questionnaire

Parent/Caregiver or Teacher of Child 11-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help is if you answered as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's name _____
Date of birth _____

	Male/Female		
	Not True	**Somewhat True**	**Certainly True**
Considerate of other people's feelings	[ ]	[ ]	[ ]
Restless, overactive, cannot stay still for long	[ ]	[ ]	[ ]
Often complains of headaches, stomach-aches or sickness	[ ]	[ ]	[ ]
Shares readily with other youth, for example books, games, food	[ ]	[ ]	[ ]
Often loses temper	[ ]	[ ]	[ ]
Would rather be alone than with other youth	[ ]	[ ]	[ ]
Generally well behaved, usually does what adults request	[ ]	[ ]	[ ]
Many worries or often seems worried	[ ]	[ ]	[ ]
Helpful if someone is hurt, upset or feeling ill	[ ]	[ ]	[ ]
Constantly fidgeting or squirming	[ ]	[ ]	[ ]
Has at least one good friend	[ ]	[ ]	[ ]
Often fights with other youth or bullies them	[ ]	[ ]	[ ]
Often unhappy, depressed or tearful	[ ]	[ ]	[ ]
Generally liked by the other youth	[ ]	[ ]	[ ]
Easily distracted, concentration wanders	[ ]	[ ]	[ ]
Nervous or clingy in new situations, easily loses confidence	[ ]	[ ]	[ ]
Kind to younger children	[ ]	[ ]	[ ]
Often lies or cheats	[ ]	[ ]	[ ]
Picked on or bullied by other youth	[ ]	[ ]	[ ]
Often offers to help others (parents, teachers, other children)	[ ]	[ ]	[ ]
Thinks things out before acting	[ ]	[ ]	[ ]
Steals from home, school or elsewhere	[ ]	[ ]	[ ]
Gets along better with adults than with other youth	[ ]	[ ]	[ ]
Many fears, easily scared	[ ]	[ ]	[ ]
Good attention span, sees chores or homework through to the end	[ ]	[ ]	[ ]

Do you have any other comments or concerns?

Overall, do you think that your teen/this student has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?

No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year

- Do the difficulties upset or distress your teen/this student?

Not at all	A little	A medium amount	A great deal

- Do the difficulties interfere with your teen/this student's everyday life in the following areas?

	Not a all	A little	A medium amount	A great deal
Home life (Parent only)				
Leisure Activities (Parent only)				
Peer Relationship/Friendships				
Classroom Learning				

- Do the difficulties put a burden on you, the family or the class as a whole?

Not at all	A little	A medium amount	A great deal

Signature: _____ Date: _____

Thank you very much for your help

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Strengths and Difficulties Questionnaire
Self, age 11-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help is if you answered as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Your name _____
Date of birth _____

	Male/Female		
	Not True	**Somewhat True**	**Certainly True**
I try to be nice to other people. I care about their feelings	[ ]	[ ]	[ ]
I am restless, I cannot stay still for long	[ ]	[ ]	[ ]
I get a lot of headaches, stomach-aches or sickness	[ ]	[ ]	[ ]
I usually share with others, for example CDs, games, food	[ ]	[ ]	[ ]
I get very angry and often lose my temper	[ ]	[ ]	[ ]
I would rather be alone than with people of my own age	[ ]	[ ]	[ ]
I usually do as I am told	[ ]	[ ]	[ ]
I worry a lot	[ ]	[ ]	[ ]
I am helpful if someone is hurt, upset or feeling ill	[ ]	[ ]	[ ]
I am constantly fidgeting or squirming	[ ]	[ ]	[ ]
I have one good friend or more	[ ]	[ ]	[ ]
I fight a lot. I can make other people do what I want	[ ]	[ ]	[ ]
I am often unhappy, depressed or tearful	[ ]	[ ]	[ ]
Other people my age generally like me	[ ]	[ ]	[ ]
I am easily distracted, I find it difficult to concentrate	[ ]	[ ]	[ ]
I am nervous in new situations. I easily lose confidence	[ ]	[ ]	[ ]
I am kind to younger children	[ ]	[ ]	[ ]
I am often accused of lying or cheating	[ ]	[ ]	[ ]
Other children or young people pick on me or bully me	[ ]	[ ]	[ ]
I often offer to help others (parents, teachers, other children)	[ ]	[ ]	[ ]
I think before I do things	[ ]	[ ]	[ ]
I take things that are not mine from home, school or elsewhere	[ ]	[ ]	[ ]
I get along better with adults than with people my own age	[ ]	[ ]	[ ]
I have many fears, I am easily scared	[ ]	[ ]	[ ]
I finish the work I'm doing. My attention good	[ ]	[ ]	[ ]

Do you have any other comments or concerns?

Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?

No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year

- Do the difficulties upset or distress you?

Not at all	A little	A medium amount	A great deal

- Do the difficulties interfere with your everyday life in the following areas?

	Not a all	A little	A medium amount	A great deal
Home Life				
Friendships				
Classroom Learning				
Leisure Activities				

- Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all	A little	A medium amount	A great deal

Your signature: _____

Today's date: _____

Thank you very much for your help

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Scoring the Informant-Rated Strengths and Difficulties Questionnaire

The 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easier to score all 5 scales first before working out the total difficulties score. Somewhat True is always scored as 1, but the scoring of Not True and Certainly True varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all 5 items were completed. Scale score can be prorated if at least 3 items were completed.

Emotional Symptoms Scale	**Not True**	**Somewhat True**	**Certainly True**
Often complains of headaches, stomach-aches…	0	1	2
Many worries, often seems worried	0	1	2
Often unhappy, downhearted or tearful	0	1	2
Nervous or clingy in new situations…	0	1	2
Many fears, easily scared	0	1	2

Conduct Problems Scale	**Not True**	**Somewhat True**	**Certainly True**
Often has temper tantrums or hot tempers	0	1	2
Generally obedient, usually does what…	2	1	0
Often fights with other children or bullies them	0	1	2
Often lies or cheats	0	1	2
Steals from home, school or elsewhere	0	1	2

Hyperactivity Scale	**Not True**	**Somewhat True**	**Certainly True**
Restless, overactive, cannot stay still for long	0	1	2
Constantly fidgeting or squirming	0	1	2
Easily distracted, concentration wanders	0	1	2
Thinks things out before acting	2	1	0
Sees tasks through to the end, good attention span	2	1	0

Peer Problems Scale	**Not True**	**Somewhat True**	**Certainly True**
Rather solitary, tends to play alone	0	1	2
Has at least one good friend	2	1	0
Generally liked by other children	2	1	0
Picked on or bullied by other children	0	1	2
Gets on better with adults than with other children	0	1	2

Prosocial Scale	**Not True**	**Somewhat True**	**Certainly True**
Considerate of other people's feelings	0	1	2
Shares readily with other children	0	1	2
Helpful if someone is hurt, upset or feeling ill	0	1	2
Kind to younger children	0	1	2
Often volunteers to help others	0	1	2

The Total Difficulties Score is generated by summing the scores from all the scales except the prosocial scale. The resultant score can range from 0 to 40 (and is counted as missing if one of the component scores is missing).

Interpreting Symptom Scores and Defining "Caseness" from Symptom Scores

Although SDQ scores can often be used as continuous variables, it is sometimes convenient to classify scores as normal, borderline and abnormal. Using the bandings shown below, an abnormal score on one or both of the total difficulties scores can be used to identify likely "case" with mental health disorders. This is clearly only a rough and ready method for detecting disorders – combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect. Approximately 10% of a community sample scores in the abnormal band on any given score, with a further 10% scoring in the borderline band. The exact proportions vary according to country, age and gender – normative SDQ data are available through the web site.

Parent Completed	Normal	Borderline	Abnormal
Total Difficulties Score	0-13	14-16	17-40
Emotional Symptoms Score	0-3	4	5-10
Conduct Problems Score	0-2	3	4-10
Hyperactivity Score	0-5	6	7-10
Peer Problems Score	0-2	3	4-10
Prosocial Behaviour Score	6-10	5	0-4

Teacher Completed	Normal	Borderline	Abnormal
Total Difficulties Score	0-11	12-15	16-40
Emotional Symptoms Score	0-4	5	6-10
Conduct Problems Score	0-2	3	4-10
Hyperactivity Score	0-5	6	7-10
Peer Problems Score	0-3	4	5-10
Prosocial Behaviour Score	6-10	5	0-4

Instruction continues on the following pages.

