Legal Aid

Call your local Legal Aid court worker at:

Beaufort-Delta	977-2260
Dehcho	695-2106
Fort Smith	872-6568
Hay River and South Slave	874-2475
Sahtu	598-2762
Tlicho	392-6386
Yellowknife	920-8009
Main office	873-7450

For more information:

Child and Family Services exist to protect and support children in the NWT and to encourage strong, healthy families.

This information is available as an audio recording in the NWT Official Languages at www.hlthss.gov.nt.ca or by phoning 1-855-297-5155.

Vous pouvez obtenir les présents renseignements sous format audio dans les langues officielles des TNO sur le site www.hlthss.gov.nt.ca ou en composant le 1-855-297-5155.

Your Child Protection Worker
(attach business card here or fill in)

Name: _____

Office Number: _____

On-Call Number: _____

Dealing with Child Protection Matters in Court

Northwest Territories Health and Social Services

March 2012
www.hlthss.gov.nt.ca

- There are a number of reasons you might go to Court under the *Child and Family Services Act*:
  - If your child is apprehended.
  - If you decide you don't want a plan of care agreement.
  - If you want decisions to be made by a Judge.

How do you deal with child protection matters through Court?

- Let the Child Protection Worker know. He or she can help you complete the form called an ***Election to Go to Court.***
- The Child Protection Worker can also choose to go to Court. They need to give you written notice. The amount of time depends on why you will be going to Court.

What does the Court do?

- The Court decides if an Apprehension or Child Protection Order should be granted.
- The Court decides whether or not your child is in need of protection and for how long.
- The Court may also decide whether your child should be supervised in your home by a Child Protection Worker, or whether they need to be taken into temporary or permanent custody.
- The Court can decide to return the child.
- If the child is in need of protection, a ***Court Order*** is issued that explains what the Court has decided.

The Court Order may include:

- Who can visit the child.
- Other directions that must be followed.

Who can be involved in the Court process?

- You
- Your lawyer (if you cannot afford a lawyer, contact Legal Aid)
- any other parents or people with lawful custody of your child
- A Child Protection Worker
- Your child (if they are 12 years or older)
- Members of the Plan of Care Committee if there was one
- A member of your community Child and Family Services Committee if there is one

If your child is First Nations, Inuit or Métis, their Aboriginal organization will be notified of the Court date and the application for a Child Protection Order.

- You can speak with a lawyer for advice at any time. If you can't afford a lawyer, contact **Legal Aid**:

Beaufort-Delta	977-2260
Dehcho	695-2106
Fort Smith	872-6568
Hay River and South Slave	874-2475
Sahtu	598-2762
Tlicho	392-6386
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Your Child Protection Worker
(attach business card here or fill in)

Name: _____

Office Number: _____

On-Call Number: _____

My child has been apprehended.
What now?

Northwest Territories Health and Social Services

March 2012
www.hlthss.gov.nt.ca

What does apprehension mean?

- An apprehension means your child has been removed from your or another parent or guardian's care.
- A Child Protection Worker (social worker) or an RCMP officer believes your child's health or safety is at risk or in danger.
- Your child is temporarily in the care of the Director of Child and Family Services until the Court decides otherwise or an agreement is made with the Child Protection Worker.

What happens next?

Within 3 days (72 hours)	If there is no ongoing risk or danger found, your child is returned **OR** If there is an ongoing risk or danger, the Child Protection Worker must make an application to the NWT Court for an ***Order*** confirming the apprehension.
Within 4 days	The application for an Apprehension Order must be in Court.
Within 9 days of filing for an Apprehension Order	An ***Apprehension Hearing*** must take place.

YOU HAVE THE RIGHT TO CONSULT WITH A LAWYER. IF YOU WANT HELP AT ANY TIME DURING THE PROCESS CALL LEGAL AID.

If you need to, you can ask the Judge for more time to get and meet with a lawyer.

Once the apprehension hearing takes place, the judge will decide whether or not to confirm the apprehension.

If the apprehension is not confirmed, it means your child is not found to be in need of protection and he or she will be returned.

If the apprehension is confirmed, it means your child is found to be in need of protection. Your child will usually remain in the custody of the Director of Child and Family Services until the risk or danger is removed. You and your Child Protection Worker will need to decide whether to enter into a Plan of Care Agreement or go back to Court.

What should I do?

- Ask any questions that you have – it is your right.
- You can ask for help – from Child and Family Services, from your family, from your friends or from your community.
- If your child is not returned to you within 3 days, you must be provided with information from the Child Protection Worker, including:
  - a copy of the Application for the Apprehension Order:
    - information about how to participate in Court
    - what to expect
    - when Court will be, and
    - other instructions
  - a document listing the facts, called an Affidavit.
- If you do not receive all of this information, ask for it from the Child Protection Worker. You can also ask to have it explained to you.

What happens next?

- A Child Protection Worker or RCMP officer has been trained to listen to what you report, and determine what steps to take next.
- A Child Protection Worker will assess the child's safety and well-being.
- They will work with the child and his or her family to make sure any issues are addressed.
- Under the law, you have done your part by making the call.
- Because of the child's right to privacy, you will not be provided with any other information.

For more information:

Child and Family Services exist to protect and support children in the NWT and to encourage strong, healthy families.

This information is available as an audio recording in the NWT Official Languages at **www.hss.gov.nt.ca** or by phoning **1-855-297-5155.**

Vous pouvez obtenir les présents renseignements sous format audio dans les langues officielles des TNO sur le site **www.hss.gov.nt.ca** ou en composant le **1-855-297-5155**.

What to do

if you think a child is being abused or neglected.

Northwest Territories Health and Social Services

February 2013
www.hss.gov.nt.ca

You Have a Duty to Report

- If you think a child is being abused or neglected, you have a duty to report it to a Child Protection Worker or RCMP officer. It is the law to report this.
- You cannot ask someone else to report it. The report can only be made by the person who thinks a child may need protection.
- Protecting children is a community responsibility. It is important that we all take action to protect our children.

What do I do if a child tells me that he or she has been abused?

- Stay calm and listen – if you are shocked or angry, the child may be scared to talk further.
- Be supportive – let the child know they haven't done anything wrong. Don't ask 'why' questions.
- Tell the child what will happen next – that you need to report the problem to a Child Protection Worker or RCMP officer to keep them safe.
- Report what the child has told you to the Child Protection Worker or RCMP officer as soon as possible.

It is not your job to investigate – talking to children about these topics is sensitive, and it is important that the investigation be done by a trained professional. It is your job to tell a Child Protection Worker or RCMP officer, who will know what to do.

Possible Signs of Abuse

Type of Abuse	To the child's body and/or health	In the way the child acts or behaves
Physical abuse causes hurt or injury to a child's body.	• injuries that do not match the explanation • injuries that are uncommon for a child of that age or development • many injuries in different stages of healing	• can't explain how they were injured • cringes or flinches if touched • aggressive or withdrawn
Emotional abuse causes harm or hurt to a child's self esteem or self worth	• non-medical bed-wetting • lots of headaches or stomach aches • child fails to thrive	• depression • extremely aggressive or withdrawn • extremely well-mannered, overly eager to please
Sexual abuse a child has been molested or exploited sexually	• unusual itching in genital area or injury of genital or anal area • torn stained or bloody underwear • pregnancy • sexually transmitted infection (STI)	• age-inappropriate sexual knowledge or play • special 'secret' or new older friend • age inappropriate sexually explicit drawing or descriptions
Neglect A child is not being well-supervised, protected, cared for or provided for	• unclean • unattended medical needs • hunger	• frequently miss school or activities • not clothed for the weather • regularly doesn't have a lunch • tells you they are regularly left alone
Exposure to Domestic Violence	• irritability (infants) • disruption to sleep and/or appetite • stomach aches • headaches • age-inappropriate bed-wetting or thumb-sucking • physical injuries sustained trying to intervene	• fearful / angry • guilt / shame • depression / self injury • difficulty concentrating • frequently absent from school or does not want to go home • physical aggresion • indirect bullying • substance abuse • early sexual activity

* This is not a complete list of possible signs of abuse. If you are worried about a child, ask a Child Protection Worker or RCMP officer.

Legal Aid Contact List

Adapted from *the Department of Justice website January 2016*.

Legal Aid Services

4915-48th Street, Yellowknife, NT
X1A 3S4
1-844-835-8050

Community court workers

Court workers employed by the Legal Aid Commission provide legal and court related assistance to residents of the Northwest Territories. A court worker can assist you with:

- finding a lawyer;
- legal aid applications;
- completing various court forms and documents;
- protection order applications; and
- victim services applications, such as the victims of crime emergency fund.

Beaufort Delta Region

(Aklavik, Inuvik, Fort McPherson, Paulatuk, Sachs Harbour, Tuktoyaktuk, and Uluhaktok.)

Jeannie Snowshoe
Court Worker - Inuvik
Legal Aid Commission
Department of Justice
Government of the Northwest Territories
151 Mackenzie Road
PO Box 1100
Inuvik, NT
X0E 0T0
jeannie_snowshoe@gov.nt.ca
(p) 1-867-777-7338
(f) 1-867-777-3211

Dehcho Region

(Fort Liard, Fort Providence, Fort Simpson, Jean Marie River, Nahanni Butte, Trout Lake, and Wrigley.)

Pat Waugh
Court Worker - Fort Simpson
Legal Aid Commission
Department of Justice
Government of the Northwest Territories
2nd Floor, Nahendeh Kue Building
PO Box 178
Fort Simpson, NT
X0E 0N0
pat_waugh@gov.nt.ca
(p) 1-867-695-2106
(f) 1-867-695-2136

North Slave Region

(Behchoko and Yellowknife)

Rose Lamouelle
Court Worker - Behchoko
Legal Aid Commission
Department of Justice
Government of the Northwest Territories
General Delivery
Behchoko, NT
X0E 0Y0
rose_lamouelle@gov.nt.ca
(p) 1-867-323-6386
(f) 1-867-392-6387

Val Watsyk
Court Worker - Yellowknife
Legal Aid Commission
Department of Justice
Government of the Northwest Territories
3rd Floor YK Centre East, 4915 48th St
PO Box 1320
Yellowknife, NT
X1A 2L9
val_watsyk@gov.nt.ca
(p) 1-867-920-8009
(f) 1-867-873-5320

Sahtu Region
(Colville Lake, Deline, Fort Good Hope, Norman Wells, and Tulita.)

Daphne Lafferty
Court Worker - Fort Good Hope
Legal Aid Commission
Department of Justice
Government of the Northwest Territories
Yamoga Land Corp Building #105
PO Box 239
Fort Good Hope, NT
X0E 0H0
daphne_lafferty@gov.nt.ca
(p) 1-867-598-2762
(f) 1-867-598-2525

South Slave Region
(Fort Smith and Hay River)

Shari Olsen
Court Worker - Fort Smith
Legal Aid Commission
Department of Justice
Government of the Northwest Territories
195 McDougal Road
PO Box 170
Fort Smith, NT
X0E 0P0
shari_olsen@gov.nt.ca
(p) 1-867-872-6568
(f) 1-867-872-3602

Maureen Maurice
Court Worker - Hay River
Legal Aid Commission
Department of Justice
Government of the Northwest Territories
#106, 31 Capital Drive
PO Box 4324
Hay River, NT
X0E 1G3
maureen_maurice@gov.nt.ca
(p) 1-867-874-2475
(f) 1-867-874-3435

Case Documentation Guide

October 30, 2020

Table of Contents

Adapted from the Yukon CFSA Policy Manual (2017) and the Newfoundland and Labrador Protection and In Care Policy and Procedure Manual (2019).

INTRODUCTION

Effective documentation in Child and Family Services (CFS) practice is a central component of ethical social work practice. Written documentation is an essential communication tool between Child Protection Workers or Designates (including Authorized Persons, Foster Care Workers, Case Aides, Family Preservation Workers or Supervisors or Managers) and their clients and foster caregivers, other professionals and the court system. A Child Protection Worker or Designate's documentation is relied upon as a means of expressing client strengths, risk factors, goals, processes, and outcomes of client cases. The client case note is a clinical tool that assists Child Protection Workers or Designates in documenting their interventions that are directed at risk reduction in accordance with the risk factors, goals, strengths, and challenges identified in their assessment.

Documentation related to the provision of intervention and services should be consistent with the principles and policies outlined in this ***Case Documentation Guide*** and ***Standard 6.1 Case Documentation***.

DOCUMENTATION – GENERAL PRINCIPLES

The following general principles apply to documentation of client files by Child Protection Workers or Designates. Child Protection Workers or Designates are accountable to their client(s) and their Indigenous Organization, if applicable, the Statutory Director of Child and Family Services, their professional association and the court system with respect to client documentation.

Client files must contain:

- documentation of all interventions and services provided to the client(s) by Child and Family Services (CFS);
- only pertinent information in a format that facilitates the assessment, planning, monitoring and evaluation of the intervention and services; and
- all significant information and actions taken during the provision of services by CFS.

TYPES OF DOCUMENTATION

There are two types of documentation notes:

- Investigation Notes
- Case Notes

Investigation Notes:

Investigation notes provide details on the disclosures made to the Child Protection Worker or Designate during an investigation and detail the findings during the investigation. Investigation notes may become key evidence in a child protection hearing.

Details of disclosure and investigation interviews and decisions must be documented within **48 hours** of the contact. The time of the recording may affect the admissibility and the weight given to the Child Protection Worker or Designate's testimony in court. Every attempt possible must be made to ensure case notes are directly typed into MatrixNT. In exceptional circumstances, the Child Protection Worker or Designate's original handwritten investigation notes may be entered into MatrixNT and maintained in the client file, by placing the note on the hard file. Handwritten notes must always include the Year-Month-Day and the Child Protection Worker or Designate's name/position and signature on each page.

Notebooks should never be used to document interactions with clients.

Case Notes:

Case notes form an essential record of the day-to-day contacts and events that occur with and on the behalf of clients. Like investigation notes, all case notes must be documented in MatrixNT within **48 hours** of the contact, consult or decision. The Child Protection Worker or Designate is responsible to ensure the file is up to date by printing off each individual case note separately, at minimum once per week. Case notes complement all other required case documentation including Structured Decision Making® documents, Case Plans, Plan of Care Agreements, Concurrent Plans, Permanency Plans, Cultural Support Plans, Transition Plan, Voluntary Services Agreements, Support Services Agreements and Extended Support Services Agreements, court documents, consent forms and any other required forms. Case notes must include facts as well as clinical decisions.

Case notes should indicate:

- the reason for assignment, for example, a new case to respond to a report of alleged abuse and/or neglect of a child, or a case transferred from another Child Protection Worker or Designate; and
- the date the Child Protection Worker or Designate completed the file review.

General rules to follow:

- The Child Protection Worker or Designate is responsible for reviewing both the assigned hard file and electronic file to gain knowledge of all previous CFS interventions and services, and to document this review in a case note.
- When a Child Protection Worker or Designate refers to themselves in the case notes, as well as all other documentation, they must use **"I"** instead of "this worker" or "the undersigned".
- In instances of disclosures, the Child Protection Worker or Designate will document verbatim what the client said and demonstrate this by using quotations.
- The Child Protection Worker or Designate's responsibility is to record the key pieces of information and ensure the recording captures the purpose of the contact. However, in recording what happened, the Child Protection Worker or Designate should record the information as close to verbatim as possible.
- The Child Protection Worker or Designate must also document relevant comments of foster

caregivers, other professionals and/or collateral sources in a case note.

- There may be times when details that did not seem significant at the time of contact were not documented, but later prove to be relevant to the case. The Child Protection Worker or Designate must record all relevant details once determined to be relevant. For example, if the Child Protection Worker or Designate later realizes that the car they saw parked in the client's driveway last week belongs to an abusive ex-partner of the client, the Child Protection Worker or Designate must document in a new case note the event on the date the relevant connection was made, and make reference to the date of the home visit when the car was originally seen in the client's driveway.

FIVE SIMPLE RULES FOR CASE DOCUMENTATION

1. **Be timely and chronological** – Notes are complete true documentations of a situation and should be written as soon as possible and in the order the situation(s) transpired to ensure the facts are captured, not allowing time to interfere with memories.

2. **Be concise** – Document the facts of the situation. Too much detail often leads to confusion or questions about what occurred. Also, include facts and observations that are relevant to the child protection issues that are the basis for the recording.

   Poor example:

   This worker entered the client's house by way of the front door, which was painted red and seemed worn. In the doorway was a stand with several umbrellas and 5 pairs of shoes, three of which were gym shoes and two of which were heels. In the hallway was a bike belonging to the older child. It had a flat tire, or it could have just been low. In the living room, the furniture had been rearranged since this worker's last visit. This worker noted that the couch had been moved. Client advised that she was trying different arrangement as it seemed to open the room up. This worker complimented her on the arrangement. Client offered the worker a cup of tea, but worker declined. Client advised that she was attending an appointment later that day to review progress in therapy with assigned clinician. This worker complemented her and suggested she book further sessions. This worker addressed concerns regarding therapy for older child. Client listened to this worker. This worker confirmed the need for the older child to attend therapy. This worker left a letter with dates for upcoming sessions.

   This note is a poor recording because it **does not address the child protection reasons** for the visit. Key questions are left unanswered, and irrelevant information is provided, which raises more questions.

   Consider what is the purpose of the visit? Was it prearranged? At what time of the day did it occur?

Were the children home? Did the client acknowledge the concerns regarding the therapy for the older child? Is the presence of the shoes relevant? Who else was present? Is there a partner who shouldn't be present? Are there other children? Where are they?

The Child Protection Worker or Designate needs to include facts and observations that are relevant to the child protection issues that are the basis of the recording. Include information that affects the children's care, health, and safety. The Child Protection Worker or Designate needs to ask, is this information needed?

3. **Be accurate** – State times, dates, places, full names of those involved. This clarity provides information assisting the reader to understand the situation.

   One practice that seems to lead to inaccuracies is the use of "cut and paste" drafting. While everyone will use this technique at times, it is imperative that the Child Protection Worker or Designate reads what they have pasted into their recording and ensure that it is an accurate reflection of the incident they are recording.

4. **Use plain anti-oppressive language** – Given that several people for a variety of reasons may be reading the case notes, common language makes notes easy for all to understand. Avoid the use of judgements, oppressive and/or technical terms or 'social work' jargon. Write so that any reader can understand what transpired during the event(s).

   Poor example:
   I asked to see the three children and the mother said no, I could come back tomorrow. I agreed.

   Good example:
   As this was an unannounced home visit, I asked if I could see Mrs. Simpson's three children. She stated that she hadn't been expecting me, and her children were over at the neighbour's. She asked if I could come back tomorrow at 3. I agreed.

5. **Include contact information** – Per the SDM Screening Response and Priority Assessment® (SRPA®), always include the contact information of the source of the report. If the reporter wishes to remain confidential, include the information in the file at least once with a note about the intent of the reporter being confidential. Contact information provides insight to the strength of the report, and if the Child Protection Worker or Designate is not sure of something that was said; they can follow up with the reporter.

DOCUMENTING CLIENT CONTACT

Child Protection Workers or Designates are required to record all client contact, interventions/supports and relevant information shared in a case note. The information recorded must be in relation to their role as a Child Protection Worker or Designate. The contact is documented based on the following headings:

1. **When?**
2. **Where?**
3. **Who?**
4. **Why?**
5. **What?**
6. **Next Steps?**

1. **When** – When documenting client contact in MatrixNT, ensure the date and time of the contact is entered accurately. Also, indicate if the contact was scheduled or unannounced.

2. **Where** – Indicate the setting for the contact, e.g., private meeting, case conference, client's home and address, office, school. The setting for the contact can impact what people share. For example, a client may be more open to talk about their challenges or concerns when sitting in their living room than at the office. If the contact is by telephone, it is important to note who called whom.

3. **Who** – Indicate who is present and what the contact looked like, e.g., children observed or interviewed. If others are present, ask them to identify themselves and document who they are and their relationship to the client. Document if the requested information is refused as this may be relevant. Also, if children are present for the meeting or in the home, this information must be noted as well as whether they were seen or interacted with.

4. **Why** – Explain the reason for the contact. What is the purpose of the contact? Is it a visit as per required contact with the family? Is a report being investigated? Is a foster caregiver contacting to discuss concerns about a child in their home? Are collateral sources or professionals being contacted to assist in case planning for the family and child?

5. **What** – There are three parts to this portion of documentation:
    - What information did the Child Protection Worker or Designate share?
    - What information did the Child Protection Worker or Designate receive?
    - What information did the Child Protection Worker or Designate learn through their observations?

It is important to address these questions in documenting client contact and to ensure documentation is relevant to the clinical work and intervention/support plans. Depending on the purpose of the contact, it is important that all relevant information is documented, including safety, risk, family strengths and needs, and/or case planning.

In recording what happened, try, where possible, to quote any particularly relevant statement verbatim and in quotations. Nothing has the impact of seeing a person's own words in writing, especially when the statement is an admission or is particularly concerning, for example, recording a client's statement as:

Ms. Smith stated she had threatened Stevie because he would not clean his room.

Does not have an emotional impact of a quote:

Ms. Smith stated: "I told him that I would slap his smile off if he didn't get his fat butt upstairs and clean that room proper."

Furthermore, it is important to document unsuccessful attempts to contact a client. Document the date and time of the attempted contact a well as the reason for the contact, e.g., scheduled home visit.

6. **Next Steps** – What will happen as a result of the contact? Remember to document any decisions or plans made. For example, if the client committed to calling the counsellor and making an appointment, this should be documented. Documenting the plan is an important part of case planning as this will provide evidence if the client is engaged and has followed through on agreed upon plan. In doing so, document:
    - the details of goals set;
    - the anticipated outcomes;
    - the timeframes for completion of goals; and
    - who is responsible for the actions/follow up.

Conclusion

When documenting client contact, it is not necessary to capture every moment of every contact, or to provide a transcript of every event and comment from the interaction. Document the key pieces of information relevant to the clinical work and case planning with the client.

While the Child Protection Worker or Designate is required to document all contact with a client, or on behalf of a client, do so as concisely as possible while conveying the important facts outlined above. This will save the Child Protection Worker or Designate time entering their case notes and will save the reader time when reviewing the case.

Each client must have their own case note; this also applies to sibling groups. If the contact note applies to several children in a sibling group, document contact in a separate case note for each individual, (or a Household file if all members are implicated) and place a copy of the note on their hard file.

DOCUMENTING CLINICAL DECISIONS

As with all Child Protection Worker or Designate assessments, the case notes must include facts as well as clinical decisions. Facts include the direct and objective observations of the Child Protection Worker or Designate, and statements made by the clients (child, youth, young person, parent/caregiver(s),

foster caregivers), witnesses, collateral sources, as well as statements made by the Child Protection Worker or Designate themselves.

Clinical decisions are fundamental to Child Protection Worker or Designate practice. A Child Protection Worker or Designate' s actions pertaining to an investigation or other form of intervention are frequently made in collaboration with their Supervisor or Manager.

The Child Protection Worker or Designate should always reference the relevant sections of the *CFSA Act* any standards, directives, policy, research, and/or best practices, which support their clinical decisions, conclusions, and plans.

