Court File No.: CV-14-0018

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

HOLLY PAPASSAY, TONI GRANN, ROBERT MITCHELL, DALE GYSELINCK and LORRAINE EVANS

Plaintiffs

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

Proceeding under the *Class Proceedings Act*, 1992

CERTIFICATION MOTION RECORD
Volume 1

February 4, 2016

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CERTIFICATION MOTION RECORD

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Court File No.: CV-14-0018

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N :

HOLLY PAPASSAY, TONI GRANN, ROBERT MITCHELL, DALE GYSELINCK and LORRAINE EVANS

Plaintiffs

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

Proceeding under the *Class Proceedings Act*, 1992

NOTICE OF MOTION
(certification motion)

The Plaintiffs will make a motion to the Honourable Justice Helen M. Pierce at 125 Brodie Street North, Thunder Bay, Ontario.

PROPOSED METHOD OF HEARING: The motion is to be heard

[x] orally.

THE MOTION IS FOR:

(a) an order certifying this action as a class proceeding pursuant to the *Class Proceedings Act, 1992*, S.O. 1992, c. 6, as amended (the "CPA");

(b) an order defining the class as all persons who became Crown wards in Ontario on or after January 1, 1966;

(c) an order that that the within proceeding is certified on the basis of the following common issues:

(i) does the Defendant owe a duty of care to the class?

(ii) if so, what is the standard of care applicable to the Defendant?

(iii) did the Defendant breach that standard of care? If so, when and how?

(iv) does the Defendant owe a fiduciary duty to the class?

(v) if so, what is the content of that fiduciary duty?

(vi) did the Defendant breach its fiduciary duty? If so, when and how?

(vii) can the amount of damages for negligence and/or breach of fiduciary duty, or some portion thereof, be determined on an aggregate basis? If so, in what amount and who should pay it to the class?

(viii) should the Defendant pay punitive, exemplary or aggravated damages?

(d) an order appointing Holly Papassay, Toni Grann, Robert Mitchell, Dale Gyselinck and Lorraine Evans as representative plaintiffs for the class;

(e) an order approving the litigation plan;

(f) an order staying any other proceeding based on the facts giving rise to this proposed class proceeding;

(g) an order declaring that no other proceeding based upon the facts giving rise to this proceeding may be commenced without leave of the court;

(h) an order that the defendant shall pay to the plaintiffs their costs of this motion plus any applicable taxes; and

(i) such other relief that counsel may advise and this Honourable Court may permit.

THE GROUNDS FOR THE MOTION ARE:

(a) This action was commenced on January 22, 2014.

(b) The plaintiffs advance a claim for negligence and breach of fiduciary duty against the defendant Her Majesty the Queen in Right of the Province of Ontario

(the "Crown") for its failure to give proper consideration and to take all reasonable steps to protect and pursue Crown wards' rights to recover compensation for damages sustained as a result of criminal and tortious acts to which Crown wards were victims.

(c) By Order dated May 28, 2015, Justice Pierce ordered that the Fresh as Amended Statement of Claim in this matter disclosed a cause of action and satisfied section 5(1)(a) of the *Class Proceedings Act, 1992*, SO 1992, c 6.

(d) By Order dated January 22, 2015. Justice Fregeau denied the defendant's motion for leave to appeal the Order of Justice Pierce dated May 28, 2015;

(e) There is a large class of individuals who became Crown wards in Ontario on or after January 1, 1966.

(f) The class is objectively defined, membership being rationally bound by: (i) those for whom orders for Crown wardship have been made in Ontario; and (ii) the date January 1, 1966 being the date that the *Child Welfare Act, 1965*, c. 14, sup. 165 came into force whereby the Crown became the legal guardian of Crown wards.

(g) There is a rational relationship between the class and the common issues and the class is not unnecessarily broad.

(h) The claims alleged in the Fresh as Amended Statement of Claim raise common issues, the determination of which will move the litigation substantially forward.

(i) In light of the access to justice concerns and with regard to achieving judicial economy, a class proceeding is not only the preferable procedure for resolving these claims but is the only manner by which these claims can be realistically adjudicated.

(j) A class proceeding in this case would constitute the fairest, most efficient and manageable means of adjudication of the common issues.

(k) The proposed representative plaintiffs Holly Papassay, Toni Grann, Robert Mitchell, Dale Gyselinck and Lorraine Evans can fairly and adequately represent the interests of the class with whom they has no conflict on the common issues.

(l) The plaintiffs have produced a workable litigation plan for advancing the claims on behalf of the class up to the common issues and afterwards.

(m) *Class Proceedings Act, 1992*, SO 1992, c 6 and amendments thereto.

(n) *Canadian Charter of Rights and Freedoms*.

(o) *Child Welfare Act, 1965*, c. 14, sup. 165 and amendments thereto.

(p) *Child Welfare Act, 1978*, SO 1978, c 85 and amendments thereto.

(q) *Child and Family Services Act, 1984*, SO 1984, c 55 and amendments thereto.

(r) *Child and Family Services Act*, RSO 1990, c.C.11 and amendments thereto.

(s) *Compensation for Victims of Crime Act,* RSO 1990 c. C.24 and amendments thereto.

(t) *Courts of Justice Act*, RSO 1990, c C 43 and amendments thereto.

(u) *Family Law Act*, RSO 1990, c F 3 and amendments thereto.

(v) *Negligence Act*, RSO 1990, c N1 and amendments thereto; and

(w) Such other grounds as counsel may advise and this Honourable Court may permit.

THE FOLLOWING DOCUMENTARY EVIDENCE will be used at the hearing of the motion:

(a) the affidavit of Holly Papassay sworn September 10, 2015;

(b) the affidavit of Toni Grann sworn September 11, 2015;

(c) the affidavit of Robert Mitchell sworn September 10, 2015;

(d) the affidavit of Dale Gyselinck sworn September 11, 2015;

(e) the affidavit of Lorraine Evans sworn September 9, 2015;

(f) the affidavit of Elizabeth French sworn September 14, 2015;

(g) the affidavit of David Rosenfeld sworn September 11, 2015;

(h) the affidavit of Sylvia Tse sworn February 2, 2016 and

(i) such other material as counsel may advise and this Honourable Court may permit.

February 4, 2016

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Lawyers for the Defendant

Court File No.: CV-14-0018

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

HOLLY PAPASSAY, TONI GRANN, ROBERT MITCHELL, DALE GYSELINCK and LORRAINE EVANS

Plaintiffs

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

Proceeding under the *Class Proceedings Act*, 1992

AFFIDAVIT OF HOLLY PAPASSAY

I, **Holly Papassay**, of the City of Thunder Bay, in the Province of Ontario, MAKE OATH AND SAY

1. I am the plaintiff in the within action and as such have knowledge of the matters hereinafter deposed, except where stated to be on information and belief, in which case I disclose the source of my information. I believe these facts to be true.

BACKGROUND

2. I reside in the City of Thunder Bay, in the Province of Ontario. I was born on September 25, 1971 in Sioux Lookout, Ontario.

3. I was a ward of Her Majesty the Queen in Right of the Province of Ontario (the "Crown") between the ages of approximately 5 to 12.

4. Between the ages of 6 and 7, I was placed in the care of a foster parent, Mrs. Daley, in a home in Sioux Lookout. While I lived in this home, a teenage male secretly watched me for months while I dressed and undressed.

5. One time, while sitting on a couch, this teenage male attempted to sexually molest my female playmate while I was forced to watch.

6. I reported these incidents to my caregivers. As a result, there was an investigation, and I was moved to another home.

7. Between the ages of 10 and 13, I was placed in a home in the Mission area of the Fort William First Nation Reserve near Thunder Bay, Ontario. My foster parents' first names were Barney and Darlene.

8. A teenage male, several years older than me lived at this home. He repeatedly spoke to me about sexual acts. On numerous occasions, he locked me in a garage while he showed his privates to me.

9. In this same home, Barney and Darlene locked me in my room with the window nailed shut and the door locked from the outside for long periods of time. As a result of my confinement, I missed meals and was not permitted to use the restroom for hours at a time.

10. I regularly made reports of this abuse to me Thunder Bay children's aid society case workers. I also reported the abuse to Sioux Lookout police.

11. I was never told that I could make a claim for compensation from the Criminal Injuries Compensation Board or in the courts.

12. When I turned 18, no one gave me any reports or documents that related to my abuse.

13. If I received money from the Criminal Injuries Compensation Board or through the courts when I was a child, I could have used it for therapy and to help me heal. It would have been used to change my life for the better.

14. I am not aware of any other Crown wards who were advised of their entitlement to make claims for compensation to the Criminal Injuries Compensation Board or in the courts.

THE NATURE OF THIS ACTION

15. I retained the law firms Koskie Minsky LLP and Watkins Law Professional Corporation to commence a class action against Her Majesty the Queen in Right of the Province of Ontario (the "Defendant") naming myself as one of the proposed representative plaintiff in respect of the matters described in the Statement of Claim in this action.

16. I commenced this action on January 22, 2014.

17. This action is brought on behalf of all persons who became Crown wards in Ontario on or after January 1, 1966 (the "Class Members").

18. The Statement of Claim in this action asserts on behalf of the Class Members negligence and breach of fiduciary duty with respect to the Defendant's failure to give proper consideration and to take reasonable steps to recover compensation for damages sustained as a result of criminal or tortious acts to which Crown wards were victim.

MY MOTIVATION IN COMMENCING THE ACTION

19. I have commenced this action to ensure these important issues are determined by the court, to promote access to justice for the other class members, to bring about behaviour modification, and to seek to recover some compensation for the damages sustained by me and the Class Members.

20. Jonathan Ptak of Koskie Minsky LLP has advised me, and I verily believe, that litigating individual lawsuits of this nature against the defendants will be very expensive. The documentary evidence will likely be extensive and time-consuming to review. Mr. Ptak has advised me, and I verily believe, that it is likely that there will be thousands of relevant documents.

21. Further, there will be substantial expert costs in litigating this action through to trial.

22. I cannot afford to litigate this case on my own and it would not make sense to litigate this case for my benefit alone.

I AM PREPARED TO ACT AS REPRESENTATIVE PLAINTIFF

23. I am prepared to act as representative plaintiff in this class proceeding. I understand that as representative plaintiff, I would be obliged to direct this litigation, give instructions to my lawyers and to act in the best interests of the Class Members. For example, I understand that any settlement discussions with the defendants cannot relate only to my damages, but must relate to the claims of the Class Members as a whole.

24. My counsel are Koskie Minsky LLP and Watkins Law Professional Corporation. My counsel has been providing me with updates regarding this action.

25. I understand the major steps of class actions to include:

(a) preparing and serving a statement of claim;

(b) a motion for certification, which I understand involves the court's consideration of whether this action is appropriate to proceed as a class action. I also understand there will be cross-examinations for this motion and that my ability to fairly and adequately represent the class will be in issue;

(c) if the action is certified, there would be notice to the class of the certification and the right to opt-out (i.e. a chance for class members not to participate in the class action);

(d) the disclosure and exchange of relevant documents;

(e) examinations for discovery, where the defendants can examine me about me claims and those of the class and our counsel can examine the defendants' representatives;

(f) a pre-trial conference where a judge can help the parties towards a settlement of the case;

(g) a trial of the common issues (i.e. a trial that only deals with the certified common issues as opposed to the issues individual me and other Class Members);

(h) notice to the class if individual hearings or participation is required;

(i) the determination of individual issues, if required;

(j) the distribution of proceeds (if any) of a money award by judgment or settlement;

(k) appeals, which might include appeals from the certification motion, other motions, or the trial of the common issues; and

(l) settlement discussions, which could happen at any time.

26. I understand that as representative plaintiff I would have, among others, the following responsibilities:

(a) review and keep myself informed of the steps in this litigation;

(b) familiarize myself with the issues to be decided at the common issues stage and other issues in the action;

(c) help prepare the affidavits and other materials in support of certification, other motions and the materials that would be used at a common issues trial;

(d) attend any cross-examination on my affidavit or otherwise;

(e) attend the examinations for discovery;

(f) assist in preparing and executing an affidavit of documents, which will list the relevant documents that I have in my possession, power or control;

(g) attend at the common issues trial, providing any direction or assistance to class counsel and give evidence regarding the case;

(h) express my views on any settlement offers that I receive or that I make on behalf of Class Members; and

(i) assist in preparing materials in support of a court approving any settlement.

27. I am committed to actively directing this litigation and maximizing the recovery for the class. I have been advised by Mr. Ptak and accept that I owe a duty to all members of the proposed class to provide fair and adequate representation. I intend to work with counsel to obtain the best recovery for the whole class, consistent with good faith and meritorious advocacy.

28. I believe that I can fairly and adequately represent the interests of Class Members and I am committed to fulfilling my obligations as their representative.

LITIGATION PLAN

29. I have reviewed a copy of the draft litigation plan. I understand that the litigation plan provides for notice to the class members if the action is certified. I do not have the expertise to evaluate the legal aspects of the plan, but my lawyers have formulated this plan and I understand from them that it is designed to provide a workable method of determining the issues in this action.

30. I do not have a conflict of interest with the proposed class members with respect to any of the common issues in this case.

SWORN BEFORE ME at the City of Thunder Bay, this 16 day of ~~August~~ September, 2015.

A Commissioner for taking Affidavits *(or as may be)*

HOLLY PAPASSAY

Court File No.: CV-14-0018

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N :

HOLLY PAPASSAY, TONI GRANN, ROBERT MITCHELL, DALE GYSELINCK and LORRAINE EVANS

Plaintiffs

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

Proceeding under the *Class Proceedings Act*, 1992

AFFIDAVIT OF TONI GRANN

I, **Toni Grann**, of the City of Thunder Bay, in the Province of Ontario, MAKE OATH AND SAY:

1. I am the plaintiff in the within action and as such have knowledge of the matters hereinafter deposed, except where stated to be on information and belief, in which case I disclose the source of my information. I believe these facts to be true.

BACKGROUND

2. I reside in the City of Thunder Bay, in the Province of Ontario. I was born on December 29, 1966 in Brockville, Ontario.

3. I was a ward of Her Majesty the Queen in Right of the Province of Ontario (the "Crown") at the age of three.

4. At the age of three, I was physically abused, threatened, and neglected by my mother's partner, William Warren. Mr. Warren struck me on my head with a belt, causing permanent scarring.

5. I was hospitalized for head and neck trauma.

6. I was subsequently placed in the care of the Crown.

7. Between the ages of three and five, I was placed in five separate homes.

8. When I was five, me and me three year old sister were placed in the care of an adoptive couple who lived in Hamilton, Ontario with Victor and Helen Smith.

9. While I was living with the Smiths, Victor began sexually molesting and abusing me. He repeatedly raped, sodomized, molested me and forced me to perform sexual acts on him, at least once per week. His assaults included, among other things, forcing me to perform oral sex on him, forced anal sex, forced vaginal sex, and exposing me to pornographic materials.

10. I was told by Victor that these sexual activities were our secret and that I was not to tell anyone else about them.

11. I left the Smith's home when I was ten after a particularly brutal sodomy by Victor. When I fled, I immediately attended at the CAS office in Hamilton and told staff that I could not return to the home.

12. Victor was criminally charged for these acts by the Hamilton Police. Victor was convicted in or around 1984 and he served a prison sentence.

13. When I turned 18, no one gave me any reports or documents that related to my abuse.

14. If I received money from the Criminal Injuries Compensation Board or through the courts when I was a child, I could have used it for therapy and to help me heal, or for educational purposes. It would have been used to change my life for the better.

15. I am not aware of any other Crown wards who were advised of their entitlement to make claims for compensation to the Criminal Injuries Compensation Board or in the courts.

THE NATURE OF THIS ACTION

16. I retained the law firms Koskie Minsky LLP and Watkins Law Professional Corporation to prosecute this class action against Her Majesty the Queen in Right of the Province of Ontario (the "Defendant") naming myself as one of the proposed representative plaintiff in respect of the matters described in the Statement of Claim in this action.

17. This action is brought on behalf of all persons who became Crown wards in Ontario on or after January 1, 1966 (the "Class Members").

18. The Statement of Claim in this action asserts on behalf of the Class Members negligence and breach of fiduciary duty with respect to the Defendant's failure to give proper consideration and to take reasonable steps to protect or to pursue claims for compensation for damages sustained as a result of criminal or tortious acts to which Crown wards were victim.

MY MOTIVATION IN COMMENCING THE ACTION

19. I have commenced this action to ensure these important issues are determined by the court, to promote access to justice for the other class members, and to bring about behaviour modification.

20. Jonathan Ptak of Koskie Minsky LLP has advised me, and I verily believe, that litigating individual lawsuits of this nature against the defendants will be very expensive. The documentary evidence will likely be extensive and time-consuming to review. Mr. Ptak has advised me, and I verily believe, that it is likely that there will be thousands of relevant documents.

21. Further, there will be substantial expert costs in litigating this action through to trial.

22. I cannot afford to litigate this case on my own and it would not make sense to litigate this case for my benefit alone.

I AM PREPARED TO ACT AS REPRESENTATIVE PLAINTIFF

23. I am prepared to act as representative plaintiff in this class proceeding. I understand that as representative plaintiff, I would be obliged to direct this litigation, give instructions to my lawyers and to act in the best interests of the Class Members. For example, I understand that any settlement discussions with the defendants cannot relate only to my damages, but must relate to the claims of the Class Members as a whole.

24. My counsel are Koskie Minsky LLP and Watkins Law Professional Corporation. My counsel has been providing me with updates regarding this action.

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(b) a motion for certification, which I understand involves the court's consideration of whether this action is appropriate to proceed as a class action. I also understand there will be cross-examinations for this motion and that my ability to fairly and adequately represent the class will be in issue;

(c) if the action is certified, there would be notice to the class of the certification and the right to opt-out (i.e. a chance for class members not to participate in the class action);

(d) the disclosure and exchange of relevant documents;

(e) examinations for discovery, where the defendants can examine me about me claims and those of the class and our counsel can examine the defendants' representatives;

(f) a pre-trial conference where a judge can help the parties towards a settlement of the case;

(g) a trial of the common issues (i.e. a trial that only deals with the certified common issues as opposed to the issues individual me and other Class Members);

(h) notice to the class if individual hearings or participation is required;

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(j) the distribution of proceeds (if any) of a money award by judgment or settlement;

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(f) assist in preparing and executing an affidavit of documents, which will list the relevant documents that I have in my possession, power or control;

(g) attend at the common issues trial, providing any direction or assistance to class counsel and give evidence regarding the case;

(h) express my views on any settlement offers that I receive or that I make on behalf of Class Members; and

(i) assist in preparing materials in support of a court approving any settlement.

27. I am committed to actively directing this litigation and maximizing the recovery for the class. I have been advised by Mr. Ptak and accept that I owe a duty to all members of the proposed class to provide fair and adequate representation. I intend to work with counsel to obtain the best recovery for the whole class, consistent with good faith and meritorious advocacy.

28. I believe that I can fairly and adequately represent the interests of Class Members and I am committed to fulfilling my obligations as their representative.

LITIGATION PLAN

29. I have reviewed a copy of the draft litigation plan. I understand that the litigation plan provides for notice to the class members if the action is certified. I do not have the expertise to evaluate the legal aspects of the plan, but my lawyers have formulated this plan and I understand from them that it is designed to provide a workable method of determining the issues in this action.

30. I do not have a conflict of interest with the proposed class members with respect to any of the common issues in this case.

SWORN BEFORE ME at the City of Thunder Bay
this 11th day of September, 2015.

Colleen Henny
A Commissioner for taking Affidavits *(or as may be)*

Toni Grann
TONI GRANN

Colleen Diane Henny, a
Commissioner, etc., Province of Ontario,
for Zaitzeff Law Professional Corporation.
Expires July 29, 2018.

Court File No.: CV-14-0018

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

HOLLY PAPASSAY, TONI GRANN, ROBERT MITCHELL, DALE GYSELINCK and LORRAINE EVANS

Plaintiffs

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

Proceeding under the *Class Proceedings Act*, 1992

AFFIDAVIT OF ROBERT MITCHELL

I, **ROBERT MITCHELL**, of the City of St. Catharines, in the Province of Ontario, MAKE OATH AND SAY

1. I am the plaintiff in the within action and as such have knowledge of the matters hereinafter deposed, except where stated to be on information and belief, in which case I disclose the source of my information. I believe these facts to be true.

BACKGROUND

2. I was born on May 28, 1961 in Toronto, Ontario.

3. I reside in the City of St. Catherines, in the Province of Ontario.

4. I was physically abused by my father as a child. When I was 12 years old, my father hit me with a belt. My injuries were so severe that I was hospitalized at the Hospital for Sick Children in Toronto for a number of weeks.

5. I became a Crown Ward on October 6, 1973 when I was twelve years old.

6. I was processed by the Toronto children's aid society.

7. Between the ages of 12 and 18, I was placed in at least 4 foster homes or children's aid society receiving centres.

8. Between the ages of approximately 13 and 17, I resided at the Kennedy House Group Home for boys at 344 Morningside Avenue in Toronto.

9. While I resided at the Kennedy House, I was sexually abused by a staff member. On one occasion, the staff member pinned me down and forcefully sexually touched and rubbed me. On another occasion, the staff member forced a number of other boys to strip naked and to bend over in sexually suggestive poses, making me watch. On another occasion, the staff member drugged me and sexually abused me while I was unconscious.

10. My Crown wardship was terminated on May 28, 1979 when I turned 18 years old.

11. I was discharged from the Kennedy House Group Home a few weeks before my eighteenth birthday.

12. When I was discharged, no one gave me any reports or documents that related to my abuse. No one told me that I could make a claim for compensation from the Criminal Injuries Compensation Board or bring a lawsuit in court.

13. If I received money from the Criminal Injuries Compensation Board or through the courts when I was a child, I could have used it for therapy and to help me heal, or for educational purposes. It would have been used to change my life for the better.

14. I am not aware of any other Crown wards who were advised of their entitlement to make claims for compensation to the Criminal Injuries Compensation Board or in the courts.

THE NATURE OF THIS ACTION

15. I retained the law firms Koskie Minsky LLP and Watkins Law Professional Corporation to act as a representative plaintiff in a class action against Her Majesty the Queen in Right of the

Province of Ontario (the "Defendant") in respect of the matters described in the Statement of Claim in this action.

16. This action is brought on behalf of all persons who became Crown wards in Ontario on or after January 1, 1966 (the "Class Members").

17. The Statement of Claim in this action asserts on behalf of the Class Members negligence and breach of fiduciary duty with respect to the Defendant's failure to give proper consideration and to take reasonable steps to protect or to pursue claims for compensation for damages sustained as a result of criminal or tortious acts to which Crown wards were victim.

MY MOTIVATION IN COMMENCING THE ACTION

18. I have commenced this action to ensure these important issues are determined by the court, to promote access to justice for the other class members, and to bring about behaviour modification.

19. James Sayce of Koskie Minsky LLP has advised me, and I verily believe, that litigating individual lawsuits of this nature against the defendants will be very expensive. The documentary evidence will likely be extensive and time-consuming to review. Mr. Sayce has advised me, and I verily believe, that it is likely that there will be thousands of relevant documents.

20. Further, there will be substantial expert costs in litigating this action through to trial.

21. I cannot afford to litigate this case on my own and it would not make sense to litigate this case for my benefit alone.

I AM PREPARED TO ACT AS REPRESENTATIVE PLAINTIFF

22. I am prepared to act as representative plaintiff in this class proceeding. I understand that as representative plaintiff, I would be obliged to direct this litigation, give instructions to my lawyers and to act in the best interests of the class members. For example, I understand that any settlement discussions with the defendants cannot relate only to my damages, but must relate to the claims of the class members as a whole.

