

Ministry of Children and Youth Services

# Ontario Child Protection Tools Manual (2016)

A Companion to the Ontario Child  
Protection Standards

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# Introduction to the Manual

## Introduction

# Overview

The Ontario Child Protection Tools Manual (2016) provides a set of required instruments designed to assist Ontario child protection workers in their assessment and screening of situations in which a child is alleged to be in need of protection. The Ontario child protection tools are supports to decision making that help the child protection worker review each child protection decision point in an objective, systematic, strength-based, and comprehensive manner. Use of the instruments, combined with sound clinical judgment, including culturally sensitive practice where appropriate, strengthens child safety and assessment.

The Ontario Child Protection Tools provide support to the differential provision of child protection services based on the unique needs of children and their families in keeping with the Ontario Differential Response (DR) Model. The DR Model offers differential approaches to service delivery which are based on the type and severity of child maltreatment, and are customized to provide what each child and family requires. It also promotes a strengths-based approach to service delivery and encourages engagement of the child, family and their support system in decision making and service planning. Providing services differentially is dependent upon the ability to accurately determine the type and intensity of service that each child and family requires. The child welfare system needs to be able to identify children who are at greatest risk of future maltreatment, and also to accurately assess the strengths and needs of children and families.

The Ontario Child Protection Tools Manual (2016) is a companion to the Ontario Child Protection Standards (2016). The standards guide the child protection professional in his/her practice at each phase of service delivery, starting from the receipt of a referral and eligibility determination, and through the investigative phase of service, case transfer, ongoing service case management, and finally termination/completion of child protection services. The application of the tools in this manual is subject to the Ontario Child Protection Standards (2016) and Policy Directive CW 002-16.

## The Ontario Child Protection Decision-Making Model

The Ontario Child Protection Decision-Making model is a systematic approach to decision-making within child protection that is based on the Structured Decision-Making™ (SDM) model developed by the Children's Research Centre in Wisconsin.

Since 1989, the Children’s Research Centre has been conducting research into and developing instruments to improve safety, decision-making and outcomes for children receiving child protection services. It has employed a research-based process that relies on actuarial risk assessment to identify the likelihood of future harm, and clinical assessment to ascertain the strengths and needs of children and their families. The SDM™ model and the Ontario Child Protection Decision-Making Model based on SDM, provide specific tools to support each decision critical to child protection.

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

## Revisions to the Tools Manual

In 2016, minor revisions were made to the Child Protection Tools Manual (February 2007) to ensure that it was consistent with the revised Ontario Child Protection Standards (2016). In addition, the Supplementary Tools, contained in the previous Ontario Child Protection Tools Manual (February 2007) have been removed from this version of the manual.

## Ontario Child Protection Required Tools

The Ontario Child Protection Required Tools are applicable to the assessment and analysis of all Ontario family-based child protection cases. The Ontario Child Protection Required Tools, designed to support specific decision points in child protection work, are as follows:

1. Ontario Safety Assessment
2. Ontario Family Risk Assessment
3. Ontario Family and Child Strengths and Needs Assessment
4. Reassessment Tools: Ontario Family Risk Reassessment or Ontario Reunification Package

The Ontario Child Welfare Eligibility Spectrum<sup>1</sup> developed by the Ontario Association of Children’s Aid Societies continues to guide decisions about eligibility for child welfare services.

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<sup>1</sup> As it may be amended from time to time and implemented by policy directive.

# Format of the Tools Manual

In the pages that follow, the Ontario Child Protection Tools Manual (2016) provides a description of each of the Required Tools approved for use within child protection in the province. The objectives of the manual are:

- to identify the purpose of each Required Tool and the decision that it supports;
- to discuss the application of each tool;
- to identify the person/position responsible for using the tool;
- to provide an explanation of each tool including discussion of the format; and
- to provide definitions of the terms used in each tool.

## Note: Inclusive Terms

In this manual:

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

## Background

The Ontario Differential Response Model replaced the previous Ontario Risk Assessment Model (ORAM) in 2007. Although the Ontario Risk Assessment was a “state of the art” clinical tool at the time of implementation in 2000, subsequent research had resulted in child protection being increasingly able to implement evidence-based clinical tools and interventions that research has demonstrated resulted in better safety and well-being outcomes for children.

The process of selection of the required clinical tools for the Ontario Differential Response Model began with a review of available research/evaluations, and led to a consultation in Toronto with the Wisconsin Children’s Research Center. The consultation included members of the Child Welfare Secretariat of the Ministry of Children and Youth Services, senior management representatives from several Children’s Aid Societies, and researchers from two local universities.

The Ontario Child Protection Required Tools are based on the instruments developed by the Children’s Research Center in Wisconsin in their Structured Decision-Making™ (SDM) model. These instruments were validated in their home jurisdiction of California. Ontario then undertook an extensive review process to modify the instruments to make them relevant to the Ontario context.

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

# Ontario Child Protection Required Tools



# Safety Assessment

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# Ontario Safety Assessment

<p><b>Purpose</b></p>	<p>The safety assessment is used to determine the level of immediate danger to a child. It considers the immediate threat of harm and the seriousness of the harm or danger given the current information and circumstances. Where imminent danger of harm to a child is present, the process considers which interventions are needed to mitigate the threat to the child. After considering the immediate safety and interventions, the process leads to a safety decision.</p> <p>A safety assessment differs from a risk assessment in that the safety assessment assesses the present conditions, the danger resulting from those conditions and the interventions currently needed to protect the child. Risk assessment looks at the likelihood of future risk of child maltreatment due to family characteristics, behaviours and functioning.</p>
<p><b>Application</b></p>	<p>The Ontario Safety Assessment is conducted for all family-based investigations at the point of the first face-to-face contact, within the response time, on new or ongoing cases that are assigned for investigation.</p> <p>The Ontario Safety Assessment must be conducted:</p> <ul style="list-style-type: none"> <li>- before leaving a child in a home or returning a child to a home during an investigation; and/or</li> <li>- when there is a change in the ability of safety interventions to mitigate safety threats.</li> </ul> <p>The safety assessment process may be implemented at any point during ongoing service provision in situations where changing circumstances known to induce stress have been identified (i.e. loss of income, moves and illness of caregiver or child, a change in family composition such as a new caregiver or the loss of a protective caregiver from the home). If new safety threats are identified, a safety plan is implemented to mitigate those safety threats.</p> <p>Each of the safety threats is addressed at some time during the initial contact to ensure that all safety areas are assessed; however, the Ontario Safety Assessment tool is not meant to be used as a questionnaire.</p> <p>In the safety assessment document, the child protection worker records:</p> <ul style="list-style-type: none"> <li>- the assessment of safety;</li> </ul>

	<ul style="list-style-type: none"> <li>- the plan for securing the child’s safety; and</li> <li>- the plan for monitoring the Safety Plan.</li> </ul> <p>The Ontario Safety Assessment tool is not applied to:</p> <ul style="list-style-type: none"> <li>- investigations of community caregivers in institutional out-of-home settings (e.g. non-family based settings such as daycare centres, group homes, schools );</li> <li>- child fatality investigations with no surviving siblings and no other children cared for in the home; and</li> <li>- caregivers that have abandoned the child and whose whereabouts are unknown, and/or the caregivers are refusing contact with the CAS.</li> </ul>
<b>Responsibility</b>	Child Protection Worker
<b>Safety Assessment Form Completion</b>	<p><b>Most Vulnerable Child</b> The Ontario Safety Assessment form consists of three sections. In each section, the responses relate to the safety of the most vulnerable child in each domain.</p> <p><b>Parent/Caregiver</b> For the purpose of the Safety Assessment, parents/caregivers are identified as being the adults, parents, or guardians in the family who provide care and supervision for the children. If any one of the caregivers poses a safety threat to the most vulnerable child, a “yes” response is indicated in relation to that safety threat and the safety intervention is targeted to address the issue and the individual.</p> <p><b>1. Safety Threats</b> The safety items (Ontario Safety Assessment section 1) are a list of safety threats that are correlated to risk of immediate harm. If the critical threats are in existence, they render a child in danger of immediate harm. Use of an “other” category allows a child protection worker to identify a unique safety condition that has not been included but, in the child protection worker’s judgment, poses an immediate threat. Completion of this section of the Safety Assessment is dependent on the information available at the time of the assessment. Information gathered at the point of referral or subsequently may be factored into the assessment; however, child protection workers should make every effort to ensure that each safety threat is assessed prior to terminating the worker’s initial face to face contact with family members. Based on reasonable efforts to obtain information on each safety threat, the child protection worker reviews the threat and chooses the response that best suits the situation. “Yes” indicates the</p>

presence of the safety threat; “No” indicates the absence of the threat. In the event that no information is available to address a specific threat area, and there is no evidence to suggest that it is a concern, the child protection worker indicates “No”. If “Other” is used, the child protection worker provides a brief explanation in the allotted space.

## **2. Safety Interventions**

Safety Interventions are actions deemed necessary whenever one or more safety threats have been identified in section 1. The presence of safety threats requires a worker to consider which interventions are necessary to resolve the identified threat or to mitigate it sufficiently in order to allow each child to remain safely in the home while the investigation continues. The severity of the threat, the availability of the needed safety intervention, the caregiver’s willingness and ability to work towards a constructive resolution, the vulnerability of the child, and the family’s history of cooperation must all be considered when assessing the potential for a successful safety-producing intervention.

In the Safety Assessment document, the Safety Intervention list is comprised of general categories of interventions. These interventions are meant to provide temporary risk reduction during the investigative phase of service. Each category of intervention should be considered in terms of its availability, its usefulness in the situation, and the caregiver’s willingness to implement and follow through with the strategy in order to reduce the imminence and severity of the threat of harm to the child. If a category represents an intervention that will be implemented, it is check-marked on the form.

Should the severity and imminence of the threat of harm to the child be high, and should no safety intervention be available to sufficiently mitigate the conditions, apprehension and placement in CAS is the final safety intervention available.

The **Safety Plan** is a discussion and description of the safety interventions implemented to resolve the identified safety threats. It is written at the end of the intervention section of the Safety Assessment document entitled **Safety Plan**. In it, the child protection worker details:

- the contact information for each individual involved in the safety activities;
- the relationship between the child, family and support persons, organizations or First Nation community if the child is Aboriginal;
- the specific actions that will be taken to secure the child’s safety, specifically:

	<ul style="list-style-type: none"> <li>○ what each individual will do,</li> <li>○ how often and how long they will do it;</li> <li>- how the plan will be monitored and by whom; and</li> <li>- a backup plan if conditions of the safety plan cannot be met.</li> </ul> <p><b>3. Safety Decision</b></p> <p>In this section of the Ontario Safety Assessment document, the child protection worker records the decision that is the outcome of the safety assessment process. If, after consideration of the safety threats, no concerns have been identified, the child protection worker may decide that there is no likelihood of imminent harm or danger to a child in the home. The child protection worker decides that conditions are <b>Safe</b>.</p> <p>If one or more safety threats have been identified, but protective interventions have been put in place to address those conditions and reduce the threat to the child, the child protection worker may decide that the child is <b>Safe with Intervention</b>.</p> <p>Where the child protection worker has determined that one or more safety threats are present and there are no safety interventions available to sufficiently mitigate the threats to the child, the child protection worker must consider the child <b>Unsafe</b>.</p> <p>The rationale for the Safety Decision, including how the intervention plan, if needed, is expected to mitigate safety concerns or is insufficient to address the concerns, is documented in the narrative area of this section.</p>
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**Ontario Safety Assessment Safety Threat Descriptors**

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

<p>1. Parent/caregiver caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by:</p>	<p><b>Serious injury or abuse to child other than accidental</b></p> <p>Serious injury or abuse to child other than accidental Serious injury, caused by parent/caregiver, refers to a range of physical injuries that includes injury requiring hospitalization, injury that is not life threatening but</p>
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causes the child serious pain and may require some level of medical intervention (e.g. sutures), and injuries that are superficial but multiple in nature. Serious physical harm to the child includes brain damage, skull or bone fractures, multiple bruises, internal injuries such as through shaking, dislocations, sprains, poisoning, burns, scalds, deep wounds or punctures, or severe cuts. Serious physical harm also includes any other physical injury (e.g. suffocating, shooting, bruises/welts, bite marks, choke marks) that seriously impairs the health or wellbeing of the child, requires medical treatment, or creates concern about the health or wellbeing of the child.

**Caregiver fears he/she will maltreat child**

Parent/caregiver expresses fear that he/she will maltreat child due to either parent/caregiver's own emotional state or frustration with child, and parent/caregiver requests placement.

**Threat to cause harm or retaliate against child**

Parent/caregiver has threatened to take an action against the child which would result in serious harm, or a family member plans to retaliate against the child for involving child protection services.

**Excessive physical discipline or physical force**

Parent/caregiver has used physical force or acted in a way that goes beyond reasonable discipline or has punished child beyond the child's endurance.

**Drug-exposed infant**

Toxicology screening on infant or birth mother, or birth mother's admission of substance abuse has determined that infant has been exposed to illicit drugs or substances (including solvents) or non-prescribed medication during pregnancy; infant suffers adverse effects attributable to substance exposure; infant is medically fragile as a result of exposure to substance abuse.