Sample recording:

CFS received a report of a young child wandering the neighbourhood alone and without a winter coat. It was brought to my attention this child belongs to Mrs. White, a parent who currently has a POCA. I arrived at Mrs. White's house at 7:00 am on January 30th, 2016. Upon arrival, I observed a small child outside in the yard with no winter coat and asked where her Mom was. The child did not answer me but motioned to the door. After several knocks on the door, Mrs. White did open the door and let us in. I observed the mother was unsteady on foot; her speech was incoherent, and she was slurring words. I also observed a smell of alcohol. Mrs. White was verbally abusive toward me by cursing and swearing at me in the presence of her 3-year-old daughter, Susan. Mrs. White is normally cooperative and receptive to my involvement and I determined she was under the influence of alcohol. After a few minutes of inquiring if another adult could come to the home and care for Susan, Mrs. White stated her daughter could go stay at her adult niece's house for the day. Mrs. White stated she needed to go to bed and that she would contact me in the afternoon. I stayed in the home with Susan and Mrs. White until her niece Bonnie arrived. A few minutes later, Bonnie arrived and agreed the child could stay with her until the next day. Mrs. White thanked her niece and told me she would call me later.

DOCUMENTING CONTACT WITH FOSTER CAREGIVERS

When recording information received from a foster caregiver contact pertaining to a child or youth placed in their home, it's important the Child Protection Worker or Designate preserve the identity of the care provider considering the potential for file disclosure. It's equally important to keep in mind that there are two categories of contact from foster caregivers:

Information about foster children

In the case note, the Child Protection Worker or Designate must record all information the foster caregiver is providing about the child or youth such as health, behaviour, visits, schooling, etc. This information must be documented in the child or youth's file**, not on the foster care resource file.**

Section 6 – Case Management ***Tool 6.1.1***

Information about the foster caregiver(s)

It's important to determine and document how the foster family is managing as they are responsible for caring for the child or youth, but the parent, child or youth do not need to know, or have a right to know information about the foster caregiver (for example the foster caregiver's health). Moreover, the Child Protection Worker or Designate must document the information received about the foster caregiver(s) in their respective foster care resource file, **not on the child's file**. Lastly, if there are any discussions with the foster caregiver(s) about the child or youth's long-term plan such as their care, access, return to their parent/caregiver(s) etc., the Child Protection Worker or Designate must ensure they record this information on the child or youth's file.

Sample recording:

Sherry Mills (foster mother of Karla Smith) contacted me.

Foster mother reported that:

- ***Karla continues to wake up every night about six times and is difficult to put back to sleep.***
- ***Karla has settled well into her new preschool and is getting along well with the other children.***

I advised the foster mother that the permanent custody trial would be in two weeks. I further explained that if the Judge decides it is in Karla's best interest to be placed in the permanent custody of the Director, access would be at the discretion of the Director until adoption placement.

Jane Doe
Child Protection Worker
CPW Appointment Number - A-242-2005
Notes to be placed on the child's file

Sherry Mills (foster mother of Karla Smith) contacted me.

I asked the foster mother about her health, and she reported that she was doing well despite the operation she had to remove her gallbladder. She said that she would need respite for a few days for recovery purposes and that her sister, who is also a foster parent, is willing to care for the children in her home.

Jane Doe
Child Protection Worker
CPW Appointment Number - A-242-2005

Notes to be placed on the foster care resource file

DOCUMENTING CONTACT WITH DEPARTMENTAL AND TERRITORIAL OPPERATIONS STAFF

During a Child Protection Worker or Designate's involvement with any family receiving services through the Child and Family Services, the Child Protection Worker or Designate may have contact with staff at the Department of Health and Social Services and the Northwest Territories Health and Social Services Authority Head Quarters regarding that family. The Child Protection Worker or Designate will need to consider the following issues:

1. **Which conversation does the Child Protection Worker or Designate record?**
    - **Is the conversation required by a standard or directive?**
        - The conversation must be recorded if Child Protection Worker or Designate is required to engage a co-worker (peer/mentor, worker involved in a related matter, etc.) and/or a DHSS and/or NTHSSA's staff because of a standard or policy.

    For example, there must be a record of case conferences, supervisory consults, etc. Generally, the Child Protection Worker or Designate who is managing the case, records this information.

    - **Is the conversation to give or receive case specific guidance?**
        - If the Child Protection Worker or Designate is providing a co-worker with guidance (i.e. redirection to Standards, Tools, Legislation, etc.) on how to provide service to the family, the conversation should be recorded. Similarly, if the Child Protection Worker or Designate is receiving guidance regarding case planning, the Child Protection Worker or Designate should record the conversation. The Child Protection Worker or Designate should also record conversations held with the Foster Care Worker in which they receive guidance regarding child management techniques being used in a foster care resource that the Child Protection Worker or Designate will share with the parent/caregiver(s) to ensure a smooth transition of the child back to their home.

    - **Is the conversation providing the Child Protection Worker or Designate with relevant information?**
        - The Child Protection Worker or Designate should record any information received that is relevant to their case plan and/or risks facing the child and/or family.

    - **Is the conversation merely to seek general input or advice regarding how best to proceed in each situation?**
        - There will be some situations where the Child Protection Worker or Designate will

seek out an experienced co-worker to discuss the fact pattern arising in a difficult case. The advice or suggestions received are invaluable, but the Child Protection Worker or Designate **does not need to record** the conversation. If the Child Protection Worker or Designate consults with their Supervisor or Manager and decides to proceed with the advice from their co-worker, they would record the consultation with their Supervisor.

2. **What information does the Child Protection Worker or Designate record?**
   After deciding that the contact should be recorded, the Child Protection Worker or Designate should record the following:
   - Who they are meeting with
   - When they are meeting
   - Why they are meeting
   - What information was shared
   - What, if any, decisions were reached
   - What steps will be taken following the meeting

DOCUMENTING CONTACT WITH OTHER PROFESSIONALS/COLLATERAL SOURCES

The Child Protection Worker or Designate must document consultations/contacts with other professionals and any collateral sources. The documentation must include the date, time, and place of the consultation/contact; the purpose for which it was held; who participated; and the decision(s) made.

DOCUMENTING LEGAL ADVICE

In some situations, a Child Protection Worker or Designate may find themselves seeking legal advice. These contacts and/or correspondences must also be documented in the case file and labeled as **"privileged".** In these situations, include the name of the lawyer, the facts on which the advice is based, the question asked to the lawyer, the advice provided (if needed, request advice to be provided in a letter or email), and the decision reached based on the advice.

Sample recording:

Consultation with the Director's Lawyer, Shannon Gladys regarding Merrill Jackson, disclosing to her counsellor, Courteney Black, that she was using crack everyday while caring for her son, Sam Jackson. Courteney did not report this to the YHSSA Intake line. I consulted with Shannon Gladys regarding possible courses of action. She provided advice on proceeding. The direction received was for Child Protection Worker, Laura White to contact Counsellor, Courteney Black to remind her of her duty to report any concerns of child abuse and/or neglect.

DOCUMENTING EMAILS AND CORRESPONDENCES

Each year, several emails, letters and documents pertaining to a client will be sent or provided to a Child Protection Worker or Designate. How does a Child Protection Worker or Designate know if these conversations need to be recorded as a case note or simply uploaded to MatrixNT? Two simple guides to assist the Child Protection Worker or Designate are:

1. **What correspondence to record?**
    - Does this correspondence provide the Child Protection Worker or Designate with information that is relevant to the decision(s) and case plan?
    - Does this correspondence disclose information that suggests concerns or risk to the child or youth?

If the response for either of these questions is **yes**, then the Child Protection Worker or Designate must record the information. Examples include:

- Letters from doctors outlining possible neglect
- Reports from the RCMP about incidents
- Letters from other agencies about their involvement, etc.

2. **How to record correspondence.**
    - Who is the correspondence from?
    - What is the key piece of information contained in the correspondence?

Once the Child Protection Worker or Designate has decided that the information should be recorded, they must note who it's from, when the Child Protection Worker or Designate received it and write a short summary of what information was provided. All emails involving a child, young adult and/or parent/caregiver(s) are a part of the Child and Family Services record and must be uploaded to MatrixNT within 48 hours of the contact.

Sample recording:

Letter received from Dr. Jane, family doctor for the Smith family, who reports that within the last month, Karla Smith attended the clinic on three separate occasions with repeated infestations of lice. Dr. Jane is concerned about the health of Karla and that her parents are not following through with her treatment.

DOCUMENTING CASE CONFERENCES

Whether case notes are documented following a situation or a case conference, the guidelines still apply. However, notes from a case conference may require more information:

1. **Introduction** – The Child Protection Worker or Designate must document a brief overview of the client, situation and Child and Family Services' involvement.

Sample recording:

Child and Family Services has been involved with the Smith family for over three years due to protection concerns. Karla Smith, now three years old, has been in temporary care of the Director for 1 ½ years. The matter is approaching the two-year maximum timeframe under the CFSA for a child in the care of the Director and therefore a case conference has been called.

2. **History** – The Child Protection Worker or Designate must document a detailed and concise record of the Child and Family Services' involvement with the client as well as provide information on the reason for involvement and the safety and risk of the child or youth.

Sample recording:

The history of involvement to February 6, 2020 is outlined in the case conference of that date. The family did well for a period of approximately 8 months, with both parents attending services and demonstrating positive rapport with each of their children. A review of the file also identified concerns regarding alcohol and drug relapse by Krista and violent behaviours on the part of Steven toward Krista. Since that conference, the parents have struggled with substance misuse and determined that it was best for Krista's mother to come stay in the home. Krista's mother, Gwen, is an appropriate caregiver; however, she has advised she must leave town for approximately 1 month for medical travel. Gwen further shared with this worker her worries that Steven may become violent again with Krista.

3. **Issue** – The Child Protection Worker or Designate must identify the current issue, why they are having a case conference at this time.

Sample recording:

As the CPW has been informed that Gwen (Krista's mother) is no longer able to stay in the family home, we must determine how to create additional safety measures to ensure the children are safe and not at risk due to potential substance misuse on the part of the parents.

4. **Recommendations** - The Child Protection Worker or Designate must document what recommendations were reached during the case conference.

Sample recording:

Given the parents' history of substance misuse and relapses in combination with concerns of ongoing partner violence and the impact for harm suffered by the children, Child and Family Services will seek a Plan of Care Agreement placing the children out of the home. Efforts will be made

to identify another family member or a trusted friend. At this point, both Krista and Steven are agreeable to this and understand if no supports are identified, Child and Family Services will have to seek an alternate care provider and the children may be placed in foster care.

5. **Plan** – The Child Protection Worker or Designate must document what the plan is to meet the goal or outcome of the decision. The case conference should not be concluded until all involved parties have agreed on a plan.

Sample recording:

The Plan of Care Agreement will ensure:

- ***An appropriate care provider is identified for both children.***
- ***Krista and Steven have a say about what actions they will take to ensure they are sober and safe when visiting their children.***
- ***Krista and Steven will identify what actions they are ready to commit to in order to resume care of their children.***
- ***The Child Protection Worker or Designate will support the family in addressing their goals and needs.***

6. **Conclusion** – The Child Protection Worker or Designate must summarize what was decided and who is responsible for what action and the plan going forward.

WHAT NOT TO RECORD

1. Performance management issues

- If a Supervisor or Manager has concerns regarding the activities of a Child Protection Workeror Designate, the Supervisor or Manager should address those with the Child Protection Worker or Designate; however, there is no reason to record the performance management concerns on the client file. For example, a home visit may have not occurred, which was to have been done. Rather, the Supervisor or Manager can depart from a Standard, but they must ensure next steps are appropriately documented.

Sample recording:

A home visit was originally scheduled to occur by March 1, 2020 but has not yet been conducted. The visit will now be conducted in the next 24 hours.

2. Vacation

- Although the Child Protection Worker or Designate may be the primary Child Protection Workeror Designate on a file, it is not **"their"** file; therefore, the Child Protection Worker or Designate must not record their vacations on the file.
- That said, if the author of a case note is not the primary Child Protection Worker or Designate,

the author must clearly document their role in the case note, without detailing why the individual is covering.

Sample recording:

(Author name, title/role) Covering for Child Protection Worker or Designate (Case Manager)

3. Illness or reasons for missed appointments

- If a Child Protection Worker or Designate fails to attend a scheduled appointment due to illness or for any other reason, the reason is not relevant. The Child Protection Worker or Designate must record that they were unavailable, and that the appointment would be rescheduled. Also, the Child Protection Workeror Designate must make every attempt to notify the person whom they were scheduled to meet either personally or through their Supervisor or Manager or co-worker.

4. Failure to meet standards

- The failure to meet standards and directives by a Child Protection Worker or Designate should not be recorded, as it is not information relevant to the risk facing a child or youth.

Do record:

Referral information was received 3 days previously. Upon reviewing the information, it was decided that the child was to be interviewed today.

Do NOT record:

Although the child was required to be interviewed within 12 hours, the interview has not occurred for 3 days. Given standards have not been met; the Child Protection Worker was directed to proceed directly to the school and interview the child.

Do record:

Interview originally scheduled for yesterday will take place today.

Do NOT record:

Due to workload, standards were not met.

5. Commentary on decisions made

- The Child Protection Worker or Designate should never record their dissatisfaction with a decision that is made during consultations and/or supervision with management. If the Child Protection Worker or Designate disagrees with a decision, they should seek to have the decision revisited and offer new information that may not have been brought forward initially.

Do NOT record:

Against my better judgment, I was instructed to proceed with taking the child into care as that was the decision of the risk assessment.

CONCLUSION

The **Standard 6.1 Case Documentation** provides over-arching policies and guidance regarding case documentation and in some cases, regarding contact notes specifically. **Tool 6.1.1. Case Documentation Guide** addresses requirements and best practices related to case documentation. It further provides guidance to Child Protection Workers or Designates regarding when, what and how to record case specific information as it relates to making informed decisions regarding a case, including assessments, court applications, transitional planning, case planning, service delivery, etc. Furthermore, **Tool 6.1.2. Quick Reference Guide – Principles of Effective Documentation** provides a quick reference guide to help with case documentation. Lastly, **Tool NTHSSA Clinical Supervision Policy and Procedure** and **Form NTHSSA Supervision Form: Case Management** provide guidance on documenting clinical supervision pertaining to case files. Overall, it is crucial for Child Protection Workers or Designates to follow these practice guidelines because inaccurate or poor-quality recordings can do more than mislead a reader regarding the specific events the case note describes, it can call into question and cast doubt on all recordings and the creditability of the Child Protection Worker or Designate and the Statutory Director.

Quick Reference Guide – Principles of Effective Documentation

Adapted from the Yukon CFSA Policy Manual (2017)

FIVE SIMPLE RULES FOR CASE DOCUMENTATION:

1. Be timely
2. Be concise
3. Be accurate
4. Use plain anti-oppressive language
5. Include contact information

CLIENT CONTACT:

1. When?
2. Where?
3. Who?
4. Why?
5. What?
6. Next Steps?

CLINICAL DECISIONS:

1. Clinical decisions are documented separately from facts and clearly indicate to be a clinical decision.

FOSTER CAREGIVER CONTACT (only document information received about the foster caregiver):

1. Identifying the source
2. Information received about foster children
3. Information received about the foster caregiver(s)
4. Information provided

DEPARTMENTAL AND TERRITORIAL OPERATIONS STAFF CONTACT:

1. Which conversations do you record?
    - Is the conversation required by a standard or directive?
    - Is the conversation to give or receive case specific guidance?
    - Is the conversation providing you with relevant information?
    - Is the conversation merely to seek general input or guidance regarding how best to proceed in a given fact situation?

If "yes" to any of the above, then record the information as per the Standard.

2. What information do you record?
    - Who you are meeting with
    - When you are meeting
    - Why you are meeting
    - What information was shared
    - What, if any, decisions were reached
    - What steps will be taken following the meeting

PROFESSIONALS AND COLLATERAL SOURCES CONTACT:

1. Document the purpose of the consultations and/or contact, the date, time and place.

LEGAL ADVICE:

1. Label all contacts and/or correspondences as "privileged"
2. Record the name of the lawyer consulted
3. Briefly identify the facts upon which the advice is based
4. State the question asked
5. Record that advice was received but not the advice itself
6. State the decision reached, if any, as a result of the advice
7. If a written record is needed, request legal counsel to provide the advice in written form i.e. email or letter

CORRESPONDENCE AND EMAILS:

1. What correspondence to record
    - Does this provide you information that is vital to the case plan?
    - Does this disclose information that suggests risk to the child or youth?

    If "yes" to any of the above, then record the information as per the Standard.

2. How to record correspondence
    - Who is the correspondence from? (include any professional qualifications)
    - What is the key piece of information contained in the correspondence?

CASE CONFERENCES:

1. Introduction
2. History
3. Issue
4. Recommendations
5. Plan
6. Conclusion

WHAT NOT TO RECORD:

1. Performance management issues
2. Vacation
3. Illness or reasons for missed appointments
4. Failure to meet standards
5. Commentary on decisions made

Child Protection Worker Safety Guide

Safety Principles

Child Protection Workers must often perform site visits as part of their child protection related duties. In conducting any site visit, the primary consideration must be the safety of all parties involved.

Safety is a shared responsibility between the employer and the employee and must be considered as an integral part of any case management system. Further, it must be understood that due to the nature of the social work profession, individuals performing site visits are exposed to an element of risk that is inherent in the profession and this risk cannot be entirely eliminated.

In the interest of promoting Child Protection Workers' safety during site visits, the following best practice principles have been established.

Child Protection Workers should not knowingly put their personal safety at risk.

If Child Protection Workers have reason to believe that their personal safety may be compromised, they have the right and the responsibility to withdraw from the situation, to contact their Supervisor for consultation and to arrange for additional support that will allow the site visit to be completed safely.

Child Protection Workers must have the ability for two-way communication with their Supervisor or Designated Contact Person at all times when conducting site visits. They must check in with their Supervisor or Designated Contact Person at predetermined times when conducting site visits.

Supervisors must be aware of the location and approximate times that staff will be performing site visits, as well as the time they expect to return to the office or their home. The Child Protection Workers must provide this information to their Supervisors or Designated Contact Person.

If a Child Protection Worker fails to check in at a predetermined time, a missed check-in procedure must be activated.

Knowledge and awareness of clients' background, risk factors and living conditions are of critical importance and must be assessed by Child Protection Workers on an ongoing basis.

1. Child Protection Worker Safety Assessment

General Overview:

The Child Protection Worker Safety Assessment is designed to serve as a guide for Child Protection Workers that allows them to gauge the level of threat a particular site visit represents to personal safety. It supports and focuses the conversation between the Child Protection Worker and Supervisor in relation to:

- Whether or not the site visit should be undertaken;
- Under what circumstances the site visit should occur; and
- The potential need for additional staff or RCMP assistance in conducting the visit.

The threat level involved in a particular site visit will vary from visit to visit. Therefore, in order for the visit to be effective an assessment must be completed for each individual site visit.

Form Sections:

Section 1 - Consists of information that identifies the client's name and location of the site visit. The provision of this information ensures that the name of the client and the exact location of the site visit are clearly established, understood and readily available.

Section 2 - Consists of a series of questions which when answered, will determine the level of risk involved in a specific site visit. Using this information, the Child Protection Worker and Supervisor must decide if the visit should take place, under what circumstances, and if there is a need for additional staff or RCMP in conducting the visit. The greater the number of indicators present, the greater the likelihood that the site visit represents a high-risk situation. For example, a situation in which a Child Protection Worker that has been previously physically assaulted by a client must then go into that client's home to apprehend a child from that home represents a much greater threat to that Child Protection Worker's safety than the threat to the Child Protection Worker completing a visit involving an adoption home-study. If answers to any questions on the Child Protection Worker Safety Assessment are unknown, the responses to these questions should be treated as **"yes"** until the information necessary to complete these questions is available.

Section 3 - Records the decision by the Child Protection Worker to conduct the site visit or, in the case of risk factors being present, to consult with the Supervisor.

Section 4 - Records the decision to conduct the site visit or the results of the consultation with the Supervisor regarding whether the site visit should take place and under what circumstances.

2. Safe Attire

When conducting site visits, there is an expectation that Child Protection Workers wear appropriate clothing that will not hinder or impede personal safety. Child Protection Workers must be aware of the risks associated with individual clients, the environments in which they function at all times and ensure that their attire does not represent a safety concern (e.g. unstable footwear, long necklaces).

The following standards for site visits are recommended:

- Shoes should be low-heeled, stable and comfortable;
- Clothing and footwear should be appropriate for the weather; and
- Purses, laptops or heavy cases should not be carried.

3. Identification Cards

All Child Protection Workers will be provided with and must carry on their person an identification card that readily identifies them as such. The Director of Child and Family Services will issue this identification upon appointment as a Child Protection Worker. The identification card will at a minimum:

- Be made of plastic.
- Bear the official logo and colors of the GNWT.
- Bear the cardholders picture.
- Bear the cardholders name, date of birth and appointment number.
- Bear the signature of the Director of Children and Family Services.
- Declare authority as per section 54 of the *Child and Family Services Act.*

4. Call-Back Procedures

Child Protection Workers are often required to perform site visits after normal working hours. A call-back is any occasion when a worker is required to perform a site visit (i.e. investigation) outside of regular office hours. During after-hours calls Child Protection Workers continue to be responsible for following all site visit and sign in/out procedures with the following two modifications:

- Child Protection Workers will provide the Sign In/Out Form information over the phone to the Designated Contact Person.
- Child Protection Workers will notify the Designated Contact Person when s/he has arrived back at their home at the end of a call-out.

5. Site Visit Sign In/Out Form

The Site Visit Sign In/Out form is designed for the purpose of tracking the location of a Child Protection Worker while conducting site visits. This form is completed by the Child Protection Worker prior to their departure from the office and given to the Designated Contact Person who is responsible for tracking and communicating with the Child Protection Worker while s/he is conducting the visit. The form includes the required information that would be necessary to locate the Child Protection Worker in an emergency situation. The name of the community, client's name, phone number and the client's exact address/location within the community are all indicated on the form. In addition, the expected arrival and departure times for the site visit and name of the worker(s) who is conducting the visit is indicated.

- All Site Visit Safety Plan Sign In/Out Forms must be kept for audit purposes.

Form Sections:

Section 1 – Child Protection Worker/Designated Contact Person info:

- Date of the site visit
- Name/phone number of the Child Protection Worker conducting the site visit
- Child Protection Worker's vehicle identification data
- Name of the Designated Contact Person responsible for communicating with the Child Protection Worker and for tracking the progression of the site visit

The information in this section is essential in the event that the Child Protection Worker must be located while conducting a site visit.

The Child Protection Worker is responsible for completing section one of the form and forwarding it to the Designated Contact Person prior to conducting any site visit. The Designated Contact person will only be responsible for tracking the Child Protection Worker once they have received the form.

Section 2 – Client Information - specific information about the site visit:

- Name of community
- Exact address/location of visit within the community
- Client's name/phone number
- Estimated time of arrival to site visit
- Estimated time of departure from site visit
- Actual time of departure from site visit
- Child Protection Worker's planned activity following the site visit

The Child Protection Worker must complete all information in this section with the exception of the actual completion time of the site visit prior to conducting any site visits. The completion time of the visit is to be completed by the Designated Contact Person when the Child Protection Worker contacts him/her to advise that the specific site visit has been completed.

Section 3 - Instructions regarding the use of the Site Visit Sign In-Out form

6. Mandatory Reporting of All Safety Incidents

The Child Protection Worker Safety Standards do not supersede the Northwest Territories Workers' Safety and Compensation Commission legislation which dictates that:

- Any incident that occurs on the job which results in a worker sustaining an actual injury (such as a Child Protection Worker cutting their hand after being pushed into a glass door by a client) must be reported to the Workers' Safety and Compensation Commission within 24 hours of the incident.