Generating and Interpreting Impact Scores

When using a version of the SDQ that includes an "Impact Supplement", the items on overall distress and social impairment can be summed to generate an impact score that ranges from 0 to 10 for the parent-completed version and from 0-6 for the teacher-completed version.

	Not at all	Only a little	Quite a lot	A great deal
Parent Report				
Difficulties upset or distress child	0	0	1	2
Interfere with home life	0	0	1	2
Interfere with friendships	0	0	1	2
Interfere with classroom learning	0	0	1	2
Interfere with leisure activities	0	0	1	2
Teacher Report				
Difficulties upset or distress child	0	0	1	2
Interfere with peer relationships	0	0	1	2
Interfere with classroom learning	0	0	1	2

Responses to questions on chronicity and burden to others are not included in the impact score. When respondents have answered "no" to the first question on the impact supplement (i.e. when they do not perceive the child as having any emotional or behavioural difficulties), they are not asked to complete the questions on resultant distress or impairment; the impact score is automatically scored zero in these circumstances.

Although the impact scores can be used as continuous variables, it is sometimes convenient to classify them as normal, borderline or abnormal; a total impact score of 2 or more is abnormal; a score of 1 is borderline; and a score of 0 is normal.

Instruction continues on the following pages.

Scoring the Self-Reported Strengths and Difficulties Questionnaire

The 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easier to score all 5 scales first before working out the total difficulties score. Somewhat True is always scored as 1, but the scoring of Not True and Certainly True varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all 5 items were completed. Scale score can be prorated if at least 3 items were completed.

Emotional Symptoms Scale	Not True	Somewhat True	Certainly True
I get a lot of headaches, stomach-aches or sickness	0	1	2
I worry a lot	0	1	2
I am often unhappy, downhearted or tearful	0	1	2
I am nervous in new situations	0	1	2
I have many fears, I am easily scared	0	1	2

Conduct Problems Scale	Not True	Somewhat True	Certainly True
I get very angry and often lose my temper	0	1	2
I usually do as I'm told	2	1	0
I fight a lot	0	1	2
I am often accused of lying or cheating	0	1	2
I take things that aren't mine	0	1	2

Hyperactivity Scale	Not True	Somewhat True	Certainly True
I am restless. I cannot stay still for long	0	1	2
I am constantly fidgeting or squirming	0	1	2
I am easily distracted	0	1	2
I think before I do things	2	1	0
I finish the work I am doing	2	1	0

Peer Problems Scale	Not True	Somewhat True	Certainly True
I am usually on my own	0	1	2
I have one good friend or more	2	1	0
Other people my age generally like me	2	1	0
Other children or young people pick on me	0	1	2
I get on better with adults than with people my own age	0	1	2

Prosocial Scale	Not True	Somewhat True	Certainly True
I try to be nice to other people	0	1	2
I usually share with others	0	1	2
I am helpful if someone is hurt, upset or feeling ill	0	1	2
I am kind to younger children	0	1	2
I often volunteer to help others	0	1	2

The Total Difficulties Score is generated by summing the scores from all the scales except the prosocial scale. The resultant score can range from 0 to 40 (and is counted as missing if one of the component scores is missing).

Interpreting Symptom Scores and Defining "Caseness" from Symptom Scores

Although SDQ scores can often be used as continuous variables, it is sometimes convenient to classify scores as normal, borderline and abnormal. Using the bandings shown below, an abnormal score on one or both of the total difficulties scores can be used to identify likely "case" with mental health disorders. This is clearly only a rough and ready method for detecting disorders – combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect. Approximately 10% of a community sample scores in the abnormal band on any given score, with a further 10% scoring in the borderline band.

Self Completed	Normal	Borderline	Abnormal
Total Difficulties Score	0-15	16-19	20-40
Emotional Symptoms Score	0-5	6	7-10
Conduct Problems Score	0-3	4	5-10
Hyperactivity Score	0-5	6	7-10
Peer Problems Score	0-3	4-5	6-10
Prosocial Behaviour Score	6-10	5	0-4

Generating and Interpreting Impact Scores

When using a version of the SDQ that includes an "Impact Supplement", the items on overall distress and social impairment can be summed to generate an impact score that ranges from 0 to 10.