<p>2. Current circumstance, combined with information that the parent/caregiver has or may have a history of previously maltreating a child in his/her care, suggest that the child's safety may be of immediate concern.</p>	<p>There must be both current immediate threats to child safety and related previous maltreatment that was severe and/or represents an unresolved pattern.</p> <p>Previous maltreatment includes any of the following:</p> <ul style="list-style-type: none"> <li>- prior death of a child as a result of maltreatment;</li> <li>- prior serious maltreatment of child by caregiver that caused serious injury and/or medical/physical findings consistent with sexual abuse based on medical exam;</li> <li>- termination of parental rights (i.e. Crown wardship for the purposes of adoption) as a result of a previous child protection involvement;</li> <li>- prior placement of children in place of safety or with an alternate caregiver by a Children's Aid Society due to presence of safety threats;</li> <li>- prior child welfare involvement that resulted in verification of child maltreatment;</li> <li>- prior child protection involvement that resulted in an inconclusive finding in relation to allegations of child maltreatment. Factors to be considered include seriousness, chronicity and/or patterns of child protection allegations;</li> <li>- prior parental/caregiver behaviour that could have caused serious injury; retaliation or threatened retaliation against child for previous incidents;</li> <li>- prior partner/adult conflict that resulted in serious harm or threatened harm to a child; and/or</li> <li>- prior failure to successfully complete either court-ordered or voluntary services to address child protection concerns.</li> </ul>
<p>3. Child sexual abuse is suspected and circumstances suggest that child's safety may be of immediate concern.</p>	<ul style="list-style-type: none"> <li>- Child discloses sexual abuse either verbally or behaviourally (e.g. age inappropriate, sexualized behaviour towards self or others).</li> <li>- Medical findings are consistent with child sexual abuse.</li> <li>- Parent/caregiver or others in the home have</li> </ul>

	<p>been investigated or convicted of a sexual offence against child or has had other sexual contact with child.</p> <ul style="list-style-type: none"> <li>- Parent/caregiver or others in the home have forced or encouraged child to engage in sexual performances or activities, including forcing child to observe sexual performance or activities.</li> <li>- There is access to a child by possible or confirmed sexual abuse offender.</li> </ul>
<p>4. Parent/caregiver fails to protect child from serious harm or threatened harm by other adults or children in the home. This may include physical, emotional or sexual abuse or neglect.</p>	<ul style="list-style-type: none"> <li>- Parent/caregiver fails to protect child from serious harm or threatened harm due to physical, sexual or emotional abuse or neglect by other family members, others in the home or others having access to the child.</li> <li>- Parent/caregiver does not provide supervision necessary to protect child from potentially serious harm by others, given the child's age or developmental stage.</li> <li>- An individual with a known history of violence/criminal behaviour resides in the home or parent/caregiver allows person access to the child.</li> </ul>
<p>5. Parent/caregiver's explanation for the injury to the child is questionable or inconsistent with type of injury, and the nature of the injury suggests that the child's safety may be of imminent concern.</p>	<ul style="list-style-type: none"> <li>- The injury requires medical attention.</li> <li>- Medical evaluation indicates injury is non-accidental or is a result of abuse; parent denies or attributes injury to accidental causes.</li> <li>- Parent/caregiver's explanation for the injury is inconsistent with the type of injury.</li> <li>- Parent/caregiver's description of the injury or cause of injury minimizes the extent of harm to the child.</li> <li>- Factors to consider include age of child, location of injury, exceptional needs of child or chronicity of injuries.</li> </ul>
<p>6. The family refuses access to the child or there is reason to believe that the family is about to flee.</p>	<ul style="list-style-type: none"> <li>- Family currently refuses access to the child or cannot or will not provide child's location.</li> <li>- Family has removed child from a hospital against medical advice to avoid investigation.</li> <li>- Family has previously fled in response to child protection involvement or has a pattern of</li> </ul>



	<p>abruptly leaving jurisdictions in response to child protection involvement.</p> <ul style="list-style-type: none"> <li>- Family has a history of isolating child from peers, school, professionals and others for extended periods of time for the purpose of avoiding investigation.</li> <li>- Parent/caregiver intentionally coaches or coerces child, or allows others to coach or coerce, in an effort to hinder the investigation.</li> </ul>
<p>7. Parent/caregiver does not meet the child's immediate needs for supervision, food, clothing, medical, dental or mental health care.</p>	<ul style="list-style-type: none"> <li>- Minimal nutritional needs of the child are not met, resulting in danger to the child's health and/or safety.</li> <li>- Child is without minimally warm clothing in cold months.</li> <li>- Parent/caregiver does not seek treatment for the child's immediate, chronic and/or dangerous medical condition or does not follow prescribed treatment.</li> <li>- Child appears malnourished.</li> <li>- Child has exceptional needs, such as being medically fragile, which caregiver does not or cannot meet.</li> <li>- Child is suicidal and parent will not/cannot take protective action.</li> <li>- Child demonstrates effects of maltreatment, such as serious emotional symptoms (e.g. anxiety, depression, self-destructive or aggressive behaviour or delayed development), or serious physical symptoms.</li> <li>- Parent/caregiver does not attend to child so that the child's need for care goes unnoticed or unmet (e.g. caregiver is present but child can wander alone, play with dangerous object, or is exposed to threatening conditions).</li> <li>- Parent/caregiver does not meet child's need for adequate, age-appropriate supervision.</li> <li>- Parent/caregiver is unavailable (e.g. incarcerated, hospitalized, or whereabouts unknown; or has abandoned the child).</li> <li>- Parent/caregiver makes inadequate and/or inappropriate child care arrangements, or demonstrates very poor planning for child's care.</li> </ul>

<p>8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.</p>	<p>Based on the child's age and developmental status, the child's living conditions are hazardous and pose an immediate threat. Examples of the observed conditions may include:</p> <ul style="list-style-type: none"> <li>- leaking gas from stove or heating unit;</li> <li>- substances accessible to the child that may endanger the health or safety of the child (such as drugs, solvents, alcohol, toxic substances);</li> <li>- living/sleeping arrangements that threaten immediate safety of an infant (e.g. adult sharing a bed with an infant or an unsafe crib);</li> <li>- lack of water or utilities (heat, plumbing, electricity) and no safe alternative provisions (if the community as a whole does not have the above resources available, indicate in the space provided and identify in the Intervention section the steps that will be taken to address any immediate threat to the child);</li> <li>- open windows; broken or missing screens;</li> <li>- exposed electrical wiring;</li> <li>- excessive garbage, rotten or spoiled food or excessive mould that threatens health (if the community as a whole has housing issues that include mould, identify the steps that will be taken to address any immediate threat to the child);</li> <li>- serious illness or significant injury that has resulted from the living conditions, and these conditions still exist;</li> <li>- evidence of human or animal waste throughout living quarters;</li> <li>- guns and other weapons that are not appropriately secured; and/or</li> <li>- other objects that pose a safety hazard and are accessible to child.</li> </ul>
<p>9. Parent/caregiver's current alcohol, drug or substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.</p>	<ul style="list-style-type: none"> <li>- Parent/caregiver has abused legal or illegal substances or alcohol to the extent that his/her ability to parent is significantly impaired.</li> <li>- The parent/caregiver is unable or will likely be unable to care for the child, has harmed or allowed harm to the child, or is likely to harm or allow harm to the child.</li> </ul>

<p>10. Partner/adult conflict exists in the home and poses a risk of serious physical and/or emotional harm or neglect to the child.</p>	<ul style="list-style-type: none"> <li>- Child injured in conflict between caregivers or between caregiver and another adult or is at risk of physical harm.</li> <li>- Child has suffered or is at risk of suffering emotional harm as demonstrated by serious anxiety (e.g. nightmares, insomnia), aggressive behaviour, self-destructive behaviour, delayed development or withdrawal related to situations associated with exposure to partner/adult conflict.</li> <li>- Child demonstrates signs of fear (e.g. cries, cowers, cringes, trembles) as a result of exposure to partner/adult conflict in the home.</li> <li>- Child's behaviour increases risk of physical injury (e.g. attempting to intervene or participate during violent dispute).</li> <li>- Adults use weapons or other instruments in a violent, threatening and/or intimidating manner.</li> <li>- There is evidence of property damage resulting from partner/adult conflict.</li> </ul>
<p>11. Parent/caregiver describes child in predominantly negative terms or acts toward child in negative ways that result in the child being a danger to self or others, acting aggressively, or being seriously withdrawn and/or suicidal.</p>	<p>Parent/caregiver actions may include:</p> <ul style="list-style-type: none"> <li>- describing child in a demeaning or degrading manner;</li> <li>- cursing and/or repeatedly degrading child;</li> <li>- scapegoating a particular child in the family;</li> <li>- blaming child for incidents or problems; and/or</li> <li>- placing child in middle of custody dispute.</li> </ul>
<p>12. Parent/caregiver's emotional stability, developmental status or cognitive limitation seriously impairs his/her current ability to supervise, protect or care for child.</p>	<ul style="list-style-type: none"> <li>- Parent/caregiver's refusal to follow prescribed medication/treatment impedes ability to adequately parent the child.</li> <li>- Parent/caregiver's inability to control emotions impedes ability to adequately parent child.</li> <li>- Parent/caregiver acts out or exhibits distorted perception that impedes ability to parent child.</li> <li>- Parent/caregiver's inability to function or perform tasks of daily living impedes parenting.</li> <li>- Parent/caregiver expects child to perform or act in ways that are unrealistic for child's age/stage of development (e.g. young child expected not to cry, young child expected to sit still for extended periods).</li> </ul>

	Parent/caregiver's developmental delay impedes ability to carry out basic parenting responsibilities or have basic parenting knowledge (e.g. failure/inability to access basic emergency medical care, lack of knowledge of basic child needs including nutrition, supervision, feeding schedules for infants).
13. Child is fearful of parent/caregiver, other family members or other people living in or having access to the home.	Child demonstrates or expresses fear of parent/caregiver, other family members or other people residing in or with access to the home. Child may or may not have described fears to a non-offending parent/caregiver.
14. Other	Identify any other safety factor that has not been addressed above but is assessed as posing an immediate threat to the safety of the child.

### Safety Intervention Descriptors

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

1. Direct service intervention by child protection worker	Immediate actions taken or planned by the investigating child protection worker to specifically address one or more safety threats are direct service interventions. Examples include provision of information about alternate disciplinary techniques or child development; assistance to attain restraining orders; provision of emergency material aid; planned return visits to the home to check on progress; and education regarding child protection laws or community standards. The investigation itself does not constitute a direct service intervention.
2. Use of extended family, neighbours, community, Elders, or other individuals in the	Families often have support systems that can be mobilized to mitigate safety concerns. Exploration of the family's strengths during the safety

community as safety resources	assessment leads to identification of family's resources which may be used to address safety threats. Interventions include involving extended family members, neighbours or other individuals to address immediate threats to child. Examples include a family's agreement to use nonviolent means of discipline, engaging a grandparent to assist with childcare, engagement of a community Elder or a neighbour's agreement to act as a safety net for an older child or to provide supervision.
3. Use of community agencies, Band Representatives or services as safety resources	Community, First Nation Band, or faith based organizations become involved in activities to mitigate safety threats. Examples include use of a local food bank, friendly visiting program, Elder visit or a community service. Long term therapy, treatment and waitlists are not considered safety interventions because these do not create immediate change.
4. Parent/caregiver to appropriately protect victim from the alleged perpetrator	A non-offending parent/caregiver acknowledges the safety issues, is willing and able to protect child from the alleged perpetrator, and agrees to take immediate action to ensure the child's safety. Examples include an agreement that child will not be left in the care of the alleged perpetrator, or non-offending parent/caregiver agrees to assume all parenting responsibility to safeguard child.
5. Alleged perpetrator to leave the home, either voluntarily or in response to consideration of legal intervention	Alleged perpetrator agrees to leave the home, is forced to leave the home by the non-offending caregiver, or is removed from the home because of legal constraints (e.g. criminal charges, Band Council Resolution, restraining order).
6. Non-offending parent/caregiver to move to a safe environment with the child	A non-offending parent/caregiver moves with the child to a safe environment (e.g. shelter, Band safe house, hotel, home of extended friends or family) where there will be no access to the alleged perpetrator.
7. Legal intervention planned or	A legal action has commenced or will be

initiated, child remains in the home	commenced that will effectively mitigate identified safety threats. Legal action may be family-initiated (such as restraining orders, mental health committals, or a change in custody/access), or through an application under the <i>Child and Family Services Act</i> .
8. Other	The family or child protection worker has identified a unique intervention for an identified safety concern that does not fit in the categories above.
9. Parent/caregiver to voluntarily place the child outside the home	A voluntary agreement is developed between the parent/caregiver and Society to have the child reside in the care of a member of the child's extended family or community in accordance with the Out of Care Kin Placement Regulation (e.g. kinship service, placement out of care); a Temporary Care Agreement is signed between the caregiver and the Society to place the child in the care of the Society.
10. Child apprehended and placed in CAS care because interventions 1-9 do not adequately assure child's safety	One or more children are apprehended and placed in care of the Society pursuant to the <i>Child and Family Services Act</i> , and will be brought before the courts because no other option is available that adequately assures the child's safety.

**ONTARIO SAFETY ASSESSMENT**

Agency: \_\_\_\_\_

Family Name: \_\_\_\_\_

Cross Reference: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

**Does address of safety assessment differ from address of family home?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please provide assessment address:**

\_\_\_\_\_  
\_\_\_\_\_

**Names of Parents/Caregivers Assessed & Relationship to child:**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Names of Children and Birthdates:**

1. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname(s) Given Names Day/Month/Year

2. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname(s) Given Names Day/Month/Year

3. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname(s) Given Names Day/Month/Year

4. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname(s) Given Names Day/Month/Year

5. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname(s) Given Names Day/Month/Year

6. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname(s) Given Names Day/Month/Year

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

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

**Date of Child Protection Referral:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year

**Date of Safety Assessment:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year

**Date of Consultation:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year

**Reason for Eligibility:** \_\_\_\_\_

**SECTION 1: SAFETY THREATS**

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

Yes	No	Question
Yes	No	1. Parent/caregiver caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by: _____ Serious injury or abuse to child other than accidental _____ Caregiver fears he/she will maltreat child _____ Threat to cause harm or retaliate against child _____ Excessive discipline or physical force _____ Drug-exposed infant.
Yes	No	2. Current circumstance, combined with information that the parent/caregiver has or may have a history of previously maltreating a child in his/her care, suggests that the child's safety may be of immediate concern.
Yes	No	3. Child sexual abuse is suspected and circumstances suggest that child's safety may be of immediate concern.
Yes	No	4. Parent/caregiver fails to protect child from serious harm or threatened harm by other adults or children in the home. This may include physical, emotional or sexual abuse or neglect.
Yes	No	5. Parent/caregiver's explanation for the injury to the child is questionable or inconsistent with type of injury, and the nature of the injury suggests that the child's safety may be of imminent concern.



Yes	No	6. The family refuses access to the child or there is reason to believe that the family is about to flee.
Yes	No	7. Parent/caregiver does not meet the child's immediate needs for supervision, food, clothing, medical, dental or mental health care.
Yes	No	8. The physical living conditions are hazardous and immediately threatening to the health and/ or safety of the child. <b>Note:</b> If the community as a whole does not have the above resources, indicate here: _____. When identifying safety interventions, indicate how any immediate threat will be addressed.
Yes	No	9. Parent/caregiver's current alcohol, drug or substance abuse seriously impairs his/her ability to supervise, protect or care for the child.
Yes	No	10. Partner/adult conflict exists in the home and poses a risk of serious physical and/or emotional harm or neglect to the child.
Yes	No	11. Parent/caregiver describes child in predominantly negative terms or acts toward child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being seriously withdrawn and/or suicidal.
Yes	No	12. Parent/caregiver's emotional stability, developmental status, or cognitive limitation seriously impairs his/her current ability to supervise, protect, or care for the child.
Yes	No	13. Child is fearful of parent/caregiver, other family members or other people living in or having access to the home.
Yes	No	14. Other (specify): _____

## SECTION 2: SAFETY INTERVENTIONS

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

Check all that apply:

Check	Question
<input type="checkbox"/>	1. Direct service intervention by child protection worker.
<input type="checkbox"/>	2. Use of extended family, neighbours, community Elders, or other individuals in the community as safety resources.
<input type="checkbox"/>	3. Use of community agencies, Band Representatives or services as safety resources.
<input type="checkbox"/>	4. Parent/caregiver to appropriately protect victim from the alleged perpetrator.
<input type="checkbox"/>	5. Alleged perpetrator to leave the home, either voluntarily or in response to consideration of legal intervention.
<input type="checkbox"/>	6. Non-offending parent/caregiver to move to a safe environment with the child.
<input type="checkbox"/>	7. Legal intervention planned or initiated – child remains in the home.
<input type="checkbox"/>	8. Other (specify) _____
<input type="checkbox"/>	9. Parent/caregiver to voluntarily place the child outside the home.
<input type="checkbox"/>	10. Child apprehended and placed in CAS care because interventions 1-9 do not adequately assure child's safety.