- Any incident that occurs on the job that may result in a potential injury (such as a Child Protection Worker being pushed into a door frame by a client) must be reported to the Workers' Safety and Compensation Commission within 72 hours of the incident.

- Any incident that occurs on the job where the Child Protection Worker feels endangers their safety but has not resulted in an actual or potential injury should be reported to the Workers' Safety and Compensation Commission.

Child Protection Worker Safety Incident Report Sections:

The Child Protection Worker Safety Incident Report is designed to record and gather the information reported by a Child Protection Worker when an incident, which they feel, has endangered their safety has occurred. The Child Protection Worker who is reporting the safety incident is to complete sections one (1) and two (2) and the Supervisor who conducts the verbal debriefing should complete sections three (3).

Section 1 - Information concerning the reported safety incident including: The name of the Child Protection Worker reporting the safety incident, date the safety incident occurred, type of incident including a space to record any information regarding a safety incident that is not listed.

Section 2 – Child Protection Worker's comments and signature.

Section 3 - The Supervisor who conducted the verbal debriefing of the safety incident with the Child Protection Worker is to record the date the debriefing was conducted,

their comments concerning the reported safety incident and/or any issues arising from the verbal debriefing. As well as the date this form was sent to the Chief Executive Officer of the Health and Social Services Authority.

Child Protection Worker Safety Incidents - Monthly Summary Sections:

The purpose of this form is to report to the Director of Child and Family Services on a monthly basis the number and type of safety incidents Child Protection Workers are reporting in the performance of their duties. This information is required to:

- Ensure the Director of Child and Family Services is aware of the number and type of safety incidents being reported by Child Protection Workers in the performance of their duties.
- Provide the information necessary to analyze and identify any new emerging threats to Child Protection Workers' safety as they occur.
- Provide the information necessary to modify the Child Protection Worker safety system to address emerging threats in a timely manner.
- Provide the information necessary to determine if the Child Protection Worker safety system has been effective over time.

Section 1 - The information in this block provides identifying information such as the name of the reporter, the office reporting, the date of the report, and the month of the report. It also reports the type and number of safety incidents reported during each calendar month.

Section 2 - The purpose of the information in this block is to report what action was taken to remedy the incident.

Section 3 - Information in this block provides the Chief Executive Officer with the space necessary to make any comments and identify what remedial action has been taken in relationship to the reported safety incidents occurring in their region.

4. Emergency Protocol Guidelines

Each Authority must establish a protocol for when a Child Protection Worker is deemed to be missing in the field.

A Child Protection Worker is considered, for the purposes of these standards, to be missing in the field if they have:

- not contacted the Designated Contact Person within 15 minutes after the estimated completion time of their last site visit; or

- the Designated Contact Person's attempt to contact the Child Protection Worker has failed.

The emergency protocol must at a minimum:

- ascertain the Child Protection Worker's whereabouts and status as quickly as possible; and

- obtain the appropriate assistance as quickly as possible in the event that they are injured and/or require assistance.

The resources necessary to accomplish these tasks will vary greatly from authority to authority and community to community. Consequently, such guidelines must be constructed at the authority level by personnel who are familiar with the communities and clients, as well as individuals or organizations in their area who can assist in ascertaining the Child Protection Worker's whereabouts and status.

This Guide is based on the work of the Worker Safety Group 2007.

Family Violence Safety Planning

What is Family Violence?

Family violence is an abuse of power within relationships of family, trust or dependency. Family violence includes many different forms of abuse, mistreatment or neglect that adults or children may experience in their intimate, kinship or dependent relationships.

Family Violence is:

- **Deliberate:** How we behave is a choice. Persons who choose to use violence do so on purpose and are in control of their behaviour. Abuse is not an 'accident' and abuse cannot be blamed on things like alcohol or anger. People who use violence expect their victims to resist and take steps to counter this resistance.
- **Unilateral:** The abuser is the only one committing abuse; the victim has no control over the abuser's behaviour. Abuse is not an 'argument' or "fight" where both people are equally responsible. Abuse involves the actions of one person against the will and wellbeing of another.
- **Resisted:** The victim always resists violence, whether through thoughts, plans, words or actions. Often it is not safe for victims to overtly resist so they often disguise their resistance. Regardless of whether the resistance is successful in reducing, preventing or stopping the abuse/violence victims are always resisting.

What causes Family Violence?

Family violence is not caused by anger, addiction, past victimization, losing one's culture or family breakdown. Violence is a learned behaviour; abusers use violence because they have learned that it is an effective means to get what they want.

Many abusers will blame others for their violent behaviour, even the victim. Some common excuses for using violence are:

- She/he made me do it
- I just blew up, I was out of control
- I was drunk, I just blacked out
- I was angry

None of these are the true reason behind family violence. Abusers make the choice to be violent, often long before an actual incident of abuse. Alcohol and drugs do not cause violence. People are ultimately responsible for abuse and violence. Although

alcohol and drugs may exasperate the situation or reduce inhibitions but they are not the root cause of family violence.

Evidence shows that even people who use violence are also able to choose non-violence in many aspects of their lives. This is good news because if people can choose to be violent then they can also choose to be non-violent.

Victims Resist Violence

Whenever people are treated badly they resist (Wade, 1997). When people are being abused, they use a variety of strategies to try to reduce, prevent or stop the abuse and to maintain their dignity and their self-respect. Crying, trying to stop or prevent violence, feeling shame, disrespect, or oppression and going somewhere in their minds are just a few of the strategies that victims have used to resist violence perpetrated against them. These acts of resistance may not be obvious or understood by people around the victim, the ways that a victim chooses to resist violence may not decrease the incidence of violence or be moral or legal. Resistance methods are different for every victim and often very creative; they are acts that are meant to restore the victim's dignity and control in an abusive relationship. We also now know that abusers expect and predict the victim's resistance, and that they will try to prevent the victim from resisting or prevent future resistance to further control them.

Plan for Safety *(for Individuals Living with Family Violence)*

One of the ways to support a client who is experiencing violence or abuse is assisting them to develop a plan for safety.

Many clients are probably doing many things on a daily basis to keep themselves and/or their children as safe as possible. Let them know they are not responsible for the abusive person's behaviour, they make their own decisions about how to behave, and only they are responsible for their violent/abusive behaviour.

In this document there are ideas that may be helpful in protecting safety. Each person's situation is unique; there is no right or wrong way to do a safety plan. The attached forms and checklist can help give you some ideas but ultimately, this exercise is not about filling out a form or a checklist it is about finding strategies that will work for the client. The client knows their situation and will know best which of these ideas will help, your role is to assist them in identifying ways that will support their safety.

Many persons experiencing violence/abuse keep their safety plan secret and only tell people they absolutely trust however, remind the client that support workers are available to support by talking over the safety plan with or find out more about resources

available in the region or community. A number of contacts are provided at the end of this resource that may be able to provide more assistance to the client.

Safety plans should be reviewed regularly recognizing that risk factors and abuse change.

> ***CPWs Note: While both men and women can both be victims and perpetrators of family violence, it is recognized that those most severely impacted by family violence are women. Family Violence in this guide refers to intimate partner violence however the tips and suggestions in this document can be helpful to individuals experiencing other forms of family violence or abuse.***

‘Predicting’ Violence

One way that people protect themselves is by learning to watch the abusive person’s behaviour for signs that they will behave violently.

Potential questions to consider with the client:

- What are the signs that they are going to choose to abuse you?
- How does their body let you know when you sense danger?
- Is there anything they always say or do before they choose to hurt you?
- When you sense that they are going to be violent, do you think you would usually have enough time to leave and go to a safe place? Or is their behaviour too unpredictable?
- When you sense they are going to be violent, what do you think is the safest thing for you to do?

Using the Computer

CAUTION: An abuser can track computer activities

The following information will assist the client in protecting their computer activities from their abuser.

Email → If an abuser has access to your email account, he or she may be able to read your incoming and outgoing mail. If you believe your account is secure, make sure you choose a password he or she will not be able to guess.

Internet → When you use the internet, the computer records the history known as the cache file. If an abuser knows how to read your computer's history or cache file (automatically saved web pages and graphics), he or she may be able to see information you have viewed recently on the internet. You can clear your history or empty your cache file in your browser's settings.

Cover Your Internet Trail

Do you think someone is watching your Internet activity? Here are steps for covering your trail after you have visited and exited the website.

Internet Explorer

1. Click on the **Tools** menu, which is found on the top portion of the browser;
2. Select **Internet Options**;
3. Select the **General** tab, which is found near the top of the dialogue box;
4. Click on **Delete Files**, which is found under Temporary Internet Files section (located near the middle of the dialogue box);
5. In the new dialogue box, check the box that says **Delete All Offline Content**, and then click OK;
6. Click on **Clear History**, which is found under the History section (located near the bottom of the dialogue box); and then
7. Click **OK** to exit dialogue box.

Netscape Navigator

1. Click on the **Edit** menu, which is found on the top portion of the browser;
2. Select **Preferences**;
3. Select **History**, which is found under Category (located on the left side of the dialogue box);
4. Click on **Clear History**, which is found under the Browsing History section (located on the top right side of the dialogue box);
5. Click on **Clear Location Bar**, which is found under the Location Bar History section (located near the middle of the right side of the dialogue box);
6. Select **Cache**, which is found under the Advanced section (located on the left side of the dialogue box);
7. Click on both **Clear Memory Cache** and **Clear Disk Cache** buttons; and then
8. Click **OK** to exit dialogue box.

Mozilla Firefox

1. Click on the **Tools** menu, which is found on the top portion of the browser;

2. Select the **Privacy** tab, which is found on the left side of the dialogue box;
3. Select **History** and click on the clear button;
4. Select **Cache** and click on the clear button;
5. Click **OK** to exit dialogue box.

Protect Yourself → Taking all of the actions on this page may not prevent an abuser from discovering your email and internet activity. The safest way to find information on the internet is to go to a safer computer.

Suggestions are: a local library, a friend's house or your workplace.

Other safety suggestions: change your password often, do not pick obvious words or numbers for your password, and pick a combination of letters and numbers for your password.

The following information provides ideas on ways for someone to be safe in different situations including during a violence incident.

Taking care of yourself

- Find information. Some hospital emergency rooms, health centres, nursing stations may have information about domestic violence programs in your area. These people can talk with you and answer your questions and may be able to provide you with information about other support services in your community or region.
- Talk to someone you trust. You might have a good friend, co-worker or family member you can to talk with and who will listen to you. You might also consider talking with a counsellor who can help you work through your thoughts, feelings and/or fears about your relationship.
- Find ways to increase your safety. Despite the many ways that you try to keep yourself and your children safe you cannot always prevent your partner from choosing to be violent. Local family violence shelter workers or other health care providers can work with you to create a safety plan for yourself and your children.
- If you feel you are in danger- leave. Contact the police. Call a friend you can trust to come and get you. Arrange to meet in a public area where your partner is less likely to follow you or hurt you.
- Plan for your safety. Leaving is a very difficult decision to make. Many women leave several times to keep themselves safe. Taking time to think about and plan how to leave with your safety in mind is the most important part of planning.

Safety during a violent incident

These are some ideas to prepare for an event.

- Keep your purse and car keys in a place that you can easily get to so you can leave quickly.
- Teach your children to call the police on the phone.
- Use a code word with your children or friends so they can call for help.
- Practice getting out safely and quickly: what doors, windows, elevators, stairs or fire escapes can you use?
- Decide where you will go if you need to leave home, even if you don't think you will need to leave.
- Do you have a second place to go to if the first one doesn't work out?
- If you think there will be an argument or a violent incident, avoid the bathroom, garage, kitchen or other places where there are weapons or where there is no access to an outside door.
- Trust your own judgment and intuition. If you feel that the situation is very serious, you may decide to give your partner what he/she wants to calm the situation down. Do what you need to do to keep yourself safe until you are out of danger.
- Tell neighbours you can trust about the violence and ask them to call the police if they hear anything suspicious.

Safety when planning to leave

- You must do careful planning before you leave. Your partner may try to strike back if he or she thinks you will leave and they are losing control of you.
- Keep copies of important documents or keys, clothes, and money with a trusted friend or family member.
- Open your own bank account so you have some money of your own. When you open it, remember not to use your home address or phone number or the bank statements may come to your home. Can you use a friend or family member's address?
- Keep the number of a local helpline with you or memorize it if it is not safe to keep it with you.
- Try to have change for phone calls with you or easily reachable at all times. Remember if you use a calling card or credit card, the numbers you call will be on your telephone bill. If you need to keep your phone calls confidential or ask a friend if you can use their phone.
- Talk to friends or family in advance and see if you can stay with them or if they can lend you money.
- Review and rehearse your escape plan often to make sure you have planned the safest way to leave quickly. Practice it with your children. Talk to a shelter worker, victim services worker, social worker or a friend and review the plan with them.
- Always try to take your children with you when you leave.

Safety at home

If you are leaving an abusive relationship or are staying in the home you lived in with your partner.

- Change all locks on your doors and windows. Replace all wooden doors with metal/steel doors if you can afford them. Install extra locks, window bars, or poles to wedge against doors.
- Teach your children how to use the phone to make a collect call to you in case your partner takes the children.
- Tell people who look after your children, babysitters, daycare, and school, who has permission to pick your children up. Tell them that your partner is not allowed pick them up.
- Tell neighbours and friends that your partner is not living with you anymore and if they see him near your home to call the police immediately.

Staying safe at work or in the public

Only you can decide if, when, and what you will tell others about your situation. Friends, family and co-workers can help support you. Decide carefully which people you would like to invite to help you be safe at your workplace.

- Tell your boss, security supervisor where you work, and anyone else that you think should know about your situation. Ask your co-workers to screen calls at work.
- Take a different route to work, park in a different place, and try to meet up with a colleague to walk from your car to work.

Personalized Safety Plan

When developing a safety plan there are a number of things to consider including; what can be done to increase safety in the home; where to go if leaving the relationship and what items should be taken when leaving the home or situation. The following information and questions can help guide the development of a safety plan to increase safety and prepare for possible further violence. Remember, the client doesn't have control over the (ex) partner's or the abusive person's violence, they do have a choice about how they respond and how to get themselves and their children to safety.

STEP 1: SAFETY DURING A VIOLENT INCIDENT.

In order to increase safety, persons experiencing violence/abuse use a variety of strategies to enhance safety for both themselves and their children.

I can use some or all of the following strategies:

- If I decide to leave, I will _____. (Practice how to get out safely. What doors, windows, elevators, stairwells or fire escapes would you use?)

- I can keep my purse/wallet and vehicle keys ready and put them (place) in order to leave more quickly.

- I can tell _____ about the violence and ask that they call the police if they hear suspicious noises coming from my home.

- I can also tell _____ about the violence and ask that they call the police if they see _____ in the window (Have a knocked over plant or a piece of ribbon that only you and the people you trust know what it means).

- I can teach my children how to use the telephone to contact the police and fire department.

- I will use _____ as my code word with my children or my friends so they can call for help.

- If I have to leave my home, I will go to, (Decide this even if you don't think there will be a next time.)

- If I cannot go to the place above, then I can go to _____ or _____.

- When I suspect that my partner will behave violently/abusively, I will try to move to a space that is lowest risk, such as _____. (During such times try to avoid areas such as in the bathroom, by the telephone, garage, kitchens, near weapons or in rooms without access to an outside door.)

- I will use my judgment, experience and intuition.

- I have to protect myself until I/we are out of danger.

STEP 2: SAFETY WHEN PREPARING TO LEAVE.

Leaving must be done strategically in order to increase safety. Abusers often strike back when they believe that their partner is leaving a relationship.

I can use some or all of the following safety strategies:

- I will leave money and an extra set of keys with _____ so I can leave quickly.

- I will keep copies of important documents or keys at _____.
- I will keep a small bang with a change of clothes, important medications, photos, toiletries, etc. at _____.

- I arrange with _____ to make a phone call from their house.

- I will open a savings account by _____, to increase my independence.

- I can get legal advice from a lawyer who understands how to support people experiencing violence and abuse.

Other things I can do to increase my safety are:

- The local shelter number is _____. I can seek shelter and support by calling this help line.

- The number for the local victim service worker is _____.

- If there is no shelter in my community I can contact the community social worker or nurse-in-charge

- I will check with _____ and _____ to see who would be able to let me stay with them or lend me some money.

- I can leave extra clothes with _____.

- I will sit down and review my safety plan every _____ in order to plan the safest way to leave the residence. _____(family violence support worker, nurse, social worker or friend) has agreed to help me review this plan.

- I will rehearse my escape plan and, as appropriate, practice it with my children and other people in my home that may be at risk.

- I can arrange for direct deposit into my account.

- I can prepare a will.

STEP 3: SAFETY IN MY OWN HOME.

There are many things that a person can do to increase their safety in their own residence. It may not be possible to do everything at once, but safety measures can be added step by step.

Safety measures I can use include:

- I can change the locks on my doors and windows as soon as possible.
- I can replace wooden doors with steel/metal doors.
- I can install security systems including additional locks, window bars, poles to wedge against doors, an electronic alarm system, etc.
- I can purchase rope ladders to be used for escape from second floor windows.
- I can install smoke detectors and purchase fire extinguishers for each floor in my house/apartment.
- I will teach my children how to use the telephone to make a collect call to me and to (friend/helper/other) in the event that my (ex) partner abducts them.
- I can install the “call blocking” option on my telephone. This will allow me to make telephone calls, even to the batterer, without my number being identified on another telephone’s display mechanism.
- I will tell all the people who provide child care for my children about who has permission to pick up my children and who does not. The people I will inform about pick-up permission include:
    - School _____
    - Day Care Staff _____
    - Babysitter _____
    - Sunday School Teacher _____
    - Teacher _____
    - Other _____

- I can tell _____ (neighbour), _____ (clergy), and _____ (friend) that I am separated and they should call the police if my (ex) partner is seen near my residence.

STEP 4: SAFETY WITH A PROTECTION ORDER.

Protection orders are legal restrictions on movement and actions that come in different forms: peace bonds, restraining orders, bail conditions, parole conditions, child custody/access orders, etc. Many persons who behaviour abusively/violently do obey protection orders, but one can never be sure which violent partner will obey and which will violate probation orders. It is often necessary to ask the police and the courts to enforce a protection order.

The following are some steps that I can take to help the enforcement of my protection order.

- I will keep my protection order document(s) (original if possible) in _____ (location). (Always keep it on or near your person. If you change purses that are the first thing that you should check).

- I will inform my employer_____, my clergy support_____, my friend_____

  and _____ that I have a protection order in effect.

- If my partner destroys my protection order, I can get another copy from the courthouse, my lawyer, or _____.

- If my (ex) partner violates the protection order, I can call the police and report the violation, contact my (ex) partner's parole officer, contact my lawyer and/or my advocate, and/or advise the court of the violation. (Report <u>every</u> violation of the order.)

- If the police do not help, I can contact my support worker, my (ex) partner's parole officer, or my lawyer as well as filing a complaint with the RCMP.

- I can also file a private criminal complaint with the Justice of the Peace in the jurisdiction where the violation occurred. I can charge the batterer with a violation of the protection order and all the crimes committed in violation of that order. I can call the local shelter to help me with this.

- I can prepare a will or revoke a power of attorney.

STEP 5: SAFETY ON THE JOB AND IN PUBLIC.

Persons experiencing violence/abuse must decide if they are going to tell others about the violence/abuse they have experienced and that they may be at ongoing risk. Family, friends and co-workers can help to protect them. Individuals should think carefully about whom to ask for help.

I might do any or all of the following:

- I can inform my boss, the security supervisor and _____ at work of my situation.
- I can ask _____ to help screen my calls at work.
- When leaving work, I can _____.
- When going home if problems occur, I can _____.
- If I use the bus/taxi, I can _____.
- I can do activities like going to the grocery store at different times to reduce the risk of contact.
- I can avoid putting personal information such as where I will be, who I will be with, or what time I will be home on Facebook, twitter or other social media.
- I can also set my privacy settings for social media so that my (ex) partner cannot view my information.
- I can also
  _____
  _____
  _____
  _____

STEP 6: SAFETY AND DRUG OR ALCOHOL CONSUMPTION.

If drug or alcohol consumption has occurred in my relationship with my partner, I can increase safety by some or all of the following:

If I am going to use alcohol or drugs, I can do it in a safe place and with people who understand the risk of violence and care about my safety.

- I can also _____.
- If my partner is consuming, I can _____.
- To safeguard my children, I might _____ and _____ _____.

STEP 7: SAFETY AND MY EMOTIONAL HEALTH.

The experience of being battered and verbally degraded is usually exhausting and emotionally draining. The process of building a new life requires much courage and incredible energy.

To conserve my emotional energy and resources and to avoid hard emotional times, I can do some of the following:

- If I feel down and ready to return to a potentially abusive situation, I can _____ _____ _____ _____ _____
- When I have to talk with my partner in person or by telephone, I can _____ _____ _____ _____
- I can try to use “I can...” statements with myself and to be assertive with others.
- I can tell myself - “_____” - whenever I feel others are trying to control or abuse me.
- I can call, _____ , _____ and

_____ as other resources to support me.

- I can find out about and attend workshops and support groups in the community by calling the local shelter for information.

STEP 8. ITEMS TO TAKE WHEN LEAVING.

When people leave abusive partners or abusive situations, it is important to take certain items with them. Taking extra copies of papers and an extra set of clothing to a friend just in case they have to leave quickly can also be helpful.

If there is time, the other items might be taken, or stored outside the home. Keeping them all together in one location makes it easier if a woman needs to leave in a hurry.

When I leave, I should take:

- ☐ Identification for myself
- ☐ Protection Order papers/documents
- ☐ Social insurance cards
- ☐ School and vaccination records
- ☐ Checkbook, bankcards
- ☐ Keys - house/vehicle/office
- ☐ Medications
- ☐ Divorce/separation papers
- ☐ Lease/rental agreement, deed, mortgage
- ☐ Insurance papers
- ☐ Address book
- ☐ Items of special sentimental value
- ☐ Children's favourite toys and/or blankets
- ☐ Children's birth certificates
- ☐ My birth certificate
- ☐ Immigration papers
- ☐ Money
- ☐ Credit cards
- ☐ Driver's license and ownership
- ☐ Passport
- ☐ Medical records
- ☐ Bank books
- ☐ Small saleable objects
- ☐ Pictures/photos
- ☐ Jewellery

Telephone numbers I need to know:

RCMP: _____
Counsellor: _____
Battered Women's Program: _____

Wife Assault Help line (24 hours): _____
Lawyer: _____
Work number: _____
Supervisor's home number: _____
Minister/Priest/Elder: _____
Other: _____

Contact information for the NWT Family Violence Shelters

Hay River Family Support Centre:
1-867-874-6626 (collect)

Sutherland House – Fort Smith
Toll Free: 1-877-872-5925

Inuvik Transition House:
1-867-777-3877 (collect)

Aimayunga Women and Emergency Foster Care Shelter - Tuktoyaktuk:
1-867-977-2000 (collect)

Alison McAteer House – Yellowknife:
Toll Free: 1-866-223-775
Phone: 867-873-8257

- Alison McAteer House also provides assistance for victims who want to apply for an Emergency Protection Order (EPO)

Emergency Protection Orders
Toll Free: 1-866-223-7775
Phone: 867-873-8257 or call your local RCMP detachment

- 24 hour access to an emergency order that will help keep you and your family safe from an abuser.