	Not at all	Only a little	Quite a lot	A great deal
Difficulties upset or distress me	0	0	1	2
Interfere with home life	0	0	1	2
Interfere with friendships	0	0	1	2
Interfere with classroom learning	0	0	1	2
Interfere with leisure activities	0	0	1	2

Responses to questions on chronicity and burden to others are not included in the impact score. When respondents have answered "no" to the first question on the impact supplement (i.e. when they do not perceive themselves as having any emotional or behavioural difficulties), they are not asked to complete the questions on resultant distress or impairment; the impact score is automatically scored zero in these circumstances.

Although the impact scores can be used as continuous variables, it is sometimes convenient to classify them as normal, borderline or abnormal; a total impact score of 2 or more is abnormal; a score of 1 is borderline; and a score of 0 is normal.

Adult Alcohol Use
Alcohol Use Disorder Identification Test -10 (AUDIT-10)

Purpose	Excessive alcohol use can cause substantial risk to individual, family and child safety. The Adult Alcohol Use Disorder Identification Test-10 (AUDIT-10) was developed by the World Health Organization to identify adult individuals, whose alcohol consumption has become: • *hazardous*, meaning that their pattern of drinking increases the risk of harmful consequences to themselves or others • *harmful*, which means their drinking has jeopardized their physical or mental health • *alcohol dependence* has resulted.[1] Screening for alcohol consumption assists the child protection worker to identify parents/caregivers whose drinking has the potential to contribute to negative child and family outcomes and to encourage the appropriate level of intervention to address the problem. Use of the AUDIT-10 represents the first stage of an assessment *process* that correctly identifies whether or not a parent/caregiver is at risk of social, economic, family or personal problems associated with excessive drinking. The results from the test guide the child protection worker to support the parent/caregiver to pursue further assessment and/or intervention.
Application	The AUDIT-10 screening test is a 10 item questionnaire that may be applied to any parent/caregiver, or adult residing in the child's home who participates in caregiving, any time there are unconfirmed concerns about the extent of alcohol use. An explanation of the content of the questions, the purpose of the screening, and the need for accurate answers is discussed with the parent/caregiver. When determining the most appropriate time to involve the parent/caregiver in the screening process, the child protection worker considers: • the cultural, religious and social context of the family • whether the parent/caregiver may fear that disclosure will have a negative impact on the child protection worker's assessment of his/her parenting • the parent/caregiver's willingness and ability to provide honest responses • the possibility of minimization. The child protection worker's concerns about these or any other factors are discussed with the parent/caregiver before completing the screening process.

[1] Thomas Babor, John Higgins-Biddle, John Saunders, Maristela Monteiro. *AUDIT: the Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care*. Second Edition. N.p.: World Health Organization, Department of Mental Health and Substance Dependence, 2001.

Application (continued)	As the presenter/interviewer of the screening survey, it is important that: • the child protection worker be friendly and non-threatening • the parent/caregiver is not intoxicated or in need of emergency care at the time • the purpose of the screening is clearly stated • the information needed by the parent/caregiver to understand the questions and respond accurately is provided[2] • confidentiality is discussed • it is clear that responses are a part of a child protection file which cannot be shared without consent unless subject to a child protection hearing. If excessive drinking has been confirmed by the parent/caregiver through self-report, hospitalization, a request for treatment or any other clear criteria, the child protection worker proceeds directly to making the appropriate referral for service. The AUDIT-10 may be re-administered yearly to conduct a subsequent screening if needed.
Responsibility	Child protection worker
Form Completion	The AUDIT-10 can be administered as an interview or as a self-report questionnaire. The first three questions explore hazardous alcohol use, the second group of three questions explore alcohol dependency symptoms, and the final four questions explore harmful alcohol use. In determining which format to use, the child protection worker considers the parent/caregiver's characteristics and chooses the method that is most likely to suit the respondent. Factors such as language, comfort, literacy, level of engagement, and level of cooperation are taken into account. **AUDIT-10 as an Interview** When the AUDIT-10 is administered as an interview, it is important that the questions are read with the wording and the order given. Use of the prescribed wording allows better comparability between one interviewer and another. When a response option has been chosen, it is useful to clarify during the initial questions to be sure that the parent/caregiver has selected the most accurate response.

[2] Ibid.