23. My counsel are Koskie Minsky LLP and Watkins Law Professional Corporation. My counsel has been providing me with updates regarding this action.

24. I understand the major steps of class actions to include:

(a) preparing and serving a statement of claim;

(b) a motion for certification, which I understand involves the court's consideration of whether this action is appropriate to proceed as a class action. I also understand there will be cross-examinations for this motion and that my ability to fairly and adequately represent the class will be in issue;

(c) if the action is certified, there would be notice to the class of the certification and the right to opt-out (i.e. a chance for class members not to participate in the class action);

(d) the disclosure and exchange of relevant documents;

(e) examinations for discovery, where the defendants can examine me about me claims and those of the class and our counsel can examine the defendants' representatives;

(f) a pre-trial conference where a judge can help the parties towards a settlement of the case;

(g) a trial of the common issues (i.e. a trial that only deals with the certified common issues as opposed to the issues individual me and other Class Members);

(h) notice to the class if individual hearings or participation is required;

(i) the determination of individual issues, if required;

(j) the distribution of proceeds (if any) of a money award by judgment or settlement;

(k) appeals, which might include appeals from the certification motion, other motions, or the trial of the common issues; and

(l) settlement discussions, which could happen at any time.

25. I understand that as representative plaintiff I would have, among others, the following responsibilities:

(a) review and keep myself informed of the steps in this litigation;

(b) familiarize myself with the issues to be decided at the common issues stage and other issues in the action;

(c) help prepare the affidavits and other materials in support of certification, other motions and the materials that would be used at a common issues trial;

(d) attend any cross-examination on my affidavit or otherwise;

(e) attend the examinations for discovery;

(f) assist in preparing and executing an affidavit of documents, which will list the relevant documents that I have in my possession, power or control;

(g) attend at the common issues trial, providing any direction or assistance to class counsel and give evidence regarding the case;

(h) express my views on any settlement offers that I receive or that I make on behalf of Class Members; and

(i) assist in preparing materials in support of a court approving any settlement.

26. I am committed to actively directing this litigation and maximizing the recovery for the class. I have been advised by Mr. Sayce and accept that I owe a duty to all members of the proposed class to provide fair and adequate representation. I intend to work with counsel to obtain the best recovery for the whole class, consistent with good faith and meritorious advocacy.

27. I believe that I can fairly and adequately represent the interests of class members and I am committed to fulfilling my obligations as their representative.

LITIGATION PLAN

28. I have reviewed a copy of the draft litigation plan. I understand that the litigation plan provides for notice to the class members if the action is certified. I do not have the expertise to evaluate the legal aspects of the plan, but my lawyers have formulated this plan and I understand from them that it is designed to provide a workable method of determining the issues in this action.

29. I do not have a conflict of interest with the proposed class members with respect to any of the common issues in this case.

SWORN BEFORE ME at the City of Niagara-on-the-Lake,
this 10th day of ~~August~~ September, 2015.

Michael E. Skiba
A Commissioner for taking Affidavits *(or as may be)*

ROBERT MITCHELL

Court File No.: CV-14-0018

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

HOLLY PAPASSAY, TONI GRANN, ROBERT MITCHELL, DALE GYSELINCK and LORRAINE EVANS

Plaintiffs

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

Proceeding under the *Class Proceedings Act*, 1992

AFFIDAVIT OF DALE GYSELINCK

I, **DALE GYSELINCK**, of the City of London, in the Province of Ontario, MAKE OATH AND SAY

1. I am a plaintiff in the within action and as such have knowledge of the matters hereinafter deposed, except where stated to be on information and belief, in which case I disclose the source of my information. I believe these facts to be true.

BACKGROUND

2. I was born on August 2, 1961 in Victoria, British Columbia.

3. I reside in the City of London, in the Province of Ontario.

4. Prior to my Crown wardship, I was physically abused by my parents. For example, my father hit me with and extension cords. My abuse was so severe that I have retained lasting scars.

5. I became an Ontario Crown ward on July 10, 1975 when I was thirteen years old.

6. I lived in a number of foster homes while I was a Crown ward.

7. I lived in a foster home in Sharbot Lake, Ontario between approximately 1972 and 1976. My foster parents were Marian and Neil Wagar. Mr. Wagar regularly physically abused me by punching me and hitting me with implements such as sticks.

8. I was subsequently placed in the Bayfield Homes Group Home in Consecon, Ontario where I lived for about three years. While at Bayfield Homes, I was shaken, hit across the head, and pushed into a desk and my head was gashed open. I did not receive proper care for my injuries.

9. At one time before my teenage years, I lived in a foster home located on Queen Street in Kingston, Ontario. I was abused by staff members at this home, including Michael Zirchovich. Mr. Zirchovich beat me, and other staff members regularly sexually fondled me.

10. My Crown wardship ended on August 1, 1980 when I aged out.

11. When my Crown wardship ended, no one gave me any reports or documents that related to my abuse. No one told me that I could make a claim for compensation from the Criminal Injuries Compensation Board or in the courts.

12. If I received money from the Criminal Injuries Compensation Board or through the courts when I was a child, I could have used it for therapy and to help me feel better or for educational purposes. I would have used this money to change my life for the better.

13. I am not aware of other Crown wards who were advised of their entitlement to make claims for compensation to the Criminal Injuries Compensation Board or in the courts.

THE NATURE OF THIS ACTION

14. I retained the law firms Koskie Minsky LLP and Watkins Law Professional Corporation to act as a representative plaintiff in a class action against Her Majesty the Queen in Right of the Province of Ontario (the "Defendant") about the matters described in the Statement of Claim in this action.

15. This action is brought on behalf of all persons who became Crown wards in Ontario on or after January 1, 1966 (the "Class Members").

16. The Statement of Claim in this action asserts on behalf of the Class Members negligence and breach of fiduciary duty with respect to the Defendant's failure to give proper consideration and to take reasonable steps to protect or to pursue claims for compensation for damages sustained as a result of criminal or tortious acts to which Crown wards were victim.

MY MOTIVATION IN COMMENCING THE ACTION

17. I am acting as a plaintiff to ensure the important issues raised in this action are determined by the court, to promote access to justice for the other class members and to bring about behaviour modification.

18. James Sayce of Koskie Minsky LLP has advised me, and I verily believe, that litigating individual lawsuits of this nature against the defendants will be very expensive. The documentary evidence will likely be extensive and time-consuming to review. Mr. Sayce has advised me, and I verily believe, that it is likely that there will be thousands of relevant documents.

19. Further, there will be substantial expert costs in litigating this action through to trial.

20. I cannot afford to litigate this case on my own and it would not make sense to litigate this case for my benefit alone.

I AM PREPARED TO ACT AS REPRESENTATIVE PLAINTIFF

21. I am prepared to act as representative plaintiff in this class proceeding. I understand that as representative plaintiff, I would be obliged to direct this litigation, give instructions to my lawyers and to act in the best interests of the Class Members. For example, I understand that any settlement discussions with the defendants cannot relate only to my damages, but must relate to the claims of the Class Members as a whole.

22. My counsel are Koskie Minsky LLP and Watkins Law Professional Corporation. My counsel has been providing me with updates regarding this action.

23. I understand the major steps of class actions to include:

(a) preparing and serving a statement of claim;

(b) a motion for certification, which I understand involves the court's consideration of whether this action is appropriate to proceed as a class action. I also understand there will be cross-examinations for this motion and that my ability to fairly and adequately represent the class will be in issue;

(c) if the action is certified, there would be notice to the class of the certification and the right to opt-out (i.e. a chance for class members not to participate in the class action);

(d) the disclosure and exchange of relevant documents;

(e) examinations for discovery, where the defendants can examine me about me claims and those of the class and our counsel can examine the defendants' representatives;

(f) a pre-trial conference where a judge can help the parties towards a settlement of the case;

(g) a trial of the common issues (i.e. a trial that only deals with the certified common issues as opposed to the issues individual me and other Class Members);

(h) notice to the class if individual hearings or participation is required;

(i) the determination of individual issues, if required;

(j) the distribution of proceeds (if any) of a money award by judgment or settlement;

(k) appeals, which might include appeals from the certification motion, other motions, or the trial of the common issues; and

(l) settlement discussions, which could happen at any time.

24. I understand that as representative plaintiff I would have, among others, the following responsibilities:

(a) review and keep myself informed of the steps in this litigation;

(b) familiarize myself with the issues to be decided at the common issues stage and other issues in the action;

(c) help prepare the affidavits and other materials in support of certification, other motions and the materials that would be used at a common issues trial;

(d) attend any cross-examination on my affidavit or otherwise;

(e) attend the examinations for discovery;

(f) assist in preparing and executing an affidavit of documents, which will list the relevant documents that I have in my possession, power or control;

(g) attend at the common issues trial, providing any direction or assistance to class counsel and give evidence regarding the case;

(h) express my views on any settlement offers that I receive or that I make on behalf of Class Members; and

(i) assist in preparing materials in support of a court approving any settlement.

25. I am committed to actively directing this litigation and maximizing the recovery for the class. I have been advised by Mr. Sayce and accept that I owe a duty to all members of the proposed class to provide fair and adequate representation. I intend to work with counsel to obtain the best recovery for the whole class, consistent with good faith and meritorious advocacy.

26. I believe that I can fairly and adequately represent the interests of the other class members and I am committed to fulfilling my obligations as their representative.

LITIGATION PLAN

27. I have reviewed a copy of the draft litigation plan. I understand that the litigation plan provides for notice to the class members if the action is certified. I do not have the expertise to evaluate the legal aspects of the plan, but my lawyers have formulated this plan and I understand from them that it is designed to provide a workable method of determining the issues in this action.

28. I do not have a conflict of interest with the proposed class members with respect to any of the common issues in this case.

SWORN BEFORE ME at the City of London,
this 11 day of September, 2015.

A Commissioner for taking Affidavits *(or as may be)*
M. Szekely

DALE GYSELINCK

Court File No.: CV-14-0018

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N :

HOLLY PAPASSAY, TONI GRANN, ROBERT MITCHELL, DALE GYSELINCK and LORRAINE EVANS

Plaintiffs

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

Proceeding under the *Class Proceedings Act*, 1992

AFFIDAVIT OF LORRAINE EVANS

I, **LORRAINE EVANS**, of the City of Ajax, in the Province of Ontario, MAKE OATH AND SAY

1. I am the plaintiff in the within action and as such have knowledge of the matters hereinafter deposed, except where stated to be on information and belief, in which case I disclose the source of my information. I believe these facts to be true.

BACKGROUND

2. I was born on March 19, 1963 in Kirkland Lake, Ontario.

3. I reside in the City of Ajax in the Province of Ontario.

4. When I a young child, I was severely neglected by my parents. For example, I was often not provided food.

5. I became a Crown Ward on May 16, 1968 when I was about five years old.

6. Between the ages of five and seven, I resided with foster parents James and Mary Warren in Federal, Ontario, near Kirkland Lake, Ontario. I was repeatedly sexually abused by Mary's father, Pat Hamilton, during this time. For example, Mr. Hamilton would regularly penetrate my vagina with his fingers and force me to touch and kiss his penis.

7. In 1973, when I was 10 years old, I was placed with a foster parent, Mrs. Pelletier, in Englehart, Ontario. While living with Mrs. Pelletier, I was vaginally penetrated by Mrs. Pelletier's son-in-law.

8. Between 1975 and 1977, I resided at a farm in Charlton, Ontario under the foster care of Ross and Louise Williams. Ross Williams forced me to perform oral sex on him and penetrated me vaginally. This abuse occurred numerous times per week.

9. I eventually fled from the Williams home as a result of this sexual abuse.

10. When I was 13, in May 1976, I was admitted to a hospital due to an ovarian rupture. I was told by my physician that me condition was the result of early and repeated sexual activity.

11. My Crown wardship order was discharged on March 4, 1980. At this time, no one gave me any reports or documents that related to my abuse. No one told me that I could make a claim for compensation from the Criminal Injuries Compensation Board or seek damages by way of lawsuit in court.

12. If I received money from the Criminal Injuries Compensation Board or through the courts when I was a child, I could have used it for therapy and to help me heal, or for educational purposes. It would have been used to change my life for the better.

13. I am not aware of other Crown wards who were advised of their entitlement to make claims for compensation to the Criminal Injuries Compensation Board or in the courts.

THE NATURE OF THIS ACTION

14. I retained the law firms Koskie Minsky LLP and Watkins Law Professional Corporation to act as a representative plaintiff in a class action against Her Majesty the Queen in Right of the

Province of Ontario (the "Defendant") naming myself as one of the proposed representative plaintiff in respect of the matters described in the Statement of Claim in this action.

15. This action is brought on behalf of all persons who became Crown wards in Ontario on or after January 1, 1966 (the "Class Members").

16. The Statement of Claim in this action asserts on behalf of the Class Members negligence and breach of fiduciary duty with respect to the Defendant's failure to give proper consideration and to take reasonable steps to protect or to pursue claims for compensation for damages sustained as a result of criminal or tortious acts to which Crown wards were victim.

MY MOTIVATION IN COMMENCING THE ACTION

17. I have commenced this action to ensure these important issues are determined by the court, to promote access to justice for the other class members, and to bring about behaviour modification.

18. James Sayce of Koskie Minsky LLP has advised me, and I verily believe, that litigating individual lawsuits of this nature against the defendants will be very expensive. The documentary evidence will likely be extensive and time-consuming to review. Mr. Sayce has advised me, and I verily believe, that it is likely that there will be thousands of relevant documents.

19. Further, there will be substantial expert costs in litigating this action through to trial.

20. I cannot afford to litigate this case on my own and it would not make sense to litigate this case for my benefit alone.

I AM PREPARED TO ACT AS REPRESENTATIVE PLAINTIFF

21. I am prepared to act as representative plaintiff in this class proceeding. I understand that as representative plaintiff, I would be obliged to direct this litigation, give instructions to my lawyers and to act in the best interests of the Class Members. For example, I understand that any settlement discussions with the defendants cannot relate only to my damages, but must relate to the claims of the Class Members as a whole.

22. My counsel are Koskie Minsky LLP and Watkins Law Professional Corporation. My counsel has been providing me with updates regarding this action.

23. I understand the major steps of class actions to include:

(a) preparing and serving a statement of claim;

(b) a motion for certification, which I understand involves the court's consideration of whether this action is appropriate to proceed as a class action. I also understand there will be cross-examinations for this motion and that my ability to fairly and adequately represent the class will be in issue;

(c) if the action is certified, there would be notice to the class of the certification and the right to opt-out (i.e. a chance for class members not to participate in the class action);

(d) the disclosure and exchange of relevant documents;

(e) examinations for discovery, where the defendants can examine me about me claims and those of the class and our counsel can examine the defendants' representatives;

(f) a pre-trial conference where a judge can help the parties towards a settlement of the case;

(g) a trial of the common issues (i.e. a trial that only deals with the certified common issues as opposed to the issues individual me and other Class Members);

(h) notice to the class if individual hearings or participation is required;

(i) the determination of individual issues, if required;

(j) the distribution of proceeds (if any) of a money award by judgment or settlement;

(k) appeals, which might include appeals from the certification motion, other motions, or the trial of the common issues; and

(l) settlement discussions, which could happen at any time.

24. I understand that as representative plaintiff I would have, among others, the following responsibilities:

(a) review and keep myself informed of the steps in this litigation;

(b) familiarize myself with the issues to be decided at the common issues stage and other issues in the action;

(c) help prepare the affidavits and other materials in support of certification, other motions and the materials that would be used at a common issues trial;

(d) attend any cross-examination on my affidavit or otherwise;

(e) attend the examinations for discovery;

(f) assist in preparing and executing an affidavit of documents, which will list the relevant documents that I have in my possession, power or control;

(g) attend at the common issues trial, providing any direction or assistance to class counsel and give evidence regarding the case;

(h) express my views on any settlement offers that I receive or that I make on behalf of Class Members; and

(i) assist in preparing materials in support of a court approving any settlement.

25. I am committed to actively directing this litigation and maximizing the recovery for the class. I have been advised by Mr. Sayce and accept that I owe a duty to all members of the proposed class to provide fair and adequate representation. I intend to work with counsel to obtain the best recovery for the whole class, consistent with good faith and meritorious advocacy.

26. I believe that I can fairly and adequately represent the interests of Class Members and I am committed to fulfilling my obligations as their representative.

LITIGATION PLAN

27. I have reviewed a copy of the draft litigation plan. I understand that the litigation plan provides for notice to the class members if the action is certified. I do not have the expertise to evaluate the legal aspects of the plan, but my lawyers have formulated this plan and I understand from them that it is designed to provide a workable method of determining the issues in this action.

28. I do not have a conflict of interest with the proposed class members with respect to any of the common issues in this case.

SWORN BEFORE ME at the City of AJAX,
this 9th day of September, 2015.

A Commissioner for taking Affidavits *(or as may be)*

L Evans
LORRAINE EVANS

Court File No.: CV-14-0018

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N :

HOLLY PAPASSAY, TONI GRANN, ROBERT MITCHELL, DALE GYSELINCK and LORRAINE EVANS

Plaintiffs

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

Proceeding under the *Class Proceedings Act*, 1992

AFFIDAVIT OF ELIZABETH FRENCH

I, **Elizabeth French**, of the City of Kingston, in the Province of Ontario, MAKE OATH AND SAY:

1. I have knowledge of the matters hereinafter deposed, except where stated to be on information and belief, in which case I disclose the source of my information. I believe these facts to be true.

2. I was born on March 5, 1962. I am 53 years old.

3. When I was a child, I witnessed frequent and regular physical and verbal abuse by my father against my mother. I was regularly verbally disparaged by my father, but I was not physically abused. Both my parents abused alcohol and prescription drugs, in excess, to the point that they neglected to take care of my basic needs. By the age of ten years, I was required to physically care for my mother's substance abuse–induced incontinence.

4. On December 27, 1977, I left home in the middle of the night when my older sister was visiting from out of town. At the time, my mother's whereabouts was unknown (and had been for several days) and my father arrived home significantly impaired and enraged. I strongly

suspected that my father was going to physically abuse my sister, who is physically disabled, so I took her to a friends' home and we never went back. I became a Crown ward in 1978 before I turned 16 years old.

5. When I was a Crown ward, I was physically and sexually abused. From the ages 15 to 18 years old, I was sexually abused by a school teacher.

6. I was also physically abused while I was living with a foster family. For example, I was picked up and thrown by my foster father on top of a chest freezer.

7. I was never told that I could make a claim for compensation from the Criminal Injuries Compensation Board or in the courts.

8. When I turned 18, no one gave me any reports or documents that related to my abuse.

9. If I received money from the Criminal Injuries Compensation Board or through the courts when I was a child, I could have used it for therapy and to help me heal. It would have been used to change my life for the better.

10. I am not aware of any other Crown wards who were advised of their entitlement to make claims for compensation to the Criminal Injuries Compensation Board or in the courts.

11. I am now a lawyer. I was called to the Ontario Bar in 1999.

12. I practiced for one year in Ottawa representing parents and guardians in matters pertaining to child protection before being hired as in-house legal counsel at the Children's Aid Society of Ottawa-Carleton (as it then was). I am now in private practice in Kingston as a sole practitioner. I specialize in child welfare law, representation in *Child and Family Services Act* matters, private adoptions, and custody and access disputes.

13. From June 2000 to April 2005, I acted as legal counsel for the Children's Aid Society of Ottawa-Carleton. I was familiar with the practices and procedures regarding Children's Aid Society offices. As legal counsel for the Children's Aid Society of Ottawa-Carleton, I worked on, among other things, applications for child protection under the *Child and Family Services Act*, as well as applications for the status review of Crown wards. I worked with approximately

eight (8) other lawyers who were employed on a full-time basis by the Children's Aid Society of Ottawa-Carleton. We were supervised by a legal director. We took instructions from social workers, supervisors, managers, and the director.

14. The services provided by the Children's Aid Society of Ottawa-Carleton were mandated by the *Child and Family Services Act*. The Ministry of Community and Social Services also directed services to be delivered in accordance with Ministry standards and regulations. Annually, the Ministry reviewed a sample of the work done by the Children's Aid Society of Ottawa-Carleton with regard to compliance with the standards and regulations.

15. I have enclosed copies of the records from the Children's Aid Society of Ottawa-Carleton that I have maintained.

16. Attached hereto as **Exhibit "A"** is a copy of *Meeting The Standards in Child Protection*, The Children's Aid Society of Ottawa (November 2011). This document states, in part:

> "The Ministry of Community and Social Services is responsible for the delivery of the child protection services as set out by the Child and Family Services Act (CFSA). The services that the Children's Aid Society of Ottawa provide to the children, youth, families and community are mandated by the CFSA. To ensure that there is consistency and accountability for the work done by the CAS of Ottawa, the Ministry has directed that the services be delivered according to standards and regulations.
>
> The CAS of Ottawa is responsible for complying with the standards and regulations. Annually, the Ministry reviews a sample of the work being done by each CAS with regard to compliance with the standards and regulations. [...]
>
> The quality of the services we provide will be measured by a combination of factors, which include compliance with Ministry standards and regulations. This guide has been developed for quick reference to assist workers and supervisors to easily access the standards, regulations and agency requirements. It is intended as a tool and does not replace the manuals from MCSS and the Society which describe the standards, regulations, policies and procedures in full detail."
>
> "The information in this guide includes all the standards by which the Ministry of Community and Social Services measures Children's Aid Societies' adherence and compliance in matters of child protection, child in care and adoption probation cases. [...] For more detailed information, social workers and supervisors are encouraged to consult the following manuals for additional reference on the standards and requirements contained in this reference guide:
>
> - Risk Assessment Model 2000

- Ministry of Community and Social Services Child in Care Manual 1985
- Ministry of Community and Social Services Adoption Manual 1985

[...]"

17. This manual applied to all Crown wards at the Children's Aid Society Ottawa-Carleton. The excerpt set out above states, and it is my understanding, that the Ministry standards related to Children's Aid Society procedures are to apply to Children's Aid Society offices province-wide.

18. Attached hereto as **Exhibit "B"** is a copy of Risk Assessment Model for Child Protection in Ontario (2000). This Ministry document states, in part:

> "The decision in 1997 to implement a common risk assessment instrument across Ontario as a standardized, comprehensive approach to the assessment of risk across all Children's Aid Societies was a significant step in building a stronger provincial child protection system. [...]"
>
> "In keeping with these principles, an assessment of other child protection issues is undertaken to complement the focused *Risk Assessment*, and identifies additional service planning issues to help address the comprehensive needs of the child and family."

19. This manual applied to all Children's Aid Societies in Ontario.

20. Attached hereto as **Exhibit "C"** is a copy of Risk Assessment Model for Child Protection in Ontario Eligibility Spectrum (2000). This Ministry document states, in part:

> "The *Eligibility Spectrum* is a tool designed to assist Children's Aid Society staff in making consistent and accurate decisions about eligibility for service at the time of referral. It assists in interpreting the legal requirements for initial and ongoing child welfare intervention. Supervisory consultation and review of complex situations by CAS staff members using the tool will support a consistent and therefore dependable response pattern by the organization and the province."

21. This manual applied to all Children's Aid Societies in Ontario.

22. I am aware of other such Ministry Province-wide directives mandating the uniform and consistent approach by all Children's Aid Society offices but I do not have copies of any more of these documents.

23. At the Children's Aid Society of Ottawa-Carleton, I was not made aware of any policy, standard, or regulation in place, from the Ministry or otherwise, concerning making claims for compensation to the Criminal Injuries Compensation Board for Crown wards or the preservation of evidence for such claims, or advising the Crown wards of any such rights to make claims. I am unaware of any such claims being made by the Children's Aid Society of Ottawa-Carleton while I worked there, nor of any of other steps taken to protect such claims.