NWT Senior's Society Information Line
1-800-661-0878

Contact information for NWT Victim Services Workers

Yellowknife Victim Services
c/o Native Women's Association of the NWT
Tapwe Building

Paulatuk Victim Services
c/o Hamlet of Paulatuk
PO BOX 98
PAULATUK, NT X0E 1N0

5017 – 49th Street
PO BOX 2321
YELLOWKNIFE, NT X1A 2P7
(Mon- Fri: 9-5)
867-920-2978 (Mon. – Fri @NWA)
867-873-5509 (NWA reception)
Fax: 867-873-3152
Cell: 867-669-1490
E-mail:
victimservices@nativewomens.com
victimcentreworker@nativewomens.com

Hay River Victim Assistance Program
Gensen Building, 2nd Floor
4 Courtoreille Street
HAY RIVER, NT X0E 0R2
Ph: 867-874-4001
Fax: 867-874-3922
E-mail: Victim-Assist_HR@gov.nt.ca
Mailing Address:
c/o HRHSSA
3 Gaetz Dr.
HAY RIVER, NT X0E 0R8

Fort Good Hope Victim Services
c/o K'asho Got'ine Charter Community Council
PO BOX 80
FORT GOOD HOPE, NT X0E 0H0
Ph: 867-598-2247 or 2352
Fax: 867-598-2024
KGCC ph: 867-598-2232 or 598-2231

Inuvik Victim Services
c/o Inuvik Justice Committee
#4 Dolphin Street
PO BOX 2869
INUVIK, NT X0E 0T0
Ph: 867-777- 5493
Fax: 867-777-3182
Cell: 867-678-5493
E-mail: inuvikvs@northwestel.net

Fort Simpson Victim Services
c/o Liidlii Kue First Nation
9505 – 100 Street
PO BOX 469
Ph: 867-580-3434
Fax: 867-580-3703

Tlicho Victim Services
PO BOX 412
BEHCHOKO, NT X0E 0Y0
Ph: 867-392-6014
Fax: 867-392-6086
E-mail: victimservices@tlicho.com

NWT Victims' Services Coordinator
GNWT Department of Justice
PO BOX 1320
YELLOWKNIFE, NT X1A 2L9
Ph: 867-920-6244
Fax: 867-873-0199

FORT SIMPSON, NT X0E 0N0
Ph: 867-695-3136
Cell : 867-695-6656
Fax: 867-695-2665
E-mail: vicservices@liidliikue.com

Fort Smith Victim Services
c/o Fort Smith Métis Council
McDougal Centre
PO BOX 869
FORT SMITH, NT X0E 0P0
Ph: 867-872-3520
Fax: 867-872-3521
E-mail: fortsmithvictimservices@live.ca

Aklavik Victim Services
c/o Hamlet of Aklavik
PO BOX 88
AKLAVIK, NT X0E 0A0
Ph: 867-978-2265
Fax: 867-978-2365
E-mail: akjustice@northwestel.ca

Strategies and Questions for Interviewing and Completing an Investigation

Once the investigation plan has been formulated, you will proceed with the three primary methods of information gathering: ***interviewing, observing and documenting information*** (i.e. file records).

The goals of your information gathering are to clarify and determine:

1. What is the concern?
2. Whether apprehending the child or other services are necessary.
3. What steps, if any can be made to reunify the family if the child is removed from the home?
4. What services can be offered to the family?
5. It is important to remember people who abuse, and neglect children are from:

- Every socio-economic class;
- All educational levels and professions; and comparable to the general population in their average personality profiles through psychological testing.

INTERVIEWING

At this stage of the investigation, you will probe more deeply to assess or diagnose problems and formulate a case plan. The key to a successful interview is having a clear sense of what your goals are, or what you hope to find out during the course of the interview.

- If the child is of preschool age or older, you should directly interview and **privately see** him or her.
    - The school is often the preferable location to interview children. It is also a familiar place for the children where they feel comfortable and the privacy of the interview is typically easier to maintain than in the family home.

- **See and interview in person, together and separately**, the parent(s)and/or caregivers
- Interview the **alleged offender** (where RCMP are involved, consult with them before contacting the alleged offender).
- Interview any **witnesses**.
- In cases of medical neglect, contact the child's most recent medical practitioner.

INTERVIEWING PARENTS

When talking with the parents **DO**:	When talking with the parents **DO NOT:**
• Inform them of their right to have legal counsel • Conduct the interview in private • Inform them why the interview is taking place • Be direct and honest • Approach the interview from a non-judgmental perspective • Keep a curious mindset about what might be going on	• Try to prove abuse or neglect • Display approval and/or disapproval into unrelated matters • Make judgments about the parents or family situation • Reveal the source of the report (complaint) • Make promises you may not be able to keep

1. What explanation do the parents offer about the allegation?
2. Is the parents' explanation consistent with the child's condition or injury?
3. Are the parents evasive or do they contradict themselves regarding the circumstances of the incident or injuries?
4. Does the parents' preoccupation with finding out who referred them to the child protection agency supersede their concern about the child?
5. Do the parents express negative comments about the child?
6. Are parental conflicts evident during the interview?
7. Has the family experienced a recent crisis that could be overwhelming the family (e.g. loss of a job, death of an important family member, birth of a new baby?).
8. Do the parents express unrealistic or inappropriate expectations about the child?
9. What methods of child discipline are used?

INTEVIEWING CHILDREN

Care must be taken when deciding where the interview will be held and who will be present.

When talking with a child **DO**:	When talking with a child **DO NOT:**
• Build trust • Interview in private • Use interview of the same sex when asking questions about sexual abuse/exploitation • Sit beside the child • Use understandable language • Explain in a comforting way the	• All the child to feel as if he or she is in trouble or at fault • Suggest answers • Probe for an answer the child is unwilling to give • Display approval or disapproval • Conduct the interview in a group • Make promises you may not be able

necessity of seeing the child's injury • Tell the child if any future action will be required • Observe non-verbal communication • Respect and endure silences • Resolve doubts in favour of child's safety	to keep

Children's perceptions differ from those of adults. Often, children mix reality and fantasy.

Younger children have a limited attention span, and a child's sense of time is limited.

Children have a more limited vocabulary and are less able to deal with abstract terms.

Children may display pseudo-maturity in an effort to hide their real feelings and to impress you that there is nothing wrong. This is especially so with children who have been providing a caregiving role within the family.

Most children have an allegiance to their parents, regardless of how they have been treated.

If you blame the parents, children may withdraw and become defensive.

Avoid 'why' questions, they often create anxiety, confusion and defensiveness for the child.

Use the **Canadian Child Abuse Association (CCAA)** Feb 20, 2013, forensic child interview guide:

Questioning guidelines:

- **Closed questions should not be used.**

Eg: Was he wearing a hat?

- **Leading questions (that have the answer in the question and can be answered with a yes/no) are inappropriate.**

Eg: Did your father touch you?

- **Forced-choice questions should be avoided.**
  Eg: Was it over your clothes or under your clothes?

Was it winter or summer?

- **"Tell me about……..." statements are generally encouraged.**

- **Open-ended questions are best practice.**
  Eg: Who did this to you? What were you wearing?

STAGE 1
<u>Introductions and Engagement</u>

Goal:
- To relax the child and set a positive comfort level.
- To find out information about the child's interest, age, school and so on. This information can serve to establish a baseline about the child's abilities to communicate and whether or not their development is age appropriate

Be sure to sit with the child at their physical level and use age appropriate words/language etc.

<u>Introduction</u> (Lamb, Orbach, Hershkowitz, Esplin & Horowitz, 2007 NICHD protocols)

"Hello, my name is [person X] ***and I am a*** [police officer/social worker]. ***These are the other people in the room with us today*** [Introduce]. ***Today is*** (day/date] ***and it is now*** [time] ***at*** [location].

Ask the child if he/she knows why you have come to talk today.
- *Tell me why you think we have come to talk with you today.*
- *There are two of us going to be meeting with you today.*

Explain your roles and that your job is to keep kids safe.
- *Do you know what police officers and social workers do?*
- *Our job is to talk to other kids in schools.*
- *Our job is to help keep kids safe!*
- *Would you like to see my badge? ID card? "cop cards"?*
- *How are you feeling about us being here?*

Reassure the child that he/she is not in trouble.

Light engagement chatter…..while establishing a developmental baseline.
- *What class are we getting you out of?*
- *Tell me about school.*
- *What kinds of things do you like to do for fun? Popular TV shows?*
- *"Tell me about……." (school, swimming lessons, about breakfast……)*

Introduce video/audio/notetaking.

- *Because what you say is so very important, I am recording our time together by video camera (or audio recorder.) This way I will be sure not to forget anything.*
- *I will be making a few notes as we are talking…just to be sure I remember everything exactly the way you are telling it.*

Eliciting a promise to tell the truth (Truth and lie assessment - optional)

- *It is important that we both agree to tell only the truth today. Tell me whether that is something you can agree to do.*

Conversation rule – "I don't know – I don't remember"

- *Be sure to invite the child to say "I don't know or I don't remember!" By doing this, you will seriously reduce the likelihood of suggestibility.*

Conversation rule – "Tell me when I am wrong". (Lyon, 2005).
Sometimes I make mistakes or say the wrong thing. When I do, can you tell me that I am wrong? So if I say "You are thirty years old", what do you say? (Child answers].

"OK, So how old are you?"

A. PRACTICE AND TRAINING

Practice of "I don't know" (Lamb, Orbach, Hershkowitz, Esplin & Horowitz, 2007 NICHD protocols)

1. ***So, if I ask you "What is my dog's name? what would you say?"***
   [Wait for an answer] [If the child says, *"I don't know"*, say:]

2. ***"Right. You don't know, do you?"***
   [If the child offers a guess say:]

"No, you don't know because you don't know me. When you don't know the answer, don't guess – say that you don't know."
[Pause]

3. ***"And if I say things that are wrong, you should tell me, OK?"***
   [Wait for an answer]

4. ***"So if I said that you are a 2-year old girl (when interviewing a five year old boy for example), what would you say?"***

[Wait for an answer]

5. ***"That's right. Now you know you should tell me if I make a mistake or say something that is not right?"***
   [Pause]

6. ***"So if I said you were standing up, what would you say?"***
   [Wait for an answer]

7. ***"OK".***

Training in episodic memory of a special event. (Lamb, Orbach, Hershkowitz, Esplin & Horowitz, 2007 NICHD protocols)

"I want to know more about you and the things you do".

***1. "A few** (days/weeks]* **ago was** *[holiday/birthday].* **Tell me everything that happened on** *[holiday/birthday].*

[Wait for an answer]

***1a. "Think about your** [holiday/birthday]* **and tell me what happened on that day from time X to time Y** *[Some portion of the event mentioned by the child in response to the previous question.*
[Wait for an answer]
[Note: Use this question as often as needed throughout this section]

1b. "And then what happened?
[Wait for an answer]
[Note: Use this question as often as needed throughout this section]

1c. "Tell me everything that happened after** [some event mentioned by the child]* **until you went to bed that night.
[Wait for an answer]
[Note: Use this question as often as needed throughout this section]

1d. "Tell me more about** [activity mentioned by child]**.
[Wait for an answer]
[Note: Use this question as often as needed throughout this section]

1e. "Earlier you mentioned** [activity mentioned by child]**. Tell me everything about that.
[Wait for an answer]
[Note: Use this question as often as needed throughout this section]

[Note: If the child gives a detailed description, say,

"***It is very important that you tell me everything you remember about things that have happened to you. You can tell me both good things and bad things."***

[If the child gives a poor description of the event repeat this questioning process (1-1e) and ask about events that happened **yesterday]**

[If the child still gives a poor description of the event repeat this questioning process (1-1e) AGAIN and ask about events that happened **today]**

Saywitz, Lyon & Goodman, (2011)

It is really important that you tell us everything that happened. We were not there so we don't know what happened and cannot help you answer.

STAGE 2
First invitation to discuss why you are here

Transition to Substantive Issues (Lamb, Orbach, Hershkowitz, Esplin & Horowitz, 2007 NICHD protocols)

"Now that I know you a little better, I want to talk about why *[you are/I am]* ***here."***
[Wait for an answer]

[If child begins giving a description at any point, proceed to the Validation (Statement) Phase.

"I understand that something may have happened to you.
[Wait for an answer]
[If child discloses nothing, proceed to the exploratory phase)

STAGE 3
Exploratory (people focused questions)

Goal

- To find out family demographics, child's perceptions of individuals, and to "fish" for indicators that may alert you to signs of abuse/neglect.

Who is in your family theme?

- *Tell me about your family.*
- *Who is in your family? Let's draw a family diagram or family map together.*
- *What are some of the "fun" things that you are your Mom like to do together? Your Dad? Grandpa? babysitter?*
- *Tell me what your house looks like inside.*
- *I would like you to draw a picture of your house and where people live in it.*
- *Where is your bedroom?*
- *Where do Mom and Dad sleep? Where do your brothers and sisters sleep?*

Family Rules Theme (often triggers physical abuse information)

- *What are some of the "rules" in your family?*
- *What happens if the kids break a rule and get into trouble?*
- *How does your Mom punish you if you have done something really wrong? How does your Dad punish you?*
- *How does that punishment make you feel?*
- *What happens to your body after you have been punished?*

Family Routines Theme (often triggers neglect information)

- *Every family has their own routines. Tell me about what happens in your house when you first wake up until you go to bed?*
- *Where are you sleeping?*
- *How do you know when to get up in the morning? Who wakes you up?*
- *Who gets you dressed? Who does your laundry?*
- *Tell me about breakfast. What do you eat? Who makes it for you?*
- *Where are your parents and siblings when you are having breakfast?*
- *How do you get to school?*
- *What do you do at lunch time? What kind of a lunch do you have?*
- *Who is home for you when you arrive home from school?*
- *When do you have a bath/shower?*
- *Who puts you to bed at night? How do you feel about that? What do your mom and Dad do that makes you feel really "snuggy" and comfortable?*
- *Who do you feel the most safe with? The least safe with?*

Domestic Violence Theme

- *If I was a bug on the wall, what would I see when your mom and dad get angry with one another?*
- *What do they do when they fight? Tell me about that….*
- *What kind of things do your mom and dad fight about?*
- *Have the police ever come to your home? Tell me about that……..*

- *What do you do when your parents fight?*

Substance Abuse Theme

- *What do you think I mean when I talk about alcohol or booze?*
- *Tell me about anyone in your home who drinks alcohol or booze.*
- *Tell me how they behave when they drink alcohol and booze.*
- *(Use same strategies for drugs)*
- *What do you do when adults in your home are drinking alcohol?*

Safety Theme

- *Part of my job is to talk to kids about different types of safety.*
- **Traffic Safety**
  - *What do you do if you are crossing busy roads etc. What do you know about traffic safety?*
- **Fire Safety**
  - *What do you do if your clothes catch on fire? "Drop, stop and roll".*
- **Touching Safety**
  - *What about touching safety? One of the things that I talk to kids about is the subject of different kinds of touches - touches that make you feel comfortable or uncomfortable. Explanation of different kinds of touches. What is a hug? What would you do if anyone touched you in a way that made you feel uncomfortable? Where on your body would it not be OK for someone to touch you? Has anyone ever done that to you? What would you do if someone did? Teach "No, Go, Tell".*

Secrets Theme

- *Families have secrets sometimes. There are some secrets that should be kept and some secrets that should not be kept.*
- *If I bought your mom a birthday present and asked you to keep the secret, would that be a good or bad secret?*
- *Some secrets that are wrong or hurtful should not be kept. Can you think of an example of this?*
- *Tell me about any bad secrets that you have been asked to keep.*

Three Wishes Theme

- *If you could have 3 wishes (and you know that I really cannot grant wishes right?) what would you want to be different in your family? How come?*

STAGE 4
Validation (offence related questions)

Goal:

- Through the use of non leading questions, gather detailed information about what has happened to the child.

Transition to substantive issues (Lamb, Orbach, Hershkowitz, Esplin & Horowitz, 2007 NICHD protocols)

"As I told you, my job is to talk to kids about things that might have happened to them. It is very important that you tell me why [you are here/you came here/I am here].

Free narrative

- In a free narrative, the child should do most of the talking with minimal talking from the interviewer. It is the child's account.
- *Tell me what happened.*
- *Tell me what happened and think about everything – what you saw, smelled, heard, tasted, touched…….*
- *You spoke earlier to* [person x]. *Tell me what you talked about.*
- *I notice that you* [have marks and bruises, appear worried, are crying……]. *Tell me about this.*
- *Please tell me more.*
- *And then what happened?*
- *un-huh?*
- *Silence*
- *So then you……*
- *Would you mind repeating that? I am easily confused and I want to be sure that I have got this straight.*

Allegations (Lyon, 2005)

a) Tell me why I came to talk to you.
Or, Tell me why you came to talk to me. It's really important for me to know why I came to talk to you/you came to talk to me.
b. I heard you saw
e.g., "I heard you saw a policeman last week. Tell me what you talked about."
c. Someone's worried
e.g., "Is your mom worried that something may have happened to you? Tell me what she is worried about."

d. Someone bothered you
e.g., "I heard that someone might have bothered you. Tell me everything about that."
e. Something wasn't right
e.g., "I heard that someone may have done something to you that wasn't right. Tell me everything about that."

Continued free narrative

- **Cued invitations -** *You were telling me about [description x). Tell me more about that.*

- *You mentioned* that [something happened].

- *Tell me about:*
  - *The first time*
  - *The last time*
  - *The worst time*

- Repeat variations of the free narrative above using "*Tell me what happened*" or "*and then what happened?"* before introducing any of the 4 "W Journalistic" questions or more specific or clarifying questions.

The "Wh" questions

You mentioned that [something happened].
Repeat variations of the free narrative above using "Tell me what happened before introducing any of the 4 "Wh Journalistic" questions or more specific or clarifying questions

- **WHO**
  - *the offender is*
  - *may have witnessed the offence*
  - *else may have been a victim*
  - *she has told about the offence*

- **WHAT**
  - *the offender did to the victim*
  - *oral sex, anal sex, intercourse, violence, bondage, fetishes*
  - *the victim had to do to the offender*
  - *masturbation, oral sex, posing for photographs*
  - *both the victim and the offender were wearing*
  - *type of underwear worn by victim and offender*
  - *who undressed whom during the offence*

- *the offender said to the victim*
- *threats, promises, sexual pet names*
- *the victim said to the offender*
- *required to "talk dirty"*
- *distinguishing marks the victim may have noted to identify the offender*
- *circumcision, tattoos, scars*

- **WHERE**
  - *the offence*
  - *inside or outside, which room, on the bed or floor*
  - *the victim's parents and/or siblings were at the time of the offence*

- **WHEN**
  - *the offence occurred*
  - *what month and year, during what season, special events* (anchoring) *such as birthdays or holidays, whether it was daytime or nighttime, or the television program that was on at the time.*
  - *the victim first disclosed the offence*
  - *the offences first began and ended as well as the frequency of assaults during that time*

- **HOW**
  - Attempt to ask "how" questions rather than "why?" questions if possible. They generally sound less judgmental.

Follow-up and Clarification questions

You know, there are still a few things that I am a little confused about. I need to go back and just clarify a few things.

- *You said that [detail X] happened. Tell me more about that.*

- Satisfy all the requirements of the offence: ie: if it is penetration, to satisfy incest charge.

Context of the incident(s) (Information about the disclosure - Lamb, Orbach, Hershkowitz, Esplin & Horowitz, 2007 NICHD protocols)

"You've told me why you came to talk to me today. You've given me lots of information that helps me to understand what happened."

"Tell me what happened after the last incident?"
"And then what happened"?

Planned Errors

- You may want to make a few deliberate information errors that are NOT relevant to the offence information such as the name of the child's dog, or how many people are in there family. The rationale for this is that it gives the opportunity for the child to correct the error, thus increasing the argument that they are not suggestible. There is also then the inference that if the other offence information was wrong they would have corrected you.

Multiple Choice

- Do not use if there is any other alternative. If necessary, offer 5 or 6 responses, not just 2 to choose between.

STAGE 5
Corroboration

Goal:

- To find other considerations that can be followed up to support, corroborate and validate the child's disclosure.

    - Was the victim shown any pornography?
    - Is there recall of names and can investigators find where material is located?
    - Were pictures taken of the victim? (nude or suggestive poses)
    - Were any sexual paraphernalia used during the offence? (condoms, lotions, restraining devices) Where are they now?
    - Did the offender ever refer to the event?
    - Diaries and letters of apology should be considered.
    - Is there any "conventional" physical evidence?
    - Is a medical exam of the victims appropriate?
    - *Who else knows about what happened to you?* If yes, get names and phone numbers?

(Information about the disclosure - Lamb, Orbach, Hershkowitz, Esplin & Horowitz, 2007 NICHD protocols)

- ***"Now I want to understand how other people found out about the last or other incidents?"***
- ***"Who was the first person besides you and*** [perpetrator] ***to find out about what's been happening?"***
- ***"Tell me everything you can about how that person found out".***

    - *Who else saw anything happen?*

- *Do you know of anyone else that this has happened to? How do you know?*

****Satisfy child protection needs for risk information.***
****Consider getting a search warrant to locate possible items.***

STAGE 6
Safety Planning

Goal:
- Assist the child in developing a plan of safety, should any threatening incidents occur in the future.

- *If there have been other times when you didn't feel safe, tell me what you (and siblings) have done?*
- *If something was to occur in the future where you didn't feel safe, what do you think you could do?*
- *Let's walk through step by step what you can do if anything unsafe happens again.*
- *What about 911?*
- *Who do you know that you feel safe with?*

STAGE 7
Termination

Goal:
- If the child has made a disclosure, take the time to reassure him/her, to answer questions and let them know what will happen next.

Feeling Check
- *Is there anything else you think we should know?*
- *Do you have any questions to ask of us?*
- *How do you feel now?*
- (If appropriate) *I am concerned from some of the things you have been telling me that you may have felt suicidal.*
- *Have you ever tried to kill yourself? How have you tried? What did you do?*
- *Are you feeling suicidal now? How would you kill yourself now? What is your plan?*

Reassuring messages that child is not in trouble.

Explain what happens next.
- *We will be going now to talk separately with each of your parents.*
- *Where will you be when we do this? At home? Friends?*
- *How do you think your parents will react?*

- *We will be working to keep you safe while we meet with them.*

Shake hands – High 5

Educate the child about what to do if anything like that ever happened to them in the future.

Neutral topic (Lamb, Orbach, Hershkowitz, Esplin & Horowitz, 2007 NICHD protocols)

"What are you going to do now for the rest of the day?" Discussion

"It is now [time] ***and the interview is complete".***

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Lamb, M. E., Orbach, Y., Hershkowitz, I., Esplin, P. W., & Horowitz, D. (2007). A structured forensic interview protocol improves the quality and informativeness of investigative interviews with children. A review of research using the NICHD

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Lyon, T.D. (2005) Ten step investigative interview. Retrieved from ***https://www.softchalkcloud.com/lesson/files/pjriClGY72bluz/ForensicLyonTenStep.pdf***

Saywitz, K., Lyon, T. D., & Goodman, G. (2011). Interviewing children. In J. E. B. (Ed.), *The APSAC handbook on child maltreatment* (pp. 337-360). Thousand Oaks, CA*:* Sage Publications.

OBSERVING

- Directly observe the child. Make sure that you *actually see the child* and observe their appearance and behaviour. This may require unwrapping of swaddled infants or observing the child physically in the bath, during diapering or undressing the infant is necessary.

- Your understanding of a family's interaction patterns and methods of coping and functioning will be enhanced by *observing the family members outside of the home environment* (i.e. at a school event). It is crucial to be aware of cultural factors during these observations.