Form Completion (continued)	When a response is ambiguous or evasive, the child protection worker may continue asking for clarification by repeating the question and the response options, asking the parent/caregiver to choose the best one. If answers are difficult to record because the parent/caregiver's behaviour has undergone a recent change making it difficult to characterize "typical" drinking, it is best to record the amount and symptoms related to the heaviest drinking period. The child protection worker can note the fact that this may be atypical or transitory for the parent/caregiver and can be addressed at a later point[3]. All responses gathered in the interview are recorded carefully. Observations and additional information may be documented for analysis when interpreting the AUDIT-10 total score. **AUDIT-10 as a Written Questionnaire** Using a written questionnaire eliminates many of the uncertainties of parent/caregiver response by allowing only specific choices. It also eliminates the possibility of gathering additional information and of strengthening the worker-parent/caregiver working relationship, making the process less personal. A questionnaire requires the respondent to be literate and have the ability to perform the required actions.
Shortening the Screening Process	The time required to complete the AUDIT-10 is estimated to be between 2 and 4 minutes. The AUDIT-10 allows the screening process to be shortened for respondents who indicate that they drink infrequently, moderately, or abstain from alcohol entirely. The "skip out" option is recommended for use only in the interview format or in a computer- assisted format. The "skip out" options are as follows: • In Question 1, if a respondent answers that "no drinking has occurred during the last year", the interviewer may skip to Questions 9 and 10 to probe for indications of past alcohol problems. A respondent who scores points on Questions 9 and 10 may be considered to be at risk if he/she begins to drink again. • If a parent/caregiver scored 0 on Questions 2 and 3, the interviewer may skip to Questions 9 and 10 because the respondent's drinking has not exceeded the low risk drinking limits.
Scoring	The AUDIT-10 is easy to score. Each of the questions has a range of responses that are scored from 0 to 4. In the interview format, the interviewer enters the score shown next to the choice that corresponds with the parent/caregiver's response. In the self-report questionnaire format, the number in the column of each response checked by the parent/caregiver is entered by the scorer in the column to the extreme right. In either the interview or the questionnaire format, the scores for each of the questions are totalled and recorded.

[3] Ibid.

Scoring (continued)	In the general population, total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use as well as possible dependence. For respondents over the age of 65, a cut-off score of 7 is recommended to increase the sensitivity for that group. Higher scores indicate greater likelihood of hazardous and harmful drinking, and may also reflect greater severity of alcohol problems and dependence. The following guidelines are provided by the *AUDIT: the Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care*, Second Edition • Scores of 8 to 15 represent a medium level of alcohol problems and may be appropriate for referral to services focused on providing advice on the reduction of hazardous drinking. • Scores between 16 and 19 represent a high level of alcohol problems and suggest need for brief counselling and continued monitoring. • Scores of 20 or more warrant further evaluation for alcohol dependence. In addition to considering the numerical scores and guidelines for intervention, interpretation of all scores should include consideration of clinical judgment, family history and perceived honesty in responding to the AUDIT-10 questions.

The Alcohol Use Disorders Identification Test -10: Interview Version

Read questions as written. Record answers carefully. Begin the audit by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

Name: _____ Date: _____

1. How often do you have a drink containing alcohol? (0) Never (Skip to Qs 9-10) (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week	6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
2. How many drinks containing alcohol do you have on a typical day when you are drinking? (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more	7. How often during the last year have you had a feeling of guilt or remorse after drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
3. How often do you have six or more drinks on one occasion? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily *If Total Score for Questions 2 and 3 = 0, skip to Questions 9 and 10*	8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily, or almost daily	9. Have you or someone else been injured as a result of your drinking? (0) No (2) Yes, but not in the last year (4) Yes, during the last year

5. How often during the last year have you failed to do what was normally expected of you because of drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily, or almost daily	10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down? (1) No (2) Yes, but not in the last year (4) Yes, during the last year
Add the scores from Questions 1 to 10, and record total score here	

The Alcohol Use Disorders Identification Test -10: Self-Report Version

Parent/Caregiver: Because alcohol can affect your health and affect you and your family, it is important that we ask some questions about your use of alcohol. Please be honest.
Place an X in one box that best describes your answer to each question.
Name: _____ Date: _____

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1-2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Adult Drug Use Drug Abuse Screening Test (DAST-10)