24. I was also not made aware of any policy, standard or regulation in place at the Children's Aid Society of Ottawa-Carleton, from the Ministry or otherwise, concerning making claims for civil damages in Court on behalf of Crown wards or the preservation of evidence for such claims, or advising the Crown wards of any such rights to make claims. I am unaware of any such lawsuits being brought by the Children's Aid Society of Ottawa-Carleton or any steps taken to protect such claims.

25. While I acted as in-house legal counsel at the Children's Aid Society of Ottawa-Carleton, every year I attended an annual conference hosted by a Children's Aid Society that rotated annually. I attended these conferences along with counsel from other Children's Aid Societies across Ontario. There were also representatives in attendance from the Ontario Association of Children's Aid Societies. At these conferences, we spoke about common and standardized policies and procedures concerning Crown wards and best practices for counsel working for Children's Aid Societies. At these conferences, I am not aware of any discussions concerning:

(a) assisting Crown wards with making claims for compensation from the Criminal Injuries Compensation Board or for damages in civil court;

(b) advising Crown wards that compensation from the Criminal Injuries Compensation Board or for damages in civil court were available;

(c) making claims for compensation from the Criminal Injuries Compensation Board or for damages in civil court on behalf of Crown wards;

(d) protecting evidence for Crown wards to preserve their abilities to make claims for compensation from the Criminal Injuries Compensation Board or for damages in civil court; or

(e) providing any such evidence to Crown wards in order to make claims for compensation from the Criminal Injuries Compensation Board or for damages in civil court.

26. I swear this affidavit in support of the plaintiffs' motion for certification and for no improper purpose.

SWORN BEFORE ME at the City of Kingston, this 14th day of September, 2015.

A Commissioner for taking Affidavits *(or as may be)*

Elizabeth French

This is **Exhibit "A"** referred to in the affidavit of Elizabeth T. French, sworn before this 14 day of September, 2015

A Commissioner for Taking Affidavits

Meeting The Standards

in Child Protection

The Children's Aid Society of Ottawa | La Société de l'aide à l'enfance d'Ottawa

The Children's Aid Society of Ottawa | La Société de l'aide à l'enfance d'Ottawa

1602 cour Telesat Court • Gloucester ON • K1B 1B1

www.casott.on.ca

Second Edition. November 2001.

Meeting The Standards

in Child Protection

Mission

The Children's Aid Society of Ottawa is committed to protecting the children and youth of our community from all forms of abuse and neglect. We work towards keeping them safe and secure, both within their families and the communities in which they live.

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Preface

The Ministry of Community and Social Services is responsible for the delivery of the child protection services as set out by the Child and Family Services Act (CFSA). The services that the Children's Aid Society of Ottawa provide to the children, youth, families and community are mandated by the CFSA. To ensure that there is consistency and accountability for the work done by the CAS of Ottawa, the Ministry has directed that the services be delivered according to standards and regulations.

The CAS of Ottawa is responsible for complying with the standards and regulations. Annually, the Ministry reviews a sample of the work being done by each CAS with regard to compliance with the standards and regulations. The individual needs of the children, youth and families of the community we serve must be responded to within the standards and beyond to be effective. Therefore, the policy and procedure manual for the Society is a key source document which outlines expectations beyond meeting the standards.

The quality of the services we provide will be measured by a combination of factors, which include compliance with Ministry standards and regulations. This guide has been developed for quick reference to assist workers and supervisors to easily access the standards, regulations and agency requirements. It is intended as a tool and does not replace the manuals from MCSS and the Society which describe the standards, regulations, policies and procedures in full detail.

Regular use of this guide will result in service that is accountable and in the best interests of the clients we serve.

Susan Abell
Executive Director
August 2001

How to Use this Document

This guide is intended as a quick reference tool to assist social workers and supervisors in ensuring compliance with the standards in the provision of child welfare services to our community.

The information in this guide include all the standards by which the Ministry of Community and Social Services measures Children's Aid Societies' adherence and compliance in matters of child protection, child in care and adoption probation cases. The reference guide has been conveniently divided into these three main areas in the delivery of service: child protection, children in care and adoption.

It is important to note the reader should view these as standards and requirements that must be adhered to in the provision of child welfare services. Providing quality service means our Society chooses to go beyond the Ministry standards in some situations, as articulated in its policies and procedures.

Wherever appropriate, the requisite timeline has been identified for each standard or requirement, and bolded.

For more detailed information, social workers and supervisors are encouraged to consult the following manuals for additional reference on the standards and requirements contained in this reference guide:

- Risk Assessment Model 2000
- Ministry of Community and Social Services Child in Care Manual 1985
- Ministry of Community and Social Services Adoption Manual 1985
- Children's Aid Society of Ottawa Policy and Procedure Manual

Definitions

Statute:

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

Regulation:

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

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

Standards:

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

The Standards for child protection cases have been designed to facilitate measurement in order to assist the Societies in monitoring the performance of staff and to assist the Ministry in monitoring agency performance. Standards use words such as 'must' and 'shall'.

Definitions

Deviation:

Standards are to be met at all times. There are, however, exceptional circumstances related to specific cases requiring a deviation in meeting a standard. These exceptions must be clearly documented with prior supervisory approval.

Standards were developed based on good clinical social work practice.

Risk Decision 1:
Eligibility for Child Protection Service

24 hours
Within **24 hours** (from receipt of referral or information).

Record referral.

Rate referral using the Eligibility Spectrum and document the eligibility decision and supporting reasons.

Search the provincial database for prior contact and document result of the search.

Document the decision about whether or not to initiate a full protection investigation.

Provide documentation to support the decision about whether or not to initiate a full protection investigation.

3 days
Within **3 days** (from receipt of referral or information).

For allegations of abuse, check with the Child Abuse Register and document the results of check. Required when the child may have suffered abuse or may be suffering abuse as defined by CFSA 37(2) (a),(c),(e),(f),(f.1) & (h).

24 hours
Within **24 hours** (from receipt of referral or information).

The initial Eligibility Spectrum rating may only be changed prior to face-to-face contact with the children based on additional factual information received and with the approval of a supervisor.

Risk Decision 2:
Response Time

24 hours

Within **24 hours** (from receipt of referral or information).

Document the response time decision, the reasons, and the supervisory consultation.

Document the plan for the protection investigation.

The plan for the protection investigation includes documentation about:

- how to proceed to assess immediate safety;
- subsequent investigative steps.

Providing quality service means our Society chooses to go beyond the Ministry standards in some situations.

Risk Decision 3:
Safety Assessment

12 hours / 7 days

If the case is rated 'extremely severe', the response time is **12 hours** or less for all children except where there are no reasonable grounds to suspect the children are in need of protection.

If the case is rated 'moderately severe', the response time is **7 days** or less for all children except where there are no reasonable grounds to suspect the children are in need of protection.

See all children requiring protection investigation within prescribed time frames.

Face-to-face contact

At the time of the first face-to-face contact with all children/primary caregivers.

Conduct Safety Assessment.

24 hours

Within **24 hours** of the children and primary caregivers being seen.

Document the Safety Assessment and the immediate actions taken to protect the child.

Document if children are identified as having Native status and any discussion of band involvement with the family.

Risk Decision 3:
Safety Assessment – cont'd

24 hours
Within **24 hours** of the children being seen.

Document supervisory consultation regarding Safety Assessment and Safety Plan.

Provide documentation supporting safety decision.

24 hours
Medical examination is arranged within **24 hours** of receipt of the information.

If facts indicate possibility of medical injuries or need for medical care:

- arrange a medical examination and advise doctor directly of nature of suspected abuse/neglect;
- document: doctor's name and results of medical examination (information needs to be obtained directly from doctor);
- request medical report and document request;
- request photographs in all cases of visible injuries and document request.

Is the child safe now?
Are child protection concerns verified?

Risk Decision 4:
Verification of Protection Concerns

30 days / 60 days

Within 30 days, *or* within 60 days in ***exceptional circumstances*** and with supervisory approval (deviation must be documented).

Complete full protection investigation and document steps taken.

Protection investigation steps include:

- review of the records of the Society and of any other CAS as relevant;
- face-to-face contact with children;
- interview of alleged perpetrator by CAS or police;
- interview of child's primary caregivers;
- decision about other potential child victims;
- obtaining appropriate releases of information;
- gathering evidence from other professionals; (documentation should include the professional's:
  - response and observations;
  - qualified opinion;
  - knowledge of past history, pattern of behaviour);
- gathering information from other persons/witnesses (documentation should include the witness's:
  - response and observations;
  - knowledge of past history, pattern of behaviour;
  - credibility).

Risk Decision 4:
Verification of Protection Concerns – cont'd

30 days / 60 days
Within **30 days** of receipt of information ***or*** within **60 days** in ***exceptional circumstances*** and with supervisory approval (deviation must be documented).

Determine whether the original child protection concerns are verified.

Verification decision is made in conference with worker and supervisor.

If abuse verified, report to Abuse Register (or document that criteria for reporting to Abuse Register are not met).

14 days
Within **14 days** of investigation completion.

Advise child of investigation outcome.

Advise child's caregivers of investigation outcome.

Advise person alleged to have caused need for protection of investigation outcome.

Completion of the Risk Assessment helps determine future risk of harm.

Risk Decision 5:
Is the Child in Need of Protection?

30 days / 60 days

Within 30 days of receipt of referral, *or* within 60 days in *exceptional circumstances* and with supervisory approval (deviation must be documented).

Determine whether child is in need of protection as per one of the required outcomes and document determination with supporting reasons.

Required outcomes:

1. original protection concerns are not verified, and the child is not in need of protection
2. original protection concerns are not verified, but the child is in need of protection for other reasons
3. original protection concerns are verified, but the child not currently in need of protection
4. original protection concerns are verified and the child is currently in need of protection

Document determination about whether child is need of protection.

30 days

Case Status Update at 30 days of receipt of referral.

Where a determination is not made within 30 days of receipt of referral:

- develop and document a plan for the completion of the protection investigation (deviation must be documented);
- complete risk assessment.

Risk Decision 6:
Risk of Future Abuse/Neglect

30 days
Within 30 days.

If child is determined to be in need of protection; (or if further steps are required to complete a full investigation beyond 30 days):

- complete and document risk assessment and risk analysis on all children and caregivers with significant access, and have approved by the supervisor.

30 days
Within 30 days of receipt of new allegation.

If a new allegation is received on a case already open for service and new protection concerns are verified:

- review risk assessment and analysis, and document same.

Documentation must support Overall Risk Rating.

A clear and thorough assessment helps to protect children.

Risk Decision 7:
Assessment of Other Child Protection Issues

60 days
Within 60 days.

If child was determined to be in need of protection: complete and document assessment of other child protection issues.
Assessment of other child protection issues includes:

- assessment of parents' capacity to provide for the child's long-term well being and safety;
- any need for alternate permanent plans;
- assessment of the developmental levels of the children;
- assessment of the environment;
- assessment of family dynamics and relationship issues;
- description of the family's perception of the problem;
- description of child and family strengths.

Supervisor approves Assessment of other child protection issues.

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

Document discussions with family about Band involvement. (Where the child is apprehended, the Band must be notified.)

Risk Decision 8:
Plan of Service – cont'd

Where Child(ren) are identified as Native, discuss and encourage Band involvement with family, and document discussion of Band involvement re Plan of Service.

Ensure participation of the child and family in development of the Plan of Service and document participation.

Document reasons for non-participation of child or family where applicable.

Develop the Plan of Service in a conference format; (document efforts to do so).

Seek consents from the child and family to share information with any additional collaterals; (document efforts to do so).

Plan of Service is developed in consultation with the supervisor and approved by the supervisor.

When new protection concerns are verified in an on-going protection case, review/revise Plan of Service in light of the newly verified protection concerns and document.

Risk Decision 8:
Plan of Service

60 days
Within 60 days.

If child is determined to be in need of protection, develop and document a Plan of Service.

The Plan of Service identifies:
- persons responsible for outcomes;
- time-frames for outcomes;
- dates for review of outcomes.

The Plan of Service includes:
- reference to the risk assessment, risk analysis, and assessment of other child protection issues;
- specific, measurable outcomes to reduce risk and promote well being that reflects assessments;
- planned level of contact by CAS;
- planned level of contact by service collaterals;
- a plan to interview children privately.

Identify all collateral service providers directly involved in the Plan of Service, their participation in the development of the Plan of Service or reasons documented for non-participation and identify activities to seek co-operation from them regarding any withdrawal from service.

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

90 days
Documented every **90 days** from first Plan of Service.

Review reason for service. Supervisor approves reason for service.

Provide documentation supporting why the case remains eligible for protection services.

30 days
Within **30 days** of **90-day** review

If review of eligibility indicates child is no longer eligible for protection service, close or reclassify protection case as non-protection.

As you get to know the family better the reason for service may change.

Risk Decision 10:
Have Assessments Changed?

30 days / 6 months

Every **6 months** at minimum, or within **30 days** of the following:

- admission to care considered;
- discharge from care considered;
- case transferred;
- case considered for closure or reclassification;
- verification of new protection concerns.

Review Risk Assessment and other protection concerns and document.

Any new information requires the social worker to consider the need to change their original assessment.

Risk Decision 11:
Should Plan of Service be Modified?

6 months

Every **6 months** at minimum, or when:

- admission to care considered;
- discharge from care considered;
- case transferred;
- case considered for closure or reclassification;
- verification of new protection concerns.

Review of Plan of Service.

Reviews of Plan of Service must indicate reasons for not achieving desired outcomes where applicable. (Monitor progress and gather information about the service being provided in order to evaluate progress; advise the family of any consequence if the goals are not achieved.)

If the children are 16 or over, are Crown wards, or are not the subject of an order under Part III, the case can be closed without a review, as the Society no longer has jurisdiction.

Supplementary Standards

24 hours

Within **24 hours** of occurrence.

Keep detailed notes of any contact related to a child and family. (The notes must be up to date and must record all contacts, including documentation of all case decisions and reviews related to the family receiving service).

All child protection summary recordings must be:
- signed and dated by the worker;
- read, approved, signed and dated by the supervisor.

Make every effort to meet Standards and document efforts.

Any reason for DEVIATION FROM STANDARDS must be reviewed and approved by a supervisor, and documented.

In developing a plan of service ask yourself "Where does the child need their family to be in three months?"

Children in Care
Management of Child in Care Files

7 days / 30 days / 90 days

Following **admission** to care and each re-placement (including, Young Offenders Act (YOA) placements):

- within **7 days**;
- within **30 days**;
- minimum of one visit every **90 days**.

Social worker to visit child.

(The Society's expectation is that the child will be seen more frequently than the minimum standard, in keeping with the needs of the case)

90 days

Minimum of one private visit with child every **90 days**.

Private visit by social worker.

21 days

Within **21 days** of admission (see placement request form and placement package).

Complete and document child's family history.

72 hours

Within **72 hours** of admission to care, **annually** thereafter. Upon **discharge**.

Medical Examination.

(documentation of medical examinations/treatment on file, including immunization record)

Children in Care
Management of Child in Care Files – cont'd

At time of prescription

At time of prescription. Quarterly reviews.

Where the child is prescribed psychotropic drugs:
- appropriate approval and consent on file;
- administration of drug documented and reviewed quarterly;
- new approval each time the prescription is modified in any way.

60 days

Within 60 days of admission, annually thereafter.

Dental Examination (documentation on file).

21 days

Within 21 days of admission.

Initial assessment of needs of child.

30 days / 90 days

Initial plan within 30 days of admission to care. Review of plan of care within 30 days of any re-placement. Review of plan of care every 90 days.

Plan of care and review of plan of care (documented, signed and dated, on file).

Child to participate in development of plan of care and, where the child is 12 and over, sign plan of care (if child is not a signatory, document reason for deviation).

Children in Care
Management of Child in Care Files – cont'd

Identify if child of Aboriginal heritage, has status and/or is in need of determining eligibility for Native status. If child has status, include band representative or Native community in development of plan of care. Document efforts to include band representative in plan of care and efforts to involve child in heritage and traditional related activities.

Family to be included in development of plan of care unless otherwise indicated.

Caregivers to be included in development of plan of care.

Plan of care must address child's specific needs.

Specified time frame

Within **specified time frame** for completion of plan of care and plan of care reviews.

Supervisor must review and sign each plan of care and quarterly reviews.

*If I am the social worker responsible for an aboriginal child(ren) I have a special obligation to learn about the child's heritage. I also have an obligation to ensure the child is involved in **their** heritage and traditional related activities.*

Children in Care
Management of Child in Care Files – cont'd

30 days / 90 days

Foster care placement:

- initial plan within **30 days** of admission to care;
- review of plan of care within **30 days** of any re-placement;
- review of plan of care every **90 days.**

Group care placement:

- initial plan within **30 days** of admission to care;
- **30-day** reviews for the initial **6 months**;
- review of plan of care every **90 days** thereafter.

Plan of care of outside residential resources must be on file where applicable and completed on time.

Social workers must ensure receipt of plans for their files.

Serious Occurrence reports and follow-up reports must be on file where applicable.

Annually

School report must be on file.

Documentation to indicate:

- school program and current level of education of the child;
- Identification Placement and Review Committee (IPRC) and Individual Education Plan where applicable;
- history of suspensions.

At time of admission

At time of admission. At least once per year thereafter.

Advise child of rights (documentation on file) as per CFSA sec. 100, 101, 103-108.

Legal Status documented.

Children in Care
Management of Child in Care Files – cont'd

(Court Orders on file; documentation shows compliance with orders).

Access orders: document access arrangements, whether access is exercised, how frequently and by whom.

Access to siblings or other family members documented.

File documentation further includes:

- decision to admit child (including unsuitability of less intrusive alternatives and consultation with supervisor - documentation must be congruent with family file's Risk Assessment Model (RAM) documentation supporting the decision to admit);

6 months

Up-date *Admission Family History* at **6 months** and every **24 months** thereafter.

File documentation further includes:

- social and medical history of birth parents and respective families;
- Life book prepared for child;

30 days

Apply **30 days** following admission.

File documentation further includes:

- birth verification;
- circumstances of placement and re-placement(s), including pre-placement visits;
- on-going assessment of child's needs, including psychological or psychiatric assessments where appropriate, and documentation as to how these needs are being met (if not included in plan of care);

Children in Care
Management of Child in Care Files – cont'd

- cultural/religious needs and related activities to meet these needs;
- social/recreational needs and related activities to meet these needs;
- permanency planning;
- support to adolescents in preparing for independence, including vocational assessment and training where applicable;
- documents a discharge plan for each child.

24 hours

Completed within **24 hours** of occurrence.

Case notes regarding contacts with child, caregivers and collaterals, signed and dated.

All summary recordings must be:
- signed and dated by the worker;
- read, approved, signed and dated by the supervisor.

Adoption Probation Cases

The following represent the Standards which require compliance in managing files where a child is on Adoption Probation:

- written notice to band on file (where applicable);
- pre-placement visit;
- registration of placement on file;
- social history of child form on file;
- medical history of child form on file;
- social/medical history of birth mother and family on file;
- social/medical history of birth father and family on file;
- non-identifying social and medical history of the adoptive parents;
- acknowledgment of adoption placement on file;
- documentation of visits by social worker:
  - 7 day
  - 30 day
  - a minimum of every 90 days thereafter until finalization.

Every child placed for adoption will always have two families.

Adoption Probation Cases

Prior to adoption placement

- documentation of pre-placement visit (for child past infancy);
- Life book prepared for child to be updated;
- if child is Native, notice to the Band of intention to place for adoption;
- subsidy and service agreements;
- Crown Wardship Order and proof of service to birth parents;
- if child old enough, evidence of child's participation in the plan (if child is over 7 years of age, child's consent or a dispensation with supporting affidavit will be required prior to finalization);

30 days

Within 30 days of placement.

- document the date of placement on adoption probation;
- Registration and Supplement to Registration (Form 18) including who supervises adoption placement (as per p.2 of Form 18);
- social and medical history of birth parents and respective families;
- medical and social history of child to be updated;
- non-identifying information of the social and medical history of the birth parents prepared for the adoptive parents;
- on the day of placement complete the acknowledgement of the adoption placement form.

Adoption Probation Cases

6 months

If probation period extends beyond 6 months.

- notify the Ministry area office in writing the reason for and length of the extension;
- place copy of the above notification on child's and adoptive family's file.

6 months

6 months (to support finalization).

- summary of child's adjustment to placement (Report of the Adjustment of Child in Home (ROACH));
- statement of live birth;
- need for post-adoption services addressed;
- workers may wish to refer to a complete adoption placement check list of forms and reports which can be found in the adoption department.

If adoption is on consent:

- consents of birth parents;
- if birth father unavailable or not consenting, affidavit of parentage by birth mother;
- affidavit by Society employee re explanation of rights to birth mother.

Every child deserves permanency and a place to belong where they are cherished.

This is **Exhibit "B"** referred to in the affidavit of Elizabeth T. French, sworn before this 14 day of September, 2015

A Commissioner for Taking Affidavits

Risk Assessment Model for Child Protection in Ontario

Revised 2000

Dear Colleague

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

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

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

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

The revised Risk Assessment Model still includes:

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

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

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

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

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

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

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

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

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

March 2000

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

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7.5M/07/2000.