There are two types of observable data: **physical or environmental**, and **emotional:**

i. **THE HOME ENVIRONMENT** (Physical or Environmental)

Does the household allow for the preparation of food, sleep, and basic daily functioning?

This information includes:

- Cleanliness of the home
- Are there eating and cooking facilities?
- Safety
  - mould or rotting food
  - exposed wiring
  - human or animal waste (e.g., open diapers)
  - Drugs/alcohol and/or drug paraphernalia
  - Dangerous items (e.g., weapons)
- Are there basic amenities?
  - beds, lighting, sufficient space, food

ii. **EMOTIONAL**

Observations can be used to:

- Confirm or cause doubts about information given during interviews (e.g., mother describes her relationship with her husband as supportive and the husband is observed to react to his wife's distress by leaving the room or verbally attacking her).
- Obtain further information about the dynamics of the family and their relationships.

Other non-verbal messages that can be observed include:

- Eye contact between family members;
- Facial expressions of affection and/or support;
- Physical expressions of anger, distrust and rejection;
- Tone of voice; and

- Communication and the willingness to listen, feeling expression and discussion, and physical closeness.

a. DOCUMENTARY OR FILE INFORMATION:
Gathering information from historical files and other professionals or agencies provides a built-in mechanism for balancing the subjective aspects of interviewing and observing, and is crucial if and when a case is referred to the court.

Documentary evidence may include written reports from other professionals involved with the family, photographs, school attendance records, etc., all of which are instrumental in corroborating or dismissing allegations of child abuse.

Common Sources of Documentary Information:

i. The information-gathering process begins immediately after receiving a call about child protection concerns with the check of **CFIS,** the paper file and/or consultation with the Interprovincial Coordinator for previous child welfare issues.

ii. This process continues when you contact the **RCMP** for an account of any involvement they may have had at the family's residence or individuals who care for or live in the home.

iii. Documentary information may also be gathered when you speak to outside agencies or **other** professionals, including:
   - School staff and school records
   - Medical professionals and medical records
   - The family's legal counsel and/or legal records
   - Public Health, early childhood programs
   - Community counsellors
   - Parole and Probation Officers

b. ACCESS TO INFORMATION DURING AN INVESTIGATION

When you are investigating whether a child may be in need of protection, you do <u>not</u> need consent from the child's parent(s) and/or guardian(s) to be able to speak to community members or professionals to gather required information. While creating your initial investigation plan, you should identify family, community and organizational contacts that may have knowledge about the alleged abuse and/or neglect and endeavour to gather relevant information from them. Your social work skills, including rapport building and developing community relationships, are extremely valuable in this process.

There is no legal requirement for an organization or entity to provide confidential information to you. However, if, for example, a doctor has reason to believe that a child

is being or has been abused or neglected, then he or she has a duty to report these concerns. These concerns, and any prior reported concerns, are a form of documentary evidence.

You must ensure that you do not identify the source of the initial report or share confidential details pertaining to the family during your investigation.

If an organization is not willing or not able to release these records, you have the option of requesting the parent's consent or pursuing a court order to obtain the vital information. Supervisory consultation is essential during these circumstances.

When a child is under Apprehension Status, you have the right as per section 35(2) of the *Child and Family Services Act*, to:

- Take the child for a medical examination;
- Consent to medical care or treatment, and
- Access the results of this exam by providing a copy of a letter stating Apprehension Status along with the request for medical information.

1. Determining if a Child is in Need of Protection

After you have gathered all relevant information on the child abuse concern, you will need to assess the overall risk to the child and make a determination if you believe that he or she may be in need of protection by completing a Child and Family Safety Assessment and reviewing the Completing an Investigation Standard.

2. Completing the Investigation:

As per the Completing an Investigation Standard, you have 30 days to complete your investigation and determine one of the following:

Is the child(ren) "in need of protection" as per the *Child and Family Services Act*
Or
Are the youth and/or child(ren) *at risk* of being in need of protection?

a. If **YES to either**,

- See the standards on Creating an Investigation Plan, Completing and Investigation and Notification of a Child Believed to be in Need of Protection and proceed with pursuing either the Plan of Care Agreement or court process.

- For *youth* over the *age of 16* who cannot be found in need of protection, consider and discuss with the youth and/or parents, the options of a *Support Services Agreement* to protect and support him and/or her.

b. If **NO to both**,

- Consider, and explore with the family, if a *Voluntary Support Agreement* or referral to other community agencies and/or Departmental programs are appropriate for their situation and would prevent future child protection risks.

- If no child protection concerns exist and no child and family support services are needed, *close the file*, ensuring documentation is complete.

You must complete the investigation within *30 days*. If circumstances make this impossible, discuss the best course of action with your Supervisor and document it in the investigation notes.

3. Investigation Checklist

Name of Family:

- ❑ **CFIS** paper file check and/or Interprovincial Coordinator (Child Protection Records Check form)

- ❑ **RCMP** check/report
  (document in investigation notes)

- ❑ **Medical Exam** if required
  (Child's Medical Examination form)

- ❑ **See and Interview** children privately
  (Canadian Child Abuse Association Interview Guide)

- ❑ **See and Interview siblings** or other children in the home

- ❑ **See and Interview parent(s)**/guardian(s)

- ❑ **Complete Child and Family Safety Assessment** form

Determine if the child(ren) is in need of protection: If child(ren)'s health and/or safety are at immediate risk, apprehend the child(ren) and:

- If physical or sexual abuse or exploitation is suspected:
  - ❑ Contact RCMP
  - ❑ See Apprehension Guide tool

- ❑ Follow applicable timelines for Apprehension Hearing if child is not returned within 72 hours

If the child(ren) is not at immediate risk, decide if you believe they need protection. If so,

- ❑ Inform parent(s) and/or guardian(s) as soon as possible.
- ❑ Provide appropriate **information sheets** to parent(s) and/or guardian(s) child over 12 of age and older.
- ❑ Complete the **Screening and Investigation Reports** in CFIS.
- ❑ Complete **Record of Services "Status" and "Placement"** in CFIS
- ❑ Establish a **Plan of Care Committee** unless the parent(s) and/or guardian(s) or child over 12 years of age and older elects to go to court.

Place original documents, signed by you and your Supervisor, on the child's file. The Director of Child and Family Services should receive copies of all Plan of Care Agreements and Court Orders.

Investigation Planning Guide

Please note that this guide includes descriptions and indicators of abuse as well as cultural considerations that are not exhaustive and are brief in nature. Child Protection Workers should pursue ongoing learning with regards to best practices in the social work field, including child abuse investigations.

The Department of Health and Social Services can be contacted for further materials and training information**.** The Department and regional Authorities have resources which staff are encouraged to use for their learning development and professional consultation, for example: "Field Guide to Child Welfare: Volume 1 Foundations of Child Protection Services" includes detailed information about identifying abuse and understanding the dynamics of child abuse, including sexual abuse.

1. Cultural Considerations

In all aspects of work, cultural awareness is important. This mindfulness is especially vital during the investigation processes when families have initial contact with the child protection services which has often been experienced as confusing, intimidating, and judgmental.

The investigative mindset should be curious, non-judgmental and empathetic. The goal is to balance protective and supportive services, focusing on prevention and mediation of further and future child protection concerns.

The Child Protection Worker should integrate *cultural sensitivity* into the investigation process by:

- Considering the family's **cultural identification** and perception of the dominant culture;
- Inquiring about the family's experience with mainstream institutions and other service providers in the community, i.e. Social Services, RCMP, history of residential school;
- Being mindful of the use of language and meanings in verbal and nonverbal communication;

- Making efforts to understand the family's cultural values, principles of child development, child caring norms, and parenting strategies;

- Making efforts to gain clarity regarding the family's perceptions of the responsibilities of adults and children in the extended family and community;

- Making efforts to understand the family's perceptions of the impacts of child abuse and neglect;

- Assessing each risk factor with consideration of cultural and ethnic characteristics;

- Considering the child and family's perceptions of their own responses to the acute and chronic stressors in their lives (i.e. do they perceive themselves to be coping well or not?);

- Explaining why a culturally accepted behaviour in the family's culture or homeland may be illegal in the Northwest Territories and/or Canada; and

- Differing cultural values and practices must be respected in accordance with community standards.

2. Creating the Investigation Plan

Please note: The source of the report MUST be kept confidential in all circumstances.

i. Review all information collected during the report. Complete a review of prior child protection history on **CFIS**, paper files and through the Inter-Provincial Coordinator where applicable (see standards on Interprovincial files). Document the reviews in the investigation details, or complete the Child Protection Records Check form and place it in the file.

ii. Contact the local **RCMP** detachment to inquire about involvement with the family and/or residents. If suspected physical or sexual abuse was disclosed during the report provide this information to the RCMP. See page seven (7) for more information on working with the RCMP.

iii. At this point, you will not proceed further without **making an initial plan** for how the rest of your investigation will proceed. This plan will likely change and evolve as you learn more information during the investigation process, however, it is essential to develop an initial plan in order to ensure you include all relevant interviewees and background checks in the investigation process. It's equally important for your Supervisor to look over your plan so that he or she can let you know if you have missed anything as well as discuss which elements of the investigation will be most important to focus on and/or approaches to take. You will then document the consultation and investigation plan in the investigation details. The investigation plan must be reviewed before you conduct any interviews or community visits.

iv. Conversely, if you are unable to consult with your Supervisor prior to beginning the investigation, you will attempt to consult with an alternate supervisory staff in your Authority; e.g., Manager. If none are available, Department of Health and Social Services staff should be contacted.

v. If the report was in regard to a foster parent or placement resource, please refer to the Foster Home Investigation Guide.

Investigation Plan Guide

Investigation Plan for:

(Name of Family)

Report was regarding:

(Name of Child and Date of Birth)

i. What is this investigation about? **(Type of abuse)**

ii. Do you have reason to believe this child's is in immediate need of protection due to health and/or safety concerns?

If Yes, *(*See Apprehension Guide)

1. Proceed directly to Child and Family Safety and Child Protection Worker Safety Assessments.
2. Attend the home (with RCMP if necessary) to evaluate the need for an apprehension. Ensure you have information sheets.
3. If possible, the Supervisor and/or Foster Care Worker will secure a placement resource for the child(ren) while you are enroute.

iii. INTERVIEWS: ***Who do you need to speak to?*** *(see page nine (9) for more information on Interviewing)*

a. Who lives in the family home?
b. Which children can be interviewed?
c. Are there contentious custody issues?
d. Are there family members living outside of the home that should be contacted? i.e. grandmother that provides care for the children
e. Are there professionals and/or other agencies that need to be contacted?
    i. School staff
    ii. Medical staff, dental staff, Psychiatrists/Psychologists
    iii. Daycare staff, Healthy Families Program
    iv. Income Support Worker
    v. Community Wellness Worker/Counsellor
    vi. Parole and/or Probation Officer

iv. OBSERVATIONS: (Home Checks/School Interviews): ***What do you need to see?*** *(see page 12 for more information on Interviewing)*

a. **The home:** observe the child's living arrangement, and ideally, the family in their home environment. It is essential that the home conditions be observed when the report involves neglect, and/or drug/alcohol misuse.

v. DOCUMENTARY INFORMATION:

Which file reports do you require in order investigate this report?

a. CFIS
b. RCMP check
c. School attendance records
d. Medical records
e. Counselling records
f. Legal records (Custody orders, No-contact orders)

∗ *see page 12 for more information on Interviewing*

vi. CHILD AND FAMILY SAFETY ASSESSMENT:

Within 24 hours of receiving a report, assess the immediate safety of the child using the Child and Family Safety Assessment. (See Child and Family Safety Assessment Guide tool)

vii. SITE VISIT SAFETY ASSESSMENT:

Who will be tracking you while you are out? (See Child Protection Visit Safety Assessment tool)

INITIAL INVESTIGATION PLAN:								
Name:		Child's Home address and phone number:						
Who will be interviewed?	**Legal Custody**	**Place of Employment**	**School/ Daycare**	**Order of Interviews**	**Date & Time of Interview**	**Location of Interview**	**Medical Required Y/N**	**Done: (check)**
Parents/ Caregivers:								
1.				Yes, sole custody				
2.				No, not involved				
3.				Yes, caregiver				

Children of concern:								
1.				1				
2.				2				
3.				Non-verbal				
Siblings/others in the home:								
1.								
2.								
Other Professionals/agencies?		Place of employment:		Mode of communication:			Date and time of contact:	
1.								
2.								

Types of child protection history found:
If applicable, length of time CFS has been involved with this family:
Is this history relevant to the current investigation?
Results of **RCMP** background check:
If there a known history of criminality and/or violence in this family?
Is this history relevant to the current investigation?

3. Working with the RCMP

When a report contains information indicating that a child has been physically or sexually abused and/ or exploited, you must contact the RCMP, not only for a background check as above, but also to report the allegations of abuse as a potential crime. You will inform the RCMP of the allegations and discuss the best course of action. However, if you are not clear whether a matter should be referred, you must consult with the RCMP to determine how they would like to proceed and whether they want to participate in a joint investigation. Remember, the RCMP are required to investigate if a crime has occurred, however, it is ***your*** job to investigate if child abuse has occurred, regardless of the criminal outcome. Although you may have to modify your investigation plan to work alongside the RCMP, ***do not*** neglect your mandate to investigate possible abuse and neglect in cases where the RCMP are involved. Furthermore, you must ensure the *Child Abuse Protocol* is being followed.

If the RCMP have not returned contact and there are immediate safety concerns regarding the children, consult with your Supervisor to determine the course of action. If your Supervisor is unsuccessful in contacting the RCMP and the immediate safety concerns persist, proceed without the RCMP. It's also very important that you record every contact with the RCMP, including the RCMP Officer's name, file number and the agreed upon next steps in the joint investigation in the investigation details. Furthermore, you must ensure that you receive the transcripts, sound and video recordings, etc. from the RCMP file. Lastly, you must inform the RCMP of the planned response of your assessment and report.

When planning how the investigation will proceed, request to co-interview the children and (non-offending) parent(s) together with the RCMP. The interview with the child, in particular, should be undertaken jointly whenever possible to avoid subjecting the child to repeated interviews, it reduces the re-traumatization that may occur from re-telling the

events. Additionally, the child's statement retains more validity the fewer times they are required to recall the information. Co-interviewing is also very important from a child protection perspective as the Child Protection Worker can ensure that possible abuse and/or neglect was sufficiently addressed.

The Canadian Child Abuse Association has created a guide which should be used when interviewing children. The layout of the interview process easily guides children through these difficult topics, ensuring a thorough, non-leading interview. It is more ethical and often less distressing to address painful questions in the progression of an interview, which include rapport building and debriefing, rather than at the end of the RCMP's interview. More information about interviewing can be found on page nine (9) of this tool.

The next step in the process is the RCMP interview of the alleged offender. You will probably not be involved with the alleged offender during the initial phase of the investigation.

You will determine jointly with the Officer the appropriate locations for all the interviews. If access is denied, apprehend the child in order to conduct the interview.

It is also important to use sound and video recording whenever possible during your interviews. Digital photographs and drawings for evidence can provide a practical and effective illustration of the information for evidence. Digital photographs, other than those of physical injuries, or conditions of the home, should be taken by you. Photographs of injuries will mostly likely be taken by the RCMP Officer, however may be taken by you depending on the circumstances.

Remember that the outcome of the criminal investigation may have bearing on the child protection concerns; however you are still required to proceed with the child protection investigation and provide appropriate services and interventions to the children and family within the applicable timelines.

4. Planning the Medical Examination

If the report indicated that a child has been physically harmed (including sexual abuse and/or exploitation), or the information is disclosed during your investigation, you must make arrangements for the child to have a medical examination by a medical practitioner such as a Physician, Nurse Practitioner, Registered and/or Licensed Nurse. During the appointment, it's important that you inform the medical practitioner of the details of the alleged or suspected abuse and/or severe neglect. If there is no appointment available for

the examination, immediately consult with the medical practitioner to determine the recommended plan of action, e.g., take the child to the next nearest health centre.

If the report indicates that a parent has not been involved in the alleged or suspected abuse and they are identified as a *non-offending parent,* inform them of the report and advise them that their child requires a medical examination. In situations where the *non-offending parent's* reaction does not indicate a protective response, consult with the RCMP to determine when and how the parent should be included in the medical examination. A non-protective response may include:

- not believing the child;
- blaming the child for the alleged abuse;
- denying the alleged abuse despite clear evidence; and
- exposing the child to unsafe caregivers or situations where the potential abuse was known or should have been known.

The following factors are to be taken into consideration when planning a child's medical examination:

- The seriousness of the child's condition and urgency of the need for treatment;
- When the alleged abuse occurred;
- Whether there is a *non-offending parent* identified who may be able to attend the medical examination as a support for the child, if appropriate;
- The willingness of the child to participate in the examination;
- The impact on the child's mental and emotional development;
- The gender of the medical practitioner; e.g., if the alleged perpetrator is male, a female practitioner may be preferable; and
- The possibility of recanting, coaching or interfering in the investigation.

After the examination, you must ensure that all relevant information about the child's condition and circumstances are obtained in order to make an informed decision about the child's medical health and safety and/or return to the parent(s) and/or guardian(s). You will also request the medical practitioner to complete Child's Medical Examination form and if possible, attach the practitioner's medical report and/or clinical notes to the examination report. Furthermore, you will ensure thorough documentation of the medical examination and outcomes are on file. Other details to include in your investigation are as follows:

- The location where the examination was completed.
- The time and date of the examination.
- Who conducted the medical examination.
- Who was present at the medical examination; e.g., parent, the Child Protection Worker.

Based on the outcome of the medical examination and consults as well as an assessment of the parent(s) and/or guardian(s) willingness and ability to protect the health and safety of their child, you will determine if the child may be in need of protection. If the child is in need of protection, the child will be apprehended as per Apprehension Guide tool.

Overall, a medical examination is necessary in situations where there may be physical evidence of abuse and/or severe neglect. Information obtained from the examination may give you a fuller understanding of the situation and serve as evidence in legal proceedings.

Receiving a Report and the Screening and Response Priority Assessment ®

When you receive a report on a situation where there may be child protection concerns, your tasks are to:

- Support and reassure the reporter.
  The reporter's anonymity is legally protected from disclosure to the family and the general public with the exception of a court order, if the case goes to court.

- Gather information from the reporter about the situation.
  Remember to gather the information that will inform your decision process with regards to the report. A reporter may have a lot of information but ensuring you 'target' the information relevant to the report is key.

  It is important to ask questions of the reporter to gather enough information to assist in the Screening and Response Priority assessment.

- Complete the Structured Decision Making, Screening and Response Priority Assessment ®.

The Assessment will inform two decisions:

1) If the intake is screened in or out; and
2) If screened in, determine the response time - one (1) day or within five (5) days

No case decision can be made or action taken without completing the assessment.

If you require further information after receiving a report, seek collateral input. For example, this can be done by reviewing any prior child protection records or consulting with RCMP. This will help determine if the call should be screened in for investigation, screened out, or screened in for voluntary support services.

Upon consultation with a supervisor, and based on the Screening and Response Priority Assessment ®, a response time will then be identified of either one (1) day or within five (5) days.

After supervisor and worker signatures are obtained, all identifying information must be redacted from the report, prior to being faxed to the Director of Child and Family Services (867-873-7706). There should be no identifying information in the comment boxes, including Report Description and Reason for Screening and Response Priority Decisions.

The assessment must be sent to the Director upon final signatures from managers and/or supervisors.

****Note:** Both the original and the redacted tool must be placed on the appropriate child file.

The redacting and faxing processes will be in place until the 'renewed' CFIS system is in place.

CFIS Entries:

1) Under the File Management Tab, open the file of the child involved in the report or create a new child file, if no previous involvement.

2) Under the 'General' tab, enter the date and time of the actual screening being received and time (not the time of entry if it differs from the time received).

3) Under the 'referral' tab, enter the screening and response priority decision in the 'comments' section.
   The decision could include:

   Screened in for (abuse/neglect)
   Response priority: one (1) day
   Reason for decision:

   Screened in for (abuse/neglect)
   Response priority: within five (5) days
   Reason for decision:

   Screened out for (abuse/neglect)
   Short summary of the call:
   Reason for decision:

   No other information needs to be entered in this section. CFIS codes are not to be used.

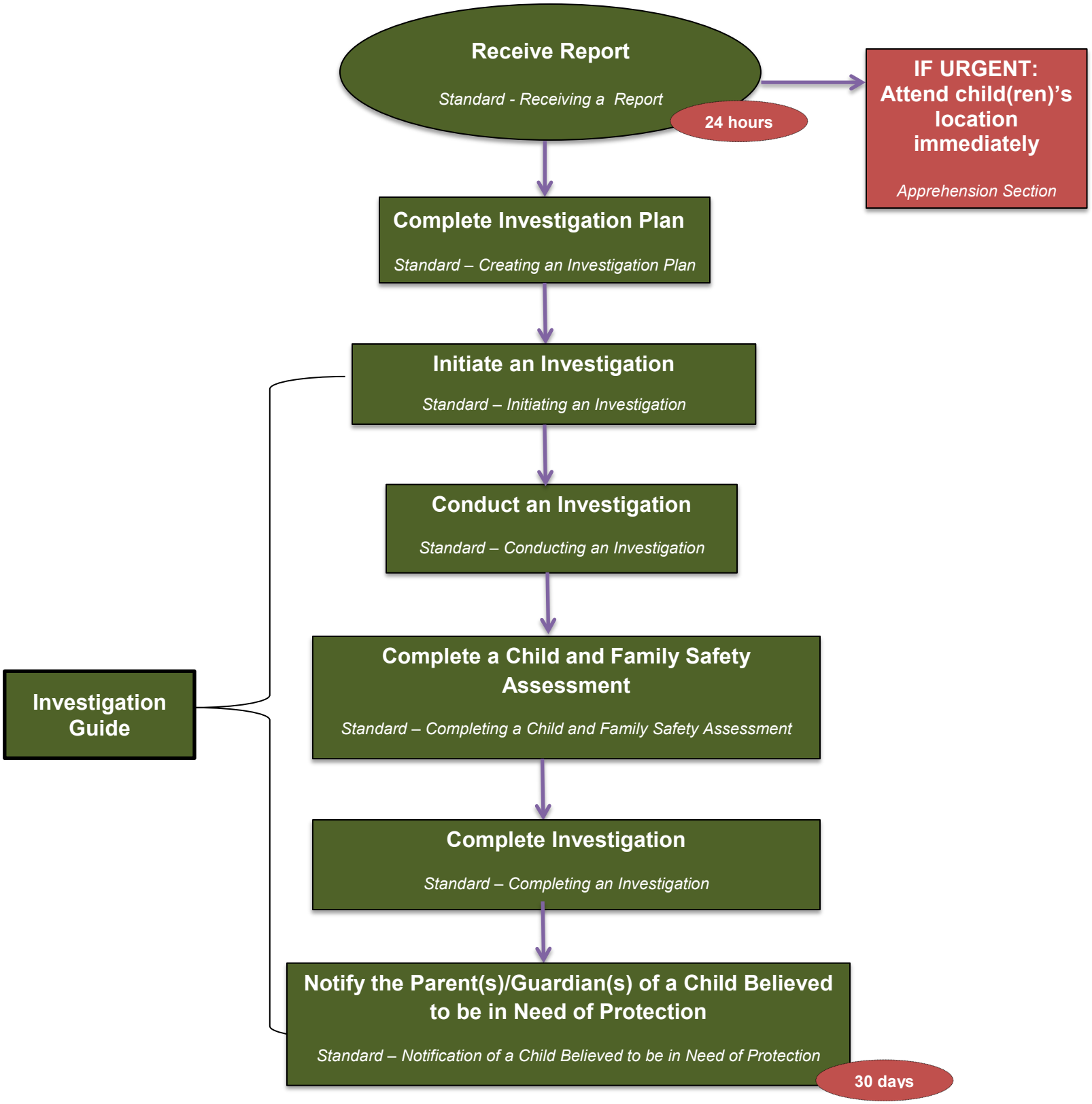
4) Under the 'children in the home tab', associate a family unit to include other children in the home, so that this screening will appear in their files. If there are no other children in the home, it is not necessary to associate caregivers at this stage.