Purpose	The Drug Abuse Screening Test (DAST-10), developed by Dr H. Skinner (1982) is designed to screen adults for drug use. It is a 10-item questionnaire that explores consumption, dependence and the impact of usage on an individual's functioning
Application	The DAST-10 may be administered to a parent/caregiver or adult residing in the child's home who participates in caregiving when there are unconfirmed concerns about possible use of drugs or other substances. DAST does not apply to alcohol or tobacco use. The AUDIT-10 is the instrument designed to explore alcohol use. Before administering the test, an explanation of the content of the questions, the purpose of the screening test and the need for accurate answers is discussed with the parent/caregiver or adult. As with the alcohol screening test, when determining the most appropriate time to involve a parent/caregiver in the screening process, the child protection worker considers: • the cultural, religious and social context of the family • whether the parent/caregiver may fear that disclosure will have a negative impact on the child protection worker's assessment of his/her parenting • the parent/caregiver's willingness and ability to provide honest responses • the possibility of minimization. Concerns about these or any other factors are discussed with the parent/caregiver before completing the screening process. During screening, it is important that: • the child protection worker engage the parent/caregiver in a supportive and non-threatening manner • the parent/caregiver is not under the influence of a substance or in need of emergency care • the purpose of screening is clearly stated • the information needed by the parent/caregiver to understand the questions and respond accurately is provided • the parent/caregiver understands that the responses are a part of a child protection file and cannot be shared without consent unless subject to a child protection hearing. If substance abuse has been confirmed by the parent/caregiver through self-report, hospitalization, a request for treatment, or any other clear criteria, the child protection worker proceeds directly to making an appropriate referral for substance abuse assessment and treatment.

Responsibility	Child protection worker
Form Completion	The DAST-10 can be administered as an interview or as a self-report questionnaire. In determining which format to use, the child protection worker considers the parent/caregiver's characteristics and chooses the method that is most likely to suit the respondent. Factors such as language, comfort, literacy, level of engagement and level of cooperation are taken into account. **DAST-10 as an Interview** The DAST-10 may be administered as an interview. When this process is used, the child protection worker must read the instructions and the questions to the parent/caregiver in the order presented. Use of the given wording and instructions allows for greater consistency between interviewers. **DAST-10 as a Written Questionnaire** The DAST-10 may be administered as a written questionnaire when the child protection worker is confident that the parent/caregiver has the required skills and ability to use this format. A written questionnaire eliminates the possibility of gathering additional information and of strengthening the worker-parent/caregiver relationship, making the process less personal.
Scoring	Each "yes" answer on the DAST-10 is given a score of 1 point. A "no" response receives a score of 0. The number of points scored is added. Scores of **2 to 4** are considered indicative of a need for further substance abuse assessment. Higher scores suggest greater functional impact of drug/substance abuse. In determining the most appropriate course of follow up within the child protection environment, the child protection worker considers the score within the context of the other information known about the parent/caregiver/adult, and the possibility of minimizing due to parent/caregiver's concerns about the potential consequences of disclosure.

DAST-10 Questionnaire

Here is a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications/ drugs in excess of the directions, and any non-medical use of drugs. The various classes of drugs may include:

- cannabis (e.g., marijuana, hash)
- solvents
- tranquilizers (e.g., Valium)
- barbiturates
- cocaine
- stimulants (e.g., speed)
- hallucinogens (e.g.,, LSD)
- narcotics (e.g. heroin).

Remember that the questions do not include alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right. You may choose to answer or not answer any of the questions in this section.

Name: _____ Date: _____

	These questions refer to the past 12 months	**No**	**Yes**
1.	Have you used drugs other than those required for medical reasons?	0	1
2.	Do you abuse more than one drug at a time?	0	1
3.	Are you always able to stop using drugs when you want to? (If you never use drugs, answer "yes)	1	0
4.	Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5.	Do you ever feel bad or guilty about your drug use? (If you never use drugs, choose "no")	0	1
6.	Does your spouse/partner or parents ever complain about your involvement with drugs?	0	1
7.	Have you neglected your family because of your use of drugs?	0	1
8.	Have you engaged in illegal activities in order to obtain drugs?	0	1
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1
	Total		

Adult Emotional Wellbeing Mental Health Inventory – 5 (MHI-5)