**SAFTEY INTERVENTION PLAN**

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

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### SECTION 3: SAFETY DECISION

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

- 1. **Safe.** No safety threats are identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
  
- 2. **Safe with Intervention.** One or more safety threats are present, and protecting safety interventions have been planned or taken that immediately mitigate the identified safety threats. Based on protecting interventions, child will remain in the home at this time.
  
- 3. **Unsafe.** One or more safety threats are present and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger.

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

\_\_\_\_\_

\_\_\_\_\_

### NARRATIVE

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

Worker: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day / Month / Year



# Family Risk Assessment

2

# Ontario Family Risk Assessment

<p><b>Purpose</b></p>	<p>A risk assessment is an assessment of the likelihood of <b>future risk of</b> child maltreatment within a family setting.</p> <p>The Ontario Family Risk Assessment is an actuarial (statistically driven) instrument in which collected information is organized along two indices: Abuse and Neglect. Using empirical probabilities, this Risk Assessment then identifies those families whose characteristics place them at a higher likelihood of future child maltreatment than other families. High risk families have significantly higher rates of subsequent referral and verification than low risk families. Correct use of the provided descriptors and scoring is essential to maintain the validity of the instrument.</p> <p>The results of the risk assessment inform decision making regarding the need for further services, and the intensity of the services needed to minimize risk to the child. The risk assessment is meant to aid, not substitute for the exercise of clinical judgement as to risk of future harm to a child.</p>
<p><b>Application</b></p>	<p>The Ontario Family Risk Assessment is conducted as a part of each family-based investigation including out-of-home care by relatives, community members, formal customary care homes or a foster home, prior to the verification decision.</p> <p>The risk assessment process begins at the point of first contact when the child protection worker starts to collect information about a family, and it continues throughout the investigative period. It involves the use of clinical skills to engage the client and elicit the needed details, relies on worker judgment to analyze the data collected from collaterals and previous child welfare history, and it uses the Ontario Family Risk Assessment tool to organize the information according to constructs that identify families which have low, moderate, high or very high probability of future abuse or neglect relative to other families.</p> <p>The Ontario Family Risk Assessment is not applied to:</p> <ul style="list-style-type: none"> <li>- investigations of community caregivers in institutional out-of-home settings (e.g. non-family based settings such as daycare centres, group homes, schools);</li> <li>- child fatality investigations with no surviving siblings and no other children cared for in the home;</li> <li>- parent/caregivers who have abandoned the child and whose</li> </ul>

	<p>whereabouts are unknown and/or they are refusing contact with the CAS;</p> <ul style="list-style-type: none"> <li>- investigations that are discontinued with supervisory approval without a safety assessment or risk assessment having been completed if, upon first face-to-face contact, the referral information is found to be clearly wrong (see Standard 3 of the Ontario Child Protection Standards (2016)); or</li> <li>- investigations that, following a safety assessment, meet the criteria for being closed (see Standard 3 of the Ontario Child Protection Standards (2016)).</li> </ul> <p>When the Risk Assessment tool has not been completed for any of the above reasons and the circumstances creating the exemption change (e.g. parent/caregiver returns, or new information requires that an investigation continue), the Ontario Family Risk Assessment is completed at the time of the change.</p>
<b>Responsibility</b>	Child Protection Worker
<b>Risk Assessment Form Completion</b>	<p>The Ontario Family Risk Assessment is an actuarial tool comprised of two indices: a Neglect Index and an Abuse Index. Each scale incorporates a range of family characteristics that capture dynamics associated with either abuse or neglect. During the course of the investigation, the child protection worker collects information from all possible sources to apply the information to the Ontario Family Risk Assessment. Some items in either scale are objective while others require the child protection worker to make an observation and judgment based on assessment. Throughout the risk assessment process, the parent/caregiver descriptors provided below must be used to maintain validity of the instrument.</p> <p><b>Neglect Index</b> The neglect index consists of 10 factors associated with recurrence of neglect. Each factor has been weighted to produce a valid estimation of the likelihood of recurrence. Due to the actuarial base of the tool, the assigned weights cannot be changed. The score of the most appropriate prompt is chosen and recorded in the space provided. The maximum score attainable on the neglect index is 16.</p> <p><b>Abuse Index</b> The abuse index consists of 10 factors associated with recurrence of abuse. Like the neglect index, each factor has been weighted to produce a valid estimate of the likelihood of recurrence of abuse. The actuarial weighting of each factor cannot be changed. The score of the</p>

	<p>most appropriate prompt is chosen and recorded. The maximum score attainable on the abuse index is 18.</p> <p><b>Scoring</b> When both indices are complete, the Total Neglect Score and the Total Abuse Score are each calculated, using simple addition. The family's Scored Risk Level is based on the highest score on either the Neglect or the Abuse Index.</p> <p><b>Overriding Conditions</b> Overriding conditions represent situations that are considered, without exception, to be indicative of increased risk to the child. In the Ontario Family Risk Assessment, the child protection worker indicates if an overriding condition exists. Presence of one or more overriding conditions increases risk to very high.</p> <p><b>Discretionary Considerations</b> Discretionary Considerations are used by the child protection worker whenever he/she believes that the risk score does not accurately reflect the family's actual risk level. In the Ontario Family Risk Assessment, a discretionary consideration may be used by the child protection worker, based on judgment of the circumstances, to increase the Scored Risk Level by one rating. Use of Discretionary Consideration requires supervisory approval.</p> <p>Following consideration of Overriding Conditions and/or Discretionary Considerations, the Final Risk Level is determined.</p>
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<p><b>Ontario Family Risk Assessment Descriptors</b></p> <p>The descriptors provided below are clarifications of the terms used in the Ontario Family Risk Assessment, including examples of the types of conditions that might be considered within each broader category. The descriptors are a guide to be used in conjunction with worker judgment and cultural sensitivity where appropriate, in capturing the presenting risk factors.</p>	
	<p><b>Parent/Caregiver</b></p> <p>Each parent/caregiver residing in the home and each child cared for in the home is included in the risk assessment. To preserve the validity of the instrument, <b>in the Ontario Family Risk Assessment, parent/caregiver ratings are based on the primary parent/caregiver</b> who is the adult living in the home who assumes the most</p>



### Ontario Family Risk Assessment Descriptors

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

responsibility for the child. In determining the primary caregiver, the child protection worker follows the criteria below:

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

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

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

### Ontario Family Risk Assessment Descriptors Neglect Index

N1. Current Complaint is for Neglect

Score 1 if the current complaint (referred allegation or information attained during the investigation) is for any type of neglect, including:

- Severe or general neglect
- Caregiver absence or incapacity
- Non-sexual exploitation

Non-sexual exploitation refers to use of a child in a labour, criminal or household context that seriously interferes with the child's participation in developmentally appropriate activities such as education or socialization or that places the child at developmental, social or physical risk.

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

<p>N2. Number of Prior Child Protection Investigations</p>	<p>History from other jurisdictions is checked and reviewed to inform decisions in this area. Investigations of community caregivers (e.g. daycare, teacher, etc.) are excluded unless one or more parent/caregivers failed to protect.</p> <p>a) Score 0 if there were no known previous child protection investigations for the family. Referrals that did not result in an investigation are scored as 0.</p> <p>b) Score 1 if there is a history of one or more investigations, verified or not, for any type of physical or emotional abuse or sexual abuse or exploitation. Referrals that did not result in an investigation are not included.</p> <p>c) Score 2 if there is a history of one or two investigations, verified or not, for any type of neglect in the family.</p> <p>d) Score 3 if there were three or more investigations, verified or not, for any type of neglect, with or without abuse investigations, prior to the current investigation.</p> <p>Neglect includes:</p> <ul style="list-style-type: none"> <li>- Severe or general neglect</li> <li>- Caregiver absence or incapacity</li> <li>- Non-sexual exploitation</li> </ul>
<p>N3. Family has Previously Received CAS Ongoing Child Protection Services (voluntary/court-ordered).</p>	<p>Score 1 if family members have previously received child protection services or are currently receiving service as a result of a prior investigation. Previous involvement may be voluntary or court ordered.</p>
<p>N4. Number of Children Involved in Current Child Abuse/Neglect Incident</p>	<p>Score the appropriate amount given the number of children under 16 years of age for whom abuse or neglect was alleged or verified in the current</p>

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

	investigation (e.g. four children under 16 results in a score of 1).
N5. Age of Youngest Child in the Family	Score the appropriate amount given the current age of the youngest child in the home where the maltreatment incident reportedly occurred (e.g. if youngest child is under 2, score 1). If a child is removed as a result of the current investigation, count the child as residing in the home.
N6. Primary Parent/Caregiver Provides Physical Care Inconsistent with Child Needs	Score 1 if physical care of child (such as age-appropriate feeding, clothing, shelter, hygiene and medical care) threatens the child's well-being or results in harm to the child. Examples include: <ul style="list-style-type: none"> <li>- repeated failure to obtain standard immunizations;</li> <li>- failure to obtain medical care for severe or chronic illness;</li> <li>- repeated failure to provide child with clothing appropriate to the weather;</li> <li>- persistent rodent or insect infestations falling below the minimal community standard;</li> <li>- inadequate or inoperative plumbing or heating, where these utilities are available in the local community;</li> <li>- poisonous substance or dangerous objects lying within reach of small child;</li> <li>- child wears unchanged clothes for extended periods of time (according to community standard); and/or</li> <li>- child not bathed on a regular basis resulting in dirt caked on skin and hair, and strong odour.</li> </ul>
N7. Primary Parent/Caregiver has a Past or Current Mental Health Problem	Score 1 if credible and/or verifiable statements by the primary parent/caregiver or others indicate that the primary parent/caregiver: <ul style="list-style-type: none"> <li>- has been diagnosed with a DSM condition by a mental health clinician;</li> <li>- had repeated referrals for mental health/ psychological evaluations; and/ or</li> </ul>

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

	<ul style="list-style-type: none"> <li>- was recommended for treatment/hospitalization or was treated/hospitalized for emotional problems at any time.</li> </ul>
<p>N8. Primary Parent/Caregiver has a Past or Current Alcohol, Drug or Substance Problem</p>	<p>The primary parent/caregiver has a past or current alcohol/drug/substance abuse problem that interferes with his/her or the family's functioning. Such interference is evidenced by:</p> <ul style="list-style-type: none"> <li>- substance use that affects or affected:             <ul style="list-style-type: none"> <li>o employment,</li> <li>o criminal involvement ,</li> <li>o marital or family relationships, and/or</li> <li>o ability to provide protection, supervision and care for the child;</li> </ul> </li> <li>- an arrest in the past two years for driving under the influence or refusing breathalyser testing;</li> <li>- self-report of a problem;</li> <li>- treatment received currently or in the past;</li> <li>- multiple positive urine toxicology tests;</li> <li>- health/medical problems resulting from substance use; and/or</li> <li>- child diagnosed with Fetal Alcohol Syndrome or Exposure, or child had positive toxicology screen at birth and primary caregiver was birthing parent.</li> </ul> <p>Score the following characteristics and record the sum as the item score (maximum score 2):</p> <ol style="list-style-type: none"> <li>a) Score 0 if no past or current substance abuse problems.</li> <li>b) Score 1 if past or current alcohol abuse.</li> <li>c) Score 1 if past or current drug or substance abuse.</li> </ol> <p>Legal, non-abusive prescription drug use should not be scored.</p>
<p>N9. Characteristics of Children in the Family</p>	<p>Score the appropriate amount for each characteristic present and record the sum as the item score (maximum score 3):</p> <ol style="list-style-type: none"> <li>a) Score 0 if no child in the family exhibits</li> </ol>

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

	<p>characteristics listed below.</p> <p>b) Score 1 if any child in the family is medically fragile, defined as having a long-term (6 months or more) physical condition requiring medical intervention, or diagnosed as failure to thrive.</p> <p>c) Score 1 if any child is developmentally or physically disabled, including any of the following: developmental delay, learning disability, significant physical disability.</p> <p>d) Score 1 if any child had a positive toxicology result for alcohol or another drug at birth.</p>
N10. Housing	<p>Score the appropriate amount given the characteristics present and record the item score (maximum score 2):</p> <p>a) Score 0 if the family has housing that is physically safe.</p> <p>b) Score 1 if the family has housing but the current housing situation is physically unsafe such that it does not meet the health or safety needs of the child and falls below the minimum community standard. Examples include exposed wiring, inoperable heat or plumbing, roach/rat infestations, human/animal waste on floors, rotting food.</p> <p>c) Score 2 if the family is homeless or about to be evicted at the time the investigation began.</p>

**Ontario Family Risk Assessment Descriptors  
Abuse Index**

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

<b>Ontario Family Risk Assessment Descriptors Abuse Index</b>	
A6. Partner/Adult Conflict in the Family in the Past Year	Score 2 if in the previous year, there has been one or more physical assaults or multiple periods of intimidation/ threats/ harassment between parents/caregivers or between parent/caregiver and another adult.
A7. Primary Parent/Caregiver Characteristics	Score the appropriate amount for each characteristic present and record the sum as the item score (maximum score 3): a) Score 0 if the primary parent/caregiver does not exhibit characteristics listed below. b) Score 1 if the primary parent/caregiver provides insufficient emotional/ psychological support to the child, such as persistently berating/belittling/ demeaning child, or depriving child of affection or emotional support. c) Score 1 if the parent/caregiver's disciplinary practices caused or threatened harm to child because he/she was excessively harsh and/or inappropriate to the child given the child's age and/or developmental stage. Examples include locking child in closed basement, holding child's hand over heat, hitting child with dangerous objects or depriving young child of physical and/or social activity for extended periods. d) Score 1 if the primary parent/caregiver's behaviour is characterized by controlling, abusive, overly restrictive or unfair actions, or over-reactive rules.
A8. Primary Parent/Caregiver has a History of Abuse or Neglect as a Child	Score 1 if credible statements by the primary parent/caregiver or others indicate that the primary parent/caregiver was maltreated as a child (maltreatment includes neglect, physical, sexual or other abuse).
A9. Secondary Parent/Caregiver has a Past or Current Alcohol, Drug or Substance Problem	The secondary parent/caregiver has a past or current alcohol/drug/substance problem that interferes with his/her or the family's functioning. Such interference is evidenced by: - substance use that affects or affected:

**Ontario Family Risk Assessment Descriptors  
Abuse Index**

	<ul style="list-style-type: none"> <li>○ employment,</li> <li>○ criminal involvement,</li> <li>○ marital or family relationships, or</li> <li>○ ability to provide protection, supervision, and care for the child;</li> </ul> <ul style="list-style-type: none"> <li>- an arrest in the past two years for driving under the influence or refusing breathalyser testing</li> <li>- self-report of a problem;</li> <li>- received or receiving treatment;</li> <li>- multiple positive toxicology screens;</li> <li>- health/medical problems resulting from substance use; and</li> <li>- child diagnosed with Fetal Alcohol Syndrome or effects, or child had a positive toxicology screen at birth and secondary caregiver was birthing parent.</li> </ul> <p>Score the following:</p> <ul style="list-style-type: none"> <li>a) Score 0 if no past or current substance abuse problem.</li> <li>b) Score 1 if past or current substance abuse.</li> </ul> <p>Legal, non-abusive prescription drug use should not be scored.</p>
<p>A10. Characteristics of Children in the Family</p>	<p>Score the appropriate amount for each characteristic present and record the sum as the item score (maximum score 3):</p> <ul style="list-style-type: none"> <li>a) Score 0 if no child in the family exhibits characteristics listed below.</li> <li>b) Score 1 if any child in the family has been referred to the Youth Criminal Justice System for an offence. Child behaviour that has not resulted in criminal involvement but has created stress within the family should also be scored. Examples include children engaging in behaviours such as truancy, breaking curfews and repeated running away.</li> <li>c) Score 1 if any child is developmentally delayed, has a learning disability or any other developmental challenge.</li> </ul>



**Ontario Family Risk Assessment Descriptors  
Abuse Index**

d) Score 1 if any child in the family has mental health or behaviour problems not related to a physical disability or developmental delay. Examples include ADHD, ADD, a DSM diagnosis, receiving mental health treatment, special education placement due to behaviour, or use of psychotropic medication.