Ce document est disponible en français

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

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

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

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

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

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

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

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

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

The Key Components

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

1. Eleven risk decision points

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

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

2. Standards to Guide Each Decision Point

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

3. Eligibility Assessment

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

4. Safety Assessment and Immediate Safety Plan

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

5. Risk Assessment

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

6. Assessment of Other Child Protection Issues

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

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

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

The Risk Assessment Model within the Legal Context of Child Protection

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

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

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

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

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

Introduction to the Standards for Child Protection Cases

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

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

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

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

Work Group to Develop New Standards for Child Protection:

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

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

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

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

Issues Related to the Standards for Child Protection Cases:

1. Responsibility for Child Protection Case Decisions:

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

2. Linkages to Other Sectors:

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

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

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

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

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

4. Native/Aboriginal Children and Families:

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

DEFINITIONS

Statute

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

Regulation

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

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

Standards

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

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

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

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

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

Requirements Supporting The Standard

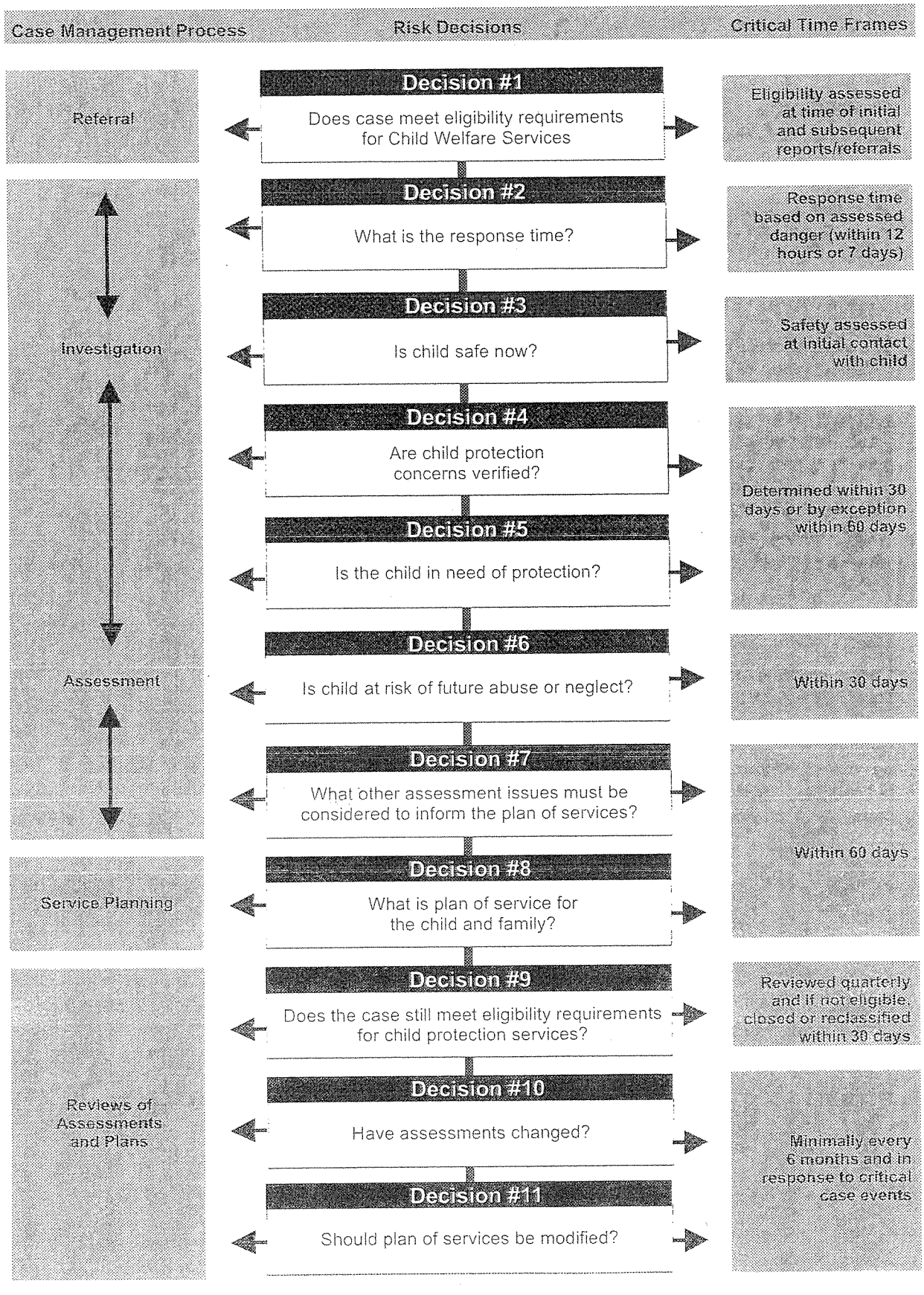
The requirements supporting the standard are a description of practices required to implement the Standard. They may also be used to assist the agency in monitoring the performance of staff and to assist the ministry in monitoring agency performance.

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

Commentary

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

Risk Assessment Model for Child Protection in Ontario*



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

* Revised 2000

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

Standard (1): Eligibility for Service

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

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

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

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

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

Risk Decision #1

Does the Case Meet Eligibility Requirements for Child Protection Service?

Introduction

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

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

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

Requirements Supporting Standard

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

Making the Eligibility Decision

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

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

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

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

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

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

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

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

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

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

Supervisory Review

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

Opening Cases Rated Below the Intervention Line

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

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

Changing Eligibility Ratings

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

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

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

Commentary

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

History of the *Eligibility Spectrum*

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

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

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

Risk Decision #2
What Is the Response Time?

Standard (2): Response Time

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

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

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

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

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

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

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

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

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

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

- all the children in the family are not seen.

Risk Decision #2

What Is the Response Time?

Introduction

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

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

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

Requirements Supporting Standard

Response Time:

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

Investigation Plan:

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

a) Assignment of case responsibility for the investigation.

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

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

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

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

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

Commentary

Response Time:

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

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

Specific factors which are also considered include:

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

Investigation Plan:

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

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

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

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

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

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

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

Risk Decision #3
Is the Child Safe Now?

Standard (3): Safety Assessment

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

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

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

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

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

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

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

Risk Decision # 3

Is the Child Safe Now?

Introduction

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

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

Requirements Supporting Standard

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

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

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

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

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

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

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

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

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

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

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

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

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

Medical Examination:

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

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

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

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

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

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

Commentary

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

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

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

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

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

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

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

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

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

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

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

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

SAFETY ASSESSMENT FORM

CASE NAME: _____ FILE NUMBER:_____

DATE OF RECEIPT OF REFERRAL/REPORT/INFORMATION: _____

DATE SAFETY ASSESSMENT COMPLETED:_____

CAREGIVER #1: _____ CAREGIVER #2:_____

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

CHILD (a) _____ AGE:_____SEEN?_____

CHILD (b)_____ AGE:_____SEEN?_____

CHILD (c) _____ AGE:_____SEEN?_____

CHILD (d) _____ AGE:_____SEEN?_____

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

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

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

SAFETY DECISION

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

IMMEDIATE SAFETY INTERVENTION PLAN:

NAME OF WORKER COMPLETING SAFETY ASSESSMENT: _____

DATE SAFETY ASSESSMENT FORM COMPLETED: _____

NAME OF SUPERVISOR CONSULTED: _____

DATE OF SUPERVISORY CONSULTATION: _____

Risk Decision #4
Are Child Protection Concerns Verified?

Standard (4): Determining Whether Protection Concerns are Verified

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

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

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

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

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

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

Risk Decision #4

Are the Child Protection Concerns Verified?

Introduction

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

Requirements Supporting Standard

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

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

Investigation

The following steps are required for all child protection investigations:

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

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

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

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

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

Verification

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

The verification process shall involve:

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

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

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

Child Abuse Register

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

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

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

Commentary

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

Verification of neglect:

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

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

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

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

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

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

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

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

Reasons shall be documented and approved by the supervisor where:

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

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

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

Risk Decision #5

Is the Child in Need of Protection?

Introduction

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

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

Requirements Supporting Standard

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

The documentation shall include

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

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

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

The possible outcomes of the full protection investigation are:

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

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

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

Commentary

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

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

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

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

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

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

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

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

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

Standard (6): Risk of Future Abuse/Neglect

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

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

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

Risk Decision #6

Is the Child at Risk of Future Abuse or Neglect?

Introduction

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

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

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

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

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

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

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

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

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

Requirements Supporting Standard

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

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

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

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

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

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

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

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

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

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

Commentary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Procedures for Completing Risk Assessment Tool

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

(1) Caregiver

(2) Child

(3) Family

(4) Intervention

(5) Abuse/Neglect

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

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

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

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

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

Risk Assessment Scale Anchor Descriptions

Caregiver Influence
CG1. Abuse/Neglect of Caregiver

4. **Severe abuse/neglect as a child.**

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

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

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

2 **Episodes of abuse/neglect as a child.**

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

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

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

0. **No perceived abuse/neglect as a child.**

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

9. **Insufficient information to make a rating.**

Caregiver Influence
CG2. Alcohol or Drug Use

4. Substance use with severe social/behavioural consequences.

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

3. Substance use with serious social/behavioural consequences.

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

2. Occasional substance use with negative effects on behaviour.

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

1. Occasional substance use.

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

0. No misuse of alcohol or use of drugs.

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

9. Insufficient information to make a rating.

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

Caregiver Influence
CG3. Caregiver's Expectations of Child

4. Unrealistic expectations with violent punishment.

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

3. Unrealistic expectations with angry conflicts.

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

2. Inconsistent expectations leading to confusion.

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

1. Realistic expectations with minimal support.

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

0. Realistic expectations with strong support.

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

9. Insufficient information to make a rating.

Caregiver Influence
CG4. Caregiver's Acceptance of Child

4. Rejects and is hostile to child.

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

3. Disapproves of and resents child.

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

2. Indifferent and aloof to child.

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

1. Limited acceptance of child.

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

0. Very accepting of child.

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

9. Insufficient information to make a rating.

Caregiver Influence
CG5. Physical Capacity to Care for Child

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

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

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

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

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

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

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

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

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

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

9. **Insufficient information to make a rating.**

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

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

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

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

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

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

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

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

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

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

0. No identifiable mental/emotional disturbance.

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

9. Insufficient information to make a rating.

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

Child Influence
C1. Child's Vulnerability

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

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

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

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

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

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

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

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

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

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

9. **Insufficient information to make a rating.**

Child Influence
C2. Child's Response to Caregiver

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

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

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

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

2. Moderately anxious with apprehension and suspicion toward caregiver.

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

1. Marginally anxious with some hesitancy toward caregiver.

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

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

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

9. Insufficient information to make a rating.

Child Influence
C3. Child's Behaviour

4. Dangerous behaviour problems.

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

3. Serious behaviour problems.

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

2. Moderate but pervasive behaviour problems.

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

1. Minor behaviour problems.

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

0. No significant behaviour problems.

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

9. Insufficient information to make a rating.

Child Influence
C4. Child's Mental Health and Development

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

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

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

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

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

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

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

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

0. No identifiable mental/emotional disturbance.

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

9. Insufficient information to make a rating.

Child Influence
C5. Child's Physical Health and Development

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

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

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

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

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

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

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

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

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

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

9. **Insufficient information to make a rating.**

Family Influence
F1. Family Violence

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

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

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

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

2. Isolation and intimidation; threats of harm.

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

1. Verbal aggression.

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

0. Mutual tolerance.

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

9. Insufficient information to make a rating.

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

Family Influence
F2. Ability to Cope With Stress

4. Chronic crisis with limited coping.

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

3. Prolonged crisis strains coping skills.

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

2. Stabilized after period of crisis.

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

1. Resolution without adverse effect.

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

0. Free from stress influence.

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

9. Insufficient information to make a rating.

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

Family Influence
F3. Availability of Social Supports

4. Effectively isolated.

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

3. Some support, but unreliable.

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

2. Some reliable support, but limited usefulness.

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

1. Some reliable and useful support.

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

0. Multiple sources of reliable and useful support.

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

9. Insufficient information to make a rating.

Family Influence
F4. Living Conditions

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

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

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

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

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

0. Safe: no hazardous conditions apparent.

9. Insufficient information to make a rating.

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

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

Family Influence
F5. Family Identity and Interactions

4. Negative family interactions.

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

3. Family interactions generally indifferent

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

2. Inconsistent family interactions.

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

1. Family interaction usually positive.

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

0. Family interactions typically supportive.

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

9. Insufficient information to make a rating.

Intervention Influence
11. Caregiver's Motivation

4. No motivation to meet child's needs.

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

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

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

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

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

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

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

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

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

9. Insufficient information to make a rating.

Intervention Influence
I2. Caregiver's Cooperation with Intervention

4. Refuses to cooperate.

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

3. Cooperates minimally, but resists intervention.

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

2. Cooperates, but poor response to intervention.

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

1. Cooperates, with generally appropriate response to intervention.

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

0. Cooperates with intervention.

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

9. Insufficient information to make a rating.

Abuse/Neglect Influence
A1. Access to Child by Perpetrator

4. Open access with no adult supervision.

Victim and perpetrator live together with no other adult supervision.

3. Open access with ineffective adult supervision.

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

2. Open access with effective adult supervision.

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

1. Limited access with effective adult supervision.

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

0. No access to child OR no perpetrator.

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

OR

There is no perpetrator.

9. Insufficient information to make a rating.

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

Abuse/Neglect Influence
A2. Intent and Acknowledgement of Responsibility

4. **Deliberate or premeditated abuse or neglect.**

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

3. **Hides or denies responsibility for abuse/neglect.**

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

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

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

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

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

0. **Injury is accidental or neglect is not deliberate.**

   Incident appears accidental and caregiver appears sorry and remorseful.

9. **Insufficient information to make a rating.**

Abuse/Neglect Influence
A3. Severity of Abuse/Neglect

4. **Extreme harm or substantial danger of extreme harm.**

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

3. **Serious harm of substantial danger of serious harm.**

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

2. **Moderate harm or substantial danger of moderate harm.**

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

1. **Minor harm or substantial danger of minor harm.**

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

0. **No harm or substantial danger of minor harm.**

9. **Insufficient information to make a rating.**

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

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

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

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

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

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

2. **Previous abuse/neglect.**

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

1. **Abuse/neglect concerns.**

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

0. **No history of abuse/neglect.**

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

9. **Insufficient information to make a rating.**

Case Risk Rating Guidelines

(5) High Risk

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

(4) Moderately High Risk

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

(3) Intermediate Risk

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

(2) Moderately Low Risk

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

(1) No/Low Risk

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

RISK ASSESSMENT TOOL

Date of Case Opening:
Current Primary Reason for Service:

❑ Initial ❑ Review

CASE NAME:_____ FILE NUMBER:_____

CAREGIVER #1: _____ CAREGIVER#2:_____

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

CHILD (a) _____ AGE: _____LEGAL STATUS:_____

CHILD (b)_____ AGE: _____LEGAL STATUS:_____

CHILD (c) _____ AGE: _____LEGAL STATUS:_____

CHILD (d) _____ AGE: _____LEGAL STATUS:_____

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

CAREGIVER INFLUENCE

CG1. Abuse/Neglect of Caregiver

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

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

CG2. Alcohol or Drug Use

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

CG2.

CG3. Caregiver's Expectations of Child

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

CG3.

CG4. Caregiver's Acceptance of Child

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

CG4.

CAREGIVER INFLUENCE

CG5. Physical Capacity to Care for Child — CG5.

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

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

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

CHILD INFLUENCE

C1. Child's Vulnerability

Child

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

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

C2. Child's Response to Caregiver

Child

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

C2.

C3. Child's Behaviour

Child

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

C3.

CHILD INFLUENCE

C4. Child's Mental Health and Development

Child

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

C4.

CHILD INFLUENCE

C5. Child's Physical Health and Development

Child a	Child b	Child c	Child d			C5.
❑	❑	❑	❑	4.	Severe physical illness, disability, or lack of physical development; requires medical care.	
❑	❑	❑	❑	3.	Serious physical illness, disability, or lack of physical development; restricts activities without special care.	
❑	❑	❑	❑	2.	Moderate physical illness, disability, or lack of physical development; restricts activities somewhat but overcome with special care.	
❑	❑	❑	❑	1.	Mild physical illness, disability, or lack of physical development; does not restrict activities.	
❑	❑	❑	❑	0.	Healthy and no obvious physical illness, disability, or lack of physical development.	
❑	❑	❑	❑	9.	Insufficient information to make a rating.	

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

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

INTERVENTION INFLUENCE

I1. Caregiver's Motivation

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

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

I1.

I2. Caregiver's Cooperation with Intervention

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

I2.

ABUSE/NEGLECT INFLUENCE

A1. Access to Child by Perpetrator

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

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

A1.

A2. Intent and Acknowledgement of Responsibility

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

A2.

A3. Severity of Abuse/Neglect

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

A3.

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

RISK ANALYSIS

DATE RISK ASSESSMENT TOOL COMPLETED:_____

CASE NAME:_____

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

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

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

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

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

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

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

F. Give rating of overall risk for family.

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

Date Risk Assessment Tool Completed: _____

Worker's Signature: _____

Date Approved: _____

Supervisor's Signature: _____

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

Standard (7): Assessment of Other Child Protection Issues

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

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

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

Risk Decision #7

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

Introduction

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

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

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

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

Requirements Supporting Standard

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

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

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

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

Commentary:

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

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

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

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

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

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

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

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

Standard (8): Plan of Service

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

The Plan of Service shall:

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

Risk Decision #8

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

Introduction

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

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

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

Requirements Supporting Standard

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

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

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

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

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

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

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

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

Commentary

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

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

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

1) Outcomes are most helpful when they:

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

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

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

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

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

5) Child protection service is to be assertively monitored.

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

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

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

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

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

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

Risk Decision #9

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

Introduction

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

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

Requirements Supporting Standard

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

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

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

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

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

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

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

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

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

Commentary

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

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

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

First, consider closing a child protection case when:

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

Next, further consider:

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

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

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

Risk Decision #10: Have Assessments Changed?
Risk Decision #11: Should The Plan of Service be Modified?

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

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

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

Risk Decision #10
Have Assessments Changed?

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

Introduction

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

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

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

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

Requirements Supporting Standards

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

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

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

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

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

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

Commentary

Reassessment of Risk

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

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

Caregiver Influence

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

Child Influence

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

Family Influence

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

Intervention Influence

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

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

Reassessment of Other Child Protection Issues

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

Plan of Service

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

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

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

Supplementary Child Protection Standards

Standard # 11

Standard (11): Record-Keeping

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

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

Commentary

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

Standard # 12

Standard (12): Deviation from Child Protection Standards

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

Requirements Supporting Standard

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

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

This is **Exhibit "C"** referred to in the affidavit of Elizabeth T. French, sworn before this 14 day of September, 2015

A Commissioner for Taking Affidavits

Ontario

Risk Assessment Model for Child Protection in Ontario

Eligibility Spectrum

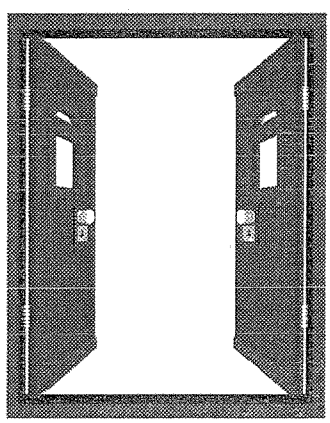
Risk Assessment Model for Child Protection in Ontario

Plus Regulations

Revised 2000

Ontario Child Welfare

Eligibility Spectrum



Revised 2000

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PURPOSE

As set out in section 15 of the *Child and Family Services Act,* the functions of a CAS are to,

(a) investigate allegations or evidence that children who are under the age of 16 or are in the society's care or under its supervision may be in need of protection;

(b) protect, where necessary, children who are under the age of 16 years or are in the society's care or under its supervision;

(c) provide guidance, counselling and other services to families for protecting children or for the prevention of circumstances requiring the protection of children;

(d) provide care for children assigned or committed to its care under this Act;

(e) supervise children assigned to its supervision under this Act;

(f) place children for adoption under Part VII; and,

(g) perform any other duties given to it by this or any other Act.

The *Eligibility Spectrum* is a tool designed to assist Children's Aid Society staff in making consistent and accurate decisions about eligibility for service at the time of referral. It assists in interpreting the legal requirements for initial and ongoing child welfare intervention. Supervisory consultation and review of complex situations by CAS staff members using the tool will support a consistent and therefore dependable response pattern by the organization and the province.

The Spectrum also assists community service providers and those making referrals to the CAS to understand the Child Welfare mandate. The Spectrum supports inquiry and discussion amongst the referrer and the child welfare decision maker. It is of particular use in case situations in which the need to intervene is unclear.

This version (2000) of the Spectrum reflects the amendments to the *Child and Family Services Act* contained in the *Child and Family Services Amendment Act (Child Welfare Reform), 1999,* which was passed by the Ontario Legislature in May 1999 and subsequently proclaimed into force.

HISTORY of the SPECTRUM

The Ontario Child Welfare Eligibility Spectrum (originally called The Intervention Spectrum), was first developed by Mary Ballantyne and George Leck of Simcoe CAS in 1991 with early and ongoing support by Margaret Morrison of Halton CAS. Original construction of the Spectrum incorporated some of Magura and Moses' (1986) Child Well-Being Scales categories and descriptors which have since been considerably modified. *The Child and Family Services Act, The Revised Standards for the Investigation and Management of Child Abuse Cases* (by the Children's Aid Societies) *Under the Child and Family Services Act* published by The Ministry of Community and Social Services (MCSS), the OACAS Accreditation Standards, field practice wisdom and best practices research all informed the development of the Spectrum. In 1995 a major revision of the Spectrum occurred and was assisted by the following Societies: Elgin, Haldimand-Norfolk, Muskoka, Peel, Perth, York and Sarnia. Other individuals and organizations also contributed to that refinement.

In 1994, MCSS provided a grant to the OACAS to test the reliability and validity of the Eligibility Spectrum. The 1997 version of the Spectrum was developed based upon the results of that research and feedback received from extensive field use. The research was conducted by Professor Robert MacFadden and Deborah Goodman, doctoral candidate, Faculty of Social Work, University of Toronto, Mary McConville, Executive Director of the OACAS, George Leck, Mary Ballantyne and Margaret Morrison. A Research Advisory Committee consisting of representatives from Peel CAS, Toronto Catholic CAS, Leeds-Grenville Family and Children's Services and Essex Roman Catholic CAS assisted. Frontenac CAS, Toronto Catholic CAS, Huron CAS, Sudbury CAS, Metro Toronto CAS and Jewish Family and Children's Services supplied data to the project. The result was the second major revision of the instrument.

The *Eligibility Spectrum* was included in the *Risk Assessment Model for Child Protection in Ontario,* issued in October 1997. It has been in consistent use in all Children's Aid Societies in Ontario since August, 1998. Minor revisions were made to the *Eligibility Spectrum* in 1999 to address issues identified by the field during its broad use, and to ensure consistency with amendments to the CFSA and with new *Standards for Child Protection Cases.*

DESCRIPTION

TWO DIMENSIONAL MATRIX

The *Eligibility Spectrum* is a two-dimensional matrix. (See diagram on page 3). The vertical axis denotes the reasons for service based on the legislation. The service reasons (vertical axis) are organized within the Spectrum into the following sections:

- SECTION #1 Physical/Sexual Harm By Commission
- SECTION #2 Harm By Omission
- SECTION #3 Emotional Harm
- SECTION #4 Abandonment/Separation
- SECTION #5 Caregiver Capacity
- SECTION #6 Request for Counselling
- SECTION #7 Request for Adoption Services
- SECTION #8 Foster Care Services
- SECTION #9 Volunteer Services
- SECTION #10 Request for Assistance

Sections one to five are grounded in Part III of the *Child and Family Services Act.* The horizontal axis of these five sections is a series of scales dividing the reasons for service into four levels of severity. In using the Spectrum, CAS workers match the described situation at the point of referral to the appropriate reason for service on the vertical axis and level of severity on the horizontal axis. The intervention line is indicated in each scale and provides a guideline to the worker as to whether a mandatory protection response is required. **Sections six to ten** relate to other parts of the legislation. The horizontal axes of these sections are not made up of scales indicating level of severity. Instead they consist of choices ranked in no particular order.

All cases or situations being presented to the Children's Aid Society should be coded according to their Eligibility Spectrum classification.

PREAMBLE TO THE RATING SCALES

Each scale begins by setting the context for that particular scale. This context is set through ***Child and Family Services Act*** **References, Interpretation, Description** and **Scoring Hints.**

The *Child and Family Services Act* references include the entire subsections relied upon with relevant portions to that Eligibility Spectrum section bolded.

ELIGIBILITY SPECTRUM:		Level of Severity			
SECTION	SCALE	Extremely	Moderately	Minimally	Not Severe
1. Physical/Sexual Harm by Commission	1. Physical Force and/or Maltreatment	A,B,C,D,E	F,G,H,I,J	K,L	M
	2. Cruel/Inappropriate Treatment	A	B	C	D
	3. Abusive Sexual Activity	A,B,C,D,E	F,G,H,I	J,K	L
	4. Threat of Harm	A	B,C	D	E
2. Harm by Omission	1. Inadequate Supervision	A	B	C	D
	2. Neglect of Child's Basic Physical Needs	A	B	C	D
	3. Caregiver Response to Child's Physical Health	A,B	C	D	E
	4. Caregiver Response to Child's Mental, Emotional Developmental Condition	A	B	C	D
	5. Caregiver Response to Child Under 12 Who Has Committed a Serious Act	A	B	C	D
3. Emotional Harm	1. Caregiver Causes and/or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm	A	B	C	D
	2. Adult Conflict	A,B	C,D	E	F
4. Abandonment/ Separation	1. Orphaned/Abandoned Child	A,B	C	D,E	F
	2. Caregiver-Child Conflict/Child Behaviour	A	B	C	D
5. Caregiver Capacity	1. Caregiver Has History of Abusing/Neglecting	A,B,C	D	E	F
	2. Caregiver Inability to Protect	A,B	C	D	E
	3. Caregiver with Problem	A	B	C	D
	4. Caregiving Skills	A	B	C	D

Section	Scale	Unranked Choices
6. Request for Counselling		A,B,C,D,E,F
7. Request for Adoption Services	1. Adoption 2. Adoption Disclosure	Adoption: A,B,C,D,E,F,G Adoption Disclosure: A,B,C,D
8. Foster Care Services		A,B,C,D,E,F
9. Volunteer Services		A,B,C,D
10. Request for Assistance		A,B,C,D,E,F,G,H,I,J,K

Child and Family Services Act References

Each scale begins with a reference to the *Child and Family Services Act*. All of the scales reference the relevant clause of sub-section 37(2) of the legislation referring to a child in need of protection. Some scales also reference other sections of the Act. The sections of the Act that are most directly linked to that scale are identified. For example, the "Abusive Sexual Activity Scale" references 37(2)(c)and (d):

(c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c).