5) Under the sign on/off tab, enter the worker's name, the date, the supervisor name, and the time to complete. Press apply. If item has been screened out, ignore the message reminding you to link it to an investigation.

6) Enter the Screening Number onto the Screening and Response Priority Assessment ® form as the Screening ID.

'Tools don't make decisions, people do'. Child Protection Workers must utilize their professional judgment in combination with the assessment and consultation with a supervisor to identify child protection concerns.

Reporting and Investigation



NORTHWEST TERRITORIES
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE AND/OR NEGLECT
DEFINITIONS

The risk assessment is composed of two indices: the neglect index and the abuse index. Only one household can be assessed on a risk assessment form. If two households are involved in the alleged incident(s), separate risk assessment forms should be completed for each household.

In applying the definitions, consider both conditions that existed AT THE BEGINNING of the assessment/investigation and conditions that emerged or occurred DURING the assessment/investigation unless otherwise stated in the definition.

SECTION 1: NEGLECT/ABUSE INDEX

R1. Current report is for:
Determine whether the current report is for neglect, abuse, or both.

Child abuse involves actively inflicting harm to a child in a physical, emotional, or sexual manner. **Child neglect** involves failing to provide a child with the things that are necessary for healthy development and well-being.

R2. Prior investigations
Indicate whether there have been investigations **before this one** that involved any adult members of the current household with caregiving responsibilities who were alleged abusers (neglect; physical, emotional, or sexual abuse; or exposure to intimate partner violence), regardless of the findings (confirmed or unconfirmed).

Answer "Yes" if there were any prior investigations.

When information is received that a family previously resided out of territory, history from the other jurisdictions must be obtained.

Do not count the following types of prior investigations:

1. Allegations that were perpetrated by an adult who does not currently live in the household;

2. Investigations in which children in the home were identified as perpetrators of abuse and/or neglect; or

3. Reports that were screened out/not accepted for investigation.

If yes, indicate the number of prior neglect investigations and the number of prior abuse investigations, or whether there were none for either.

R2a. Prior neglect

a. None. No investigations for neglect prior to the current investigation.

b. One. One prior investigation, confirmed or not, for any type of neglect prior to the current investigation.

c. Two. Two prior investigations, confirmed or not, for any type of neglect prior to the current investigation, with or without abuse investigations.

d. Three or more. Three or more investigations, confirmed or not, for any type of neglect prior to the current investigation, with or without abuse investigations.

R2b. Prior abuse

a. None. No abuse investigations prior to the current investigation.

b. One. One investigation, confirmed or not, for any type of abuse prior to the current investigation.

c. Two or more. Two or more investigations, confirmed or not, for any type of abuse prior to the current investigation.

R3. Household has previously received child protection services
Answer "Yes" if the household has previously received or is currently receiving a plan of care agreement or court-ordered services.

R4. Number of children involved in the child abuse and/or neglect incident
Determine the number of children under 18 years of age alleged to have been abused or neglected in the current investigation. This includes any children not identified at the time of report for whom allegations of abuse and/or neglect were observed during the course of the investigation.

R5. Prior injury to a child resulting from child abuse and/or neglect
Answer "Yes" if any of the following circumstances are present.

- An adult in the household was previously confirmed for child abuse and/or neglect that resulted in injury to a child, whether that child is a member of the current household or not.

- Though not previously reported or confirmed, there is now credible information that an adult in the household caused an injury to a child that is consistent with abuse and/or neglect, whether that child is a member of the current household or not.

R6. Age of youngest child in the home

Determine the age of the **youngest child** currently residing in the household where abuse and/or neglect allegedly occurred. If a child is apprehended as a result of the current investigation or is otherwise temporarily placed/residing outside of the household, count the child as residing in the household.

(NOTE: If assessing a noncustodial parent/caregiver household that will be receiving reunification services, score this item as if the child were residing in that household.)

R7. Characteristics of children in household (select all that apply)

Assess each child in the household and determine the presence of any of the characteristics below.

a. Medically fragile or failure to thrive. Any child in the household **has a diagnosis** of medically fragile or failure to thrive as evidenced by a parent/caregiver's statement of such a diagnosis, medical records, and/or doctor's report. "Medically fragile" refers to a child who, because of an accident, illness, congenital disorder, abuse, or neglect, is in a stable condition but is dependent on life-sustaining medications, treatments, or equipment and has need for assistance with activities of daily living. Children are diagnosed with failure to thrive when their weight or rate of weight gain is significantly below that of other children of similar age and gender.

b. Positive toxicology screen at birth. Any child in the household had a positive toxicology at birth, OR there is other credible information that there was prenatal substance exposure, OR the child is showing or showed signs of withdrawal from alcohol or another drug/substance not used in accordance with a doctor's prescription (e.g. witnessed use, birth mother's self-admission).

c. Developmental, physical, or learning disability. Any child in the household has a developmental, physical, or learning disability that **has been diagnosed by a professional** (e.g. physician, school counsellor, psychologist) as evidenced by medical/school records, a credible statement by a parent/caregiver of such a diagnosis, and/or a professional's statement.

- *Developmental disability*: A severe, chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include cognitive disabilities, autism spectrum disorders, and cerebral palsy.

- *Learning disability*: Child has an individual education plan (IEP) to address a learning problem such as dyslexia. Do not include an IEP designed solely to address mental health or behavioural problems. Also include a child with a learning disability diagnosed by a physician or mental health professional who is eligible for an IEP but does not yet have one, or who is in preschool.

- *Physical disability*: A severe acute or chronic condition diagnosed by a physician that impairs mobility or sensory or motor functions. Examples include paralysis, amputation, and blindness.

d. Child or youth in conflict with law. Any child in the household has been involved with the youth criminal justice system. Offending or antisocial behaviour not brought to court attention, such as child who runs away, should also be scored.

e. Mental health or behavioural problem. Any child in the household has a mental health or behavioural problem not related to a physical or developmental disability (includes attention deficit disorders). This could be indicated by:

- A mental health diagnosis by a qualified professional;
- Receiving mental health treatment; or
- An IEP due to behavioural problems.

f. None of the above. No child in the household exhibits the characteristics listed above.

R8. Primary parent/caregiver's assessment of incident (select all that apply)

a. Blames child for abuse and/or neglect. An incident of abuse and/or neglect has occurred (i.e. confirmed), and the parent/caregiver blames the child for the abuse and/or neglect, as indicated by parent/caregiver's statement/belief that his/her action or inaction was in response to child's behaviour and is understandable given the child's behaviour (e.g. parent/caregiver indicates that he/she punched the child in the mouth because the child talked back to a parent/caregiver; or parent/caregiver bit the child and indicated that he/she only did it because the child bit a parent/caregiver first).

b. Justifies abuse and/or neglect. An incident of abuse and/or neglect has occurred (i.e. confirmed), and the primary parent/caregiver justifies the abuse and/or neglect. Justifying refers to the parent/caregiver's statement/belief that his/her action or inaction was appropriate and/or constitutes good parenting (e.g. parent/caregiver did not feed the infant when he/she cried because parent/caregiver did not want the infant to think he/she would be fed just by crying).

c. None of the above. The parent/caregiver neither blames the child nor justifies the current abuse and/or neglect, whether alleged or confirmed.

R9. Primary parent/caregiver provides physical care consistent with child needs
Physical care of the child includes feeding, clothing, shelter, hygiene, and medical care of the child. Consider the child's age/developmental status when scoring this item.

Score this item "No" if:

- The current report of neglect relates to physical care AND is confirmed during the investigation (do not include failure to protect, inadequate supervision, or other neglect allegations unrelated to physical care); **OR**

- The child has been harmed or the child's well-being has been threatened because of unmet physical needs. Needs may be considered unmet regardless of whether the cause is neglectful or due to situations outside of the parent/caregiver's control. Examples include but are not limited to the following.

  » Child has a significant medical/vision condition that requires care, and care is not being provided.

  » Living environment lacks adequate plumbing or heating, has potentially dangerous conditions (e.g. unlocked poisons, dangerous objects in reach of small child), is unsanitary, or is infested.

  » Child frequently goes hungry, has lost weight, or has failed to gain weight.

  » Dental hygiene has been neglected to the extent that it impacts the child's ability to eat without pain.

R10. Primary parent/caregiver characteristics (select all that apply)

a. Provides insufficient emotional/psychological support. The primary parent/caregiver provides insufficient emotional support to the child, such as **persistently** berating/belittling/demeaning the child or depriving the child of affection or emotional support.

b. Employs excessive/inappropriate discipline. The primary parent/caregiver's physical or emotional disciplinary practices were excessively harsh and/or dangerous given the child's age or development. Examples may include but are not limited to:

- Kicking, biting, punching, or any injury to genitalia;

- Locking the child in a closet or basement;
- Hitting the child with an object; or
- Depriving a child of physical and/or social activity for unreasonable motives.

c. Overcontrolling/bullying. The primary parent/caregiver overcontrols or bullies the child and/or expects immediate compliance. This may be characterized by a parent/caregiver seeing his/her own way as the only way or by little two-way communication between the parent/caregiver and child.

d. None of the above. The primary parent/caregiver does not exhibit characteristics listed above.

R11. Primary parent/caregiver has a historic or current mental health issue

Answer "Yes" if credible and/or verifiable statements by the primary parent/caregiver or others indicate that the primary parent/caregiver has been diagnosed with a condition that impacts daily functioning, other than substance-related disorders, by a mental health clinician.

If primary parent/caregiver has never been diagnosed but appears to have (or have had) a mental health problem, consider obtaining a mental health assessment prior to scoring. Score if the primary parent/caregiver has/had multiple good-faith reports on mental health/psychological evaluations, treatment, or hospitalizations but is unwilling to participate in an assessment, or if an assessment cannot be completed for other reasons.

R12. Primary parent/caregiver has a historic or current alcohol or drug issue

Assess whether the primary parent/caregiver has a historic or current alcohol/drug abuse issue that interferes with his/her or the family's functioning; select all that apply. Any of the following may be true of the primary parent/caregiver.

- Has been assessed as having an alcohol- or drug-related issue by an addiction counsellor or mental health clinician. If primary parent/caregiver has never been assessed as having but appears to have (or had in the past) an alcohol or drug issue, consider obtaining a substance abuse assessment prior to scoring. Score if the primary parent/caregiver is unwilling to participate in an assessment.
- Self-identifies as an alcoholic or addict.
- Uses substances in ways that have negatively affected the parent/caregiver's:
  - » Employment;
  - » Marital or family relationships; or

» Ability to provide protection, supervision, and care for the child.

- Has been arrested for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances. Do not include delivery, manufacture, or sale of substances.

  » Has been arrested in the past two years for driving under the influence or refusing Breathalyzer testing.

  » Has been treated for substance abuse.

  » Has had multiple positive urine/blood samples.

  » Has/had health/medical problems resulting from substance use.

  » Has given birth to a child diagnosed with fetal alcohol spectrum disorder (FASD), a child had a positive toxicology screen at birth, other credible information showed there was prenatal substance abuse by the mother (e.g. witnessed use, self-admission), or the child is showing or showed signs of withdrawal.

R13. Secondary parent/caregiver has a historic or current alcohol or drug issue

Assess whether the secondary parent/caregiver has a historic or current alcohol/drug abuse issue that interferes with his/her or the family's functioning; select all that apply. Any of the following may be true of the secondary parent/caregiver.

- Has been assessed as having an alcohol- or drug-related issue by an addiction counsellor or mental health clinician. If secondary parent/caregiver has never been assessed as having but appears to have (or appears to have had) an alcohol or drug issue, consider obtaining a substance abuse assessment prior to scoring. Score if the secondary parent/caregiver is unwilling to participate in an assessment.

- Self-identifies as an alcoholic or addict.

- Uses substances in ways that have negatively affected the parent/caregiver's:

  » Employment;
  » Marital or family relationships; or
  » Ability to provide protection, supervision, and care for the child.

- Has been arrested for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances. Do not include delivery, manufacture, or sale of substances.

» Has been arrested in the past two years for driving under the influence or refusing Breathalyzer testing.

» Has been treated for substance abuse.

» Has had multiple positive urine/blood samples.

» Has/had health/medical problems resulting from substance use.

» Has given birth to a child diagnosed with FASD, a child had a positive toxicology screen at birth, other credible information showed that there was prenatal substance abuse by the mother (e.g. witnessed use, self-admission), or the child is showing or showed signs of withdrawal.

R14. Primary parent/caregiver has a history of abuse and/or neglect as a child
Determine based on credible statements by the primary parent/caregiver or others, **OR** any CFS history known to the agency, whether the parent/caregiver was abused and/or neglected as a child. If there is no CFS history but it is the parent/caregiver's perception that he/she was abused and/or neglected as a child, this item should be scored "Yes."

R15. Violence between two or more adults in the household in the past year
In the previous year, there have been:

- Two or more physical assaults resulting in no or minor physical injury; OR
- One or more serious incidents resulting in serious physical harm and/or involving use of a weapon; OR
- Multiple incidents of intimidation, threats, or harassment between parents/caregivers or between a parent/caregiver and another adult(s).

Incidents may be identified by self-report, credible report by a family or other household member, credible collateral contacts, and/or police reports. Identify whether the incidents were related to intimate partner violence, other violence between household adults, or both.

R16. Housing (select all that apply)
Assess and determine the presence of any of the characteristics below. Select all that apply.

a. Current housing is physically unsafe. The family has housing, but the housing is physically unsafe to the extent that it does not meet the health or safety needs of the child (e.g. exposed wiring, inoperable heating, rodent and/or insect

infestations, human and/or animal feces and/or urine on floors, mold, rotting food, and/or unsafe drinking water).

b. Homeless. The family was homeless or was about to be evicted at the time of the alleged incident or became homeless in the course of the investigation.

c. None of the above. The family's housing is physically safe.

SECTION 3: SUPPLEMENTAL RISK QUESTIONS

Supplemental risk items are included to collect data to test hypotheses about possible risk factors. These items are added to discover if there are any other items that may contribute to subsequent risk and should be included on a future risk assessment. It is not known if any supplemental item contributes to the likelihood of future harm or if they will replace current items on the assessment. Supplemental items are not used to calculate the scored risk level.

S1. Does the parent/caregiver have supportive social connections?
Answer "Yes" if the parent/caregiver has friends, family members, neighbours, and other members of a community who provide emotional support and concrete assistance regularly and often for multiple purposes (e.g. child care, problem solving).

S2. Does the parent/caregiver have knowledge of parenting and child development?
Answer "Yes" if the parent/caregiver displays parenting knowledge and appropriate expectations for behaviour, and parent/caregiver knows how to access parenting and child developmental resources when needed.

S3. Primary and secondary parent/caregiver characteristics
Indicate whether any of the following are present for the primary or secondary parent/caregiver. If there is no secondary parent/caregiver, indicate.

a. Cognitive impairment that limits parental functioning. Determine whether the primary and/or secondary parent/caregiver has any diagnosed or suspected impairment of cognitive functioning, including but not limited to developmental disabilities, FASD, or acquired brain injury that impacts the parent/caregiver's ability to adequately parent and protect the child. Impact includes but is not limited to inability to meet the child's basic needs for food, clothing, medical care, and/or supervision.

b. Prior arrest/conviction. Identify whether the primary and/or secondary parent/caregiver has been arrested or convicted as an adult prior to the current complaint. This includes DUIs but excludes all other traffic offenses. Information may be located in the narrative material, reports from other agencies or police, or through collateral contacts.

c. Prior arrest/conviction that involved actual or threatened violence. If "b" is selected "Yes" for the primary, secondary, or both parents/caregivers, indicate whether the prior arrest/conviction includes actual or threatened violence or use of a weapon by either or both parents/caregivers. This includes use of any type of weapon or object or any other means to inflict or attempt to inflict injury on the victim.

S4. Is the secondary parent/caregiver the biological parent of:
Indicate whether the secondary parent/caregiver is the biological parent of all child victims in the household, one or more but not all child victims, none of the child victims, or whether there is not a secondary parent/caregiver.

S5. Does the secondary parent/caregiver have a history of abuse and/or neglect as a child?
Based on credible information by the secondary parent/caregiver or others, or any abuse and/or neglect history known to CFS, the secondary parent/caregiver suffered neglect or physical, sexual, or emotional abuse as a child.

SECTION 4: OVERRIDES AND FINAL RISK LEVEL

Policy Overrides

Indicate whether a policy override condition exists. The presence of one or more listed conditions increases risk to very high.

1. Non-accidental injury to a child younger than 3.
Any child in the household younger than the age of 3 has a physical injury resulting from the actions or inactions of a parent/caregiver.

2. Sexual abuse case AND the abuser is likely to have access to the child.
One or more children **in this household** are victims of sexual abuse, and actions by the parent/caregiver indicate that the abuser is likely to have access to the child, resulting in danger to the child.

3. Severe non-accidental injury to any child.
Any child in the household has a serious physical injury resulting from the action or inaction of the parent/caregiver. The parent/caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the child (e.g. suffocating, shooting, bruises/welts, bite marks, choke marks) *and requires medical treatment*.

4. **Parent/caregiver action or inaction resulted in death of a child (previous or current).**
   Any child in the household has died due to abuse and/or neglect as a result of action and/or inaction by the parent/caregiver.

Discretionary Override

A discretionary override is used whenever the CPW believes that the risk score does not accurately portray the household's actual risk level. The CPW may increase the risk level by one. If the CPW applies a discretionary override, the reason should be specified in the space provided and the final risk level should be selected.

NORTHWEST TERRITORIES
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE AND/OR NEGLECT
POLICY AND PROCEDURES

By completing the SDM family risk assessment, the CPW obtains an objective appraisal of the likelihood that a family will neglect and/or abuse their child in the next 12 to 18 months. High-risk families have significantly higher rates of subsequent report and substantiation than do low-risk families, and they are more often involved in serious abuse and/or neglect incidents.

When risk is clearly defined, the choice between providing services to one family and another family is simplified: CFS resources are targeted to higher-risk families because of the greater potential to reduce subsequent abuse or neglect.

The risk assessment instrument is based on research of abuse and/or neglect cases that examined the relationships between family characteristics and the outcomes of subsequent confirmed abuse and neglect. The instrument does not predict recurrence; it assesses whether a family is more or less likely to experience a subsequent abuse and/or neglect incident without CFS intervention. One important result of the research is that a single index should not be used to assess the risk of both abuse and neglect. Different family dynamics are present in abuse and neglect situations. Hence, separate indices are used to assess the future probability of abuse and/or neglect, although both indices are completed for every family under investigation for child abuse and/or neglect.

The scored risk level is determined by answering all questions on the assessment (regardless of the type of allegations), totaling the scores in the neglect and abuse columns, and assigning the higher of the two as the risk level. The final risk level is determined after considering whether any policy override is present or a discretionary override is applied.

WHICH CASES
All initial CFS investigations, including new investigations of families currently receiving services. Exclude reports of abuse and neglect by third-party abusers, including licensed daycare facilities, unless concurrent allegations of failure to protect by the parent/caregiver exist. Also exclude investigations where the abuser is a foster parent, alternate caregiver, or residential facility care provider.

WHO
The CPW assigned to the investigation.

WHEN

During the course of the investigation, after the CPW has reached a conclusion regarding the allegation. The CPW should complete the assessment no later than 30 calendar days from the date the intake is assigned and prior to any decision to open a case for post-investigation services or to close the report with no additional services.

DECISION

The risk level is used to determine whether the case should be transferred for ongoing services or be closed. Households with a high or very high final risk level should be opened for services after the investigation. Unless safety threats have been identified in the safety assessment, all cases with a final risk level of low or moderate should be closed following the investigation.

Risk Classification	Child Protection Concern	
	Confirmed	Unconfirmed
Very high	Open for ongoing services	Open for ongoing services
High	Open for ongoing services	Open for ongoing services
Moderate	Close	Close
Low	Close	Close

If the recommended response differs from the actual disposition, provide an explanation and obtain supervisory approval. Examples may include:

- Opening a case for ongoing services for a low- or moderate-risk family because of unresolved safety threats; or
- Closing a case for a family with a high or very high classification because the family declined services and there are no grounds to petition the court for ongoing child protective services involvement.

APPROPRIATE COMPLETION

1. Answer all questions on the assessment. Determine the risk level based on the highest score in either the neglect or abuse column.
2. Review policy overrides and select any that apply. Policy overrides automatically result in a risk level of very high.
3. Consider whether a discretionary override applies. CPWs may increase the scored risk level by one with a discretionary override.

4. Indicate the final risk level. If an override has been exercised, the final risk level should differ from the initial risk level. If an override has not been used, the final risk level will be the same as the initial risk level.

5. Provide narrative in case notes that describes the reason for the identification of all risk items on the neglect and abuse indices.

Only one household can be assessed on the risk assessment form.

The risk assessment is completed based on conditions that existed at the time the investigation was initiated, prior history of the family, and information gathered during the course of the investigation. For example, the current housing item is scored as "Homeless" regardless of when the condition occurs—whether the family is homeless at the beginning of the contact or at the end of the investigation contacts.

All questions are answered regardless of the type of allegation(s) reported or investigated. **The CPW must make every effort throughout the investigation to obtain the information needed to answer each assessment question through review of written historical case material and interviews with all family members and collateral contacts. The item definitions must be used when answering each risk question.**

If information cannot be obtained to answer a specific item, the item must be scored as "0."

Using the chart in Section 2, identify the corresponding risk levels for neglect and abuse. Indicate the overall risk level by selecting the higher of the two levels.

Section 3 consists of five supplemental risk questions that do not contribute to the scored or final risk level. These items are being reviewed for future risk assessment validation. Answer all supplemental items.

OVERRIDES

Policy Overrides

After completing the risk assessment, the CPW determines whether any of the policy override reasons exist by selecting each override reason that is present. Policy overrides reflect incident seriousness and child vulnerability concerns and have been determined to be cases that warrant the highest level of service regardless of the overall risk score. If any policy override reasons exist, select the appropriate policy override reason. The risk level is then increased to very high.

Discretionary Override
A discretionary override is applied by the CPW to *increase* the risk level in any case where the CPW believes the scored risk level is too low. Discretionary overrides may only increase the risk level by one unit (e.g. from low to moderate or moderate to high, but NOT low to very high). Use of a discretionary override means that according to the CPW's clinical judgment, the likelihood of future harm is higher than scored. The override reason must be indicated.

A discretionary override is not used simply to provide continuing services to a case. The reasons for all overrides must be explained in the narrative for the report. Reasons must be specific, based on the facts, and not include items already scored on the assessment. Discretionary overrides must be approved by the supervisor, which is indicated when the supervisor signs and dates the form.

Select the appropriate final risk level. If an override has been exercised, the final risk level will differ from the initial risk level. If an override has not been used, the final risk level will be the same as the initial risk level.