## ONTARIO FAMILY RISK ASSESSMENT

Agency: \_\_\_\_\_

Family Name: \_\_\_\_\_

Date of Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year

Primary Parent/Caregiver: \_\_\_\_\_

Secondary Parent/Caregiver: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Neglect		Points	Score	Abuse		Points	Score
	Current Complaint is for Neglect			A1.	Current Complaint is for Abuse		
	a. No	0			a. No	0	
	b. Yes	1	—		b. Yes	1	—
N2.	Number of Prior Child Protection Investigations (assign highest score that applies)			A2.	Number of Previous Child Abuse Investigations (number: _____)		
	a. None	0			a. None	0	
	b. One or more, abuse only	1			b. One	1	
	c. One or two for neglect	2	—		c. Two or more (actual number ____)	2	—
	d. Three or more for neglect	3					
N3.	Family Has Previously Received CAS Ongoing Child Protection Services (voluntary/court-ordered)			A3.	Family has Previously Received CAS Ongoing Child Protection Services (voluntary/court-ordered)		
	a. No	0			a. No	0	
	b. Yes	1	—		b. Yes	1	—

N4.	Number of Children Involved in Current Child Abuse/Neglect Incident			A4.	Prior Injury to a Child Resulting from Child Abuse/Neglect		
	a. One, two or three	0			a. No	0	
	b. Four or more	1	—		b. Yes	1	—
N5.	Age of Youngest Child in the Family			A5.	Primary Parent/Caregiver's Assessment of Incident (check applicable items, add for score). Maximum score 3.		
	a. Two or older	0			a. ___ Not applicable	0	
	b. Under two	1			b. ___ Blames child	1	
			—		c. ___ Justifies maltreatment of a child	2	—
N6.	Primary Parent/Caregiver Provides Physical Care Inconsistent with Child's Needs			A6.	Partner/Adult Conflict in the Family in the Past Year		
	a. No	0			a. No	0	
	b. Yes	1	—		b. Yes (Number of Incidents __)	2	—
N7.	Primary Parent/Caregiver has a Past or Current Mental Health Problem			A7.	Primary Parent/Caregiver Characteristics (check applicable items, add for score). Maximum score 3.		
	a. No	0			a. ___ Not applicable	0	
	b. Yes	1	—		b. ___ Provides insufficient emotional/ psychological support	1	—
					c. ___ Employs excessive/ inappropriate	1	

					discipline		
					d. ___ Employs overly controlling/abusive or overly restrictive behaviour.	1	
N8.	Primary Parent/Caregiver Has Historic or Current Alcohol, Drug or Substance Problem. (Check applicable items and add for score) Maximum score 2.			A8.	Primary Parent/Caregiver has a History of Abuse or Neglect as a Child		
	a. ___ Not applicable	0			a. No	0	
	b. ___ Alcohol (current or historic)	1			b. Yes	1	
	c. ___ Drug (current or historic)	1					
N9.	Characteristics of Children in Family (Check applicable items and add for score) Maximum score 3			A9.	Secondary Parent/Caregiver Has Past or Current Alcohol , Drug or Substance Problem		
	a. ___ Not applicable	0			a. No	0	
	b. ___ Medically fragile/ failure to thrive	1			b. Yes, alcohol and/or drug: ___ Alcohol ___ Drug	1	
	c. ___ Developmental or physical disability	1					
	d. ___ Positive toxicology screen at birth	1					
N10	Housing (check applicable item). Maximum score 2.			A10	Characteristics of Children in the Family (check appropriate items & add for score) Maximum score 3.		
	a. ___ Not applicable	0			a. ___ Not applicable	0	
	b. ___ Current housing is physically unsafe	1			b. ___ Criminal or acting out behaviour	1	

	c. ___ Homeless at time of investigation	2			c. ___ Developmental disability	1	
					d. ___ Mental health/ behavioural problem	1	
	<b>Total Neglect Risk Score (Maximum 16)</b>		—		<b>Total Abuse Score (Maximum score 18)</b>		—

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

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

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

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

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

Yes	No	If yes, circle override risk level:	Low	Moderate	High	<b>Very High</b>
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Discretionary consideration reason:

\_\_\_\_\_

Supervisor's Review/ Approval of Discretionary Consideration:

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Date:     /     /      
Day/Month/Year

**FINAL RISK LEVEL (circle final level assigned):**

**Low**

**Moderate**

**High**

**Very High**

# Family and Child Strengths and Needs Assessment

3

# Ontario Family and Child Strengths and Needs Assessment

<p><b>Purpose</b></p>	<p>The Ontario Family and Child Strengths and Needs Assessment is a clinical instrument that assists the child protection worker to identify the presence of parent/caregiver and child strengths and resources as well as to identify the needs of family members. It assists child protection workers to systematically collect information and develop a service plan that utilizes family strengths and targets areas of need. Through re-assessments, the tool permits the child protection worker to monitor a family's progress and the impact of service provision.</p>
<p><b>Application</b></p>	<p>A Family and Child Strengths and Needs Assessment <b>is completed</b> on every case receiving ongoing child protection services:</p> <ul style="list-style-type: none"> <li>- prior to the development of an initial service plan which is due within 30 days of:             <ul style="list-style-type: none"> <li>o the completion of the initial investigation, or</li> <li>o the date of the case transfer following the initial investigation;</li> </ul> </li> <li>- at six month re-assessment intervals from the date of the first service plan;</li> <li>- when a case is being transferred to another worker and the existing family and child strengths and needs assessment no longer reflects the family's current functioning;</li> <li>- when a case is being closed and the existing family and child strengths and needs assessment no longer reflects the family's current functioning; or</li> <li>- when assessing a parent who is presenting a plan to care for the child.</li> </ul> <p>To complete the Ontario Family and Child Strengths and Needs Assessment, the child protection worker collects information from immediate and extended family members, representatives of the Band or Native community for Indian and Native children, collaterals, CAS and other available records and through direct observation. Using engagement, good social work practice, clinical skill and awareness of the child and family's cultural context where appropriate, the child protection worker analyses the information and applies it to the domains and scales within the tool.</p> <p>A Family and Child Strengths and Needs Assessment is <b>not required</b> when an ongoing case is being closed or transferred between workers</p>



	<p>and the last family strengths and needs assessment accurately reflects the family’s current functioning.</p> <p>A Family and Child Strengths and Needs Assessment <b>may</b> be conducted following:</p> <ul style="list-style-type: none"> <li>- Completion of any subsequent investigation that has resulted in identification of new risk factors, new child protection concerns or a new risk assessment.</li> <li>- At any additional point where a change in family circumstances is thought to affect the strengths or needs of family members.</li> </ul> <p>Only the Child Strengths and Needs Assessment section is completed when parents/caregivers have abandoned the child and their whereabouts are unknown and/or they are refusing contact with the CAS. The Parent/Caregiver section of the Strengths and Needs Assessment is not completed in the above situation.</p>
<b>Responsibility</b>	Child Protection Worker
<b>Form Completion</b>	<p>The Ontario Family and Child Strengths and Needs Assessment Form is comprised of two sections: Parent/Caregiver Strengths and Needs Assessment and the Child Strengths and Needs Assessment. In each section, each domain is rated along a four point scale.</p> <p>An “a” represents a strength response, indicating that parent/caregiver or child has strong skills or resources in that area. A “b” response represents an “average” functioning in which parent/caregiver or child has not achieved exceptional skill but is managing stressors effectively and functioning at an adequate level. The “c” response represents a parent/caregiver or child who is experiencing increased need in the category. A “d” response indicates that the parent/caregiver or child is experiencing a serious need in the category. For each domain, the response that most closely represents the parent/caregiver or child functioning is selected.</p> <p><b>Scoring</b> Responses in the Parent/Caregiver and the Child domains are given positive and negative values. In the Strengths and Needs Assessments these values are not summed; rather, the lowest score represents highest need when prioritizing domains for service intervention. Highest scores are considered to be areas of strength.</p> <p><b>Parent/Caregiver Strengths and Needs Assessment</b> The Parent/Caregiver Strengths and Needs Assessment is comprised</p>

of 11 domains that are designed to identify areas where: (1) a parent/caregiver may have potential resources or strengths that can be used in service planning; and (2) there are challenges that have to be addressed in order to improve family functioning.

### **Child Strengths and Needs Assessment**

This section of the form is comprised of 9 domains that identify the strengths and challenges of each child in the family. Each child in the family, who is under the age of 16 years, is assessed according to the domains whether residing with the family or in an out-of-home setting.

Once each domain has been addressed, the child protection worker analyses the findings for the parent/caregiver and for the child to select the areas of greatest need (which are targeted in the service plan) and to identify the strengths and resources available to assist the family.

### **Priority Needs and Strengths**

Following completion of each of the domains for parent/caregiver and child, the areas with the lowest scores represent the greatest needs. These areas are prioritized to be addressed in the service plan. For a child in an out of home placement, areas of need are flagged to be addressed in his/her plan of care.

### **Descriptors**

The descriptors provided below are clarifications of the terms used in the Parent/Caregiver Strengths and Needs Assessment and in the Child Strengths and Needs Assessment, including examples of the types of conditions or behaviours that might be considered within each broader category. The descriptors are a guide to be used in conjunction with worker judgment and cultural sensitivity as appropriate, in capturing the presenting factors.

### **Parent/Caregiver**

For the purpose of the Family and Child Strengths and Needs Assessment, a parent/caregiver is identified as being a parent, guardian or adult in the family who provides care and supervision for the children on a regular basis. More than one caregiver may be rated in the strengths and needs assessment process.

**Family and Child Strengths and Needs Assessment  
Parent/Caregiver Strengths and Needs Descriptors**

SN1. Alcohol, Drug or Substance Abuse

This factor refers to any form of alcohol; illegal drugs or abuse of prescription or over the counter medication; and the broad category of substances which include inhalants, solvents, or other concoctions used to alter emotions or functioning. Check mark the specific substance in the list provided for consideration in development of the service plan.

**a) Promotes and demonstrates healthy understanding of alcohol, drugs and substance use**

Parent/Caregiver may use alcohol or prescribed drugs, however use does not negatively affect parenting skills and functioning, and parent/caregiver promotes and demonstrates an understanding of the choices made (abuse, use or abstinence) and the effects of alcohol, drugs and substance use on behaviour and society.

**b) Alcohol or prescribed drug use**

Parent/Caregiver may have a history of substance abuse or may currently use alcohol or prescribed drugs, however, it does not negatively affect parenting skills and functioning.

**c) Alcohol, drug or substance abuse**

Parent/Caregiver continues to use despite negative consequences in some areas such as family, social relationships, health, legal, employment or finances. Parent/Caregiver needs help to achieve and/or maintain abstinence from alcohol, drugs or other substances.

**d) Chronic alcohol/drug/substance abuse**

Parent/Caregiver's use of alcohol or drugs results in behaviours which impede ability to meet his/her own and/or the child's basic needs. Parent/caregiver experiences some degree of impairment in most areas including family, social relationships, health, legal, employment and finances. Needs intensive structure and support to achieve abstinence from alcohol or drugs.

**Family and Child Strengths and Needs Assessment  
Parent/Caregiver Strengths and Needs Descriptors**

<p>SN2. Family Relationships</p>	<p><b>a) Supportive</b> Internal/external stressors (i.e. illness, financial problems, divorce, special needs) may be present but family maintains positive interactions demonstrated by mutual affection, respect, open communication and empathy, and shares responsibilities that are mutually agreed upon by family members.</p> <p><b>b) Minor/occasional discord</b> Internal/external stressors are present but family is coping despite some disruption of positive interactions.</p> <p><b>c) Frequent discord</b> Internal/external stressors are present and family is consistently experiencing increased disruptions of positive interactions, coupled with lack of cooperation and/or emotional/verbal abuse. Custody and access issues are characterized by frequent conflicts. Caregiver’s pattern of adult relationships creates significant stress for the child.</p> <p><b>d) Chronic discord</b> Internal/external stressors are present and family experiences minimal or no positive interactions. Custody and access issues are characterized by severe conflict such as multiple incidents of malicious reports to law enforcement and/or child protection service. Caregiver’s pattern of adult relationships places child at risk for maltreatment and/or contributes to serious emotional distress.</p>
<p>SN3. Partner/Adult Relationships</p>	<p><b>a) Individuals promote non-violence in the home</b> Family members mediate disputes and promote nonviolence in the home. Relationships are respectful. Individuals are safe from threats, intimidation or assaults by family members.</p> <p><b>b) Relationships free of threatening or assaultive behaviours among family members</b> Conflicts may be resolved through less adaptive strategies such as avoidance; however, family members do not control each other or threaten</p>

**Family and Child Strengths and Needs Assessment  
Parent/Caregiver Strengths and Needs Descriptors**

	<p>physical or sexual assault within the home.</p> <p><b>c) Physical violence/controlling behaviour</b> Adult relationships are characterized by occasional physical outbursts that do not result in injuries; and/or controlling behaviour that results in isolation or restriction of activities. Both perpetrator and victim seek help in reducing threats of violence. If only one party agrees to seek help, score “d” even though violence did not result in injury.</p> <p><b>d) Repeated and/or severe physical violence</b> One or more family members use regular and/or severe physical violence. Individuals engage in physically assaultive behaviours towards family members. Violent or controlling behaviour has resulted in injury (bruises, cuts, burns, welts, broken bones etc.), extreme isolation, humiliation, or restriction of activities.</p>
SN4. Social Support System	<p><b>a) Strong support system</b> Family engages with a strong, constructive, mutual support system. Interacts with extended family, friends, Elders, cultural, religious and/or community support or services that provide a wide range of positive resources.</p> <p><b>b) Adequate support system</b> As needs arise, family uses extended family, friends, Elders, cultural, religious and community resources to provide constructive support and/or services such as child care, transportation, supervision, role-modeling for parent and child, parenting and emotional support, guidance, etc.</p> <p><b>c) Limited positive support system</b> Family has a limited positive support system, is isolated, or reluctant to use available support; or support system is present but encourages negative behaviour.</p> <p><b>d) No positive support system</b> Family has no support system and does not utilize extended family and community resources; or family has support system that perpetuates</p>