References to the legislation appear within two solid lines within the text.

nterpretation

Each scale contains an interpretive statement which explains the rationale behind the scale and links it to current literature on the subject. The interpretation segment is not a legal interpretation but is a contextual description of what areas the scale will cover.

For example, the interpretation associated with the scale on "Physical Force and/or Maltreatment" describes what is meant by physical maltreatment and provides a definition for abusive physical punishment. Abusive physical punishment includes the following:

- use of generally acceptable mode(s) of physical punishment, but is overdone, prolonged unduly, or excessive force is used.
- uses of generally unacceptable or inappropriate mode(s) of physical punishment. Examples: continually or roughly beating, shaking etc.

Interpretations appear in rounded boxes within the text.

Description

Some scales are prefaced by a ***description****. The description will usually be of a particular type of child or activity that will be referred to in the actual scale that follows. For example, in the scale "Physical Force and/or Maltreatment", one form of physical force is:*

- ***Excessive or Inappropriate Physical Force Used, Resulting in Severe Injury***
  Severe injuries always require prompt medical attention, often on an emergency basis; e.g., long bone fractures, internal injuries such as through shaking; third degree (most severe) burns; brain or spinal cord injury; eye injury; deep wounds or punctures that could result in systemic infection.

This description statement is later linked in the actual rating scale to combine the extent of the physical maltreatment with the person that perpetrated against the child. The situation of most severity in the scale would be an extreme form of maltreatment perpetrated by a prime caregiver. See Section 1, Scale 1, Rating Level A.

Descriptions appear in squared boxes within the text.

Scoring Hints

Some sections and some individual descriptors have accompanying ***scoring hints.*** *These hints are to assist the assessor in making the most accurate choice. Scoring hints have been applied in places where there may be confusion with another section or scale. Scoring hints are in italics and are marked with the light bulb icon.*

THE RATING SCALES

The Scale Begins
The actual rating scale that is to be scored is denoted in the following manner:

Rating Scale For

Levels of Severity
Each scale has 4 levels of severity. The descriptors under each scale are listed in order from most severe to least severe. Some scales have only one descriptor under each level of severity and other scales have more than one under each level. The levels of severity are defined as the following:

Extremely Severe (Reference Part III: Protection, of the CFSA)
The child is in urgent need of child protection services given that:

- the child has suffered physical harm inflicted by the person having charge of the child or because of that person's failure to care for, provide for, supervise or protect the child adequately

and/or

- the child has suffered sexual harm at the hands of the person having charge of the child or because of that person's failure to protect the child adequately

and/or

- there is a risk that the child is likely to be physically or sexually harmed as above and the child is in imminent danger of harm if intervention is not immediate

and/or

- the child has been orphaned with no adequate provision for the child's care

and/or

- the child has been abandoned

and/or

- the family dynamics are such that separation of the child from the caregiver is imminent if intervention is not immediate

and/or

- the child is suffering serious emotional harm and the caregiver is not responding to the condition or the emotional harm is caused by the actions or inaction of the parent

and/or

- there is a risk that the child is likely to suffer serious emotional harm and the child is in imminent danger of suffering irreversible emotional damage

and/or

- the child has a serious physical health condition or mental emotional developmental condition that if not responded to could be extremely detrimental to the child

and/or

- the child is under 12 and has committed a serious act, and the caregiver does not respond with treatment or better supervision - the lack of response could be extremely detrimental to the child

Moderately Severe (Reference Part III: Protection, of the CFSA)
The child is in need of child protection services but the need is not as urgent as the "Extremely Severe" cases given that:

- there is a risk that the child is likely to be physically or sexually harmed as above or of suffering irreversible psychological damage but the child is not in imminent danger

and/or

- the child is at risk of being separated from the caregiver but is not in immediate danger of separation.

and/or

- the child is suffering moderate emotional harm or is at risk of a likelihood of emotional harm caused by the actions or inactions of the caregiver and/or the caregiver is not responding appropriately

and/or

- the child has a moderate physical, mental, emotional, developmental condition, or has conducted a serious act, and the caregiver is not responding appropriately

Minimally Severe (Reference Part II: Voluntary Services -Non-Protection)
The child or family could benefit from intervention, but the intervention is not necessary for the physical and/or psychological safety of the child or the integrity of the family (related to the separation of the child from the family).

Not Severe
The family is healthy in its response to the physical and psychological needs of the child.

Intervention Line

Intervention Line

All situations plotted above this line require investigation. Those situations plotted below the line do not. See Section "The Child Protection Entry Point" for details.

OPERATIONAL ISSUES

CHILD PROTECTION ENTRY POINT

The Child Protection Entry Point has been drawn in the Eligibility Spectrum between the "Moderately Severe" and "Minimally Severe" levels of severity. Therefore, the Children's Aid Society must intervene in a family by conducting a full protection investigation/assessment of that family if allegations are made that fall within the "Extremely Severe" or "Moderately Severe" levels in at least one area. Similarly, on open cases, such allegations must result in a full protection investigation as well.

Generally, when information is rated below the Intervention Line, no full protection investigation is required. However, a full protection investigation may be initiated in consideration of past history (including past reports/referrals), several minimally severe descriptors, the child's age, etc. In exceptional circumstances, an individual Children's Aid Society may decide to open protection cases which fall below the intervention line, because of a lack of other appropriate resources in that particular community. However, **for all cases which are plotted above the Intervention Line,** full protection investigation **and/or service is required.**

SOCIAL WORKER JUDGEMENT

As in any situation where child protection decisions must be made, **judgement is an important factor in using the *Spectrum*.** In all situations such characteristics as

- the **age** of the child,
- the child's **level of intellectual functioning,**
- the child's general **developmental level**
- any **past involvement** with a child welfare agency,
- the **number and nature of minimally severe indicators** in the presenting situation and any other characteristic which would inform a child welfare assessment

should be considered when making determinations concerning vulnerability, severity and safety. In situations where there is inadequate information with which to make a firm decision, more information should be sought. It is important that the Spectrum not be misused through too rigid or too literal an interpretation, which might result in a screening out of legitimate cases. When in doubt as to severity, err on the side of greater severity.

In some situations, social worker judgement may suggest that the Intervention Line is not appropriate for that particular case, and as such should not be used as the basis for not initiating a full protection investigation. For example, one family may have several allegations made about it, none of which fall above the intervention line. In this situation, full protection investigation may be appropriate and a protection case opened. **The spectrum is a guide, not replacement for worker judgement.** Eligibility decisions that do not correspond to the Spectrum rating should be appropriately documented.

RATING METHOD

All cases must be scored with a primary reason for service. Cases may also be scored with a secondary reason for service. In situations where the case presents more than one reason for service, the rater should choose the reason for service with greater severity as the primary reason for service. For example, the reason for service which falls in the "Extremely Severe" category should be designated the primary reason.

In situations where two reasons for service have ratings of equal severity (e.g. both rated as "Extremely Severe"), the primary reason should be that which presents the more immediate risk to the child at the time of referral. The other then becomes the secondary reason for service. In many cases there is no secondary reason for service. In some cases there can be more than one secondary reason for service. Coding the secondary reason for service is important if there is one as the primary and secondary reasons for service identify the issues which are the subject of the full protection investigation.

REFERRAL and REPORTING

Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect that a child is or may be in need of protection, that person is required to report the suspicion and the information upon which it is based forthwith to a Children's Aid Society (CFSA Sec.72 (1)). This duty is ongoing and cannot be delegated. Persons with questions or concerns about reasonable grounds in a given situation are encouraged to contact a children's aid society for consultation.

Professionals and officials have the same duty as any member of the public to report a child's need for protection (CFSA s.72(1)). However, the Act recognizes that persons working closely with children have a special awareness of children who may be in an abuse or neglect situation. Thus the legislation imposes a specific sanction on these professionals in the event that the duty to report is contravened. Failure to report is an offence under the *Child and Family Services Act.* Any professional who fails to report his/her suspicion of a child who is or may be in need of protection is liable on conviction to a fine of up to $1,000.

Some professional and members of the general public may have access to the Eligibility Spectrum. While reviewing the document may be helpful as a general reference, it must not in any way substitute for the duty to report to a children's aid society.

ADDITIONAL EXPLANATORY NOTES

CHILD IN NEED OF PROTECTION

The definition of a child in need of protection is found in section 37(2) of the *Child and Family Services Act.* Every ground for finding a child in need of protection contains two components and both are essential to the definition.
These are:

a) to find a child in need of protection requires that harm or risk of harm be verified through an investigation by a CAS, and,
b) also that the harm must be caused by or resulting from something done or not done by the child's caregiver. (CFSA Sect. 72(1)

CAREGIVER

The use of the word caregiver within the Spectrum applies to;

- the primary caregiver; mother, father, live-in partner, caregiver exercising access contact, adult with a custody and control order for the child in question, foster parent, etc.

- an assigned caregiver: day care worker, babysitter, a family member providing temporary substitute care, a partner of the caregiver (with no legal relationship to the child) etc.

- an assumed caregiver; the teacher, the children's recreational group leader, the school bus driver etc.

PHYSICAL HARM VS CORPORAL PUNISHMENT

As set out in the Child and Family Services Act, section 37 (2), physical harm is defined as a child who "has suffered physical harm inflicted by the person having charge of the child or caused by that person's failure to care for, provide for, supervise or protect the child, or a pattern of neglect in caring for, providing for, supervising or protecting the child."

In practice the presence of an injury generally denotes the infliction of harm (there are some situations where physical harm has been inflicted but there is no injury e.g. failure to thrive).

Corporal punishment is characterized by external control and can at times involve force or coercion. Corporal punishment combines control, force, and physical pain to get children to behave in acceptable ways. It is based on parental power.

Punishment may or may not result in the infliction of or risk of physical injury or harm.

DISCIPLINE

Discipline covers all methods used to train and teach children in self-control and socially acceptable behaviour without physical or psychological harm to the child.

Scale 1
PHYSICAL FORCE AND/OR MALTREATMENT

Child and Family Services Act References

37(2)

A child is in need of protection where:

(a) **The child has suffered physical harm, inflicted by the person having charge of the child** or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or

(ii) pattern of neglect in caring for, providing for, supervising or protecting the child

(b) **there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child** or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or

(ii) pattern of neglect in caring for, providing for, supervising or protecting the child.

nterpretation

This section addresses those situations where a caregiver, or family member, or community caregiver having charge of the child has committed an act of physical aggression against the child and the child has been harmed. Child physical maltreatment ranges from situations where physical punishment of the child occurred that was either extreme or inappropriate to situations where the child has been intentionally injured (Kolko, 1996). Child physical maltreatment can range in frequency from a one-time occurrence to a continual pattern.

Abusive physical force includes the following:

- Use of generally acceptable mode(s) of physical punishment, but is overdone, prolonged unduly, or excessive force is used;
- Use of generally unacceptable or inappropriate mode(s) of physical force. Examples: continual or lengthy beating, shaking, slapping or whipping; hitting with fist; kicking, biting, twisting, dropping, bludgeoning, burning, scalding, poisoning, suffocating, using weapon, etc.

Physical indicators of child physical maltreatment are: bruises, marks, fractures, head and internal injuries and burns (Tower, 1996). In assessing child physical maltreatment between siblings, significant disparity in age, development, previous history, caregiver ability to intervene and protect younger child, and extent of injury and/or risk of harm needs to be considered.

This scale should only be used for those situations where the child has been physically harmed as a result of a direct physical action by the caregiver against the child. For situations where the child has been physically harmed as an indirect result of a punishment against the child see Scale 2 "Cruel/Inappropriate Treatment". For situations where the child has been physically harmed because of a caregiver's inability to provide care, see Section 2 "Harm by Omission". For situations where the child has been harmed by being involved in adult conflict, see Section 3, Scale 2, "Adult Conflict".

Whenever a child has received a visible or internal injury or mark no matter how superficial, the situation should be considered at a 1, 2, or 3 level in the description. Only those situations where no known physical marks or internal injuries have been reported should be considered A4.

Allegations made about a child under the age of 16 of past (historical) physical harm should be plotted on this scale. Allegations of past physical harm which suggest a current risk that other children may be harmed should be plotted on Section 5, Scale 1, "Caregiver has History of Abusing/Neglecting".

Description of Physical Force and/or Maltreatment

1) **Excessive or Inappropriate Physical Force Used, Resulting in Severe Injury**
Severe injuries always require prompt medical attention, often on an emergency basis; e.g., long bone fractures, internal injuries such as through shaking, third degree (most severe) burns; brain or spinal cord injury; eye injury, deep wounds or punctures that could result in systemic infection.

Ritualistic physical abuse is included in this section.

2) **Excessive or Inappropriate Physical Force Used, Resulting in Moderately Serious Injury**
Moderately serious injuries are not life-threatening and are not likely to cause crippling, even in the absence of medical treatment.

Examples are sprains, mild concussions, broken teeth, bruises all over body, cuts needing suture, minor burns, minor (small bone) fractures, etc.

3) **Excessive or Inappropriate Physical Force Used, Resulting in Superficial Injury**
Typical superficial injuries are bruises, welts, cuts, abrasions. Injuries are localized in one or two areas and involve no more than broken skin.

4) **Excessive or Inappropriate Physical Force Used, But no Resulting Injury**
Force and type of punishment are excessive. The child is not actually physically injured, although experiences considerable temporary pain and potential for injury is there.

5) **Physical Force Used, But Not Excessive or Inappropriate**
Only generally acceptable mode(s) of physical force used (typically spanking on rear).

Purpose of punishment is primarily to symbolize disapproval, not to hurt or inflict great pain on child and punishment would not ordinarily leave physical marks.

6) **No Physical Force Used with Child**
Child never physically punished. Only non-physical, non-assaultive methods of discipline used (e.g., revoking privileges, verbal disapproval).

Rating Scale For Physical Force And/Or Maltreatment

Extremely Severe

Physical Harm - Prime Caregiver
Physical force is alleged/verified to have been used on the child as in (1) or (2) or (3) above by the person who is a prime caregiver of the child. (See Explanatory Note on page 7, eg. mother, father, stepfather, live-in partner)

Physical Harm - Caregiver With Knowledge
Physical force is alleged/verified to have been used on the child as in (1) or (2) or (3) above by someone other than the prime caregiver, but the prime caregiver had full knowledge of what was happening and allowed the force to be used.

Physical Harm - Family Member
Physical force is alleged/verified to have been used on the child as in (1) or (2) or (3) above by a family member who is not a prime caregiver (See Explanatory Note on page 7, eg. grandmother, sibling, uncle) but who has regular access to the child and has caregiving responsibilities.

Prime caregiver does not have knowledge of this and/or did not allow it to occur.

A parent having an access visit is considered a "Prime Caregiver" so should be scored as "A" above.

Physical Harm - Community Caregiver
Physical force is alleged/verified to have been used on the child as in (1)(2) or (3) above, at the hands of a person outside the family, but someone in a caregiving role (See Explanatory Note on page 7, eg. babysitter, teacher, recreation leader) with no knowledge on the part of the prime caregiver.

Physical Harm - Perpetrator Unknown
It is alleged/verified that child has unexplained or suspicious injuries which do not match the explanation presented and/or which do not appear to be accidental.

Moderately Severe

Risk That The Child Is Likely To Be Harmed- Prime Caregiver
Physical force is alleged/verified to have been used on the child as in (4) above by a family member who has a prime caregiving role of the child. (See Explanatory Note on page 7, eg. mother, father, stepfather, live-in partner)

Risk That The Child Is Likely To Be Harmed- Caregiver with Knowledge
Physical force is alleged/verified to have been used on the child as in (4) above at the hands of someone other than the prime caregiver, but the prime caregiver had full knowledge of what was happening and allowed the punishment to occur.

Risk That The Child Is Likely To Be Harmed- Family Member as Caregiver
Physical force is alleged/verified to have been used on the child as in (4) above by a family member who is not a prime caregiver (See Explanatory Note on page 7, e.g. grandmother, sibling, uncle) but who has regular access to the child and caregiving responsibilities.

Prime caregiver does not have knowledge of this and/or did not allow it to occur.

A caregiver having an access visit is considered a "Prime Caregiver". (See "F" above)

Risk That The Child Is Likely To Be Harmed- Community Caregiver
Physical force is alleged/verified to have been used on the child as in (4) by a person outside the family, but someone in a caregiving role (See Explanatory Note on page 7, e.g. babysitter, teacher, recreational leader) with no knowledge on the part of the prime caregiver.

Physical Harm/Risk That The Child Is Likely To Be Harmed- Family Member - Not Caregiving - Not Protected
Physical force is alleged/verified to have been used on the child as in (1) to (4) above, by a family member who is not in a caregiving position (e.g.. sibling). The caregiver of the victim has not condoned the activity, but has not been able to protect the child.

Intervention Line

Minimally Severe

Physical Harm/Risk That The Child Is Likely To Be Harmed-Non-Caregiver
Physical force is alleged/verified to have been used on the child as in (1) to (4) above by a person outside the family and not in a caregiving role with no knowledge on the part of the prime caregiver.

A case should be scored in this section only when it constitutes 'Report Received-Not Investigated', meaning that the family or community colleague did not receive a child protection service beyond a description of what services may be available through the agency or elsewhere in the community. Cases that receive more extensive service through the agency, should be scored in the following manner: Families who request counselling for physical assault or abuse -- see Section 6 "Request for Counselling". With respect to community colleagues who request abuse expertise and/or assistance with a physical assault investigation -- see Section 10 "Request for Assistance"

Not Excessive Force/No Risk That The Child Is Likely To be Harmed
Physical force is alleged/verified to have been used on the child as in (5) above.

Not Severe

No Physical Force/No Risk That The Child Is Likely To be Harmed
No physical force is alleged/verified to have been used on the child as in (6) above.

Scale 2
CRUEL/INAPPROPRIATE TREATMENT

Child and Family Services Act References

37(2)

A child is in need of protection where,

(a) **The child has suffered physical harm, inflicted by the person having charge of the child** or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or

(ii) pattern of neglect in caring for, providing for, supervising or protecting the child

(b) **there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child** or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or

(ii) pattern of neglect in caring for, providing for, supervising or protecting the child.

(c) **the child has been sexually molested or sexually exploited, by the person having charge of the child** or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

(d) **There is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c).**

nterpretation

The Cruel/Inappropriate Treatment scale identifies three forms of actions/punishment perpetrated against a child by a caregiver. These include: deprivation of food/water and/or deliberate "locking-out" and/or physical confinement or restriction.

This section refers to those cases where the caregiver's action towards the child was deliberate and was performed as a punishment and/or abusive action. In order to determine whether or not the action/punishment is cruel or inappropriate one must consider:

- the child's age and level of development
- the extent/duration of the action/punishment
- the purpose of the action/punishment (e.g. was the house locked for security reasons or to prevent the child from entering?)

For situations where the child has been inappropriately cared for or supervised by the caregiver, see the scales under Section 2 "Harm by Omission".

For situations where the actions or inactions of the caregiver has resulted in emotional harm, see the scale under Section 3 "Caregiver causes and/or Response to Child's Emotional Harm or Risk of Emotional Harm"

Description of Cruel/Inappropriate Treatment

1) ***Extreme and Moderate Cruel/Inappropriate Treatment***

Deprivation of Food/Water examples

- child has deliberately not been fed or given water for at least one day (exercise judgement-for a very young child this time period would be shorter)
- child has deliberately been fed only minimal and/or nutritionally inadequate food for several days or repeatedly

For situations where the child has been inadequately fed but **not** as a deliberate form of punishment by the caregiver, see Section 2 Scale 2 "Neglect of Child's Basic Physical Needs".

Deliberate Locking-out examples

- child has been locked out or expelled from the home, although the caregiver is in a position to admit the child or to make an appropriate alternate arrangement
- child has no safe place to go (relative/friend/neighbor) or child is not old enough or capable enough to go there
- child has had to ask a stranger for help
- child has been out several hours in bad weather
- child is too young to cross streets safely or play outside safely
- runaway child who comes to the attention of police or social services for help because his caregivers refuse, in an effort to discipline him, to allow him back into the house

For a child who has not been deliberately locked-out as a form of punishment but who has been left un-supervised outside, see Section 2 Scale 1" Inadequate Supervision".

For caregivers who have abandoned the child and that is why they are refusing him access, see Section 4 Scale 1 "Orphaned/Abandoned Child".

Physical Confinement or Restriction examples

- child confined to room for extensive period of time (depending on the age of the child)
- child confined in any cramped or dark enclosure (e.g. closet, bin, shed) for any period of time
- child not allowed outside for a week or more
- any sensory deprivation or placement in frightening situation
- child's movements are restricted by harnessing, tying, binding, etc.

2) **Minimal Cruel/Inappropriate Treatment**

Deprivation of Food/Water examples

- some deliberate withholding of food exists, but within generally acceptable bounds (e.g. child sent to bed without supper)
- water is never withheld

Deliberate Locking-out examples

- child is denied access to his or her home or expelled from home. He or she had somewhere to go (relative, friend, neighbour) and is old enough or capable enough to go there
- if out of home overnight, child was in safe location (another home or shelter)
- does not include any child who has to ask stranger for help
- if child runs away, caregiver either with or without aid of the police or social service agency, will take the child back

Physical Confinement or Restriction examples

- confinement is used occasionally in a generally acceptable way to discipline child. For example, child may be confined to room for several hours, or not allowed to play outside (or speak to friends) all day
- movements of child are never physically restricted by tying or binding
- child is not confined in a cramped or dark enclosure

3) No Cruel/Inappropriate Treatment

Deprivation of Food/Water examples

- food and water never deliberately withheld from child when it is available. This is never used as a means of punishment
- there may be restrictions on type of food (e.g. sweets, desserts) for nondisciplinary (e.g. health or economic) reasons

Deliberate Locking-out examples

- child never denied access to his or her home or expelled from home. This is never used as a deliberate action/means of punishment

Physical Confinement or Restriction examples

- child is never deliberately confined, tied, or bound in any way as a means of punishment

Rating Scale For Cruel/Inappropriate Treatment

Extremely Severe

Cruel/Inappropriate Treatment Resulting in Harm/Illness
It is alleged/verified that, due to deliberate deprivation of food/water, locking-out or physical confinement, as described in (1) above, the child has suffered physical harm/illness or sexual harm. This harm or illness may or may not require medical treatment.