NORTHWEST TERRITORIES
SDM® SAFETY ASSESSMENT
DEFINITIONS

CHILD VULNERABILITY

- **Age 0–5 years.** Any child in the household is 5 years old or younger. Younger children are considered more vulnerable, as they are less verbal and less able to protect themselves from harm. Younger children also have less capacity to retain memory of event details. Infants are particularly vulnerable, as they are nonverbal and completely dependent on others for care and protection.

- **Developmental delay; medical or mental health disorders.** Any child in the household has diminished developmental/cognitive capacity OR a diagnosed medical or mental health disorder that significantly impairs ability to protect self from harm. Diagnosis may not yet be confirmed, but preliminary indications are present and testing/evaluation is in process. Examples may include but are not limited to ADHD, autism, severe asthma, depression, medically fragile, non-verbal, or speech delayed.

- **Not visible in the community.** The child is isolated or not visible within a cross section of the community (e.g. the family lives outside of the community, the child may not attend school and is not routinely involved in other activities within the community, absence of extended family or community connections).

- **Diminished physical capacity (e.g. non-ambulatory, limited use of limbs).** Any child in the household has a physical condition/disability that impacts ability to protect him/herself from harm (e.g. cannot run away or defend self, cannot get out of the house in an emergency situation if left unattended).

- **Addiction and/or other high-risk behaviour.** The child is engaging in high-risk behaviour and is more vulnerable to exploitation and harm (e.g. alcohol and drug use and addictions, unhealthy sexualized behaviours, gang affiliation, prostitution, criminal activity, absent from care, and other disruptive behaviours).

- **Homeless or highly transient.** The child lives on the street or is "couch surfing," has had multiple moves in care, etc.

SECTION 1: SAFETY THREATS

1. Parent/caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by *(select all that apply)*:

- Serious injury to the child other than accidental. Parent/caregiver caused serious injury to the child, which may include but is not limited to: brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, bruises and/or severe cuts; **AND** the child required medical treatment.

- Parent/caregiver fears he/she will maltreat the child. The caregiver expresses overwhelming fear that he/she poses a plausible threat of harm to the child or has asked someone to take the child so the child will be safe. For example, a mother with postpartum depression fears that she will lose control and harm her child. This does not include normal anxieties, such as fear of accidentally dropping a newborn baby.

- Threat to cause serious harm or retaliate against the child. Parent/caregiver threatened action that would result in serious harm, parent/caregiver plans to retaliate against child for CFS investigation, or child expresses a credible fear that he/she will be maltreated by the parent/caregiver and suffer serious harm.

- Excessive discipline or physical force. Parent/caregiver used physical methods to discipline a child that resulted in or could easily result in serious injury **OR** parent/caregiver injured or nearly injured a child by using physical force.

  Examples include:

  » Whipping a child of any age with a belt and leaving bruises; or
  » Spanking a child under the age of 2.

- Propensity to violence. Parent/caregiver has allegedly killed or seriously injured another person, or his/her actions show propensity to violence **AND** this creates an immediate threat of harm to the child(ren) in the household. Propensity to violence is defined as a natural inclination or tendency to frequently or almost always respond to situations using violence (e.g. a parent who has a repeated pattern of violent actions against an individual, such as death threats or assaults).

- Drug-exposed infant. Evidence shows that the mother used alcohol, other drugs, or solvents during pregnancy, **AND** this has created imminent danger to the newborn child. Indicators of imminent danger include the level of toxicity and/or type of drug present, diagnosis of the infant as medically fragile as a result of

drug exposure, and suffering of adverse effects by the infant due to introduction of drugs during pregnancy.

2. **Child sexual abuse or exploitation is suspected, AND circumstances suggest that the child's safety may be of IMMEDIATE concern.**
Suspicion of sexual abuse may be based on the following indicators.

- Child discloses sexual abuse verbally or child's behaviour indicates possibility of sexual abuse (e.g. age-inappropriate or sexualized behaviour toward self or others or prostitution).

- Medical findings are consistent with child sexual abuse.

- A sexual abuse allegation has been made against the parent/caregiver or others in the household, AND he/she:

  » Has been or is being investigated for, charged with, or convicted of a sex offence (including persons registered in the National Sex Offender Registry); OR

  » Has been previously identified as a sexual abuser by CFS or other child protection agencies.

- Parent/caregiver or others in the household have forced or encouraged the child to engage in or observe sexual behaviours, activities, or pornography.

AND circumstances suggest that the child's safety may be of immediate concern, based on the following indicators.

- An accused or convicted sexual abuser, or an individual suspected of perpetrating, has access to a child.

- Parent/caregiver blames child for the sexual abuse or the results of the investigation.

- Parent/caregiver does not believe that the sexual abuse occurred.

3. **Parent/caregiver does not protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, emotional abuse, and/or neglect.**

- The parent/caregiver does not provide supervision necessary to protect the child from potentially serious harm **by others** based on the child's age or

developmental stage. This includes a parent/caregiver not taking protective action following a disclosure of harm from the child.

- An individual with known violent criminal behaviour/history resides in the home, and current circumstances (e.g. no change in individual's behavioural pattern over time) suggest that the child's safety may be of immediate concern.

- Parent/caregiver has taken the child to dangerous locations where drugs/alcohol are manufactured, regularly used, and/or sold (e.g. amphetamine labs, drug houses, or locations used for prostitution or pornography), **AND** this is likely to recur.

4. Parent/caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.

- Nutritional needs of the child are not met, **AND** this results in danger to the child's health and/or safety, including severe vitamin deficiencies due to malnutrition.

- Child's clothing is inappropriate for the weather to the extent that the child is in danger of significant harm from hypothermia or frostbite.

- Parent/caregiver does not seek treatment for the child's immediate, chronic, and/or dangerous medical condition(s) **OR** does not follow prescribed treatment for such conditions (diabetes, asthma, etc.).

- Child has exceptional needs, such as being medically fragile, which the parent/caregiver does not or cannot meet.

- Child is suicidal and/or seriously self-harming, exhibiting signs of serious emotional symptoms, lack of behavioural control, or serious physical symptoms **AND** the parent/caregiver will not/cannot take protective action.

- Parent/caregiver does not attend to the child to the extent that need for care goes unnoticed or unmet (e.g. parent/caregiver is present, but the child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards).

- Parent/caregiver leaves the child alone in circumstances that create opportunities for serious harm (time period and opportunity for harm is dependent on age and developmental stage, e.g. young child left unattended in a vehicle on a hot day).

- Parent/caregiver is currently unavailable to care for the child and no arrangements have been made based on the child's age and developmental

status (incarceration, hospitalization, abandonment, unknown location, intoxication, illness).

5. The physical living conditions are hazardous and immediately threatening to the child's health and/or safety.

Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening, including but not limited to:

- Any heating source is faulty and dangerous and not properly maintained;
- Dangerous substances or objects accessible to a young child may endanger the child's health and/or safety (e.g. grow operations, meth labs, drug paraphernalia, scissors/knives, cleaning supplies);
- No source of water and no alternate or safe provisions;
- Exposed electrical wires;
- Excessive mould, uncontained garbage, or rotted or spoiled food that threatens child's health;
- Evidence of human or animal waste uncontained throughout household; and/or
- Unsecured, loaded, and accessible guns and other weapons or ammunition.

6. Parent/caregiver's current use of substances seriously impairs his/her ability to supervise, protect, or care for the child.

Parent/caregiver has used legal or illegal substances or alcohol to the extent that the parent/caregiver is currently unable to supervise, protect, or care for the child, which is likely to harm the child. Examples include but are not limited to:

- Co-sleeping with an infant or young child while under the influence of drugs, alcohol, or solvents;
- Packing the child or transporting the child in a car, skidoo, or all-terrain vehicle while under the influence of alcohol and/or other drugs; or
- Being unable to provide immediate care and/or supervision to a child in the event of an emergency or other essential need while under the influence of substances or alcohol.

7. Intimate partner violence or violence between two or more adults in the household exists and poses an immediate danger of serious physical and/or emotional harm to the child.

There is evidence of intimate partner violence or violence between two or more adults in the household, **AND** child's safety is of immediate concern. Examples include the following.

- Child was previously injured in an incident of violence in the household and violence is occurring now.
- Child exhibits severe anxiety (e.g. nightmares, insomnia) related to situations associated with violence in the household.
- Child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of violence in the household.
- Child's behaviour increases risk of injury (e.g. child attempted to intervene during violent dispute or participated in the violent dispute in an effort to protect a parent/caregiver or stop the violence).
- Evidence of serious, frequent, or escalating property damage resulting from violence in the household is apparent.
- Other indicators of highly dangerous situations exist, such as an abuser threatening or attempting to kill an adult, abuser harming household pets, and/or recent separation that is resisted by a violent partner.

8. Parent/caregiver's mental health, developmental, or cognitive functioning or physical condition/disability seriously impairs his/her current ability to supervise, protect, or care for the child.

Evidence exists that the parent/caregiver is mentally ill, developmentally delayed, cognitively impaired, or has a physical condition/disability, **AND** as a result, one or more of the following situations are observed.

- Parent/caregiver refuses to seek evaluation/treatment and/or to follow prescribed medications to the extent that symptoms are present that interfere with ability to provide for basic needs, or that put child in imminent danger of physical harm, or are causing severe emotional harm to the child.
- Parent/caregiver is unable to control emotions.
- Parent/caregiver acts out or exhibits a distorted perception.

- Parent/caregiver expects the child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (e.g. babies and young children expected not to cry, to be still for extended periods, to be toilet trained, to eat neatly, to care for younger siblings, or to stay alone).

- Due to cognitive delay, the parent/caregiver lacks basic knowledge and understanding related to parenting. Examples include <u>not</u>:

  » Knowing that infants need regular feedings;
  » Accessing and obtaining basic/emergency medical care;
  » Understanding proper diet; or
  » Providing adequate supervision.

9. Parent/caregiver describes the child in predominantly negative terms or acts toward the child in negative ways AND the child is a danger to self or others, acts out aggressively, or is severely withdrawn and/or suicidal.
Examples of parent/caregiver actions include:

- Speaking to or about the child in a demeaning or degrading manner (e.g. swearing or describing the child as evil, stupid, ugly);

- Scapegoating a particular child in the family (e.g. blaming the child for a significant incident or family problems); or

- Including the child in a dispute (e.g. custody dispute) and expecting the child to act as an intermediary, choose sides between parents/caregivers, etc.

10. Parent/caregiver's explanation for the child's injury is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
Factors to consider include the child's age, location of injury, child's developmental needs, and frequency or severity of injuries. The child's safety may be of immediate concern when:

- Parent/caregiver denies abuse or attributes injury to accidental causes; OR

- Parent/caregiver's explanation, or lack of explanation, for the observed injury is inconsistent with the type of injury; OR

- Parent/caregiver's description of the injury or cause of the injury minimizes the extent of harm to the child.

AND

One of the following is true:

- The injury requires medical attention, AND medical assessment indicates the injury is likely to be the result of abuse; OR

- A suspicious injury that did not require medical treatment was located on an infant; or, for older children, on the torso, face, or head, and/or covered multiple parts of the body; appeared to be caused by an object; or is in different stages of healing.

11. Parent/caregiver refuses access to the child or hinders the investigation, or there is reason to believe that the family is about to flee.
Examples include but are not limited to the following situations.

- Family currently refuses access to the child or cannot/will not provide the child's location.

- Family has taken the child from a hospital against medical advice to avoid investigation.

- Family has previously fled in response to a child protection investigation.

- Family has a history of keeping the child at home, away from peers, school, and other outsiders for extended periods of time for the **purpose of avoiding investigation**.

- Information exists that suggests the parent/caregiver is intentionally coaching or coercing the child, or allowing others to coach or coerce the child, in an effort to hinder the investigation.

12. Other (specify).
Circumstances or conditions exist that pose an immediate threat of serious harm to a child and are not already described in safety threats 1–11.

SECTION 1A: PROTECTIVE CAPACITIES

Child

1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.

- The child has an understanding of the family environment in relation to any real or perceived threats to safety.

- The child has the maturity to protect self or care for siblings.

- The child can identify how to obtain immediate assistance if needed (e.g. calling emergency responders, running to neighbour, telling an adult who is significant to the child).

- The child is emotionally capable of overcoming allegiance to the parent/caregiver in order to protect self and/or siblings.

- The child has sufficient physical capability to protect self and/or siblings to remove self and/or siblings from the situation if necessary.

2. Child has, on more than one occasion, successfully acted in a way to protect self from the safety threat.

This includes but is not limited to:

- Child reached out to a member of the support network in response to the safety threat, and that network member was able to keep the child safe; or

- Child has demonstrated an ability to successfully protect self or siblings from the safety threat.

Parent/Caregiver

3. Parent/caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.

- The parent/caregiver has the ability to understand that the current situation poses a threat to the child's safety.

- The parent/caregiver is able to follow through with any actions required to protect the child.

- The parent/caregiver is willing to put the child's emotional and physical needs ahead of his/her own.

- The parent/caregiver possesses the capacity to physically protect the child.

4. Parent/caregiver recognizes problems and safety threats that place the child in imminent danger and is willing and able to participate in safety planning.

- The parent/caregiver is cognizant of the problems that necessitated CFS intervention to protect the child.

- The parent/caregiver expresses a willingness to identify and/or discuss strategies that will ensure the child's safety.

- The parent/caregiver is able and willing to verbalize what is required to mitigate the threats that have contributed to the threat of harm to the child.

- The parent/caregiver accepts feedback and recommendations from the CPW.

5. Parent/caregiver is willing to accept temporary interventions offered by the CPW and/or other community agencies, including cooperation with continuing investigation/assessment.

- The parent/caregiver accepts the involvement, recommendations, and services of the CPW or other individuals working through referred community agencies.

- The parent/caregiver expresses that he/she will cooperate with the continuing investigation/assessment, allows the CPW and intervening CFS to have contact with the child, and agrees to support the child in all aspects of the investigation or ongoing interventions.

6. Parent/caregiver is aware of AND committed to meeting the needs of the child.

- The parent/caregiver expresses the ways in which he/she has historically met the child's needs for:

  » Supervision;
  » Stability;
  » Basic necessities;
  » Mental/medical health care; and
  » Developmental/education.

- The parent/caregiver expresses commitment to the child's continued well-being.

7. There is evidence of a healthy relationship between parent/caregiver and child.

- The parent/caregiver displays appropriate behaviour toward the child, demonstrating that a healthy attachment with the child exists.

- There are clear indications through both verbal and non-verbal communication that the parent/caregiver is concerned about the child's emotional well-being and development.

- The child interacts with the parent/caregiver in a manner evidencing that an appropriate relationship exists and that the child feels nurtured and safe.

8. At least one parent/caregiver in the home is willing and able to take action to protect the child.

- The non-offending parent/caregiver understands that continued exposure between the child and the offending parent/caregiver poses a threat to the child's safety, **AND** the non-offending parent/caregiver is able and willing to protect the child by ensuring that the child is in an environment in which the offending parent/caregiver will not be present.

- If necessary, the non-offending parent/caregiver is willing to ask the offending parent/caregiver to leave the residence.

- If the situation requires, then the non-offending parent/caregiver will not allow the offending parent/caregiver to have other forms of contact (e.g. telephone calls, electronic correspondence, mail, correspondence through third-party individuals) with the child.

9. Parent/caregiver has the ability to access resources to provide necessary safety interventions.

Parent/caregivers are aware of and willing to access community resources available to meet identified needs in safety planning (e.g. able to obtain food, provide safe shelter, provide medical care/supplies).

10. Parent/caregiver has supportive relationships with one or more people who may be willing to participate in safety planning, AND parent/caregiver is willing and able to accept their assistance.

An extended family member, immediate family member, neighbour, or friend is willing and able to offer assistance (e.g. providing child care or securing appropriate resources and services in the community), **AND** the parent/caregiver is willing and able to receive this support.

11. Parent/caregiver can articulate strategies that, in the past, have been successful in mitigating the identified threats to child safety.

- The parent/caregiver has historically sought to solve problems and resolve conflict using a variety of appropriate strategies and resources, including assistance offered by friends, neighbours, and community members.

- The parent/caregiver has shown an ability to identify a problem, outline possible solutions, and select the best means to resolution in a timely manner.

12. Other (specify).

This option is for circumstances or conditions that are not already described in protective capacities 1–11.

SECTION 2: SAFETY INTERVENTIONS

Safety interventions are actions taken to specifically mitigate any identified safety threats. They should address immediate safety threats rather than long-term changes. If protective capacities 3, 4, and/or 5 are not identified, consider whether an in-home safety intervention can be put into place, leaving the child in the home. Refer to CFS policies whenever applying any of the safety interventions for safety planning.

In-Home Interventions

1. Intervention or direct services by the CPW. (Do NOT include the investigation itself.)

The CPW provides services accepted by the parent/caregiver that specifically address one or more safety threats. Examples include:

- Providing information about nonviolent disciplinary methods, child development needs, or parenting practices;
- Providing emergency support, such as money, food, and infant formula;
- Planning additional return visits to the home to check on progress;
- Providing information on obtaining peace bonds and/or emergency protection orders; and
- Providing information on child abuse and neglect and discussing the legal implications of abusive and neglectful behaviour.

Intervention **DOES NOT INCLUDE** the investigation itself or services provided to respond to family needs that do not directly affect safety.

2. Use of family, neighbours, community elders, traditional healers, or other individuals in the community as safety resources.

This can include the family's own strengths as resources to mitigate safety concerns. Examples include:

- Engaging community resources (e.g. elders and/or traditional healers) to assist with safety planning, such as agreeing to serve as a safety net or meet with the parent/caregiver in crisis;
- Engaging an extended family member to assist with child care or supervised visits; and
- Agreement by a neighbour or a friend to serve as a safety net for an older child.

3. **Use of community agencies or services as safety resources.**
Involving community-based organizations (friendship or wellness centres), faith-related organizations, or other community services in activities to address safety concerns (e.g. Community Counselling Program, family preservation, Healthy Families, using a local food bank). **DOES NOT INCLUDE** long-term therapy or treatment or placement on a waiting list for services.

4. **Parent/caregiver appropriately protects the victim from the alleged abuser.**
A non-offending parent/caregiver has acknowledged the safety concerns and is willing and able to protect the child from the alleged abuser. Examples include:

- Agreement that the child will not be alone with the alleged abuser; and
- Agreement that the parent/caregiver will prevent the alleged abuser from physically disciplining the child.

5. **Alleged abuser leaves the home, either voluntarily or in response to legal action.**
Examples include:

- Arrest of alleged abuser;
- Non-perpetrating parent/caregiver requires alleged abuser to leave; or
- Alleged abuser agrees to leave.

6. **Non-offending parent/caregiver moves to a safe environment with the child.**
Parent/caregiver who is not suspected of harming the child has taken, or plans to take, the child to an alternate location where the alleged abuser will not have access. Examples include:

- Family violence shelter, transition house, or safe home;
- Home of a friend or relative; or
- Hotel.

7. **Legal action planned or initiated—child remains in the home. (May ONLY be used in conjunction with other safety interventions.)**
A legal action has commenced, or will be commenced, that will effectively mitigate identified safety factors. This includes:

- Family-initiated actions (e.g. emergency protection orders, non-contact order, mental health commitments, changes in custody/visitation/guardianship);
- CPW initiated court orders (e.g. application for supervision order); or
- Royal Canadian Mounted Police–initiated actions (e.g. arrest, remand).

8. Parent/caregiver makes arrangements for the child to stay with identified extended family, a friend, or a community member.

The parent/caregiver agrees to have the child temporarily stay with a relative or other suitable person while safety threats are being addressed. This should **ONLY** include agreements made between the parent/caregiver and the relative, significant other, or community member (family arrangement). Examples include but are not limited to:

- Child stays with a relative or the parent/caregiver's significant other while environmental hazards are addressed;
- Child stays with a relative or the parent/caregiver's significant other while the offending parent/caregiver moves to another location; or
- Child stays with a relative or the parent/caregiver's significant other to deescalate parent/caregiver-child conflict.

9. Other (specify).

The family or CPW identified a unique intervention for an identified safety threat that does not fit within items 1–8.

Placement Interventions

10. Child apprehended because interventions 1–9 do not adequately ensure the child's safety.

One or more children are placed in the care of the Director pursuant to the *Child and Family Services Act*.

SECTION 3: SAFETY DECISION

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

2. Safe With Plan. One or more safety threats are present. Protective in-home safety interventions have been initiated and the child will either remain in the home or will temporarily stay with a relative or the parent/caregiver's significant other with consent of the parent/caregiver. **A SAFETY PLAN IS REQUIRED.**

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

NORTHWEST TERRITORIES
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
SDM® SAFETY ASSESSMENT
POLICY AND PROCEDURES

The purpose of the safety assessment is to:

1. Help assess whether any child is likely to be in immediate danger of serious harm/abuse or neglect that requires intervention; and

2. Determine what interventions should be initiated or maintained to protect the child.

SAFETY VERSUS RISK ASSESSMENT

Safety assessment differs from risk assessment in that it assesses the child's **present** danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of any **future** abuse or neglect. It is important to keep these differences in mind when completing this form.

WHICH CASES

All child protection reports that are assigned for investigation, including a screened-in report of an ongoing protection case.

Any investigation or ongoing protection case in which circumstances require a safety assessment due to changes in:

- Family circumstances (e.g. birth of a baby, unknown adult moves into home, person leaves the household);
- Information that is known about the family; and/or
- Ability of safety interventions to mitigate safety threats.

WHO

A CPW.

WHEN

For new reports, including ongoing child protection cases, the child's safety is assessed before leaving the child in the home or returning the child to the home during the investigation.

The safety assessment form must be completed by the end of the next business day following the first face-to-face contact with the child/family.

If, during the course of investigation, any safety assessment identified a safety threat and led to a safety plan, an updated safety assessment must be completed prior to closing the file (including the safety assessment form). If safety threats remain unresolved, an ongoing protection case should be opened.

DECISION

The safety assessment provides structured information concerning the threat of immediate harm to a child. This information guides the decision about whether the child may remain in the home with no intervention, may remain in the home with safety interventions in place, or must be protectively placed.

APPROPRIATE COMPLETION

CPWs should familiarize themselves with the items included on the safety assessment and the accompanying definitions. SDM assessments ensure that every CPW is assessing the same items in each case and that the responses to these items lead to specific decisions. Once a CPW is familiar with the items that must be assessed to complete the assessment, the CPW should conduct the initial interviews/contact as normal, using good social work practice to collect information from the child, parent/caregiver, and collateral sources (if applicable). The specific items on the safety assessment must be completed during the initial child/family contact. Subsequent review assessments may need to be completed, as described below. A closing assessment must also be completed.

Header Information

Enter the name of the household assessed. This is typically the last name of the primary parent/caregiver in the household.

Some reports may involve more than one household with a safety assessment. If two such households have the same last name, also include the first name. Record the name of the primary parent/caregiver and, if present, the secondary parent/caregiver.

Also select whether allegations exist in the household being assessed. If at least one alleged abuser resides in the household, there are allegations in that household.

Enter the type of safety assessment.

- Initial. Each household in the report should have **one, and only one**, initial assessment. This should be completed during the first face-to-face contact with the child and parent/caregiver when there are allegations in that household.

- Review. After the initial assessment, any additional safety assessment is most likely a review, unless it is completed at the point of closing a report or ongoing protection case.

- Closing. This review is completed prior to closing a case.

Record the date of the safety assessment. This should be the date that the CPW made face-to-face contact with the child to assess safety, which may be different from the date on which the form is being completed.

The safety assessment consists of four sections plus subsections.