**Family and Child Strengths and Needs Assessment  
Parent/Caregiver Strengths and Needs Descriptors**

	destructive behaviours and relationships.
SN5. Parenting Skills	<p><b>a) Strong skills</b> Parent/caregiver displays knowledge and understanding of age-appropriate parenting skills and integrates use on a daily basis. Parent/caregiver expresses hope for and recognizes child’s abilities and strengths and encourages participation in family and community. Parent/Caregiver advocates for family and responds to changing needs.</p> <p><b>b) Adequately parents and protects child</b> Parent/caregiver displays adequate parenting patterns that are age-appropriate for child in areas of expectations, discipline, communication, protection and nurturing. Parent/caregiver has basic knowledge and skills to parent.</p> <p><b>c) Inadequately parents and protects child</b> Improvement of basic parenting skills needed by parent/caregiver. Parent/caregiver has some inappropriate expectations and gaps in parenting skills, demonstrates poor knowledge of age-appropriate disciplinary methods, and/or parent/caregiver’s lack of knowledge of child development interferes with effective parenting.</p> <p><b>d) Destructive/abusive parenting</b> Parent /caregiver displays destructive/abusive parenting patterns that result in risk of serious harm to the child.</p>
SN6. Mental Health/Coping Skills	<p><b>a) Strong coping skills</b> Parent/caregiver demonstrates the ability to deal with adversity, crises and long-term problems in a constructive manner. Demonstrates realistic, logical thinking and judgement. Displays resiliency, has a positive, hopeful attitude.</p> <p><b>b) Adequate coping skills</b> Parent/caregiver demonstrates emotional responses that are consistent with circumstances. Parent/caregiver displays no apparent inability to cope with adversity, crises or</p>

**Family and Child Strengths and Needs Assessment  
Parent/Caregiver Strengths and Needs Descriptors**

	<p>long-term problems.</p> <p><b>c) Mild to moderate symptoms</b> Parent/caregiver displays periodic symptoms of mental health issues including but not limited to depression, low self-esteem, anxiety or apathy. Parent/caregiver has occasional difficulty dealing with situational stress, crises or problems.</p> <p><b>d) Chronic/severe symptoms</b> Parent/caregiver displays chronic, severe mental health symptoms, including but not limited to depression, apathy or severe low self-esteem. These symptoms impair the caregiver's ability to perform in one or more areas of parental functioning, employment, education or provision of basic needs.</p>
<p>SN7. Family History of Criminal Behaviour or Child Abuse and Neglect</p>	<p><b>a) Promotes positive values</b> No criminal behaviour or child abuse and neglect history, and family members promote and demonstrate values that instil respect for self and others.</p> <p><b>b) No criminal behaviour or child maltreatment history, or successful problem resolution</b> No history of prior criminal behaviour or child maltreatment; or there has been prior criminal behaviour or child maltreatment history, but family members have demonstrated ability to resolve crises appropriately through the use of community resources.</p> <p><b>c) Active involvement</b> Parent/caregiver's ability or availability to parent is negatively affected by criminal behaviour or child maltreatment such as outstanding warrants, arrests and/or history with child protection that has not been successfully resolved.</p> <p><b>d) Chronic/severe involvement</b> No family member is able/available to safely assume caregiver role due to chronic criminal behaviour/child protection involvement with failed service plans.</p>

Family and Child Strengths and Needs Assessment Parent/Caregiver Strengths and Needs Descriptors	
	If the response is b, c, or d, the parent/caregiver with the concern is identified in the chart and the nature of the past involvement is check marked.
SN8. Resource Management/ Basic Needs	<p><b>a) Resources are sufficient to meet basic needs and are adequately managed</b> Parent/caregiver has a history of consistently providing safe, healthy and stable housing; nutritional food and clothing.</p> <p><b>b) Resources are limited but are adequately managed</b> Parent/caregiver provides adequate housing, food and clothing to meet basic needs.</p> <p><b>c) Resources are insufficient or not well-managed</b> Parent/caregiver provides housing but it does not meet the basic needs of the child due to things such as inadequate plumbing, heating, wiring or housekeeping (in communities where these utilities are available). Food and/or clothing do not meet basic needs of the child. Family may be homeless, however there is no evidence of harm or threat of harm to child.</p> <p><b>d) No resources or resources severely limited and/or mismanaged</b> Conditions exist in the family that have caused illness or injury to family members such as inadequate plumbing, heating, wiring (in communities where these utilities are available) or housekeeping has caused illness or injury. There is no food, food is spoiled, or family members are malnourished. Child chronically presents with clothing that is unclean, not appropriate for weather conditions or in poor repair. Family is homeless, which results in harm or threat of harm to child.</p>
SN9. Cultural/Community	<p><b>a) Strong cultural/community resources</b> Family identifies with culture/community, heritage and beliefs and is connected with people who share similar belief systems. Parent/caregiver</p>



**Family and Child Strengths and Needs Assessment  
Parent/Caregiver Strengths and Needs Descriptors**

	<p>knows cultural/community resources, both formal and informal and accesses them as needed.</p> <p><b>b) Some cultural/community resources</b> Family identifies with culture/community, heritage and beliefs and practices traditions within the family. Family recognizes how they can access resources in the greater community. Individuals may experience some conflict and may struggle with cultural/community identity, yet are able to cope.</p> <p><b>c) Limited cultural/community resources</b> Family experiences inter-generational and/or societal conflict surrounding values and norms related to cultural/community differences. Parent/caregiver perceives services and supports as unavailable, or access creates difficulties that cause internal conflict.</p> <p><b>d) Disconnected from cultural/community resources</b> Family is disconnected from cultural/community heritage and beliefs resulting in isolation, lack of support and limited access to resources. Connections with potential support networks are unavailable or perceived as unavailable due to lack of understanding of cultural/community and/or language differences. Family members experience conflict with cultural/community identity that is reflected in behaviour.</p>
SN10. Physical Health	<p><b>a) Preventative health care is practiced</b> Parent/caregiver teaches and promotes good health.</p> <p><b>b) Health issues do not affect family functioning</b> Parent/caregiver accesses regular health resources for him/herself (i.e. medical/dental care).</p> <p><b>c) Health concerns/disabilities affect family functioning</b> Parent/caregiver has health concerns or conditions that affect family functioning and/or family resources.</p>

**Family and Child Strengths and Needs Assessment  
Parent/Caregiver Strengths and Needs Descriptors**

	<p><b>d) Serious health concerns/disabilities result in inability to provide care for child</b> Parent/caregiver has serious/chronic health problems or conditions that affect his/her ability to care for and/or protect child.</p>
SN11. Communication Skills	<p><b>a) Strong skills</b> Parent/caregiver’s communication skills facilitate successful accessing of services and resources to promote family functioning. If parent/caregiver requires interpreter services, he/she obtains such services whenever needed.</p> <p><b>b) Functional skills</b> Parent/caregiver’s communication skills are not a barrier to effective family functioning, accessing resources or assisting child in the community or school. If parent/caregiver requires interpreter services, he/she uses such services when provided.</p> <p><b>c) Limited skills</b> Parent/caregiver has limited communication skills resulting in difficulty accessing resources, which interferes with family functioning. If parent/caregiver requires interpreter services, he/she experiences difficulty accessing such services.</p> <p><b>d) Severely limited skills</b> Parent/caregiver has severely limited communication skills resulting in an inability to access resources, which severely affects family functioning. If parent/caregiver requires interpreter services, he/she is unwilling/unable to communicate even when provided with such services.</p>

<b>Child Descriptors</b>	
For each item that is not applicable because of the child's age, score as "0"	
CSN1. Emotional/Behavioural	<p><b>a) Strong emotional adjustment</b> Child displays strong coping skills in dealing with crises, trauma, disappointment and daily challenges. Child is able to develop and maintain trusting relationships. Child is also able to identify the need for guidance and to seek and accept it.</p> <p><b>b) Adequate emotional adjustment</b> Child displays developmentally appropriate emotional/coping responses that do not interfere with school, family or community functioning. Child may demonstrate some depression, anxiety or withdrawal symptoms that are situationally related. Child maintains situationally appropriate emotional control.</p> <p><b>c) Limited emotional adjustment</b> Child has occasional difficulty dealing with situational stress, crises or problems; such difficulty impairs functioning. Child displays periodic mental health symptoms including, but not limited to depression, running away, somatic complaints, hostile behaviour or apathy.</p> <p><b>d) Severely limited emotional adjustment</b> Child's ability to perform in one or more areas of functioning is severely impaired due to chronic/severe mental health symptoms such as fire-setting, suicidal behaviour or violent behaviour towards people and/or animals.</p>
CSN2. Family Relationships	<p>For children in voluntary or court-ordered placement, score child's family, not placement family. For children in permanent placements, continue to score child's family, basing assessment on visits and other contact such as telephone contact or letters. If child has no contact with his/her family, score "0".</p> <p><b>a) Nurturing/supportive relationships</b> Child experiences positive interactions with family members. Child has a sense of belonging within the family. Family defines roles, has clear boundaries and supports child's growth and development.</p>

<b>Child Descriptors</b>	
For each item that is not applicable because of the child's age, score as "0"	
	<p><b>b) Adequate relationships</b> Child experiences positive interactions with family members and feels safe and secure in family, despite some unresolved family conflicts.</p> <p><b>c) Strained relationships</b> Stress/discord within the family interferes with child's sense of safety and security. Family has difficulty identifying and resolving conflict and/or obtaining support and assistance on their own.</p> <p><b>d) Harmful relationships</b> Chronic family stress, conflict or violence severely impedes child's sense of safety and security. Family is unable to resolve stress, conflict or violence on its own and are not able or willing to obtain outside assistance.</p>
CSN3. Medical/Physical	<p><b>a) Preventative health care is practiced</b> Child has no known health care needs. Child receives routine preventative and medical, dental and/or vision care and immunizations.</p> <p><b>b) Medical needs met</b> Child has no unmet health care needs. Special conditions may exist but are adequately addressed.</p> <p><b>c) Medical needs impair functioning</b> Child has a medical condition that may impair daily functioning. Special conditions exist that are not adequately addressed and/or routine medical, dental and/or vision care is needed.</p> <p><b>d) Medical needs severely impair functioning</b> Child has a serious, chronic or acute medical condition that severely impairs functioning, and needs are unmet.</p>
CSN4. Child Development	<p><b>a) Advanced development</b> Child's physical and cognitive skills are above chronological age level.</p> <p><b>b) Age-appropriate development</b> Child's physical and cognitive skills are consistent with chronological age level.</p> <p><b>c) Limited development</b></p>

<b>Child Descriptors</b>	
For each item that is not applicable because of the child's age, score as "0"	
	<p>Child does not exhibit most physical and cognitive skills expected for chronological age level.</p> <p><b>d) Severely limited development</b> Most physical and cognitive skills are two or more age levels behind chronological age expectations.</p>
CSN5. Cultural/Community Identity	<p><b>a) Strong cultural/community identity</b> Child identifies with culture/community, heritage and beliefs and is connected with people who share similar belief systems. Child knows cultural/community resources, both formal and informal and accesses them as needed.</p> <p><b>b) Adequate cultural/community identity</b> Child identifies with culture/community, heritage and beliefs and practices, traditions within the family. Child recognizes how to access resources in the greater community. Child may experience some conflict and may struggle with cultural/community identity, but is able to cope.</p> <p><b>c) Limited cultural/community identity</b> Child experiences inter-generational and/or societal conflict surrounding values and norms related to culture/community differences. Child perceives services and supports as unavailable, or access as limited. Conflicts with culture/community identity create difficulties for child.</p> <p><b>d) Disconnected from cultural/community identity</b> Child is disconnected from culture/community heritage and beliefs resulting in isolation, lack of support and lack of access to resources. Connections are unavailable or perceived as unavailable due to lack of understanding of cultural and language differences of support networks. Conflicts with culture/community identity result in problematic behaviour.</p>

<b>Child Descriptors</b>	
For each item that is not applicable because of the child's age, score as "0"	
CSN6. Alcohol, Drug, Substance Use	<p><b>a) No alcohol, drug or substance use</b> Child does not use alcohol, drug or other substances and is aware of consequences of use. Child avoids peer relations/social activities involving alcohol, drugs or substance use and/or chooses not to use despite peer pressure/opportunities to use.</p> <p><b>b) Experimentation/use</b> Child does not use alcohol, drug or substances. Child may have experimented with alcohol, drugs or substances but there is no indication of sustained use. No demonstrated history or current problems related to substance use.</p> <p><b>c) Alcohol, drug or substance use</b> Child's alcohol, drug or substance use results in disruptive behaviour and discord in relationships in school, community, family or work. Use may have broadened to include multiple substances.</p> <p><b>d) Chronic alcohol, drug or substance use</b> Child's chronic alcohol, drug or substance use results in severe disruption of functioning, such as loss of relationships, job, school suspension/expulsion, problems with the law and/or physical harm to self or others. Child may require medical intervention to detoxify.</p>
CSN7. Education	<p>Does child have a special education placement or Individual Education Plan? Yes__ No__.</p> <p>If Yes, describe in the space provided on the form.</p> <p><b>a) Outstanding academic achievement</b> Child is working above grade level and/or is exceeding the expectations of the child's Individual Educational Plan.</p> <p><b>b) Satisfactory academic achievement</b> Child is working at grade level and/or is meeting the expectations of the child's Individual Educational Plan.</p> <p><b>c) Academic difficulty</b> Child is working below grade level in at least one,</p>

<b>Child Descriptors</b>	
For each item that is not applicable because of the child's age, score as "0"	
	<p>but not more than half of academic subject areas and/or child is struggling to meet the goals of the existing Individual Educational Plan. Existing educational plan may need modification.</p> <p><b>d) Severe academic difficulty</b> Child is working below grade level in more than half of academic subject areas and/or child is not meeting the goals of the existing education plan. Existing Individual Educational Plan needs modification. Also score "d" for a child who is required by law to attend school and is not attending.</p>
CSN8. Peer/Adult Social Relationships	<p><b>a) Strong social relationships</b> Child enjoys and participates in a variety of constructive age-appropriate social activities. Child enjoys reciprocal, positive relationships with others.</p> <p><b>b) Adequate social relationships</b> Child demonstrates adequate social skills. Child maintains stable constructive relationships with others. Occasional conflicts are minor and easily resolved.</p> <p><b>c) Limited social relationship</b> Child demonstrates inconsistent social skills; child has limited positive interactions with others. Conflicts are more frequent and serious and child may be unable to resolve them.</p> <p><b>d) Poor social relationships</b> Child has poor social skills as demonstrated by frequent conflictual relationships or exclusive interactions with negative or exploitive peers; or child is isolated and lacks a positive social support system.</p>
CSN9. Unlawful Behaviour	<p><b>a) Preventative activities</b> Child is involved in community service and/or crime prevention programs and takes a stance against crime. Child has no arrest history and there is no other indication of unlawful behaviour.</p> <p><b>b) No unlawful behaviour</b></p>

## Child Descriptors

For each item that is not applicable because of the child's age, score as "0"

	<p>Child has no arrest history and there is no other indication of illegal behaviour, or child has successfully completed probation and there has been no unlawful behaviour in the past two years.</p> <p><b>c) Occasional unlawful behaviour</b> Child is or has engaged in occasional, non-violent unlawful behaviour and may have been arrested or placed on probation within the past two years.</p> <p><b>d) Significant unlawful behaviour</b> Child is or has been involved in any violent or repeated non-violent unlawful behaviour which has or may have resulted in consequences such as arrests, incarcerations or probation.</p>
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**ONTARIO FAMILY AND CHILD STRENGTHS AND NEEDS ASSESSMENT**