Examples include:
- child suffers from malnutrition, dehydration, weight loss
- child is physically or sexually victimized (assaulted, kidnaped, robbed)
- young child is injured in an accident while being unattended
- child is injured by being restricted (e.g. rope burns)Moderately Severe

Moderately Severe

Cruel/Inappropriate Treatment -Risk That The Child Is Likely To Be Harmed/Become Ill
It is alleged/verified that, deliberate deprivation of food/water, locking-out or physical confinement exists as described in (1) above. As a result, there is a risk that the child is likely to be may be physically or sexually harmed or become ill. Although the child may not yet have been harmed, the child may have been hungry, frightened and/or have been threatened.

Intervention Line

Minimally Severe

Minimal Cruel/Inappropriate Treatment - Child Is Not Likely To Be Harmed/Become Ill
It is alleged/verified that, deprivation of food/water, deliberate locking-out and physical confinement are used in generally acceptable ways as described in (2) above. As a result, there is minimal risk that the child is likely to be harmed or become ill.

Not Severe

No Cruel/Inappropriate Treatment
It is alleged/verified that no forms of cruel/inappropriate treatment are used against the child.

Scale 3
ABUSIVE SEXUAL ACTIVITY

Child and Family Services Act References

37(2)

A child is in need of protection where:

(c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c).

nterpretation

Abusive sexual activity/exploitation includes, but is not limited to, any sexual contact between a child and a caregiver, or family member or community caregiver having charge of the child regardless if the sexual contact is accomplished by force, coercion, duress, deception, or the child understands the sexual nature of the activity (Tower, 1996). Sexual activity may include sexual penetration, sexual touching, or non-contact sexual acts such as exposure, sexual suggestiveness, sexual harassment or voyeurism.

In assessing abusive sexual contact between children, significant disparity in age, development, or size rendering the younger child incapable of giving informed consent needs to be considered (Ryan, 1991).

Definition of abusive sexual activity/exploitation includes the following:

- **Extreme Sexual Abuse**
  Child was ritually and/or sadistically abused and/or physical violence occurred during the sexual activity.

- **Sexual Intercourse**
  Child was sexually abused - sexual intercourse occurred (oral, anal and genital)

- **Sexual Molestation**
  Person has sexually molested the child (eg. fondled breasts or genitals, made child exhibit himself or herself). But there was no sexual intercourse between them.

- **Sexual Exhibitionism**
  Person has exhibited himself or herself sexually in front of the child (eg. exposure of genitals, masturbation). The child may have been pressured to participate, but did not do so.

- **Sexual Harassment**
  Child is being harassed, encouraged, pressured, or propositioned, to perform sexually. No sexual activity has actually occurred.

- **Sexual Suggestiveness**
  Sexually provocative comments are made to a child, or a child is shown pornographic photos. There have been no sexual approaches to the child, and no molestation is suspected.

- **Other Sexual Abuse**
  Sexually abusive activities other than those described above such as, exploitation for the purpose of pornography, voyeurism, observation of adult sexual behaviour, "grooming" activities, etc.

Allegations made about a child under the age of 16 of past (historical) sexual harm should be plotted on this scale. Allegations of past sexual harm which suggest a current risk that other children may be harmed, should be plotted on Section 5, Scale 1, "Caregiver has History of Abusing/Neglecting"

Rating Scale For Abusive Sexual Activity

Extremely Severe

Sexual Abuse - Prime Caregiver
It is alleged/verified that child sustained abusive sexual activity by a prime caregiver of the child (See Explanatory Note on page 7, eg. mother, father, stepfather, live-in partner). A caregiver having an access visit is included here.

Sexual Abuse - Prime Caregiver had Knowledge
It is alleged/verified that child sustained abusive sexual activity by someone other than the prime caregiver, but the prime caregiver had full knowledge of what was happening and allowed it to occur.

Sexual Abuse - Family Member as Caregiver
It is alleged/verified that child sustained abusive sexual activity by a family member who was in a caregiving role at the time of the offense, but who is not a primary caregiver (eg. grandfather, aunt, uncle) and has regular access to the child.

Prime caregiver did not have knowledge of this and/or did not allow it to occur.

A parent having an access visit is considered a "prime caregiver" so should be scored as A above.

Sexual Abuse - Community Caregiver
It is alleged/verified that child sustained abusive sexual activity by a person outside the family, but someone in a caregiving role (eg. babysitter, teacher, recreational leader).

Prime caregiver did not have knowledge of this and/or did not allow it to occur.

Physical Indicators of Sexual Abuse - No Perpetrator Identified
It is alleged/verified that child has physical indicators of abusive sexual activity (eg. sexually transmitted disease, trauma to genital area), but no specific abuse allegation has been made and the specific identity of the perpetrator is unknown.

Moderately Severe

Child Exhibits Sexual Behaviour - No Perpetrator Identified
It is alleged/verified that child exhibits unexplained sexual behaviour indicative of knowledge/experience beyond his/her age and development (eg. young child simulating intercourse with dolls or another child). No specific abuse allegation has been made.

Sexual Harm - Family Member - Not a Caregiver
It is alleged/verified that child sustained harmful sexual activity at the hands of a family member who was not in a caregiving role (eg. sibling). The caregiver of the victim has not condoned the activity, but has not been able to protect the child.

Risk That The Child is Likely To Be Sexually Harmed
It is alleged/verified that child is likely to be sexually harmed as described in A,B,C,D above.

Risk That The Child is Likely To Be Sexually Harmed/Questionable Sexual Activity
It is alleged/verified that child is likely to be sexually harmed as a result of an escalating pattern of questionable sexual activity by a caregiver of the child. This could include such activities as adults being indiscreet in performing sexual relations, adults continuing to bathe with older children, adults continuing to share a bed with older children, or other questionable sexual activity when it is also alleged/verified that there is sexual intent and the child is viewing the activities as threatening or as inappropriate.

Intervention Line

Minimally Severe

Questionable Sexual Activity
It is alleged/verified that a caregiver engages in activities that may not be appropriate around a child. These concerns would not fall into the definitions of abusive sexual activity or questionable sexual activity (as in I above) which causes a risk of harm but could include the same activities (such activities as adults being indiscreet in performing sexual relations, adults continuing to bathe with older children, adults continuing to share a bed with older children, etc) when sexual intent is not alleged/verified nor is the child would not be seeing these activities as threatening or as necessarily inappropriate.

Sexual Harm - Not a Family Member - Not a Caregiver
It is alleged/verified that child sustained abusive sexual activity at the hands of a person outside the family and not in a caregiving role.

Prime caregiver did not have knowledge of this and/or did not allow it to occur.

This section should be scored as a Report-Received-Not Investigated, meaning that the family or community colleague did not receive a child protection service beyond a description of what services may be available through the agency or elsewhere in the community. Cases that receive more extensive service through the agency, should be scored in the following manner: Families who request counselling for sexual assault or abuse -- see Section 6 "Request for Counselling". Community colleagues who request abuse expertise and/or assistance with a sexual assault investigation – see Section 10 "Request for Assistance"

If the child has been harmed by a non-family member who is not a caregiver due to a caregiver's lack of supervision score under Section 2, Scale 1, "Inadequate Supervision". If the child has not been harmed but there is a concern of risk of harm by a non-family member - not a caregiver score under Section 5, Scale 2, "Caregiver Inability to Protect".

Not Severe

No Sexual Abuse or Harm
It is alleged/verified that child sustained no abusive sexual activity.

Scale 4
THREAT OF HARM

Child and Family Services Act References

37(2)

A child is in need of protection where:

(b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or

(ii) pattern of neglect in caring for, providing for, supervising or protecting the child.

(c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c).

nterpretation

On a continuum of positive to negative psychological aspects of caregiver practices, a caregiver threatening to harm or endanger a child is viewed as negative given the vulnerability of children to psychological maltreatment (Finkelhor et. al., 1994). Caregiver threat of harm or endangerment of a child can reflect the psychological dimensions of maltreatment in both its direct and indirect forms (Hart et. al., 1987, 1996). For example, in its direct form a child may be terrorized by threats of harm or endangerment; in its indirect form, the child may, for example, develop ulcers in response to being terrorized. In deciding whether the threat lies on the extreme negative end of psychological maltreatment dimensions or whether the threat is categorized as inappropriate, inadequate, or misdirected caregiver practices, consideration needs to be given to the age and development of the child, the severity of the threat/action, previous threats/actions by caregiver(s), other caregiver history such as mental health problems, and the context in which the threat occurred.

Allegations of threat of harm should be scored in this section if the concern is for the physical safety of the child. If the allegations are that the on-going threats are emotionally harmful to the child, see Section 3 Scale 1 "Caregiver Causes or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm".

Rating Scale For Threat Of Harm

Extremely Severe

Direct Physical Threat, But No Actual Harm

It is alleged/verified that child is placed in a very dangerous threatening situation (e.g. held out of window, held over scalding water, deliberately allowed to wander where potential for injury is high, etc.).

No actual injury or harm occurs, though child may have been frightened.

Moderately Severe

Direct Verbal Threat

It is alleged/verified that direct, specific, verbal threats of abuse or harm are made against the child. Threats are such that, if carried out, physical harm to the child could result. Included would be threats of physical abuse, deprivation of food or water, sexual abuse, etc.

There has been no attempt to carry out such threats.

Implied Verbal Threat

It is alleged/verified that no direct and specific threats of abuse or harm are made.

Caregiver says they "feel overwhelmed by the child", "might hurt child", "fear child might have an accident", "get so mad at child they don't know what might happen", etc.

These indirect threats are of a quality which lead the listener to believe there is a danger of injury or neglect to the child. Examples include: situations involving persons with a history of mental health problems or overwhelmed caregivers with very small children.

The caregiver may or may not be requesting assistance to avoid carrying out these threats.

Intervention Line

Minimally Severe

Implied Verbal Threat with no Anticipated Follow-Through

It is alleged/verified that no direct and specific threats of abuse or harm are made.

Caregiver says they "feel overwhelmed by the child", "might hurt child", "get so mad at child they don't know what might happen", etc.

The caregiver appears to be making these threats out of frustration and there does not appear to be a reason to believe that the caregiver would follow through on the threats.

Not Severe

No Verbal or Physical Threat of Abuse

It is alleged/verified that no verbal or physical threats of abuse or harm are made against the child. Threat of generally acceptable corporal punishment (eg. spanking) should not be considered a threat of abuse or harm.

Scale 1
INADEQUATE SUPERVISION

Child and Family Services Act References

37(2)

A child is in need of protection where:

(a) The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or

(ii) pattern of neglect in caring for, providing for, supervising or protecting the child

(b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or

(ii) pattern of neglect in caring for, providing for, supervising or protecting the child.

(c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c).

nterpretation

Inadequate supervision both in and out of the home, is a form of neglect which is seen as an act of omission (Zuravin & Taylor, 1987)

Any person having charge of a child, less than 16 years of age, must make reasonable provision for the child's supervision and care, ensuring the child is free from physical or sexual harm. The person in charge must ensure supervision and care that is sufficient for the particular child, taking into account the child's age and developmental level. Other considerations are the time of day, the length of time the child is left, and the competency of the child and/or caregiver in meeting basic needs (e.g. eating, toileting and obtaining help in emergencies).

Caregivers must also ensure that alternate caregivers (e.g. babysitters) are capable of providing adequate care for the child.

If the lack of supervision has resulted in a child under 12 years committing a serious act, see Section 2 Scale 5 "Caregiver Response to Child Under 12 Who has Committed a Serious Act".

If the caregiver has left the child with inadequate child care and left with the intention of abandoning the child, see Section 4 Scale 1 "Orphaned/ Abandoned Child".

Rating Scale For Inadequate Supervision

Extremely Severe

Inadequate Supervision Resulting in Injury/Victimization
It is alleged/verified that the child has been improperly supervised by the caregiver. As a result, the child has been injured, or has been victimized (molested, etc.).

and/or

It is alleged/verified that a child who is unable to handle basic needs (e.g. eating, toilet, avoiding accidents) is left alone with an inadequate alternative caregiver (e.g. another young child, adult invalid). The caregiver does not return before the child's needs become acute. During that time an accident occurred causing some injury to the child, or the child has been victimized (e.g. molested).

and/or

It is alleged/verified that a child who is able to handle basic needs is left for long periods of time without appropriate arrangements being made to provide supervision for the child (e.g. an older child is left alone for an unreasonable length of time with no appropriate supervision). As a result, the child was physically or sexually harmed.

Moderately Severe

Inadequate Supervision Resulting In Risk That The Child Is Likely To Be Harmed and/or Distress to Child
It is alleged/verified that caregiver exercises little supervision over a younger child, either inside or outside the home. The child may have been found playing at home with objects that could hurt him. The child may have been found playing in unsafe circumstances outside (e.g. in street, in a dump, or with older strangers). Caregiver may or may not know child's location and does not check on him often enough. Child wanders to unfamiliar areas and sometimes needs stranger's help to return home. Younger children are given far too much responsibility for their own safety. Caregiver may depend on unplanned or informal arrangements to supervise the child. Caregiver may be unable to access the child's play area quickly if necessary.

and/or

It is alleged/verified that caregiver has few, if any, rules for the older child, and rarely enforces any. Child often stays out all night without caregiver knowing where he is or when he may return. Caregiver usually has no idea what child is doing and makes inadequate attempt(s) to find out. Child is known to be "out of control" within the community. Caregiver does not question child about money/possessions obtained outside the home or the child's known association with unknown or inappropriate adults.

and/or

It is alleged/verified that a child who is unable to handle basic needs (e.g. eating, toilet, avoiding accidents) is left alone or with an inadequate alternative caregiver (e.g. another young child, adult invalid). The caregiver does not return before the child's needs become acute. The child may be emotionally distraught or hungry, and may have had an accident, but no injury resulted

and/or

It is alleged/verified that a child who is able to handle basic needs is left for long periods of time without appropriate arrangements being made to provide supervision for the child (e.g. an older child is left alone for a weekend with no appropriate supervision). As a result, there was a risk that the child was likely to be harmed and/or was distressed by being left alone.

No child has yet been injured in any of these situations but a risk that the child is likely to be harmed/distressed exists.

Intervention Line

Minimally Severe

Marginal Supervision
It is alleged/verified that the quality of supervision provided to the younger child varies. Caregiver tends to leave younger child unobserved and does not always know what he is doing, but does know the child's whereabouts. Child is often "getting into" things that he shouldn't. Sometimes the child is found engaging in rough play.

and/or

It is alleged/verified that caregiver often may not know of whereabouts and/or activities of older children during the day, however, ensures the child is at home or their whereabouts known at night.

and/or

It is alleged/verified that a very young child is never left alone or with an inadequate alternative caregiver when the caregiver goes out. But an older child able to fend for himself sometimes does not know where his caregiver is at night or when he or she will return. The child would be able to get help in an emergency if necessary.

Note: In any of the Minimally Severe situations described above, no child is likely to be injured as a result of inappropriate supervision. Caregiver would be able to respond to emergency situation in appropriate time frame.

Not Severe

Adequate Supervision
It is alleged/verified that caregiver provides proper and timely supervision of child's activities inside and outside of the home.

It is alleged/verified that caregiver knows child's whereabouts and activities, whom he is with, and when he returns. Definite limits are set on child's activities.

and/or

It is alleged/verified that caregiver makes safe and appropriate substitute child care arrangements when needed (including babysitting and overnight arrangements).

Scale 2
NEGLECT OF CHILD'S BASIC PHYSICAL NEEDS

Child and Family Services Act References

37(2)

A child is in need of protection where:

(a) **The child has suffered physical harm,** inflicted by the person having charge of the child **or caused by or resulting from that person's,**

(i) **failure to adequately care for, provide for, supervise or protect the child, or**

(ii) **pattern of neglect in caring for, providing for, supervising or protecting the child**

(b) **there is a risk that the child is likely to suffer physical harm** inflicted by the person having charge of the child **or caused by or resulting from that person's,**

(i) **failure to adequately care for, provide for, supervise or protect the child, or**

(ii) **pattern of neglect in caring for, providing for, supervising or protecting the child.**

nterpretation

Neglect of a child's basic physical needs means the child's caregiver either deliberately or through a lack of knowledge and/or a lack of judgement and/or a lack of motivation (Cantwell, 1980) fails to provide the child with adequate food, shelter, clothing and safety (Tower, 1996). As a result of the omission of care or pattern of omission of care by the person having charge of the child, the child experiences injury or harm or illness, or there is a risk that the child is likely to be injured or harmed or become ill in one or more of these areas.

*For situations where the child has been inadequately cared for as a result of **deliberate** action by the caregiver to punish the child, see Section 1 Scale 2 "Cruel/Inappropriate Treatment".*

For situations where neglect of child's basic physical needs has not yet become apparent yet the caregiver has a condition (eg. substance abuse or mental health problem) where the child is at risk of having basic physical needs neglected, see Section 5 "Caregiver Capacity". If indicators of neglect as described below are apparent in the child currently, score in this section.

For situations where the caregiver is not feeding the child, score under this Section: "Neglect of Child's Basic Physical Needs". For situations where the child cannot eat/feed due to a medical condition and the caregiver does not respond with appropriate medical treatment score under Section 2, Scale 3, "Caregiver Response to Child's Physical Health".

Description of Neglect of Child's Basic Physical Needs

1) Extremely and Moderately Neglectful Conditions (may exist in one or more areas)

Nutrition examples

- *young infant is missing feedings or is regularly being given diluted formula*
- *infant is being breastfed and does not receive adequate nutrition from breast milk and/or supplements*
- *older child is missing several meals or is deprived of water*
- *almost no food is available in the home and child may have been seen scrounging for food*
- *child often takes food on own, but sometimes only nutritionally inadequate food in insufficient amounts*
- *the child who is unable to feed himself is not being provided with meals*
- *child is fed or is eating food not fit for human consumption (eg. non-food items, rotten food), or food which is not age appropriate (eg. alcoholic beverages)*

Personal Hygiene examples

- *child not bathed for lengthy periods & child emits strong body &/or mouth odour*
- *teeth encrusted with green or brown matter, hair is matted with dirt or feces or food*
- *soiled diapers are not changed for several hours*

Household Sanitation examples

- *carpet, tiles, walls, doors, bathroom fixtures are layered with encrusted dirt, debris, food wastes*
- *human or animal waste prominent*
- *dust and dirt are layered all over and accumulated in corners*
- *smell in home of urine/feces/spoilage*
- *trash & junk piled up & layered throughout floor so it is difficult to get around or creates a hazard to the child's safety*
- *dishes not washed, family eats off dirty dishes or doesn't use dishes*
- *perishable foods found spoiled, spoiled foods not discarded*
- *may be rodent infestation, creeping vermin untreated*
- *family sleeps on dirty mattresses or on linen black with dirt and soil*

Physical Living Condition examples

- *leaking gas from stove or heating unit, peeling lead-based paint, recent fire in living quarters or building, hot-water/steam leaks from radiators, exposed or broken electrical wires*
- *dangerous substances (e.g. chemicals) or dangerous objects (e.g. guns, weapons) stored in unlocked shelves or cabinets or area that is accessible to child*
- *no guards on open windows, broken or missing windows, unprotected stairways*
- *child does not have a place of residence or the family is experiencing acute shelter problems (e.g. no heat in winter). This may include a family living in non-traditional residence (e.g. living in tents, cars, underground garages)*

Clothing examples

- *child lacks many basic & essential items of clothes or apparel for the season (examples include: woolen clothes in summer or light cotton clothes in winter, no mitts or hat in winter, no or inappropriate footwear, such as sandals in winter) to protect child from the elements.*

Other Neglect examples

- *child not protected from the elements even though appropriate clothes are available (e.g. not wearing winter clothing, prolonged exposure to the sun)*
- *child not protected from dangerous animals in the home*
- *parent plays games with the child, plays tricks on the child or makes the child do things that put the child in danger of being hurt*

2) Minimally Neglectful Conditions (may exist in one or more areas)

Nutrition examples

- *marginal nutrition – meals sufficient but unbalanced, child generally getting enough food but meals occasionally skipped or child supplements diet out of home, young child gets own meals*

Personal Hygiene examples

- *child is very unclean to occasionally unclean (e.g. hair visibly dirty or uncombed), child may emit some body or mouth odour, soiled diapers are changed regularly*

Household Sanitation examples

- *walls, carpets, windows, doors are stained with dirt, floor rarely washed, home very dusty & cobwebs frequent in house, stale, stuffy odours, home not picked up, things piled all over, untidy*
- *no piles of trash but garbage not kept in proper receptacle*
- *dirty dishes lay around & washed at night or next day, groceries & uneaten food lay around but generally perishable foods are refrigerated*
- *some creeping vermin, appearing mainly at night (no rats)*

Physical Living Condition examples

- *some hazardous conditions are in the home but they are not significant to child's basic needs (e.g. broken windows are not fixed but are covered up, holes in wall are not a risk to child)*

Clothing examples

- *while child is missing essential clothing items child manages by adapting clothes they have (e.g. wears extra sweaters or wears clothes not designed for the setting for which they are worn)*

Other Neglect examples

- *caregiver does not demonstrate consistently good judgement around dressing and playing with the child, but usually makes satisfactory attempts*

3) No Neglectful Conditions

Nutrition examples

- *child provided with regular and ample meals that usually meet basic nutritional requirements*

Personal Hygiene examples

- *child washes regularly, hair is clean & combed, clothes are changed regularly, soiled diapers are changed promptly*

Household Sanitation examples

- *clean & orderly house, carpet & tile swept & washed as needed, regular dusting, pleasant to neutral odours, dishes washed or put in sink after meals, groceries properly stored, daily living articles may be around (e.g. books, newspapers, toys)*

Physical Living Condition examples

- *there are no obvious hazardous conditions in the home, home is safe for child*

Clothing examples

- *child has all essential clothing & enough changes to be neat and clean, clothes may not be new but are in good condition and fit adequately, clothes are consistent with season & weather conditions*

Other Neglect examples

- *caregiver demonstrates consistently good judgement around the basic care needs of the child*

Rating Scale For Neglect Of Child's Basic Physical Needs

Extremely Severe

Neglect of Basic Physical Needs - Injury or Harm or Illness Has Resulted
It is alleged/verified that caregiver permits child to experience one or more conditions as in (1) above, and as a result the child was injured, harmed or became ill. The child may or may not have required hospitalization or medical treatment.

Moderately Severe

Neglect of Basic Physical Needs - Risk That The Child Is Likely To Be Harmed or Become Ill
It is alleged/verified that caregiver permits child to experience one or more conditions in (1) above, and as a result there is a risk that the child is likely to be injured, be harmed or become ill.

For example:

The child is quite hungry; may have been seen scrounging for food. Complaints have been made about the child's hygiene; peers will not play with the child.

Intervention Line

Minimally Severe

Basic Physical Needs Met - Minimal Risk That The Child Is Likely To Be Harmed/Become Ill
It is alleged/verified that the child's basic needs are being met as in (2) above and as such there is no risk that the child is likely to suffer injury/harm or become ill.

or

It is alleged/verified that the caregiver is aware there is minimal risk that the child is likely to be injured/harmed or become ill as in (2) above, and the caregiver is willing and makes the necessary changes to provide adequate care.

Not Severe

Needs Adequately Met
It is alleged/verified that the child's basic physical needs for adequate food, shelter, clothing and safety are met as in (3) above.

Scale 3
CAREGIVER RESPONSE TO CHILD'S PHYSICAL HEALTH

Child and Family Services Act References

37(2)

A child is in need of protection where:

(e) the child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.

Interpretation

Inadequate caregiver response to the child's physical health care means the caregiver either deliberately does not provide or refuses to provide or is unavailable or unable to provide consent to required medical treatment to cure, prevent, or alleviate the child's physical injury, illness, disability, suffering or dental problem. An inadequate caregiver response would also include those caregivers who consent to the treatment but who do not follow through and take the actions necessary to provide the treatment.