Purpose	The primary intent of a mental health screening tool is to identify whether an individual may be experiencing a mental health concern that requires further assessment. The Mental Health Inventory (MHI-5) is a 5-item questionnaire that explores the presence of psychological distress that may be manifested in individuals with a variety of mental health disorders. The items in the screening test are taken from the mental health portion of the longer, widely used Short-Form Health Survey Medical Outcomes Study (SF-36) that was designed to evaluate general health. Use of the MHI-5 is intended to assist the child protection worker to recognize parents/caregivers who may be experiencing symptoms of distress and need further assessment. The screening instrument is not meant to be diagnostic or provide an absolute finding. Rather, the results are combined with the child protection worker's observation and clinical judgment to consider a need for further action.
Application	The MHI-5 is a supplementary tool that may be administered to a parent/caregiver or other adult residing in the home who participates in caregiving, whenever there are unconfirmed concerns about that person's emotional wellbeing. Stressed emotional functioning may be suspected based on the child protection worker's observations, clinical judgment, or reflections in the following Family and Child Strength and Needs Assessment, Caregiver domains: • Mental Health/Coping Skills • Family Relationships • Domestic Violence • Social Support System • Resource Management • Physical Health When a parent/caregiver or involved adult is clearly demonstrating a need for mental health assessment or treatment, or there is confirmed evidence such as a medical diagnosis, recent hospitalization for mental health issues, self-report, or request for service, the child protection worker proceeds directly to making the appropriate referral. When a parent/caregiver or involved adult is considered a threat to self or others, or is demonstrating otherwise out-of-control behaviour, the child protection worker engages the appropriate emergency service. When considering the most appropriate time to involve the parent/caregiver or other adult in the screening process, the child protection worker takes into account: • the cultural, religious and social context of the family • the potential impact of child protection involvement on the parent/caregiver • whether the parent/caregiver may fear the outcome of a disclosure • the parent/caregiver's willingness and ability to provide honest responses • the possibility of minimization.

Application (continued)	The child protection worker discusses concerns about any of these or other factors with the parent/caregiver or other adult before commencing the screening process. The child protection worker also discusses the purpose and use of the screening instrument with the parent/caregiver or adult prior to use and shares the results with the respondent to engage in developing a plan to address any concerns. The child protection worker addresses confidentiality issues, helping the parent/caregiver to understand that the responses are a part of a child protection file and cannot be shared without consent unless subject to a child protection hearing.
Responsibility	Child protection worker
Form Completion	The MHI-5 can be administered in either an interview format or as a self-report questionnaire. Each of the five questions provides a range of 6 possible responses to explore the respondent's feelings during the past month **MHI-5 as an Interview** The MHI-5 may be administered in an interview format. This format allows interaction between the child protection worker and the parent/caregiver or other adult. Interaction provides opportunities to clarify concepts that may be difficult to understand and to gather additional information that may be explored after the screening has been completed. When using this format, the worker uses the wording provided and gives the parent/caregiver the range of responses available. The parent/caregiver's response to each question is recorded. **MHI-5 as a Questionnaire** The MHI-5 may be administered as a written questionnaire in which the parent/caregiver is encouraged to choose an available response. This format requires that the participant has the necessary skills to complete the instrument.
Scoring	For each of the 5 questions in the MHI-5, the respondent has a choice of 6 possible responses. For questions 1 and 2 Scoring is as follows: Response 1 - score as 6 points Response 2 - score as 5 points Response 3 - score as 4 points Response 4 - score as 3 points Response 5 - score as 2 points Response 6 - score as 1 point. For questions 3, 4 and 5 Scoring is as follows: Response 1 - score as 1 point Response 2 - score as 2 points Response 3 - score as 3 points Response 4 - score as 4 points Response 5 - score as 5 points Response 6 - score as 6 points

Scoring (continued)	The MHI-5 has a maximum score of 30 points and a minimum score of 5 points. Higher scores are suggestive of psychological wellbeing and an absence of psychological distress within the past month. Lower scores are indicative of greater psychological distress, which in turn suggests need for further assessment. A cut-off score of 21 has been established by Rumpf, Meyer, Hapke and John[4] as being the score which identifies individuals who are experiencing psychological distress. As with all screening tools, the child protection worker considers the parent/caregiver's score in the context of all of the other information known about the family and their circumstances, and responds appropriately to work with the parent/caregiver to develop a plan to address the level of distress. Depending on the parent/caregiver's distress level, interventions considered may range from monitoring and follow-up by the child protection worker, to consultation with the family physician, to referral to community or mental health services for further evaluation.