(For Parents/Caregivers and Children)

Agency: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Period Covered: \_\_\_\_\_ Date of Assessment:     /    /      
Day/Month/Year

Initial or Reassess #: \_\_\_\_\_

Worker:

\_\_\_\_\_

Primary Parent/Caregiver: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Secondary Parent/Caregiver: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Other Caregiver: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Other Caregiver: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

1. Child Name: \_\_\_\_\_ DOB:     /    /      
Day/Month/Year

2. Child Name: \_\_\_\_\_ DOB:     /    /      
Day/Month/Year

3. Child Name: \_\_\_\_\_ DOB:     /    /      
Day/Month/Year

4. Child Name: \_\_\_\_\_ DOB:     /    /      
Day/Month/Year

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

<b>A. PARENT/CAREGIVER – Rate each parent/caregiver and enter lowest score for each one.</b>							
<b>SN1. Alcohol, Drug or Substance Use/Abuse (Substances: inhalants, solvents, prescription/over-the-counter drugs etc.)</b>		<b>Parent/ Care- giver 1</b>	<b>Parent/ Care- giver 2</b>	<b>Care- giver 3</b>	<b>Care- giver 4</b>		
a) Promotes and demonstrates healthy understanding of alcohol, drugs and substance use	+3						
b) Alcohol or prescribed drug use	0						
c) Alcohol, drug or substance abuse	-3						
d) Chronic alcohol/drug/substance abuse	-5						
<b>If c. or d., check all that apply:</b>							
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Heroin  <input type="checkbox"/> Alcohol  <input type="checkbox"/> Barbiturates  <input type="checkbox"/> Other sedatives or hypnotics  <input type="checkbox"/> Methamphetamine  <input type="checkbox"/> Other Amphetamines  <input type="checkbox"/> Other Stimulants  <input type="checkbox"/> Cocaine/Crack  <input type="checkbox"/> Marijuana/Hash         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> PCP  <input type="checkbox"/> Tranquilizers (Benzodiazepine)  <input type="checkbox"/> Other Tranquilizers  <input type="checkbox"/> Non-Prescription Methadone  <input type="checkbox"/> Other Opiates and Synthetics  <input type="checkbox"/> Inhalants  <input type="checkbox"/> Over-the- Counter  <input type="checkbox"/> Other (specify)         </td> </tr> </table>						<input type="checkbox"/> Heroin <input type="checkbox"/> Alcohol <input type="checkbox"/> Barbiturates <input type="checkbox"/> Other sedatives or hypnotics <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other Amphetamines <input type="checkbox"/> Other Stimulants <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Marijuana/Hash	<input type="checkbox"/> PCP <input type="checkbox"/> Tranquilizers (Benzodiazepine) <input type="checkbox"/> Other Tranquilizers <input type="checkbox"/> Non-Prescription Methadone <input type="checkbox"/> Other Opiates and Synthetics <input type="checkbox"/> Inhalants <input type="checkbox"/> Over-the- Counter <input type="checkbox"/> Other (specify)
<input type="checkbox"/> Heroin <input type="checkbox"/> Alcohol <input type="checkbox"/> Barbiturates <input type="checkbox"/> Other sedatives or hypnotics <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other Amphetamines <input type="checkbox"/> Other Stimulants <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Marijuana/Hash	<input type="checkbox"/> PCP <input type="checkbox"/> Tranquilizers (Benzodiazepine) <input type="checkbox"/> Other Tranquilizers <input type="checkbox"/> Non-Prescription Methadone <input type="checkbox"/> Other Opiates and Synthetics <input type="checkbox"/> Inhalants <input type="checkbox"/> Over-the- Counter <input type="checkbox"/> Other (specify)						
<b>SN2. Family Relationships</b>							
a. Supportive	+3						
b. Minor/occasional discord	0						
c. Frequent discord	-3						
d. Chronic discord	-5						
<b>SN3. Partner/Adult Relationships</b>							
a. Individuals promote non-violence in the	+3						

home					
b. Relationships free of threatening or assaultive behaviours among family members	0				
c. Physical violence/controlling behaviour	-3				
d. Repeated and/or severe physical violence	-5				
<b>SN4. Social Support System</b>					
a. Strong support system	+2				
b. Adequate support system	0				
c. Limited positive support system	-2				
d. No positive support system	-4				
<b>SN5. Parenting Skills</b>					
a. Strong skills	+2				
b. Adequately parents and protects child	0				
c. Inadequately parents and protects child	-2				
d. Destructive/abusive parenting	-4				
<b>SN6. Mental Health/Coping Skills</b>					
a. Strong coping skills	+2				
b. Adequate coping skills	0				
c. Mild to moderate symptoms	-2				
d. Chronic/severe symptoms	-4				
<b>SN7. Family History of Criminal Behaviour or Child Abuse and Neglect</b>					
a. Promotes positive values	+1				
b. No criminal behaviour or child maltreatment history, or successful problem resolution	0				
c. Active involvement	-1				
d. Chronic/severe involvement	-3				

If the response is b, c, or d, identify parent/caregiver involved and type of history (check all that apply):

(If criminal history is not available, write N/A in the space provided.)

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

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

<b>SN11. Communication Skills</b>					
a. Strong skills	+1				
b. Functional skills	0				
c. Limited skills	-1				
d. Severely limited skills	-2				

<b>B. CHILD – Rate each child according to the current level of functioning.</b>					
<b>Child's Name (insert one name in each column)</b>		1	2	3	4
		Score	Score	Score	Score
<b>CSN1. Emotional/ Behavioural</b>					
a. Strong emotional adjustment	+3				
b. Adequate emotional adjustment	0				
c. Limited emotional adjustment	-3				
d. Severely limited emotional adjustment	-5				
<b>CSN2. Family Relationships</b>					
a. Nurturing/supportive relationships	+3				
b. Adequate relationship	0				
c. Strained relationship	-3				
d. Harmful relationship	-5				
<b>CSN3. Medical/ Physical</b>					
a. Preventative health care is practiced	+2				
b. Medical needs met	0				
c. Medical needs impair functioning	-2				
d. Medical needs severely impair functioning	-4				
<b>CSN4. Child Development</b>					
a. Advanced development	+2				
b. Age-appropriate development	0				

c. Limited development	-2				
d. Severely limited development	-4				
<b>CSN5. Cultural/Community Identity</b>					
a. Strong cultural/community identity	+1				
b. Adequate cultural/community identity	0				
c. Limited cultural/community identity	-1				
d. Disconnected from cultural/community identity	-3				
<b>CSN6. Alcohol, Drug, Substance Use</b>					
a. No alcohol, drug, substance use	+1				
b. Experimentation/use	0				
c. Alcohol, drug or substance use	-1				
d. Chronic alcohol, drug or substance use	-3				
<b>CSN7. Education</b>					
Does child have a special education placement or an Individual Education Plan? _____ No _____ Yes					
Describe: _____					
a. Outstanding academic achievement	+1				
b. Satisfactory academic achievement	0				
c. Academic difficulty	-1				
d. Severe academic difficulty	-3				
<b>CSN8. Peer/Adult Social Relationships</b>					
a. Strong social relationships	+1				
b. Adequate social relationships	0				
c. Limited social relationships	-1				
d. Poor social relationships	-2				
<b>CSN9. Unlawful Behaviour</b>					

a. Preventative activities	+1				
b. No unlawful behaviour	0				
c. Occasional unlawful behaviour	-1				
d. Significant unlawful behaviour	-2				

**C. PRIORITY NEEDS AND STRENGTHS**

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

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

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

1. \_\_\_\_\_ No
2. \_\_\_\_\_ Yes, describe:

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# Family Risk Reassessment

4



# Ontario Reassessment Tools

## Ontario Family Risk Reassessment

<p><b>Purpose</b></p>	<p>When children remain with their original caregivers, the Family Reassessment Tools assist the child protection worker to determine whether there has been a change in risk of harm to a child in the family, or in the family’s strengths or needs. The reassessment helps evaluate and plan effective service intervention.</p> <p>The information that forms the basis of the reassessment is gathered through use of good social work skills that support client engagement and positive working relationships with collaterals. Through this evaluation, the child protection worker is assisted in the decision to continue or terminate service. The two tools used in reassessment are: (a) Family Risk Reassessment; and (b) Family and Child Strengths and Needs Assessment.</p> <p><b>a) Ontario Family Risk Reassessment</b></p> <p>The Ontario Family Risk Reassessment tool combines items from the original risk assessment tool with items that evaluate the family’s progress towards case goals. A single index is used to categorize risk of future maltreatment. A risk reassessment may result in a change of the previous risk level which may necessitate a change in the intensity of service to the family.</p> <p><b>b) Ontario Family and Child Strengths and Needs Assessment</b></p> <p>The Family and Child Strengths and Needs Assessment form is the same as used in the initial assessment; however, in the course of reassessment, the child protection worker may note changes in the family’s strengths or needs that should be reflected in a revised service plan. For details regarding the Family and Child Strengths and Need Assessment refer to that section in this manual.</p>
<p><b>Application</b></p>	<p>The Reassessment Tools are used to review situations in which an Ontario Family Risk Assessment has already been completed, the family is receiving protection services, and the <b>children remain in the care of their parent/caregiver</b>. The Reassessment Tools are used:</p> <ul style="list-style-type: none"> <li>- at each six month case review;</li> <li>- when case closing is considered, the Ontario Family Risk Reassessment is always completed. The Ontario Family and Child</li> </ul>

	<p>Strengths and Needs Assessment is completed only if the previous Family and Child Strengths and Needs Assessment no longer reflects the family’s current functioning; and</p> <ul style="list-style-type: none"> <li>- when an ongoing case is being transferred and the existing assessments are no longer relevant/reflective of the family’s current functioning.</li> </ul> <p>Note: When a new referral regarding a case receiving ongoing child protection services results in an investigation, an initial risk assessment (not a risk reassessment) is conducted.</p>
<b>Responsibility</b>	Child Protection Worker
<b>Ontario Family Risk Reassessment Form Completion</b>	<p><b>The Ontario Family Risk Reassessment Form is composed of a Risk Reassessment Index and a Scoring section.</b></p> <p>The Risk Reassessment is an actuarial (statistically driven) tool. Each item on the Family Risk Reassessment form has been weighted to accurately reflect the relationship between the item and the likelihood of future harm.</p> <p>For the objective factors, the child protection worker enters the appropriate number (i.e. number of prior neglect or abuse investigations) and assigns the related score.</p> <p>For the remaining items, the child protection worker bases the response on information gathered, and clinical assessment of the family’s characteristics and progress. The score for the most appropriate descriptor is entered.</p> <p><b>Scoring</b> When the Risk Reassessment index is complete, the Total Score is calculated, using simple addition. The family’s Risk Level is based on the Total Score. Overriding Conditions and Discretionary Considerations are then applied, if appropriate.</p> <p><b>Overriding Conditions</b> Overriding Conditions represent conditions that, if in existence, are considered without exception to be indicative of increased risk to the child. In the Risk Reassessment, the worker indicates if an overriding condition exists. Presence of one or more overriding condition increases risk to Very High.</p>

	<p><b>Discretionary Considerations</b></p> <p>Discretionary Considerations are used by the child protection worker whenever he/she believes that the risk score does not accurately reflect the family’s actual risk level. Discretionary Considerations are based on the expectation that at the point of a reassessment, the worker has an in-depth knowledge of the family.</p> <p>In the Risk Reassessment, a discretionary consideration may be used by the child protection worker, based on judgment of the circumstances, to <b>increase</b> or <b>decrease</b> the Scored Risk Level by one rating.</p> <p>The reason for the Discretionary Consideration is documented and requires approval of a supervisor.</p> <p>Following application of the Overriding Conditions and Discretionary Considerations, the Final Risk Level is determined.</p> <p>Primary Parent/Caregiver, Secondary Parent/Caregiver</p> <p>To maintain validity of the tool, the definitions of Primary Parent/Caregiver and Secondary Parent/Caregiver are the same in the Ontario Family Risk Assessment and the Ontario Family Risk Reassessment. For a detailed description, refer to the Risk Assessment section of this manual.</p>
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<b>Ontario Family Risk Reassessment Descriptors</b>	
<p>The descriptors provided below are clarifications of the terms used in the Family Risk Reassessment, including examples of the types of conditions that might be considered within each broader category. The descriptors are a guide to be used in conjunction with worker judgment and cultural sensitivity as appropriate, in capturing the presenting risk factors.</p>	
<p>R1. Total Number of Previous Neglect or Abuse Child Protection Investigations on Parent/Caregiver</p>	<p>Score the item based on the count of all investigations, verified or not, which were assigned for child protection investigation for any type of abuse or neglect prior to the investigation resulting in the current case opening. History from other jurisdictions is reviewed and included in this category.</p> <p>Investigations of community caregivers (e.g. daycare, teacher etc.) unless parent/caregiver failed</p>

### Ontario Family Risk Reassessment Descriptors

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

	to protect and brief service contacts are excluded.
R2. Family has Previously Received Ongoing Child Protection Services (voluntary or court ordered)	Score 1 if the family has previously received ongoing child protection services prior to the current child protection opening. Previous involvement may have been voluntary or court ordered.
R3. Primary Parent/Caregiver has a History of Abuse or Neglect as a Child	Score 1 if credible statements by the parent/primary caregiver or others indicate that the parent/primary caregiver was maltreated as a child (maltreatment includes neglect, physical, sexual or other abuse).
R4. Child Characteristics	Score the appropriate amount for each characteristic present and record the sum as the item score (maximum score 2): a) Score 1 if one or more children in the family is developmentally delayed or physically disabled, or displays any of the following: learning disability, other developmental problem or significant physical handicap. b) Score 1 if one or more children in the family is medically fragile (defined as having a long-term – six month or more – physical condition requiring medical intervention), or is diagnosed as showing failure to thrive. c) Score 0 if no child in the family exhibits any of the above characteristics.
R5. New Investigation of child protection concerns since the Initial Risk Assessment or Last Reassessment	Score 2 if at least one investigation has been initiated since the initial risk assessment or last reassessment. This includes open or completed investigations, regardless of investigation conclusion, that have been initiated since the initial assessment or last reassessment.
R6. Parent/Caregiver has not Addressed Alcohol, Substance	Indicate whether or not the primary and/or secondary parent/caregiver has a current alcohol/ substance/

## Ontario Family Risk Reassessment Descriptors

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

or Drug Abuse Problem Since Last Assessment/  
Reassessment

drug abuse problem that interferes with the parent/caregiver's or the family's functioning, and the parent/caregiver is not addressing the problem.

If both parents/caregivers have an alcohol, drug or substance abuse problem, rate the more negative behaviour of the two caregivers.

Not addressing the problem may be evidenced by:

- alcohol, drug or substance use that affects caregiver's employment; criminal involvement, marital or family relationships; or his/her ability to provide protection, supervision and care for the children;
- an arrest since the last assessment/  
reassessment for driving under the influence, or self-report of a problem;
- multiple positive urine screens;
- health/medical problems resulting from substance abuse; and/or
- child diagnosed with Fetal Alcohol Syndrome or Effects (FAS or FAE) or child had positive toxicology screen at birth and primary or secondary caregiver was birthing parent.