For situations where the child cannot eat/feed due to a medical condition and the caregiver does not respond with appropriate medical treatment score in this Section: "Caregiver Response to a Child's Physical Health". For situations where the caregiver is not feeding the child adequately see Section 2, Scale 2, "Neglect of Child's Basic Physical Needs".

A child with respiratory problems (e.g. asthma, cystic fibrosis) who lives in poor air quality (e.g. smoke filled home) is included here.

Rating Scale For Caregiver Response To Child's Physical Health

Extremely Severe

Life Threatening Condition/Permanent Impairment
It is alleged/verified that at least one child is not receiving medical treatment for an injury, illness, disability or dental problem. If left untreated, or there is inadequate compliance with recommended treatment, the condition is life-threatening, or will result in permanent impairment, or is a serious threat to public health.

Worsening Condition/No Diagnostic Assessment
It is alleged/verified that child has an illness or disability that interferes with normal functioning. With treatment the condition could be corrected or at least controlled. However, without treatment the illness or disability will worsen (though it is not life-threatening).

and/or

It is alleged/verified that a child has had some physical symptoms (e.g., pain or signs of contagious disease) for some time, but the caregiver has not sought a diagnostic assessment (e.g. a medical or dental exam).

Moderately Severe

Risk of Complications/On-going Pain
It is alleged/verified that child is not receiving medical care for an injury, illness or dental problem that usually should receive treatment. It is likely that the child's condition will correct itself even without medical treatment. However, medical treatment now would reduce risk of complications, relieve pain, speed healing, or reduce risk of contagion.

Intervention Line

Minimally Severe

Preventive Care Lacking
It is alleged/verified that there is no child with untreated medical conditions that could benefit from medical treatment, but it is alleged/verified that the caregiver is not providing preventive medical or dental care (e.g. immunizations, dental checkups).

Not Severe

Adequate Treatment
It is alleged/verified that there is no child with untreated injuries, illnesses, or disabilities that could benefit from medical treatment.

Child is taken for checkups promptly when symptoms of illness appear.

Child receives preventive health care.

Scale 4
CAREGIVER RESPONSE TO CHILD'S MENTAL, EMOTIONAL, DEVELOPMENTAL CONDITION

Child and Family Services Act References

37(2)

A child is in need of protection where:

(h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

nterpretation

Inadequate caregiver response means the child suffers from a mental and/or emotional and/or developmental condition that if not remedied could seriously affect the child's development and yet the caregiver either deliberately does not provide or refuses to provide or is unavailable or unable to consent to treatment to address or alleviate the child's condition. An inadequate caregiver response would also include those caregivers who consent to the treatment but do not follow through and take the actions necessary to provide the treatment. The mental, emotional and/or developmental conditions in this section would be those that have occurred **not** as a result of a specific action by the caregiver toward the child.

Examples of Types of Conditions are:

- Developmental/Neurological Disability/Retardation (e.g. attention deficit disorder, autism, Tourette's Syndrome, Down's Syndrome, hyperkinesis, some genetic disorders, aphasia);
- Emotional Illness (e.g. separation anxiety, phobias, obsessive-compulsive disorder, conduct disorders, anorexia, bulimia);
- Mental Illness (e.g. schizophrenia, autism, bipolar affective disorder);
- Specific Learning Disability (e.g. dyslexia)
- Hearing, Speech, Sight Impairment

For children suffering from an emotional condition that appears to be the result of specific actions or inactions of psychological maltreatment by the caregiver towards the child, see Section 3, Scale 1, "Caregiver Causes or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm".

Description of a Child's Mental, Emotional, Developmental Condition

(1) Symptoms Severe, Child Unable to Perform One or More Major Roles

Symptoms exist, and child is unable to perform or is significantly impaired in ability to perform one or more major roles (major roles include: family member, student, friend, citizen).

This may be because the symptoms are severe, or because the services or therapy provided thus far have not significantly improved those symptoms.

Child requires a specialized, supportive environment to perform (e.g. special school) and may be (or is) temporarily institutionalized, hospitalized, or placed in a residential setting.

(2) Moderate Symptoms, No Significant Impairment, Performs with Difficulty

Symptoms exist, and child maintains a normal level of functioning in daily activities and major roles such as family member, student, friend with difficulty and with increased effort. There may be definite impairment in ability to perform secondary roles (e.g. recreational activities). This may be because the symptoms are moderate in strength, or because the services or therapy provided thus far have not fully compensated for the effects of more severe symptoms.

For example:

The condition may be causing some pain, discomfort, stress, or loss of time during the child's activities; and/or may require others to make minor adjustments to accommodate the child. However, the end products of child's performances are in the normal range (e.g. child in wheelchair who is "mainstreamed," some epileptic children with blackouts).

(3) Mild Symptoms, No Impairment, No Difficulty

Symptoms exist, but there is no impairment in carrying out daily activities or meeting role requirements. This may be because the symptoms are very mild, or because the child is being provided with services which enable him or her to overcome more serious symptoms and function in the normal range (e.g. medicines, therapy, physical aid, etc.).

Rating Scale For Caregiver Response To Child's Mental, Emotional, Developmental Condition

Extremely Severe

Severe Symptoms - No or Passive Consent for Treatment
It is alleged/verified that the child suffers from a mental, emotional or developmental condition as defined in (1) or (2) above, that, if not immediately remedied, could seriously impair the child's development, and the child's caregiver or person having charge of the child does not provide or refuses or is unavailable or unable to consent to those services or treatment, or plays a passive role in finding treatment for the child and in having the child participate in treatment.

Moderately Severe

Moderate Symptoms - No or Passive Consent for Treatment
It is alleged/verified that the child suffers from a mental, emotional or developmental condition as defined in (1) or (2) above, that, if not remedied, could seriously impair the child's development, and the child's caregiver or person having charge of the child does not provide or refuses to consent or is unavailable or unable to consent to those services or treatment that would assist the child, or plays a passive role in finding treatment for the child and in having the child participate in treatment.

Intervention Line

Minimally Severe

Appropriate Caregiver Response - Difficulty Accessing or Paying for Treatment
It is alleged/verified that the child suffers from a mental, emotional or developmental condition as defined in (1) to (3) above, and the child's caregiver is willing to take an active role in finding and carrying out treatment, but the caregiver does not have the ability to access treatment and/or pay for treatment so the child remains untreated.

Not Severe

Appropriate Response for Treatment - Adequate Treatment Provided
It is alleged/verified that the child has a condition as described in (1) to (3) above and the child's caregiver is willing and able to access and carry out treatment and appropriate treatment is being provided.

Scale 5
CAREGIVER RESPONSE TO CHILD UNDER 12 WHO HAS COMMITTED A SERIOUS ACT

Child and Family Services Act References

37(2)

A child is in need of protection where:

(j) the child is less than twelve years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment;

(k) the child is less than twelve years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

Interpretation

The Young Offenders Act (YOA) deals with children over 12 years of age who commit a criminal act. The child protection legislation is meant to address those children who are less than 12 years of age, who have killed, seriously injured, injured on more than one occasion another person, or caused damage or loss to another person's property, and whose caregivers do not respond adequately or appropriately. Inadequate caregiver response can occur in two ways. One, in order to prevent a reoccurrence of a serious act by the child, the child requires services or treatment and the caregiver either deliberately does not provide or refuses to provide or is unavailable or unable to consent to treatment or services. And/or two, the caregiver encouraged the child's serious act or the serious act occurred because of inadequate caregiver supervision of the child.

For situations where inadequate supervision has not resulted in a child under 12 committing a serious act, but there is a risk that the child is likely to suffer physical or sexual harm see Section 2, Scale 1, "Inadequate Supervision"

For situations where child behaviour difficulties are putting the child at risk of abandonment and/or separation see Section 4, Scale 2, "Caregiver-Child Conflict/Child Behaviour"

Rating Scale For Caregiver Response To Child Under 12 Who Has Committed A Serious Act

Extremely Severe

No Consent for Treatment/Poor Supervision of Child
It is alleged/verified that the child is less than twelve years old and has killed or seriously injured another person or caused serious damage to another person's property, or the child is less than twelve years old and has on more than one occasion injured another person or caused loss or damage to another person's property.

It is alleged/verified that the caregiver has encouraged the child's behaviour

and/or

It is alleged/verified that services or treatment are necessary to prevent a recurrence and the child's caregiver does not provide or refuses or is unavailable to consent to those services or treatment.

and/or

It is alleged/verified that adequate supervision is necessary to prevent a recurrence and the child's caregiver does not provide adequate supervision for the child.

Moderately Severe

Passive Consent for Treatment/Passive Supervision of Child
It is alleged/verified that the child's situation is as described in "A" above (1st paragraph).

It is alleged/verified that the child's caregiver does not refuse to have treatment provided, but plays a very passive role in finding treatment for the child and in ensuring that the child, or caregiver if necessary, participates in treatment.

and/or

It is alleged/verified that the child's caregiver is passive in providing adequate supervision for the child, exercising little supervision over the child either inside or outside of the home.

Intervention Line

Minimally Severe

Appropriate Caregiver Response - Difficulty Accessing and Paying for Treatment
It is alleged/verified that the child's situation is as described in "A" above (1st paragraph).

It is alleged/verified that the child's caregiver is willing to take an active role in finding and carrying out treatment, but the caregiver does not have the ability to access treatment and/or pay for treatment so the child remains untreated.

and/or

It is alleged/verified that the child's caregiver has some difficulty supervising the child inside and outside of the home but is willing to be careful about supervision of the child's activities.

Not Severe

Appropriate Response to Treatment and Supervision of Child
It is alleged/verified that the child's situation is as described in "A" above (1st paragraph).

It is alleged/verified that the child's caregiver is willing and able to access and carry out treatment and appropriate treatment is being provided.

and/or

It is alleged/verified that the caregiver provides proper and timely supervision of the child's activities inside and outside of the home.

Scale 1
CAREGIVER CAUSES AND/OR CAREGIVER RESPONSE TO CHILD'S EMOTIONAL HARM OR RISK OF EMOTIONAL HARM

Child and Family Services Act References

37(2)

A child is in need of protection where:

(f) the child has suffered emotional harm, demonstrated by serious,
(i) anxiety,
(ii) depression,
(iii)withdrawal,
(iv) self-destructive or aggressive behaviour, or
(v) delayed development
and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(f.1) the child has suffered emotional harm of the kind described in subclause (f) (i),)(ii), (iii) (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

nterpretation

Although some degree of emotional harm underlies all types of maltreatment, emotional maltreatment is not an isolated incident. Rather, emotional or psychological maltreatment is a pattern of negative caregiver behaviours or repeated destructive interpersonal interactions by the caregiver to the child (Hart & Brassard, 1991).

Emotional harm can be the most difficult type of harm to define and clinical concern may precede legal intervention.

A repeated pattern or extreme incident(s) of the conditions described below constitute psychological maltreatment. (Briere, Berliner, 1996)

Spurning (hostile rejecting/degrading)
Spurning includes verbal and nonverbal caregiver acts that reject and degrade a child. Examples include:

- Belittling, degrading, and other nonphysical forms of overtly hostile or rejecting treatment
- Shaming and/or ridiculing the child for showing normal emotions such as affection, grief, or sorrow
- Consistently singling out one child to criticize and punish, to perform most of the household chores, or to receive fewer rewards
- Public humiliation

Terrorizing:

Terrorizing includes caregiver behaviour that threatens or is likely to physically hurt, kill, abandon, or place the child or child's loved ones or objects in recognizably dangerous situations. Examples include:

- Placing a child in unpredictable or chaotic circumstances
- Placing a child in recognizably dangerous situations
- Setting rigid or unrealistic expectations with the threat of loss, harm, or danger if they are not met
- Threatening or perpetrating violence against the child
- Threatening or perpetrating violence against a child's loved ones or objects

Isolating:

Isolating includes caregiver acts that consistently deny the child opportunities to meet needs for interacting or communicating with peers or adults inside or outside the home. Examples include:

- Confining the child or placing unreasonable limitations on the child's freedom of movement within his or her environment
- Placing unreasonable limitations or restrictions on social interactions with peers or adults in the community

Exploiting/Corrupting:

Exploiting/Corrupting includes caregiver acts that encourage the child to develop inappropriate behaviours (self-destructive, antisocial, criminal, deviant, or other maladaptive behaviours). Examples include:

- Modeling, permitting, or encouraging antisocial behaviour (e.g., prostitution, performance in pornographic media, initiation of criminal activities, substance abuse, violence to or corruption of others)
- Modeling, permitting, or encouraging developmentally inappropriate behaviour (e.g., parentification, infantalization, living the caregiver's unfulfilled dreams)
- Encouraging or coercing abandonment of developmentally appropriate autonomy through extreme over-involvement, intrusiveness, and/or dominance (e.g., allowing little or no opportunity or support for child's views, feelings, and wishes; micro-managing child's life)
- Restricting or interfering with cognitive development

Denying Emotional Responsiveness (Ignoring):

This includes caregiver acts that ignore the child's attempts and needs to interact (failing to express affection, caring, and love for the child) and show no emotion in interactions with the child. *Examples include:*

- Being detached and uninvolved through either incapacity or lack of motivation
- Interacting only when absolutely necessary
- Failing to express affection, caring, and love for the child

When a child is subject to these conditions by the caregiver, the caregiver conveys the message that the child is worthless, flawed, unwanted, unloved, inadequate or only valuable in meeting someone else's needs (Garbarino et. al., 1986). Children respond to such repeated messages in two ways: hostile, aggressive, behaviour problems or self-destructive, depressed, withdrawn or suicidal.

For situations where the child suffers an emotional condition which does not appear to be have resulted specifically from the behaviour of the caregiver (eg. Obsessive Compulsive Disorder), see Section 2 Scale 4 "Caregiver Response to Child's Mental, Emotional, Developmental Condition"

For situations where the emotional condition appears to be as a result of adult conflict in the home see Section 3 Scale 2 "Adult Conflict"

For situations where the child has been threatened, and there is concern for the physical safety of the child, see Section 1 Scale 4 "Threat of Harm".

Rating Scale for Caregiver Causes and/or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm

Extremely Severe

7 **Emotional Harm Results from Caregiver's Actions or Inaction and/or Inadequate Caregiver Response**
It is alleged/verified that the child has been emotionally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or delayed development and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

and/or

the child's caregiver does not provide or refuses to consent to services or treatment to remedy or alleviate the condition or plays a very passive role in finding and carrying out the treatment.

Moderately Severe

6 **Risk that the Child is Likely to be Emotionally Harmed Resulting From Caregiver's Actions or Inaction and/or Inadequate Caregiver Response**
It is alleged/verified that there is a risk that the child is likely to be emotionally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or delayed development, and there are reasonable grounds to believe that the risk of emotional harm results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

and/or

the child's caregiver does not provide or refuses to consent to services or treatment to remedy or alleviate the condition or plays a very passive role in finding and carrying out the treatment.

Intervention Line

Minimally Severe

5 **Emotional Harm But Not Caused by Caregiver/Appropriate Caregiver Response to Emotional Harm**
It is alleged/verified that child has been emotionally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or delayed development, but the harm is not caused by the caregiver's actions or inactions and the caregiver is responding appropriately to the child's condition of emotional harm.

Not Severe

4 **No Emotional Harm**
It is alleged/verified that the child is not being emotionally harmed.

Scale 2
ADULT CONFLICT

Child and Family Services Act References

37(2)

A child is in need of protection where:

(a) The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
- (i) failure to adequately care for, provide for, supervise or protect the child, or
- (ii) pattern of neglect in caring for, providing for, supervising or protecting the child

(b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
- (i) failure to adequately care for, provide for, supervise or protect the child, or
- (ii) pattern of neglect in caring for, providing for, supervising or protecting the child.

(f) the child has suffered emotional harm, demonstrated by serious,
(i) anxiety,
(ii) depression,
(iii)withdrawal,
(iv) self-destructive or aggressive behaviour, or
(v) delayed development
and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(f.1) the child has suffered emotional harm of the kind described in subclause (f) (i),)(ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv), or (v) and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

Interpretation

Adult conflict can involve any adults or combination of adults within the home. Violence in the family has a severe emotional impact on children and is a form of emotional maltreatment (Tower, 1996). Also, because family violence is predominantly a physical act, children can be directly (e.g. child tried to protect caregiver being hit and child is hit) and indirectly (e.g. caregiver threw a glass at resident grandparent and shattered glass cut child) at risk of physical harm (American Humane Assoc. 1994).

Caregivers are responsible to protect their child(ren) from encountering adult conflict in the home and from suffering serious physical or emotional harm/illness from the violence.

Rating Scale For Adult Conflict

Extremely Severe

Conflict Causing Physical Harm
It is alleged/verified that during an episode of physical violence involving adults in the home, the child has been physically harmed as a result of being caught in the midst of the physical aggression between the adults.

Conflict Causing Emotional Harm
It is alleged/verified that given the repeated and serious violence between adults in the home, the child is demonstrating serious anxiety, depression, withdrawal, self destructive or aggressive behaviour, or delayed development and the caregiver actions or inactions have caused the emotional harm or the caregiver is doing nothing to address the child's condition (as in Scale 1, "Caregiver Causes And/Or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm", rating level A).

This conflict between adults may be as a result of a custody dispute over the child. The verbal aggression between the caregivers and the attempts to have the child align with one caregiver versus another is having a significant emotional effect on the child, such that the child is demonstrating serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or delayed development. Neither caregiver is acting in a way to address the emotional well-being of the child or to provide services to remedy the situation (as in Scale 1, "Caregiver Causes And/Or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm", rating level A).

Moderately Severe

Conflict Causing Risk that the Child is Likely to be Physically Harmed
It is alleged/verified that physical violence involving adults occurs with the child present, and although no child has yet been harmed there is a risk that the child is likely to be physically harmed during an altercation.

Conflict Causing Risk that the Child is Likely to be Emotionally Harmed
It is alleged/verified that there is a risk that the child is likely to be emotionally harmed because of the caregiver's inability to stop the violent conditions in the home and/or because of the caregiver's lack of response to the child's emotional condition caused by the violence in the home. The child is not yet displaying the behaviour of being emotionally harmed (as in Scale 1, "Caregiver Causes And/Or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm", rating level B).

This conflict between adults may be as a result of a custody dispute over the child. The verbal aggression between the adults and the attempts to have the child align with one caregiver versus another have created a risk that the child is likely to be emotionally harmed.

Intervention Line

Minimally Severe

Conflict - Minimal Risk that the Child is Likely to be Emotionally or Physically Harmed
It is alleged/verified that there may be conflict between the adults in the home that may or may not be having an effect on the child. The caregivers are taking appropriate action to remedy the likelihood of harm to the child.

Not Severe

Minimal Adult Conflict
It is alleged/verified that although conflict occurs between the adults in the home, the conflict is not constant and is usually resolved rationally. The child is not outwardly adversely affected by the conflict.

Scale 1
ORPHANED/ABANDONED CHILD

Child and Family Services Act References

37(2)

A child is in need of protection where:

(i) the child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

nterpretation

An orphaned child means the parent has died and no legal guardian has been determined, therefore CAS must assume that role, either temporarily or permanently.

A deserted/abandoned child, is a form of parental neglect. Inherent in neglect is a lack of continuity and a lack of future planning by the parent for the child (Young, 1964). The caregiver either deliberately deserts the child or permits the child to experience inappropriate substitute child care, where both the type and the frequency of the substitute care are a concern as well as the caregiver's lack of provision and plan for meeting the child's need for continuity (Zuravin & Taylor, 1987). Examples of situations where desertion/abandonment are to be considered are:

- caregiver has deserted the child;
- substitute care has been inappropriate (e.g. caregivers unfamiliar to child, number of different people caring for child) and frequent;
- caregiver refuses to resume care of child upon child's discharge from a residential setting;
- child has been separated from the family home due to parent-child conflict or child's behaviour problems and caregiver refuses to assume care of or for the child;
- primary caregiver does not resume care of the child from the substitute caregiver at the agreed upon time and the substitute caregiver will/can no longer care for the child.

For children who are at risk of abandonment and/or separation because of family relations difficulties or because of child's behaviour difficulties see Section 4 Scale 2 "Caregiver-Child Conflict/Child Behaviour". For children who have actually been abandoned for these reasons, score in this section.

For children of any age where the caregivers believe they have provided adequate child care for the child before leaving, yet the child care appears to be inadequate so the child merely appears abandoned, see Section 2, Scale 1, "Inadequate Supervision".

Rating Scale For Orphaned/Abandoned Child

Extremely Severe

Orphaned Child
It is alleged/verified that child's caregiver/guardian has died and no other person has been determined to be the legal guardian.

Deserted/abandoned child
It is alleged/verified that child has been abruptly deserted or abandoned by his caregiver or guardian. There is no indication that the caregiver intends to return or to accept the child back into the home.

and/or

It is alleged/verified that child has been shifted from one home to another. Future plans for him are uncertain at this time.

and/or

It is alleged/verified that child has been abandoned in a residential placement. Caregiver refuses or is unable to resume caring for the child.

Moderately Severe

Many Unexpected Breaks in Caregiver
It is alleged/verified that child has experienced a series of breaks in caregiving during the last year. Caregiver has left child for extended periods of time on short notice with persons who are unfamiliar to the child and who do not normally care for him.

Caregiver has left abruptly without preparing the child for this. Child has been shifted from one home to another. However, the caregiver has always returned to resume caregiving responsibility; child has not been deserted.

Intervention Line

Minimally Severe

Few Unexpected Breaks in Caregiver
It is alleged/verified that one or two unexpected but temporary breaks in caregiver have occurred in the last year.

Child has had to receive care for an extended period of time by a person who does not normally care for him. But caregiver did not leave abruptly. Caregiver maintained some contact during the absence. Caregiver has always returned to resume caregiving or is expected to return shortly.

One Continuous Caregiver - Other Instability
It is alleged/verified that one of the caregivers has provided continuous, stable care for the child in the past year.

The other caregiver has not been in the household consistently or was away for an extended period of time (due to marital difficulties, institutionalization, etc.). Or, the caregivers may have separated so that the other caregiver now only makes visits.

This has required adjustments in the lives of family members.

Not Severe

Continuous Caregiving
No breaks in caregiving for the child are alleged/verified for at least one year or since last referral. If there are two caregivers or guardians, they have remained together without separations. If one caregiver or guardian, he or she has maintained primary responsibility for the child.

If caregiving is shared with relatives or other appropriate caregivers, the child is well acquainted with and completely comfortable with these alternative caregivers.

Scale 2
CAREGIVER-CHILD CONFLICT/ CHILD BEHAVIOR

Child and Family Services Act References

37(2)

A child is in need of protection where:

(b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or

(ii) pattern of neglect in caring for, providing for, supervising or protecting the child.

(f) the child has suffered emotional harm, demonstrated by serious,
(i) anxiety,
(ii) depression,
(iii) withdrawal,
(iv) self-destructive or aggressive behaviour, or
(v) delayed development
and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(f.1) the child has suffered emotional harm of the kind described in subclause (f) (i),)(ii), (iii) (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii) (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii) (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

(l) the child's parent is unable to care for the child and the child is brought before the court with the parent's consent and, where the child is twelve years of age or older, with the child's consent, to be dealt with under this Part.

nterpretation

This section addresses those situations where the child is at risk of separation from the family due to:

- a high degree of caregiver-child conflict in the family;
- the caregiver's difficulty managing the child's behaviour in the home.

The child's behaviour is not the level of severity being rated in this section. The parent's ability or inability to cope with the behaviour is what determines the levels of severity.

While most cases of parent-child conflict pertain to children over the age of 12, in some situations children less than 12 years of age may be at risk of separation from the family due to difficult child and family relations.