[4] "Screening for mental health: validity of the MHI-5 using DSM-IV Axis I psychiatric disorders as gold standard". In *Psychiatry Research*, Volume 105, Issue 3, Pages 243-253 H. Rumpf

Name: _____ Date: _____

Mental Health Inventory - 5

1. During the past month, how much of the time were you a happy person?	
All of the time	6
Most of the time	5
A good bit of the time	4
Some of the time	3
A little of the time	2
None of the time	1
2. How much of the time, during the past month, have you felt calm and peaceful?	
All of the time	6
Most of the time	5
A good bit of the time	4
Some of the time	3
A little of the time	2
None of the time	1
3. How much of the time, during the past month, have you been a very nervous person?	
All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6
4. How much of the time, during the past month, have you felt downhearted and blue?	
All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6
5. How much of the time, during the past month, did you feel so down in the dumps that nothing could cheer you up?	
All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

Family Support Scale

Purpose	To support the philosophy that families are the experts at solving their problems and to focus on broadening a family's circle of support, workers are encouraged to engage family members in identifying useful supports who may be potential participants in service planning to address child protection risks. At the point of Receipt of a Referral, when considering family-based conferencing, or at any point of service, the Family Support Scale helps the family and the child protection worker systematically consider sources of support and the quality of support offered by a particular resource. Developed by Carl J. Dunst, Vicki Jenkins and Carol M. Trivette, the Family Support Scale is a clinical tool that is not scored, but is used to elicit or structure discussion or consideration of useful supports. The Family Support Scale encourages exploration of a number of supports but is not an exhaustive list. A family may have access to additional resources through their cultural, religious or social affiliations that warrant further consideration.
Application	The Family Support Scale may be used by the child protection worker at any time during intervention with a family. It is particularly relevant when planning a family conference, as it guides family members to consider a broad range of potential supports.
Form Completion	The Family Support Scale can be administered in an interview format or as a self-report questionnaire. The parent/caregiver is asked to consider 18 general categories of family or social supports. For each available support, the parent/caregiver is asked to rate the degree of helpfulness experienced along a 5-point scale. In determining the best method of administration for a family, the child protection worker considers the family's comfort level, ability to complete the task, and the opportunity for engagement. Information derived from the Family Support Scale is used to identify participants to a Family Group Conference, or within the context of service development.

FAMILY SUPPORT SCALE

Family Name: _____ Date: _____

Listed below are people and groups that often are helpful to members of a family raising a young child. The questionnaire asks you to indicate how helpful each source is to your family. Please circle the response that best describes how helpful the sources have been to your family during the past 3 to 6 months. If a source has not been available to your family during this period of time, circle N/A (not available).

Sources of Support	Not Available	Not at all Helpful	Sometimes Helpful	Generally Helpful	Very Helpful	Extremely Helpful
1. My parents	N/A	1	2	3	4	5
2. My spouse or partner's parents	N/A	1	2	3	4	5
3. My relatives	N/A	1	2	3	4	5
4. My spouse or partner's relatives	N/A	1	2	3	4	5
5. My spouse or partner	N/A	1	2	3	4	5
6. My friends	N/A	1	2	3	4	5
7. My spouse or partner's friends	N/A	1	2	3	4	5
8. My own children	N/A	1	2	3	4	5
9. Other parents	N/A	1	2	3	4	5
10. Co-workers	N/A	1	2	3	4	5
11. Parent groups	N/A	1	2	3	4	5
12. Social groups/clubs	N/A	1	2	3	4	5
13. Church members / minister	N/A	1	2	3	4	5
14. My family or child's physician	N/A	1	2	3	4	5
15. Early childhood intervention program	N/A	1	2	3	4	5
16. School/daycare centre	N/A	1	2	3	4	5
17. Professional helpers (social workers, therapists, teachers)	N/A	1	2	3	4	5
18. Agencies (Public Health, Social Services, Mental Health)	N/A	1	2	3	4	5
19. Band/Community representatives	N/A	1	2	3	4	5
20. Other	N/A	1	2	3	4	5

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