Score the following:

- a) Score 0 if there is no history of an alcohol, drug or substance abuse problem.
- b) Score 0 if there is no current alcohol, drug or substance abuse problem that requires intervention.
- c) Score 0 if there is an alcohol, drug or substance problem and the problem is being addressed.
- d) Score 1 if there is an alcohol, drug or substance use problem and the problem is not being addressed.

## Ontario Family Risk Reassessment Descriptors

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

	Legal, non-abusive prescription drug use should not be scored.
R7. Partner/Adult Relationships	<p>Score this item based upon current status of adult relationships in the family.</p> <p>a) Score 0 if there are no problems observed.  b) Score 1 if there are partner/adult relationships that are harmful to family functioning or the care the child receives.  c) Score 2 if partner/adult conflict is present. Family has had, since the most recent assessment, physical assault(s) or periods of intimidation/threats/harassment between parents/caregivers or between parent/caregiver and another adult.</p>
R8. Primary Parent/Caregiver Provides Physical Care Inconsistent with Child Needs	<p>Score 1 if physical care of child such as lack of age-appropriate feeding, clothing, shelter, hygiene and medical care threatens the child's well-being or results in harm to the child.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>- repeated failure to obtain standard immunizations;</li> <li>- failure to obtain medical care for severe or chronic illness;</li> <li>- repeated failure to provide child with clothing appropriate to the weather;</li> <li>- persistent rodent or insect infestations;</li> <li>- inadequate or inoperative plumbing or heating (in communities where these utilities are available) or excessive mould;</li> <li>- poisonous substance or dangerous objects lying within reach of small child;</li> <li>- child wearing unchanged clothes for extended periods of time; and</li> <li>- child not bathed on a regular basis resulting in dirt caked on skin and hair and strong odour.</li> </ul>

## Ontario Family Risk Reassessment Descriptors

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

<p>R9. Primary Parent/Caregiver's Progress with Case Plan</p>	<p>Score this item based on whether the primary parent/caregiver has demonstrated or is beginning to demonstrate skills learned from participation in services.</p> <ul style="list-style-type: none"> <li>a) Score 0 if all desired services were unavailable during the last assessment period.</li> <li>b) Score 0 if primary parent/caregiver successfully completed all services recommended, or is actively participating in services, or is pursuing objectives detailed in case plan. Observation demonstrates parent/caregiver's application of learned skills in interaction between child and caregiver, caregiver to caregiver, caregiver to other significant adult, self-care, home maintenance, financial management, or demonstration of skills toward reaching the behavioural objectives agreed upon in the case plan.</li> <li>c) Score 1 if there was minimal participation in pursuing objectives in the case plan. The parent/caregiver is minimally participating in services, has made progress but is not fully complying with the objectives in the case plan.</li> <li>d) Score 2 if primary parent/caregiver has participated in services but is not meeting case plan objectives, refused involvement in services, or failed to comply/participate as required. The parent/caregiver refuses services, sporadically follows the case plan, or has not demonstrated the necessary skills due to a failure or inability to participate.</li> </ul>
<p>R10. Secondary Caregiver's Progress with Case Plan</p>	<p>Rate this item based on whether the secondary caregiver has demonstrated or is demonstrating skills learned from participation in services:</p> <ul style="list-style-type: none"> <li>a) Score 0 if not applicable. All desired services were unavailable during the last assessment</li> </ul>

## Ontario Family Risk Reassessment Descriptors

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

	<p>period.</p> <ul style="list-style-type: none"><li>b) Score 0 if not applicable. Only one caregiver in the home. There is no secondary caregiver in the home.</li><li>c) Score 0 if caregiver successfully completed all services recommended, or is actively participating in services; or is pursuing objectives detailed in case plans. Observation demonstrates caregiver's application of learned skills in interaction(s) between child/caregiver, caregiver to caregiver, caregiver to other significant adult, self-care, home maintenance, financial management, or demonstration of skills toward reaching the behavioural objectives agreed upon in the case plan.</li><li>d) Score 1 if there was minimal participation in pursuing objectives in case plan. The caregiver is minimally participating in services, has made progress but is not fully complying with the objectives in the case plan.</li><li>e) Score 2 if caregiver has participated in services but is not meeting case plan objectives, refused involvement in services, or failed to comply/participate as required. The caregiver refuses services, sporadically follows the case plan, or has not demonstrated the necessary skills due to a failure or inability to participate.</li></ul>
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**ONTARIO FAMILY RISK REASSESSMENT  
(All Children Remain in Care of Parent/Guardian)**

Agency: \_\_\_\_\_

Family Name: \_\_\_\_\_ Date:     /     /      
Day/Month/Year

Primary Parent/Caregiver \_\_\_\_\_

Secondary Parent/Caregiver: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB:     /     /      
Day/Month/Year

Child Name: \_\_\_\_\_ DOB:     /     /      
Day/Month/Year

Child Name: \_\_\_\_\_ DOB:     /     /      
Day/Month/Year

Child Name: \_\_\_\_\_ DOB:     /     /      
Day/Month/Year

Worker Name: \_\_\_\_\_

Ontario Family Risk Reassessment			
<b>R1.</b>	<b>Total Number of Previous Neglect or Abuse Child Protection Investigations on Parent/Caregiver</b>		<b>Score</b>
	a. <u>   </u> None	0	
	b. <u>   </u> One	1	
	c. <u>   </u> Two or more	2	
<b>R2.</b>	<b>Family has Previously Received Ongoing Child Protection Services (voluntary/court-ordered)</b>		
	a. <u>   </u> No	0	
	b. <u>   </u> Yes	1	
<b>R3.</b>	<b>Primary Parent/Caregiver has a History of Abuse or Neglect as a Child</b>		
	a. <u>   </u> No	0	
	b. <u>   </u> Yes	1	
<b>R4.</b>	<b>Child Characteristics</b> (check applicable items and add for score, maximum score 2)		
	a. <u>   </u> One or more children in family home is developmentally or	1	

		physically disabled		
	b.	<input type="checkbox"/> One or more children in family home is medically fragile or diagnosed with failure to thrive	1	
	c.	<input type="checkbox"/> No child in the family exhibits any of the above characteristics	0	
<b>The following case observations pertain to the period since the last assessment/ reassessment.</b>				
<b>R5.</b>	<b>New Investigation of Child Protection concerns since the Initial Risk Assessment or Last Reassessment</b>			
	a.	<input type="checkbox"/> No	0	
	b.	<input type="checkbox"/> Yes	2	
<b>R6.</b>	<b>Parent/Caregiver has not addressed Alcohol, Substance or Drug Abuse Problem Since Last Assessment/ Reassessment (check one)</b>			
	a.	<input type="checkbox"/> No history of alcohol, substance or drug abuse problem	0	
	b.	<input type="checkbox"/> No current alcohol, drug or substance abuse problem that requires intervention	0	
	c.	<input type="checkbox"/> Yes, alcohol, drug or substance abuse problem and the problem is being addressed	0	
	d.	<input type="checkbox"/> Yes, alcohol, drug or substance abuse problem and the problem is not being addressed	1	
<b>R7.</b>	<b>Partner/ Adult Relationships</b>			
	a.	<input type="checkbox"/> None applicable	0	
	b.	<input type="checkbox"/> Yes, partner/adult relationships harmful to family functioning or care child receives	1	
	c.	<input type="checkbox"/> Yes, partner/adult conflict is present	2	
<b>R8.</b>	<b>Primary Parent/Caregiver Provides Physical Care Inconsistent with Child Needs</b>			
	a.	<input type="checkbox"/> No problems	0	
	b.	<input type="checkbox"/> Yes, problems	1	
<b>R9.</b>	<b>Primary Parent/Caregiver's Progress with Case Plan (check one)</b>			
	a.	<input type="checkbox"/> Not applicable	0	
	b.	<input type="checkbox"/> Successfully completed all services recommended or actively participating in services; pursuing objectives detailed in case plan	0	
	c.	<input type="checkbox"/> Minimal participation in pursuing objectives in case plan	1	
	d.	<input type="checkbox"/> Has participated but is not meeting objectives; refuses involvement in services or failed to comply/ participate as required	2	

<b>R10.</b>	<b>Secondary Caregiver's Progress with Case Plan (check one)</b>		
	a. <input type="checkbox"/> No Secondary caregiver. Only one caregiver in home	0	
	b. <input type="checkbox"/> Not applicable; all services unavailable	0	
	c. <input type="checkbox"/> Successfully completed all services recommended or actively participating in services; pursuing objectives detailed in case plan	0	
	d. <input type="checkbox"/> Minimal participation in pursuing objectives in case plan	1	
	e. <input type="checkbox"/> Has participated but is not meeting objectives; refuses involvement in services or failed to comply/ participate as required	2	
	<b>Total Score</b>		

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

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

**OVERRIDING CONDITIONS:** Circle yes if a condition shown below is applicable in this case.

If any condition is applicable, override final risk level to **very high**.

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

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

Yes	No	5. If yes, override risk level (circle one):	Low	Moderate	High	<b>Very High</b>
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Discretionary override reason:

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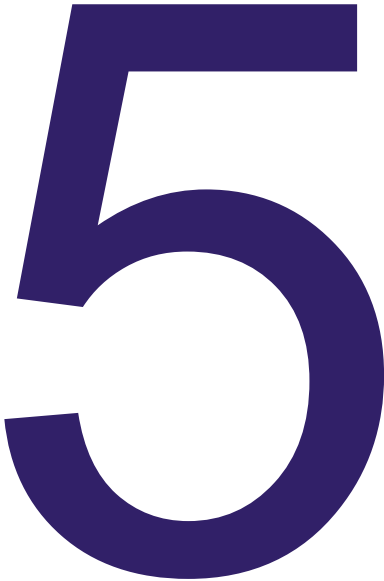
Supervisor's Review/Approval of Discretionary Override:

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Date:      /      /       
Day/Month/Year

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

# Reunification Assessment Tools



# Ontario Reunification Assessment Tools

<p><b>Purpose</b></p>	<p>The purpose of the Reunification Assessment is to structure critical case management decisions for children who, although currently in placements, have a goal of reunification. This is accomplished by:</p> <ul style="list-style-type: none"> <li>- assisting child protection workers to monitor critical case factors that affect goal achievement;</li> <li>- helping child protection workers to organize and structure the information gathered during case activity in preparation for the case review process; and</li> <li>- expediting permanency for children in out-of-home placements.</li> </ul> <p>The Reunification Assessment guides the child protection worker's decision-making regarding:</p> <ul style="list-style-type: none"> <li>- returning a child to the family from whom he/she was removed;</li> <li>- maintaining an out-of-home placement; and/or</li> <li>- terminating a goal of reunification and implementing a permanent plan.</li> </ul> <p>The Reunification Assessment process considers:</p> <ul style="list-style-type: none"> <li>- the risk level within the family to whom the child is to be returned;</li> <li>- the quality and frequency of access that has occurred during the placement period;</li> <li>- the safety of the environment to which the child is being returned; and</li> <li>- the need for continued reunification efforts, concurrent planning and permanency.</li> </ul> <p>The tools used in the Ontario Reunification Assessment are:</p> <ul style="list-style-type: none"> <li>- The Reunification Risk Assessment</li> <li>- The Ontario Family and Child Strengths and Needs Assessment (described in earlier section of the Manual)</li> <li>- The Access Evaluation</li> <li>- The Reunification Safety Assessment</li> <li>- The Placement/Permanency Planning Guide</li> </ul>
<p><b>Application</b></p>	<p>A Reunification Assessment is completed:</p> <ul style="list-style-type: none"> <li>- when there is consideration of a child's return to the family from whom he/she was removed;</li> <li>- at the time of each 6 month case review where at least one child is placed outside the family home; and</li> <li>- when a case is being transferred and the existing assessment is no longer relevant/reflective of the family's current functioning.</li> </ul>

Each phase of the Reunification Assessment process is dependent on the findings of the previous phase and is supported by a tool. Following the principles of family-centered practice, the child protection worker is encouraged to share with the family, the service plan and the criteria that will be used to evaluate progress, and to assist the family to understand the relationship between each of the phases of the Reunification Assessment.

In the first phase, the child protection worker assesses the family's reunification risk level based on the most recently determined risk level identified in an Ontario Family Risk Assessment (not a reassessment). If the reunification risk level is low to moderate, the child protection worker then proceeds to the second phase, which is the evaluation of the quality and frequency of access between the child and parent/caregivers with whom reunification is being considered. Where access is assessed to be appropriate, the child protection worker then proceeds to the third phase, which is to assess the safety of the home environment. The result of each of these phases is then analyzed prior to a final consideration regarding the child's return or consideration of the fourth phase which is permanency planning. When any of the phases result in an unfavourable assessment, the worker proceeds directly to the permanency planning phase.

To gather all of the information required to assess the risk level, quality and frequency of access, and the safety of the family environment and permanency plans, the child protection worker gathers input from the family and considers their progress. The child protection worker also seeks input from the staff or team providing services to the child, collaterals, representatives of the Band or Native community, representatives or First Nation Agencies if the child is Aboriginal and other supports who have participated in service planning. This information is used to determine the appropriate responses to the questions in the reunification assessment process. The outcome of each reunification tool is then considered along with cultural and contextual information and clinical analysis.

A Reunification Assessment is not completed when closing a file after a permanent plan has been achieved for a child in out of home care and no other child is being cared for in the home.