This section refers to the child at risk of separation from the family. If the child has already been abandoned by or separated from the family and the family refuses to have the child return, see Section 4 Scale 1 "Orphaned/Abandoned Child".

Rating Scale For Caregiver-Child Conflict/Child Behaviour

Extremely Severe

Caregiver/Child Conflict High: Imminent Risk of Separation of Child from Family/Risk of Physical Assaults
The child is still being cared for by the family system. It is alleged/verified, however, that due to very high caregiver/child conflict, the child-family relations are so combative, family members (other then the child) are at risk of physical harm and/or the identified child is at imminent risk of separation from the family. For example, the caregiver has requested an out-of-home placement or the child desires a placement. There have been very few attempts to solve problems.

and/or

Child's behaviour is extremely difficult in the home and the caregiver may be taking appropriate action to get assistance for the child. Now, however, it is alleged/verified that the caregiver has difficulty managing this behaviour so that the child is at risk of imminent separation from the family. If other children are in the home there may be a risk that they are likely to be physically harmed or separated from the family due to child's behaviour.

Moderately Severe

Caregiver/Child Conflict: Potential Separation of Child from Family
The child is being cared for by the family system. It is alleged/verified, however, that due to high caregiver/child conflict, the child-family relations are strained and there is the potential the child will be separated from the family. Requests for out-of-home placements have not yet been made. There have been some attempts to solve problems.

and/or

Child's behaviour is difficult in the home and the caregiver may be taking appropriate action to get assistance for the child. Now, however, it is alleged/verified that the caregiver has difficulty managing this behaviour so that there is the potential the child will be separated from the family. If other children are in the home there is no risk that they are likely to be physically harmed or separated from the family due to child's behaviour.

If there are allegations of physical harm to the child, this should be rated in Section 1,Scale 1.

Intervention Line

Minimally Severe

Some Caregiver/Child Conflict: No Separation of Child from Family
It is alleged/verified that there is some caregiver/child conflict in the home but some contacts between child and family remain positive. Requests for separation of child from family and/or separation do not appear likely. Some attempts to solve problems though not always successful, some mutual tolerance exists. Family may be engaged in other services to prevent separation. Child may be temporarily excluded from some family activities or have some privileges revoked. If other children are in the home there is no risk that they are likely to be physically harmed or separated from the family due to child's behaviour.

and/or

It is alleged/verified that child's behaviour in the home is difficult but the caregiver is managing this behaviour. Caregivers have or are willing to obtain assistance from other community resources. If other children are in the home they are not at risk of a likelihood of physical harm or separation from the family due to child's behaviour. This includes a child who may be waiting for placement.

Not Severe

Caregiver/Child Relations Positive

It is alleged/verified that the child's family relations are generally positive. There is mutual tolerance and conflicts are resolved appropriately. Child participates adequately in family life.

and/or

It is alleged/verified that the child does not exhibit any serious misconduct problems at home, school or in the community.

Scale 1
CAREGIVER HAS HISTORY OF ABUSING/NEGLECTING

Child and Family Services Act References

37(2)

A child is in need of protection where:

(b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or

(ii) pattern of neglect in caring for, providing for, supervising or protecting the child.

(c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);

(f) the child has suffered emotional harm, demonstrated by serious,
(i) anxiety,
(ii) depression,
(iii)withdrawal,
(iv) self-destructive or aggressive behaviour, or
(v) delayed development
and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(f.1) the child has suffered emotional harm of the kind described in subclause (f) (i),)(ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

nterpretation

This section is used to identify those situations where there is:

- a caregiver who has a history of perpetrating child abuse and/or neglect and,
- that caregiver is currently in a caregiving role or has on-going access to children and,
- circumstances precipitating the previous abuse or neglect have not changed and,
- no allegation of new abuse has yet been made.

Due to the caregiver's history of child abuse/neglect and the likelihood of the maintenance of abusive or neglectful interactional patterns by the caregiver there is a risk that the child is likely to be abused/neglected again.

Examples of such caregivers are: parents of newborns who have a history of abusive/neglectful parenting, people who have a history of abusing that have moved into caregiving positions such as step-parents or teachers, a convicted pedophile.

In situations where evidence exists that requires a caregiver's own children to be the subject of an investigation, due to allegations received about that caregiver from another family's child(ren), score in this section.

If evidence exists that the child has already been harmed/neglected and would fall above the intervention line in a previous section of the Spectrum, score in the previous section.

Rating Scale For Caregiver Has History Of Abusing/Neglecting

Extremely Severe

Criminally Convicted Paedophile
It is alleged/verified that person in a caregiving role with the child is a criminally convicted paedophile (e.g. Has had numerous sexual offenses against children and convictions and has been determined to be "untreatable").

If the person has not been determined to be a paedophile, see Level B, C, or D below.

Previous Abuse/Neglect of Specific Child - No Change in Precipitating Circumstances
It is alleged/verified that person in a caregiving role with the child has previously abused/neglected , or is alleged to have abused/neglected, that specific child or children and it is suspected that circumstances precipitating the previous abuse/neglect have not changed (eg. perpetrator has not received counselling; financial stresses continue; alcoholism continues, etc.).

Previous Abuse/Neglect of Similar Children - No Change in Precipitating Circumstances
It is alleged/verified that person in a caregiving role with the child has previously abused/neglected, or is alleged to have abused/neglected, another child of similar description and it is suspected that circumstances precipitating the previous abuse/neglect have not changed (eg. perpetrator has not received counselling, financial stresses continue; alcoholism continues, etc.).

Moderately Severe

Previous Abuse/Neglect of Different Children - No Change in Precipitating Circumstances
It is alleged/verified that person in a caregiving role with the child has previously abused/neglected , or is alleged to have abused/neglected, another child or children of a different description and it is suspected that circumstances precipitating the previous abuse/neglect have not changed (eg. perpetrator has not received counselling, financial stresses continue; alcoholism continues, etc.).

Intervention Line

Minimally Severe

Previous Abuse/Neglect of Children - Changed Precipitating Circumstances
It is alleged/verified that person in a caregiving role with the child has previously abused/neglected, or is alleged to have abused/ neglected, a child or children but the circumstances precipitating the previous abuse/neglect are believed to be no longer relevant (eg. counselling has been received, financial stresses relieved, alcoholism overcome, etc.). Confirmation of these precipitating circumstances having changed (eg. notation in previous file that counselling was completed) has been received.

Not Severe

No History of Abuse/Neglect
Caregiver of child has no alleged/verified history of abuse/neglect.

Scale 2
CAREGIVER INABILITY TO PROTECT

Child and Family Services Act References

37(2)

A child is in need of protection where:

(b) there is a risk that the child is likely to suffer **physical harm** inflicted by the person having charge of the child or **caused by or resulting from that person's,**

(i) failure to adequately care for, provide for, supervise or protect the child, or

(ii) pattern of neglect in caring for, providing for, supervising or protecting the child.

(c) **the child has been sexually molested or sexually exploited,** by the person having charge of the child or **by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;**

(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);

(f) the child has suffered emotional harm, demonstrated by serious,
(i) anxiety,
(ii) depression,
(iii)withdrawal,
(iv) self-destructive or aggressive behaviour, or
(v) delayed development
and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(f.1) the child has suffered emotional harm of the kind described in subclause (f) (i),)(ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

nterpretation

This section addresses those situations where there is a risk that the child is likely to suffer harm by a third party because the caregiver does not protect the child. It is the responsibility of the caregiver to protect the child from harm or risk of harm.

Score in this section if the child has been exposed to risky situations and the caregiver is demonstrating qualities that indicate an inability to protect. If the risky situation is that a person with a history of abusing or neglecting assumes a caregiving role with the child, score in Section 5, Scale 1, "Caregiver has History of Abusing/Neglecting".

If the child has already been harmed by the third party see Section 1, "Physical Sexual Harm by Commission" or Section 2, "Harm by Omission".

Rating Scale For Caregiver Inability To Protect

Extremely Severe

Caregiver Does Not Act to Protect Child
It is alleged/verified that, historically:

Caregiver has had a child who was abused/neglected by another party and had full knowledge the abuse/neglect was taking place but stood by passively without protecting or pretended he/she didn't know what was happening.

Caregiver showed little ability or inclination to stand up to the abusing/neglecting person and prevent repeated abuse.

or

It is alleged/verified that, currently:

Caregiver knows of a history of abusing/neglecting by a third party and allows that person unrestricted access to the child. Caregiver denies the third party's abusive/neglectful history and consequently does not acknowledge the risk to the child. Caregiver does not intend to stand up to third party and prevent abuse/neglect.

If the third party with a history of abusing/neglecting is placed in a caregiving role with the child, score in Section 5, Scale 1, "Caregiver has History of Abusing/Neglecting".

If the child referred has actually been sexually or physically harmed, see Section 1, Scale 1: "Physical Force and/or Maltreatment" or Section 1, Scale 3: "Abusive Sexual Activity".

Caregiver Makes Minimal Effort to Protect Child
It is alleged/verified that, historically:

Caregiver knows child has been abused/neglected by another party but there is some evidence that the caregiver made attempts to stop it but was unsuccessful. Caregiver did not immediately report abuse/neglect of child by another party or seek help concerning it.

or

It is alleged/verified that, currently:

Caregiver knows of a history of abusing/neglecting by a third party and does not restrict access to child. Caregiver says he/she is worried but is not taking active steps to prevent future abuse/neglect. Caregiver intends to but shows little ability in being able to prevent abuse/neglect.

Moderately Severe

Caregiver's Efforts Insufficient to Fully Protect Child
It is alleged/verified that, historically:

Caregiver did not pick up on obvious signals that child was being abused/neglected. Caregiver reacted rapidly and reasonably to the incident (eg. reported abuser)/requested help) once knowledge of the abuse/neglect became apparent.

or

It is alleged/verified that, currently:

Caregiver knows of history of abusing by a third party and is aware of potential danger but the caregiver continues his/her relationship with this person. Caregiver is making efforts to protect child but has not significantly restricted the access to the child.

Intervention Line

Minimally Severe

Caregiver Makes Reasonable Efforts to Protect Child
It is alleged/verified that, historically:

Child was abused/neglected by third party despite the fact that caregiver used good judgement (eg. restricted the third party access to the child).
There did not seem to by any prior indications that abuse/neglect would occur and/or caregiver exercised reasonable precautions in attempting to protect children from any potential abuse/neglect.

or

It is alleged/verified that, currently:

Caregiver has restricted access of the third party who previously abused/neglected (or threatened to abuse/neglect). Caregiver has severed his or her relationship with this person, or maintains only a limited relationship.

Not Severe

Caregiver Protects Child

It is alleged/verified that the caregiver makes all reasonable provisions to protect the child.

Scale 3
CAREGIVER WITH PROBLEM

Child and Family Services Act References

37(2)

A child is in need of protection where:

(b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or

(ii) pattern of neglect in caring for, providing for, supervising or protecting the child.

(c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);

(f) the child has suffered emotional harm, demonstrated by serious,
(i) anxiety,
(ii) depression,
(iii)withdrawal,
(iv) self-destructive or aggressive behaviour, or
(v) delayed development
and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(f.1) the child has suffered emotional harm of the kind described in subclause (f) (i),)(ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

(l) the child's parent is unable to care for the child and the child is brought before the court with the parent's consent and, where the child is twelve years of age or older, with the child's consent, to be dealt with under this Part.

nterpretation

Specific parental characteristics such as physical and/or mental and/or behavioural factors can impair a parent's abilities to provide appropriate and adequate care of the child and/or place the child at risk for maltreatment (Belsky, 1993). For example, as a result of the parent experiencing symptoms of affective, somatic or behavioural distress, the parent may be incarcerated, institutionalized, a substance abuser, exhibiting a personality disorder or psychiatric disturbances (Kolko, 1996).

Even though the caregiver may demonstrate one of these conditions in many situations, ***only score in this section if the child is not eligible to receive intervention for any other reason previously outlined*** *in the Eligibility Spectrum.*

Cases to be opened in anticipation of the birth of a child, where the newborn would be at immediate risk because of the caregiver's problem must be rated in Section 10 - K as a non-protection case until the birth when a protection case could be rated in section 1-5 as applicable.

Finding Scale for Caregiver With Problem

Extremely Severe

Caregiver Has Problem and is Unable to Care for Child
It is alleged/verified that due to a physical, mental-emotional, or behavioural problem (eg. as a result of an alcohol or drug addiction, mental illness or physical or intellectual inability), caregiver has no current capacity to care for the child, even with supplementary child care services, and no change is expected in the near future.

If caregiver is, or is due to be, hospitalized, institutionalized, or incarcerated, and no other caregiver is available.

For caregiver to resume at least partial child care responsibilities, longer term provisions for supplementary child care (day care, homemaker, etc.) will be required.

If caregiver was to have sole responsibility for child care, his/her condition is still unstable so that the child would be at risk (eg. still has psychotic episodes, passes out).

and/or

It is alleged/verified that caregiver of newborn used alcohol or drugs in significant amounts during latter stages of pregnancy and traces of drugs or alcohol are found in child's urine or blood at birth.

Moderately Severe

Caregiver Has Problem Causing Risk that the Child is Likely to be Harmed
It is alleged/verified that caregiver has a problem created by a physical, mental-emotional, or behavioural condition that threatens to interfere with his/her child caring ability (or that has already caused some erratic child care quality). Examples are chronic physical illnesses, physical disabilities, mental or emotional illnesses, substance abuse, criminal activity, intellectual disability

and

Caregiver requires, and may be receiving, help or treatment for this problem/condition, but there is no current necessity or plan for hospitalization, institutionalization, or incarceration of the caregiver.

Caregiver does not yet have the problem well enough under control such that he/she can reasonably care for the child without putting them at some risk (eg. alcoholism is still a problem) but caregiver is starting treatment and this may be possible in future.

Intervention Line

Minimally Severe

Caregiver has Basic Capacity to Provide Care Safely
It is alleged/verified that caregiver has a physical, mental-emotional, or behavioural problem that threatens to interfere with his/her child caring ability (or that has already caused some erratic child care quality). Examples are chronic physical illnesses, physical disabilities, mental or emotional illnesses, substance abuse, criminal activity, intellectual disability,

and

Supportive services are currently in place (eg. counselling, medical care, etc.) that seem sufficient to stabilize or improve the situation.

Caregiver has the problem well enough under control that he/she can reasonably care for the child and/or has made appropriate alternate arrangements.

Not Severe

Caregiver Able and Capable to Provide Care
No personal limitations on capacity for child care are alleged/verified.

Caregiver has no significant physical, mental-emotional, or behavioural limitations that interfere with his/her ability to care for the child.

Scale 4
CAREGIVING SKILLS

Child and Family Services Act References

37(2)

A child is in need of protection where:

(b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or
(ii) pattern of neglect in caring for, providing for, supervising or protecting the child.

(c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);

(f) the child has suffered emotional harm, demonstrated by serious,
(i) anxiety,
(ii) depression,
(iii)withdrawal,
(iv) self-destructive or aggressive behaviour, or
(v) delayed development
and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(f.1) the child has suffered emotional harm of the kind described in subclause (f) (i),)(ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

(g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv), or (v) and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

(l) the child's parent is unable to care for the child and the child is brought before the court with the parents consent and, where the child is twelve years of age or older, with the child's consent, to be dealt with under this Part.

nterpretation

This section addresses those situations where the parent does not evidence the skill set necessary to appropriately and adequately parent a child. Poor or inadequate parenting skills may be due to a lack of knowledge, skill, judgement, motivation, or capacity on the part of the parent (Cantwell, 1980). Examples are a very young, first-time parent who does not appear to understand the baby's need to feed every 2-4 hours, or a parent with limited cognitive functioning who is unable to perceive when the child is ill, or a first-time parent whose family of origin was neglectful and/or abusive and does not view neglect or abuse as wrong.

Infants and young children are most vulnerable as children from birth to one year are most at risk of neglect than at any other time in their lives (US Dept. Health & Human Services, 1994).

The Caregiving Skills scale should only be used when the caregiver's skills may place the child in jeopardy in the future. If the caregiver's skills are affecting the child in any way previously outlined in the Eligibility Spectrum, a previous scale should be used as a reason for service and intervention.

Rating Scale for Caregiving Skills

Extremely Severe

Poor Caregiving Skills - Risk that the Child is Likely to be Harmed
It is alleged/verified that caregiver does not have knowledge of parenting skills and/or does not demonstrate sufficient qualities/abilities for child care, resulting in risk that the child is likely to be harmed. For example, inability to demonstrate bonding or nurturing characteristics, extremely limited intellectual functioning, a demonstrated history of inadequate child care or extreme discomfort around the child.

Moderately Severe

Limited Caregiving Skills - Risk that the Child is Likely to be Harmed
It is alleged/verified that knowledge of caregiving and parenting skills are limited and there is risk that the child is likely to be harmed. For example, the caregiver might be unable to follow feeding directions and the handling of an infant might be rough/dangerous. Other examples might include verbal assaults on the child which are disparaging and humiliating, and "parentification" of the child where the child is made to play a role that is inappropriate developmentally.

and/or

It is alleged/verified that caregiver with few social supports and resources expresses concern about his/her ability to parent a young child or infant and wants some assistance to ensure that the child is receiving the appropriate care necessary.

Intervention Line

Minimally Severe

Basic Caregiving Skills
It is alleged/verified that caregiver has some basic knowledge of parenting and some basic parenting skills and the risk that the child is likely to be harmed is minimal. Further education and assistance would be helpful, however, the caregiver has the resources to access that assistance elsewhere.

Not Severe

Adequate Caregiving Skills
Knowledge of caregiving and parenting skills are adequate and there is no risk that the child is likely to be harmed alleged/verified.

SECTION 6
REQUEST FOR COUNSELLING

Section 6 - Request for Counselling

Child Requests Counselling
A child over the age of 12 has contacted the agency requesting counselling or an interview.

Former Crown Ward Requests Counselling
Former Crown Ward requests "Extended Care and Maintenance".

Former Crown Ward of the agency requests counselling to assist with issues related to his/her previous Wardship.

Family of Crown Ward With Access
Crown Ward of the agency has access to family members. The family file may be opened here if work is going on with the family to facilitate positive access.

If protection concerns involving safety and risk factors arise during the access visits, necessitating an assessment of the feasibility of safe access , the family file could be opened under the protection area (in Section 1-5) that is most relevant.

Family Requests Abuse Counselling
A family whose child has been physically or sexually assaulted, the investigation and child protection service are completed (eg. the perpetrator was not a caregiver; it is a historical and not a current issue), and the family requests counselling for the child/family regarding the abuse.

Birth Planning Services
Request for birth planning for a caregiver regarding options for the unborn child.

Voluntary Request for Counselling
Family or individual is requesting the agency provide counselling services for a reason other than mentioned above. This may include traditional Native healing practices.

SECTION 7
REQUEST FOR ADOPTION SERVICES

Scale I: ADOPTION SERVICES

Process Inquiries
Request to process inquiries from potential adoptive caregivers regarding their desire to adopt.

Adoption Homestudies/Assessment
Request for adoption homestudy/assessment to determine a family's suitability to adopt.

Approved Adoptive Home - Awaiting Placement
Adoptive home has been approved and is awaiting placement of an child who is legally free for adoption.

Approved Adoptive Home - With Placement
Adoptive home has been approved and has a child in the home on adoption probation.

Relinquishing Child for Adoption
Request of a birth parent to place their child for adoption.

If any other protection issues are apparent at the time of this call - score in that section as the primary reason.

Counselling Regarding Adoption
Request for counselling from families or individuals regarding issues that have surfaced as a result of adoption (pre or post).

Training
Request for training for potential adoptive families from other jurisdictions.

Scale 2 - ADOPTION DISCLOSURE

Adoption Disclosure - Non-identifying Information
Request for adoption disclosure services for non-identifying information.

Adoption Disclosure - Identifying Information
Request for adoption disclosure services regarding identifying information and beginning a search through the Ministry of Community and Social Services.

Adoption Disclosure - Reunion Counselling
Request for reunion counselling before or after the reunification of adopted child with natural family.

Adoption Disclosure - General Information
Request for general adoption disclosure information (eg. how to access the process).

SECTION 8
FOSTER CARE SERVICES

Foster/Other Resources Inquiry
Inquiry from potential foster family or paid institution regarding the feasibility of becoming a resource for the agency.

Foster Family Homestudy
Request for foster homestudy within the agency to determine family's suitability to foster. This also includes studies of paid institutions to determine the feasibility of becoming a resource for the agency.

Approved Foster Home
Foster home is approved and is awaiting or currently has placement(s).

Foster Home Assessment
Request from other agency to assess and approve a home for a particular child. This includes assessments of provisional foster homes.

Support to Foster Parents from Another Jurisdiction
Request from other agency to provide respite, coaching or other support for one of their foster families.

Foster Caregiver Training
Request from other jurisdictions for training for their foster caregivers.

SECTION 9
VOLUNTEER SERVICES

Section 9 - Volunteer Services

Volunteer Inquiry
Request to process inquiry from potential volunteer.

Approved Volunteer
Volunteer is approved and is either awaiting a volunteer assignment or already has one.

Volunteer Training
Request for training for volunteers from other Children's Aid Societies.

Volunteer Resource Sharing
Request to utilize agency volunteers by another agency.

SECTION 10
REQUEST FOR ASSISTANCE

Section 10 - Request for Assistance

Requests for Investigation Assistance

Another C.A.S. requests assistance in their investigation (i.e. conduct interviews, send reports, testify).

A community agency (i.e. police) requests assistance/expertise in conducting an investigation where a physical or sexual assault has occurred but not under CFSA Section 37 (2) (i.e. the perpetrator was not a caregiver).

Supervise Other C.A.S.'s Child in Care

Supervise child in care of another agency as per their request (e.g. society, crown ward).

Includes any related paperwork, contact with clients.

Home Assessments

Request by another C.A.S. or agency or individual for a home assessment to be completed to determine the suitability of the home for future placement of a child.

Court Papers

Serve court papers and complete necessary/relevant paperwork.

Miscellaneous Requests by Another Children's Aid Society

Examples include: Return a child to home agency, traditional Native healing practices, and other requests that do not fall into the above categories.

Expungement Hearing Request or Other Court Hearing Request

The agency is required to attend an expungement hearing or some other Court hearing (e.g. Criminal trial) on a previously closed case.

Alerts

Alerts from other C.A.S.'s regarding actual or possible family in jurisdiction with protection concerns.

Alerts from Corrections Parole, Probation or Education regarding child protection issues.

Request for Record Checks or Record Disclosures

Another C.A.S. requests a complete record check of agency records to advise them if record exists.

Another C.A.S. or community agency (i.e. police) request information from a file that was open or currently open within C.A.S.

Former clients request record information.

Former Crown Wards request information.

Lawyers request record information.

Request for Agency Information and/or Case Consultation

Request for information about an unidentified case or a hypothetical situation; explanation of C.A.S. services offered etc.; interpretation of the Legislation.

Community Public Relations Requests

Community requests C.A.S. provide information, do a presentation (i.e. at a school or conference) or serve on an agency board.

Request for Pre-Natal Service

Community or caregiver requests for CAS service related to a caregiver with a problem and their unborn child.

Note: Such cases to be reclassified using the Eligibility Spectrum at the time of the child's birth. Requests for birth planning regarding options for the unborn child to be rated in Section 6-E.

SECTION 11
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Section 11 - References

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PAPASSAY, ET AL.

Plaintiffs

and

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

Court File No.: CV-14-0018

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding commenced at Thunder Bay
Proceeding under the *Class Proceedings Act*, 1992

CERTIFICATION MOTION RECORD
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