Note: When a child is being returned to parents/caregivers on short notice or following a very short out-of-home placement, the child

	protection worker may not have an opportunity to complete a full reunification assessment. In these circumstances, the child protection worker implements, at a minimum, the Reunification Safety Assessment.
<b>Responsibility</b>	Child Protection Worker

<b>Reunification Tools Form Completion</b>	
<b>A. Reunification Risk Assessment</b>	
R1. Risk Level on Most Recent Family Risk Assessment (not Reunification Risk Level or Reassessment Risk Level)	<p>The baseline for all reunification reassessments is the risk level. This is the research-based component of the decision-making model. The appropriate risk level to be used in this factor is either:</p> <ul style="list-style-type: none"> <li>- the final risk level from the initial referral, investigation and risk assessment; or</li> <li>- the final risk level from the most recent subsequent referral, investigation and risk assessment (whether verified, not verified or inconclusive).</li> </ul> <p>The most recent Ontario Family Risk Assessment result is recorded for this factor (do not use a risk reassessment score).</p>
R2. New Verification of Child Protection Concerns since the Initial Risk Assessment or Last Reunification Reassessment	<p>Consider only the period of time between the original assessment and the current reassessment (if this is the first reunification reassessment) or the period of time between the most recent reunification reassessment and the current reassessment. If there has been a new verification of child protection concerns in this period, indicate “yes” and score 2 points. If there has been no new verification, indicate “no” and score 0.</p>
R3. Progress toward Case Plan Goals	<p>Determine progress towards case plan goals in consultation with the family, children’s service team, Band representative or First Nation Agency if the</p>



**Reunification Tools Form Completion**  
**A. Reunification Risk Assessment**

	<p>child is Aboriginal and all service providers who have been working with the family members. Consider only the period of time between the original risk assessment and the current reassessment (if this is the first reunification reassessment) or the time period between the most recent reunification reassessment and the current one.</p>
<p>Reunification Risk Level</p>	<p>Add the score assigned on each of the above factors to arrive at the Total Score. Check the risk level that corresponds to the Total Score.</p>
<p>Reunification Assessment: Overriding Conditions</p>	<p>Overriding Conditions represent conditions that, if in existence, are considered without exception to be indicative of increased risk to the child. In the Reunification Risk assessment, consider only the period of time between the original risk assessment (if this is the first reunification assessment), or the most recent reunification reassessment, and the current reassessment.</p> <p>Indicate if an Overriding Condition exists. The presence of one or more overriding conditions increases risk to very high.</p>
<p>Reunification Assessment: Discretionary Considerations</p>	<p>Discretionary considerations are used by the child protection worker whenever he/she believes that the risk score does not accurately reflect the family's actual risk level.</p> <p>The Reunification Risk Reassessment allows the worker to use discretion to <b>increase or decrease the risk level by one step.</b></p> <p>The rationale for allowing a change in either direction is that after 6 months of working with the family, the child protection worker has acquired significant knowledge of the family and is in a position to clinically assess the impact of the factors weighted in</p>

**Reunification Tools Form Completion**  
**A. Reunification Risk Assessment**

	<p>the Reunification Risk Reassessment. Reasons for a Discretionary Consideration are specified in #5 of the form.</p> <p>Following review of Overriding Conditions and Discretionary Considerations, the Final Reunification Risk Level is indicated.</p>
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**Reunification Tools Form Completion**  
**B. Access Evaluation**

<p>The Access Evaluation is completed only when the Reunification Risk Assessment results in a risk level of Low or Moderate</p>	<p>If access frequency and quality were identical for all children in the family, indicate that the matrix applies to all children. If access varied among the children, complete one matrix for each child.</p>
<p>Access Frequency</p>	<p>Determine access frequency by identifying the number of access visits that occurred and dividing that number by the number of access visits that were available to the family. Do not count visits that did not occur for reasons not attributable to the family (e.g. child's illness, lack of transportation for the child).</p> <p>Actual Visits/Available Visits = Access Frequency</p>
<p>Access Quality</p>	<p>Determine access quality. Consider multiple sources of information including, but not limited to, access observation, parent/caregiver/guardian report, foster/substitute caregiver report, and child report.</p> <p>On the Access Evaluation matrix, locate the row corresponding with the family's access frequency and the column corresponding with the family visitation quality. Mark the intersecting point. If the</p>

**Reunification Tools Form Completion**  
**B. Access Evaluation**

	<p>marked point falls within the shaded area, the family's access evaluation is considered to be <b>adequate</b>. If the marked point falls outside of the shaded area, the family's access evaluation is considered <b>inadequate</b>.</p>
<p>Access Evaluation: Overriding Conditions</p>	<p>Overriding Conditions represent conditions that, if in existence, are considered without exception to be indicative of increased risk to the child.</p> <p>Where access is fully supervised for safety reasons, reunification cannot be considered.</p>
<p>Access Evaluation: Discretionary Conditions</p>	<p>A child protection worker can determine that unusual case circumstances warrant changing an adequate evaluation to inadequate or changing an inadequate to adequate evaluation (e.g. quality of access was strong, frequency was less than adequate but absences were due to documented medical emergencies). Reasons for the change must be documented and supervisory approval is required.</p>
<p><b>Following review of Overriding Conditions and Discretionary Considerations, the Final Access Evaluation is indicated.</b></p>	

**Reunification Tools Form Completion**  
**C. Reunification Safety Assessment**

**Reunification Safety Assessment**

The Reunification Safety Assessment is only completed when:

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

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

- i. Protective Factor Identification
- ii. Safety Interventions
- iii. Safety Decision

**C. Reunification Safety Assessment**

**i. Protective Factor Identification**

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

<p>1. Parent/Caregiver protects child from serious physical abuse, sexual abuse, neglect, threatened harm or maltreatment.</p>	<p>Parent/Caregiver demonstrates protective response toward child; recognizes impact of abuse or maltreatment; has made verified progress in changing behaviour if this was an area of initial concern.</p>
<p>2. Parent/Caregiver allows access to child and there is no reason to believe that the family is about to flee.</p>	<p>Parent/Caregiver allows or agrees to allow access to the child and there is no reason to believe that the family will flee.</p>
<p>3. Parent/Caregiver is willing and able to meet the child’s</p>	<p>Parent/Caregiver is willing, has accessed or has made provisions to access the necessary resources</p>

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

## C. Reunification Safety Assessment

### ii. Safety Interventions

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

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

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

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

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

### Safety Intervention Descriptors

#### 1. Direct service intervention by child protection worker

Actions taken or planned by the child protection worker to specifically address one or more safety factors are direct service interventions. Examples may include provision of information about child development or alternate disciplinary techniques; assistance to attain restraining orders; provision of emergency material aid; planned return visits to the home to check on progress; or education regarding child protection laws and community standards. The investigation itself does not constitute a direct service intervention.

<p>2. Use of extended family, neighbours, community, Elders, or other individuals in the community as safety resources</p>	<p>Families often have support systems that can be mobilized to mitigate safety concerns. Exploration of the family's strengths during the Reunification Safety Assessment leads to identification of the family's resources which may be used to address safety threats or lack of protective factors. Interventions include involving extended family members, neighbours or other individuals to address immediate risks to child. Examples include a family's agreement to use non-violent means of discipline, engaging a grandparent to assist with childcare, engagement of a community Elder or a neighbour's agreement to act as a safety net for an older child, or to provide supervision.</p>
<p>3. Use of community agencies, Band Representatives or services as safety resources</p>	<p>Community, First Nation Band or Faith-based organizations become involved in activities to mitigate safety factors. Examples include use of a local food bank, friendly visiting program, Elder visit, or community service. Long term therapy, treatment and waitlists are not considered safety interventions.</p>
<p>4. Parent/caregiver to appropriately protect child from the alleged perpetrator</p>	<p>A non-offending parent/caregiver acknowledges the safety issues and is willing and able to protect child from the alleged perpetrator, and/or agrees to take action to ensure the child's safety. Examples include an agreement that child will not be left in the care of the alleged perpetrator, or non-offending parent/caregiver agrees to assume all parenting responsibility to safeguard child.</p>
<p>5. Alleged perpetrator to leave the home, either voluntarily or in response to legal intervention</p>	<p>Alleged perpetrator agrees to leave the home, is forced to leave the home by the non-offending parent/caregiver, or is removed from the home due to legal restraints (i.e. criminal charges, Band Council Resolution, restraining order).</p>
<p>6. Non-offending parent/caregiver has moved to a safe environment with the child</p>	<p>A non-offending parent/caregiver moves with the child to a safe environment (e.g. shelter, Band safe house, hotel, home of friends or family) where there will be no access to the alleged perpetrator.</p>
<p>7. Legal action planned or</p>	<p>A legal action has commenced or will be commenced</p>

initiated	that will effectively mitigate identified safety factors. Legal action may be family-initiated such as restraining orders, mental health committals or a change in custody/access. Alternatively, the legal action may be through an application under the <i>Child and Family Service Act</i> .
8. Other	The family or child protection worker has identified a unique intervention for an identified safety concern that does not fit in the categories above.
9. Use of kinship options or Customary Care	Arrangements made to have the child reside in the care of a member of the child's extended family or community in accordance with kinship options or Customary Care Agreement.
10. Child remains in substitute care because interventions 1-9 do not adequately assure child's safety	One or more children will remain in care of the Society pursuant to the <i>Child and Family Service Act</i> , or in an alternate placement because no other option is available that adequately assures the child's safety.

### **C. Reunification Safety Assessment**

#### iii. Reunification Safety Decision

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

#### **Reunification Safety Definitions**

<b>Safe</b>	If, after consideration of the safety threats and protective factors, no concerns have been identified, the child protection worker may decide that there is no likelihood of imminent harm or danger to a child in the home. The conditions are considered safe.
<b>Safe with Intervention</b>	If one or more safety threats have been identified and adequate protective interventions have been put in



	place to reduce the risks to the child, leading the child protection worker to believe that the conditions have been addressed on a temporary basis, the child protection worker may decide that the child is safe with intervention. The Safety Intervention plan is identified.
<b>Unsafe</b>	Where the child protection worker has determined that one or more safety threats are present and there are no safety interventions available to sufficiently mitigate the risks to the child, the worker must consider the child unsafe.

**Reunification Tools Form Completion**  
**D. Reunification Safety Assessment**

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

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

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

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

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

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

**Reunification Tools Form Completion**  
**E. The Permanency Plan**

The Permanency Plan documents the case direction for each child.

## ONTARIO REUNIFICATION ASSESSMENT

Agency: \_\_\_\_\_

Family Name: \_\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year

Child Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year

Case #: \_\_\_\_\_

Parent/Caregiver being assessed: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### A. REUNIFICATION RISK ASSESSMENT

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

		<b>Total Score</b>		
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**REUNIFICATION RISK LEVEL.** Assign the risk level based on the following chart:

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

**OVERRIDING CONDITIONS (During Current Period):** Override to Very High. Check appropriate reason.

Yes	No	1. Prior sexual abuse; offender has access to child and has not successfully completed treatment.
Yes	No	2. Cases with non-accidental injury to an infant and parent has not successfully completed treatment.
Yes	No	3. Serious non-accidental physical injury requiring hospital or medical treatment and parent has not successfully completed treatment.
Yes	No	4. Death of a sibling as a result of neglect in the family.

**DISCRETIONARY CONSIDERATIONS:** Reunification risk level may be adjusted up or down one level.

Yes	No	5.	Reason:
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**FINAL REUNIFICATION RISK LEVEL:**

\_\_\_\_\_ Low    \_\_\_\_\_ Moderate    \_\_\_\_\_ High    \_\_\_\_\_ Very High

Supervisor’s Review/Approval of Discretionary Consideration:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year

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

**B. ACCESS EVALUATION**

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

Child Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

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

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

Shaded cells indicate acceptable visitation.

**OVERRIDES:**

\_\_\_\_\_ Overriding Condition: Access is supervised for safety

\_\_\_\_\_ Discretionary Condition (reason):

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**FINAL ACCESS EVALUATION:**

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**DESCRIPTORS**

**Access Frequency – Compliance with Case Plan**

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

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

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

Strong	Consistently: X demonstrates parental role X demonstrates knowledge of child’s development X responds appropriately to child’s verbal/non-verbal signals X puts child’s needs ahead of his/her own X shows empathy toward child
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Adequate	Occasionally: <input checked="" type="checkbox"/> demonstrates parental role <input checked="" type="checkbox"/> demonstrates knowledge of child's development <input checked="" type="checkbox"/> responds appropriately to child's verbal/non-verbal signals <input checked="" type="checkbox"/> puts child's needs ahead of his/her own <input checked="" type="checkbox"/> shows empathy toward child
Limited	Rarely: <input checked="" type="checkbox"/> demonstrates parental role <input checked="" type="checkbox"/> demonstrates knowledge of child's development <input checked="" type="checkbox"/> responds appropriately to child's verbal/non-verbal signals <input checked="" type="checkbox"/> puts child's needs ahead of his/her own <input checked="" type="checkbox"/> shows empathy toward child
Destructive	Never: <input checked="" type="checkbox"/> demonstrates parental role <input checked="" type="checkbox"/> demonstrates knowledge of child's development <input checked="" type="checkbox"/> responds appropriately to child's verbal/non-verbal signals <input checked="" type="checkbox"/> puts child's needs ahead of his/her own <input checked="" type="checkbox"/> shows empathy toward child

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

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**C. ONTARIO REUNIFICATION SAFETY ASSESSMENT**

Agency: \_\_\_\_\_

Family Name: \_\_\_\_\_

Cross Reference: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Names of Parents/Caregivers Assessed & Relationship to child:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Name and Date of Birth of Child to be Reunited with Parent/Caregivers:

1. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname(s) Given Names Day/Month/Year

2. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname(s) Given Names Day/Month/Year

3. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname(s) Given Names Day/Month/Year

4. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname(s) Given Names Day/Month/Year

5. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname(s) Given Names Day/Month/Year

6. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname(s) Given Names Day/Month/Year

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



## SECTION 1: PROTECTIVE FACTOR IDENTIFICATION

(Assessment must include a home visit.)

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

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

Yes	No	1. Parent/ Caregiver protects child from serious physical abuse, sexual abuse, neglect, or threatened harm.
Yes	No	2. Parent/ Caregiver allows access to child and there is no reason to believe that the family is about to flee.
Yes	No	3. Parent/ Caregiver is willing and able to meet the child's needs for supervision, food, clothing, and medical, dental or mental health care.
Yes	No	4. Parent/ Caregiver's current physical living conditions are not hazardous or threatening to the health and safety of the child.
Yes	No	5. Parent/ Caregiver's ability to supervise, protect, and care for the child is free of impairment by alcohol, drug or substance use or mental health conditions.
Yes	No	6. The home is free of partner/adult conflict.
Yes	No	7. Parent/ Caregiver describes child in neutral or positive terms and acts toward child in positive or neutral ways.
Yes	No	8. The home is free of new family home members who have a history of child maltreatment, sexual abuse, domestic violence or a violent record.
Yes	No	9. The home is free from any other condition that would place the child in immediate danger of serious harm.

## SECTION 2: SAFETY INTERVENTIONS

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

Check all that apply:

- 1. Direct Service intervention by child protection worker.
- 2. Use of extended family, neighbours, community, Elders or other individuals in the community as safety resources.
- 3. Use of community agencies, Band Representatives or services as safety resources.
- 4. Parent/ caregiver to appropriately protect the child from the alleged perpetrator.
- 5. Alleged perpetrator to leave the home, either voluntarily or in response to legal intervention.
- 6. The non-offending parent/caregiver has moved to a safe environment with the child.
- 7. Legal action planned or initiated (specify): \_\_\_\_\_  
\_\_\_\_\_
- 8. Other (specify): \_\_\_\_\_  
\_\_\_\_\_
- 9. Use of Kinship options or Customary Care
- 10. Child remains in substitute care because interventions 1-9 do not adequately assure child’s safety.

### Safety Intervention Plan

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

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### SECTION 3: REUNIFICATION SAFETY DECISION

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

- \_\_\_\_\_ 1. **Safe:** All protective factors are present at this time, and no safety threat was identified. Based on currently available information, there are no children likely to be in immediate danger of serious harm. Child will be returned home.
- \_\_\_\_\_ 2. **Safe with Intervention:** One or more protective factors are absent or a safety threat was identified, and protecting interventions have been planned or taken. One or more children will be returned home.

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

- |          |                                       |
|----------|---------------------------------------|
| 1. _____ | DOB: ____/____/____<br>Day/Month/Year |
| 2. _____ | DOB: ____/____/____<br>Day/Month/Year |
| 3. _____ | DOB: ____/____/____<br>Day/Month/Year |
| 4. _____ | DOB: ____/____/____<br>Day/Month/Year |
| 5. _____ | DOB: ____/____/____<br>Day/Month/Year |
| 6. _____ | DOB: ____/____/____<br>Day/Month/Year |

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

### NARRATIVE

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

Worker: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day / Month / Year

## D. PLACEMENT/PERMANENCY PLANNING GUIDE

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