CHILD VULNERABILITY

Each child's vulnerability is considered throughout the assessment and safety planning. Typically, young children cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization. Indicate whether any child vulnerabilities are present for any child in the household who may be in need of protection. Note that these vulnerability issues provide a context for safety assessment. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe or that a safety threat is present.

Section 1: Safety Threats

This is a list of 11 critical threats that must be assessed by every CPW in every case. These threats cover conditions that would place a child in danger of immediate, serious harm. Because not every conceivable safety threat can be anticipated or listed on a form, a 12th option ("other") is included.

For each item, consider the most vulnerable child. Rely on information available at the time of the assessment. CPWs should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, not all facts about a case can be known immediately. Some information is inaccessible, and some might be deliberately hidden from the CPW. Based on reasonable efforts to obtain the information necessary to respond to each item, respond to each safety threat based on the accompanying definitions.

Section 1A: Protective Capacities

This section is completed **only if one or more safety threats were identified**. Select any of the listed protective capacities that are present for any child or parent/caregiver. Consider information from the report; from CPW observations; interviews with children, parent/caregivers, and collaterals; and review of records. For "Other," consider any existing condition that does not fit within one of the listed categories but may support safety interventions for the safety threats identified. Actions taken by the child should not be the basis for the safety plan but may be incorporated as part of the plan.

Section 2: Safety Interventions
This section is completed only if one or more safety threats are identified and after a CPW has determined whether or not protective capacities are present. The presence of one or more safety threats does not automatically mean that a child must be apprehended. In many cases, the child may remain in the home while the investigation continues if a short-term plan that sufficiently mitigates the safety threat(s) is initiated. Consider the relative severity of the safety threat(s), the parent/caregiver's protective capacities, and the vulnerability of the child.

The safety intervention list contains general categories of interventions rather than specific programs. The CPW should consider each potential category of interventions and determine whether that intervention is available and sufficient to mitigate the safety threat(s) and the parent/caregiver's ability and willingness to follow through with a planned intervention. An intervention's presence in the community does not necessitate its use in a case.

The CPW may determine that even with an intervention, the child would be unsafe, or the CPW may determine that an intervention would be satisfactory but may have reason to believe the parent/caregiver would not follow through. The CPW should keep in mind that any single intervention may be insufficient to mitigate the safety threat(s), but a combination of interventions may provide adequate safety. The safety intervention is not the case plan—it is not intended to "solve" the household's problems or provide long-term answers. A safety plan permits a child to remain home (including family arrangements) during the course of the investigation.

For each identified safety threat, review the current protective capacities. Given these protective capacities, can in-home safety plan interventions adequately mitigate the threat? When assessing the appropriateness of safety interventions, it is critical to review the assessed protective capacities in Section 1A. If capacities 3, 4, and/or 5 are not present, the rationale for implementing any in-home safety interventions must be carefully considered and clearly documented.

Safety interventions 1–9 are considered to be in-home interventions and are incorporated into a safety plan where a threat has been identified and protective capacities, in combination with one of these interventions, will allow the child(ren) to remain in the home while the investigation continues.

If one or more safety threats are identified and the CPW determines that in-home interventions are unavailable, insufficient, or may not be used, the final option is to indicate that the child will be placed in care via an apprehension process. If safety intervention 10 is used, the safety decision must be unsafe. Safety intervention 10 is used when only a placement can ensure safety.

If one or more interventions will be implemented, select each category that will be used. If an intervention will be implemented that does not fit into one of the categories, select 9 ("other") and briefly describe the intervention.

Section 3: Safety Decision
Record the result of the safety assessment. Select safe, safe with plan, or unsafe based on identification of safety threats, protective capacities, and safety interventions. "Safe" guides the CPW to leave the child in the home for the present time. "Safe with plan" requires that a safety plan be developed with and signed by the parent/caregiver. "Unsafe" guides the CPW to place the child in care to protect the child from harm.

Any safety plan must include:

- Each safety threat identified in Section 1, written in a family-friendly manner that also describes the threat and impact on the child;
- Detailed information for each planned safety intervention;
- Information that describes how the safety plan will be monitored (e.g. who is responsible for each intervention action); and
- Signature lines for family members, the CPW, and the CPW's supervisor.

The safety plan MUST be completed with the family, and a copy should be left with the family. If safety threats have not been resolved by the end of the investigation, all remaining interventions will be incorporated into the ongoing case plan.

Section 4: Location of Child's Placement
The name and safety decision for each child assessed should be recorded in this section in the same order as the information appears on page 1 of the assessment instrument. **If the safety decision for the household (Section 3) is "Unsafe" and any child will remain in the home, provide an explanation in the summary section.**

PRACTICE CONSIDERATIONS
While safety is the prevailing concern for the first face-to-face contact, the manner of engaging the family will depend upon clinical social work skills. Whenever possible, the CPW should use a strengths-based approach to initiate the contact, while remaining observant for the presence or absence of safety threats. Most safety threats are salient and can be discerned without invasive questioning. The first face-to-face contact may be limited to assessing safety if there are significant safety issues. At other times, the CPW will also begin to gather information regarding risk and/or strengths and needs items, as well as additional clinical information.

NORTHWEST TERRITORIES
SDM® SCREENING AND RESPONSE PRIORITY ASSESSMENT
DEFINITIONS

SECTION 1. ABUSE OR NEGLECT TYPE

Part A: Screening Criteria

Abuse or neglect is an action or lack of action by a parent, caregiver, or custodian resulting in the abuse and/or neglect of a child. A worker will consider child's age, developmental status, and other vulnerabilities when assessing reports of allegations of abuse or neglect.

Using the definitions, indicate the type of abuse or neglect that meets the criteria in the definitions. If no criteria are met, select "Screen out" as the initial screening recommendation.

Physical Abuse

Physical abuse is action by the parent/caregiver that caused or is likely to cause a child to sustain a physical injury.

Suspicious death of a child due to physical abuse and another child is in care of parent/caregiver.
There is a report of child death and concern that physical abuse contributed to or caused the child's death, and another child(ren) is in the parent/caregiver's care.

Examples include but are not limited to:

- Death of a child due to head trauma or internal injuries that appear suspicious and there is another child(ren) in the care of parent/caregiver; and/or
- Death of a child due to suffocation or physical restraint that prevented adequate respiration and there is another child(ren) in the care of parent/caregiver.

Non-accidental physical injury.

The child has an injury deliberately inflicted by a parent/caregiver. Injury or injuries may be current or in different stages of healing. Include physical injuries to a child that resulted from an IPV incident or excessive physical discipline, including but not limited to spanking a child under 2 years or older than 12 years of age, or spanking using belts or paddles. *If the reporter does not know how a reported injury was caused, refer to "Unexplained physical injury*." Do not include injuries that result from sexual acts—refer to the sexual abuse maltreatment type to see if the report meets criteria. (Reference the most recent Criminal Code of Canada.)

Examples of non-accidental injuries may include but are not limited to:

- Bruises, lacerations, broken skin, or scrapes;
- Burns, scalding, or bites;
- Injuries to bone, teeth, muscle, cartilage, or ligaments;
- Head injuries; and/or
- Internal injuries.

Unexplained physical injury.
Injury to the child for which the parent/caregiver and/or child can give no plausible explanation or the explanation is inconsistent with the injury.

Examples include but are not limited to situations in which the child has an injury and:

- Parent/caregiver or child provides details of the causes of the injury that are inconsistent with the injury;

- Parent/caregiver has no explanation for the injury;

- The injury appears non-accidental, BUT the reporter has no information about circumstances that caused injury;

- The injury is uncommon for a child of his/her age or development;

- There are many injuries in different stages of healing; and/or

- Injury is in the shape of an object (e.g. linear bruising, loop marks).

Parent/caregiver has acted or threatened to act in a way that is likely to cause physical injury.
It is not necessary for a reporter to determine that an injury occurred. *NOTE: If the child has been injured, also select the applicable physical abuse item above.*

Parent/caregiver actions that could cause injury include but are not limited to the following:

- Repeated withholding of water or food (with the exception of desserts, snacks, or candy);

- Forcing a child to consume excessive amounts of water or food, including hot sauce, salt, or pepper;

- Feeding/forcing the consumption of poisonous, corrosive, unprescribed, or mind-altering substances and/or non-food items;

- Requiring unreasonable physical activity as punishment. The level of physical activity required of the child exceeds the child's ability to perform, and the child has or is likely to experience extreme pain, dehydration, or exhaustion;

- Forcible confinement, such as locking the child in a room or closet or using physical restraints;

- Other parent/caregiver actions that have not yet caused injury to child, but there is reasonable likelihood that the child will be harmed without intervention. Examples include:

    » Threat of harm that, if carried out, is likely to cause injury to child, and it is likely the parent/caregiver will carry out the threat;

    » Escalating parent/caregiver action/behaviour toward child with a history of parent/caregiver causing physical injury when this occurs; and

    » Dangerous behaviour toward the child or in immediate proximity of the child, including incidents of violence that occur while the child is present. Consider a combination of child location, type of incident (e.g. pushing, throwing objects, use of a weapon), and child vulnerability.

Sexual Abuse

Sexual abuse is any sexual act on a child by a parent/caregiver, adult in the household, or intimate partner of a parent/caregiver, or a household member is unable to be ruled out as an alleged abuser. Sexual acts include sexual penetration, touching, invitation to sexual touching, harassment, sexual interference, exposure, voyeurism, incest, procuring, child pornography, bestiality, luring a child, sexual exploitation, and child sex tourism (reference most recent Canadian Criminal Code). Child sex tourism is when an adult procures, attempts to procure, or solicits a child 18 years old or younger, whether in or out of Canada, to have illicit sexual intercourse with another person (whether in or out of Canada) **OR** procures a child to enter or leave Canada for the purpose of prostitution.

If the legal guardian is not the abuser and concern exists about his/her ability to protect, also consider "Failure to protect child against neglect, physical harm, emotional harm, and/or sexual abuse" under the neglect maltreatment type.

The report may be based on verbal or nonverbal disclosure (e.g. writing letters, re-enacting abuse type situations, drawing pictures), medical evidence, or credible witnessed act.

<u>Parent/caregiver has engaged or is attempting to engage in a sexual act with child</u>.
The parent/caregiver made or attempted to make sexual advances toward a child and/or asked a child to perform sexual acts.

Sexual exploitation of child by a parent/caregiver.
The parent/caregiver involves the child 17 years old or younger in prostitution or allows, permits, encourages, or engages in obscene or pornographic display, photographing, filming, or depiction of the child as prohibited by law.

Exposure to sexually explicit conduct or sexually explicit materials.
The parent/caregiver has intentionally or recklessly exposed the child or allowed the child to be exposed to actual or simulated sex acts; sexually explicit materials; sexual contact; bestiality; masturbation; purposeful exhibition of the genitals, anus, or pubic area; or other sexually explicit conduct.

Physical, behavioural, or suspicious indicators consistent with sexual abuse.
Basis exists for concern; the parent/caregiver is suspected to have sexually harmed the child, or at this time the abuser is unknown and the parent/caregiver cannot be ruled out. Examples include but are not limited to the following.

- A child 15 years old or younger has a sexually transmitted infection, symptoms of a sexually transmitted infection, or otherwise unexplained injuries to his/her genital or anal area.

- A child has initiated sexual acts or activities that are outside age-appropriate exploration or development, and this has led to concern that he/she is a victim of sexual abuse, including a toddler or elementary school–aged child displaying highly sexualized, aggressive behaviours.

  This does NOT include:

  » A child 14 or 15 years old consenting and engaging in sexual activity with a partner less than *five* years older **AND** there is no relationship of trust, authority, dependency, or exploitation of a young person.

  » A child 12 or 13 years old consenting and engaging in sexual activity with a partner less than *two* years older **AND** there is no relationship of trust, authority, dependency, or exploitation of a young person.

- Child complains of pain in the genital or anal area **AND** other indications of sexual abuse exist as referenced in preceding bullets.

Threat of sexual abuse.
There is new information that a parent/caregiver sexually abused any child at any time.

OR

There is existing knowledge that the parent/caregiver was confirmed or suspected to have sexually abused any child at any time **AND** there are concerning parent/caregiver behaviours or concerning indicators in child that would not, in and of themselves, be enough to screen in, but in combination warrant assessment.

Examples of concerning parent/caregiver behaviours include but are not limited to the following.

- Severely inappropriate sexual boundaries exist in the home. Adults in the home allow children to see sexually explicit material, witness sexual acts, or hear sexual language that is inappropriate to their age/developmental status for the purpose of sexual gratification for the adult.

  AND

  The behaviour of the adult is seen as grooming the child for future sexual abuse.

  Grooming refers to a deliberate and escalating pattern of actions taken to lower a child's inhibitions in preparation for sexual abuse (e.g. treating the child as "more special" than other children, talking about sexual topics that are age-inappropriate, exposing the child to pornography, deliberate self-exposure).

Examples of concerning child indicators include but are not limited to the following.

- The child is exhibiting age-inappropriate sexual behaviour and/or emotional distress.

Emotional Abuse
Emotional abuse is a pattern of negative behaviour; repeated destructive interpersonal interactions; or a single, significant destructive interaction by the parent/caregiver toward the child. The impact on the child of being exposed to these emotionally harmful behaviours may include depression, significant anxiety or withdrawal, self-destructive or aggressive behaviour, or delayed development.

<u>Parental action has or is likely to emotionally harm the child</u>.
Parent/caregiver has a pattern of negative behaviour; repeated destructive interpersonal interaction; **OR** a single, significant destructive interaction toward the child that has or likely will have an impact on the child's emotional well-being. The child may exhibit harm through symptoms of depression, significant anxiety or withdrawal, self-destructive or outwardly aggressive behaviour toward others, delayed development, or other behaviour that is consistent with the child having suffered emotional harm. Parental behaviour that constitutes emotional abuse or neglect may include but is not limited to repeated and/or extreme episodes of the following actions.

- Rejecting, which refers to the parent/caregiver's refusal to acknowledge the child's worth and the legitimacy for the child's needs. This may include singling one child out to criticize or punish, belittling the child, or shaming the child for expressing normal emotions such as affection or grief.

- Withholding, which refers to limiting affection or cognitive stimulation, failing to express care and love for the child, and/or using affection as a reward.

- Terrorizing, which refers to the parent/caregiver verbally assaulting the child, creating a climate of fear, and/or bullying and frightening the child so that the child believes the world is unpredictable and hostile. This may include threatening harm or actually harming self or a child's loved ones, including pets; intentionally placing the child in dangerous situations; or otherwise intentionally causing the child to experience extreme fear.

- Ignoring, which refers to the parent/caregiver depriving the child of essential stimulation and responses, which stifles emotional growth and intellectual development.

- Isolating, which refers to the parent/caregiver cutting the child off from normal opportunities for social or cultural interaction, preventing the child from forming friendships, and making the child believe that he/she is alone in the world. This may include intentionally denying the child opportunities for interacting with peers or other adults.

- Corrupting, which refers to the parent/caregiver "mis-socializing" the child, stimulating the child to engage in destructive antisocial behaviour that reinforces deviance and makes the child unfit for normal social experiences. Parental actions encourage the child to develop self-destructive, antisocial, criminal, or deviant behaviours.

- Exploiting, which refers to the parent/caregiver using the child for his/her own gain, such as talking negatively about the other parent/caregiver in an effort to sabotage the child's relationship with that parent/caregiver.

<u>Exposure to violence between parents/caregivers and/or other adult household members</u>. Child is exposed to one or more incidents of violence between parents/caregivers and/or other adult household members as indicated by the *child seeing, hearing, or trying to intervene* in the incident of violence **OR** the child displays signs of being impacted by the violence although they have not directly witnessed it (e.g. buildup of tension, aftermath of the assault, observing victim's injuries). Incidents of violence include but are not limited to *physical conflict; sexual assault; verbal altercations* that include coercion, intimidation, or threats; manipulation or control of children; isolation; or unreasonable control of the adult victim.

When assessing reports of exposure to violence, consider that some conflict between parents/caregivers or partners is a normal part of a relationship, it may occur during and following a parental separation, and it is **not necessarily** a child protection concern.

Exposure to violence includes all circumstances in which:

- A child is living in a situation where there is violence between parents/caregivers, partners living together, or others living in the home; or
- Parents/caregivers are separated but continue to share parenting responsibilities and directly expose their child to violence as described above.

Neglect

Neglect is the lack of action by a parent/caregiver in providing for the adequate care and attention of the child's needs, resulting in harm or substantial risk of harm to the child.

Suspicious death of a child due to neglect and another child is in care of parent/caregiver.
Report of child death and while the circumstances have not been determined, a medical or law enforcement professional or other reliable source is concerned that the death may have resulted from parental neglect **AND** other children are in the home.

Examples include:

- Unattended drowning; or
- Death of an infant in an unsafe sleeping arrangement, such as sleeping with an intoxicated adult.

Parent/caregiver permanent absence or abandonment.
A parent/caregiver is absent or unable to provide care and supervision to the child. Examples include but are not limited to the following.

- Parent/caregiver voluntarily surrendered or relinquished the child and his/her rights as a parent/caregiver.
- Parent/caregiver has abandoned the child with no apparent plans for return **OR** parent/caregiver's whereabouts are unknown and it appears that he/she has no intention of returning.
- Parent/caregiver is unable to care for the child due to death, incarceration, hospitalization, or unavoidable absence **AND** there is no safe adult to care for the child. *If the parent/caregiver is incarcerated, hospitalized, or absent and has made a plan of care for the child with a safe adult, do not select this item*.

- Parent/caregiver blatantly refuses to provide care, such as the permanent or indefinite expulsion of a child from the home, without adequately arranging for the child to be cared for by others. Examples include kicking a child out of the home, refusing to accept custody of a returned runaway, refusing to participate in discharge planning, refusing to accept a child back into home upon discharge from a facility.

- Parent/caregiver left child with family or friends who state an intention to discontinue care **OR** parent/caregiver is shuttling (repeatedly leaves the child in the custody of others for days or weeks) and others are not able to provide adequate care of the child. Parent/caregiver refuses to accept child back or cannot be located.

If the absence of a parent/caregiver does not appear permanent, consider selecting the "Inadequate supervision" item. Permanent absence may be indicated by taking clothing or other belongings, quitting jobs, establishing another residence, or an absence that has exceeded planned return.

Failure to protect child against neglect, physical harm, emotional harm, and/or sexual abuse. The child is being harmed or likely would be harmed by a person **other than the parent/caregiver** (including siblings), **AND** the parent/caregiver is aware of this or reasonably should have this knowledge, **AND** there is no indication that the parent/caregiver has acted to protect the child. Examples include but are not limited to the following.

- Parent/caregiver does not intervene despite knowledge (or reasonable expectation that the parent/caregiver should have knowledge) that the child is being harmed (including physical harm, emotional harm, sexual abuse, or neglect) by another person.

- Parent/caregiver is aware or reasonably should be aware of a third party exploiting his/her child by encouraging or demanding that the child participate in criminal acts, and the parent/caregiver does not intervene to protect child.

- Parent/caregiver is aware that children in the household(s) engage in sexual behaviour that is outside of normal exploration or involves coercion, violence, or exploitation, and parent/caregiver does not intervene despite this knowledge. Sexual acts among children can be considered exploitative based on the nature and circumstances of the relationship; how the relationship developed; or whether the relationship involves trust, authority, or dependency.

- Parent/caregiver expresses disbelief and/or demonstrates lack of support for a child who has disclosed sexual, emotional, or physical abuse by the other parent/caregiver, a family member, or another person.

- Parent/caregiver allows individual(s) with known history of sexual or physical abuse or neglect to have unsupervised access to child.

- Parent/caregiver witnesses a third party abusing his/her child (e.g. striking, shaking, shoving, threatening, intimidating, berating, exposing to sexually explicit acts or pornography) and does not intervene to protect the child.

- Child is left with an inappropriate caregiver (a person known by the parent/caregiver to neglect or abuse children, or known to be violent, use alcohol/drugs, or have serious mental health concerns to the extent that his/her ability to provide care is significantly impaired).

Inadequate supervision
Parent/caregiver is present but inattentive to actions or needs of the child, or the parent/caregiver has made inadequate care arrangements for the child. Injury has occurred due to lack of supervision or has been avoided only due to third-party intervention. Examples include but are not limited to the following.

- Child has been left unsupervised with responsibilities beyond his/her capabilities and/or without a support system. Consider length of time unsupervised, time of day, and age/ability of child.

- Child plays with dangerous objects (e.g. sharp knife, matches, guns).

- Child ingests alcohol, drugs, or solvents while parent/caregiver is caring for child.

- Parent/caregiver is unable to care for child due to substance use, mental illness, or developmental disability.

Non-organic failure to thrive.
The child has been diagnosed with non-organic failure to thrive or allegedly has symptoms suggestive of non-organic failure to thrive, such as being dehydrated, emaciated, underweight, or physically underdeveloped, and it is suspected that the child's diagnosis or symptoms are related to a parent/caregiver's actions or lack of action to care for the child.

Inadequate medical, dental, and/or mental health care.
Parent/caregiver unreasonably delays; refuses; or does not seek, obtain, and/or maintain necessary medical, dental, or mental health care for the child when parent/caregiver knows, should reasonably be expected to know, or has been informed that such actions may cause serious harm or suffering without intervention. Such actions may include but are not limited to:

- Withholding or failing to obtain/maintain medically necessary treatment for a child with life-threatening, acute, or chronic medical conditions;

- Withholding or failing to obtain/maintain necessary mental health treatment or rehabilitative services for a child with suicidal or self-harming behaviours or threats, psychosis, severe depression or anxiety, or other severe mental health conditions; and/or

- Failing or refusing to obtain dental care for a child with dental problems that cause chronic pain or interfere with routine eating.

Inadequate clothing or hygiene.
Parent/caregiver has failed to meet a child's basic needs for clothing and/or hygiene to the extent that the child's daily activities have been **OR** will be adversely impacted without CFS intervention. Examples include but are not limited to the following.

- Child experiences hypothermia or frostbite due to inadequate clothing.

- Child develops or suffers worsening of an injury or illness (e.g. sores, infection, severe diaper rash) due to poor hygiene.

Malnutrition.
Parent/caregiver knows, should reasonably be expected to know, or has been informed about minimal requirements for the child's food and hydration **AND** has not and/or does not provide sufficient food or hydration to the child. For example, the child experiences significant lack of food and complains of unmitigated hunger due to lack of food.

Exclude fasting for religious reasons that does not compromise health or growth.

Parent/caregiver's use of food banks as sources of food should *not* be considered failure to provide food. For malnutrition **due to lack of financial resources,** select the policy override "Screen in for voluntary support services." For circumstances where the parent/caregiver has not provided and/or does not provide appropriate diet to the extent that it endangers the child's health and well-being, select "Inadequate medical, dental, and/or mental health care" instead.

Exposure to unsafe home and immediate environment.
The child's living conditions are significantly unsanitary and/or contain hazards that have led or could lead to a child's injury or illness if not addressed. Consider child's age and developmental stage when assessing the chances of injury or illness: Infants/toddlers are more vulnerable due to lack of understanding about avoiding physical hazards in the home. Examples may include but are not limited to:

- Gas fumes;
- Exposed electrical wiring;
- Broken windows or stairs;
- Vermin, human, or animal excrement uncontained in the home;
- Unsecured weapons; and/or

- Accessible hazardous chemicals.

Child younger than 12 years old committed a criminal act and parent/caregiver is unable or unwilling to provide for needs.
A child in the household is younger than 12 years of age and there are reasonable and probable grounds to believe that the child committed an act that, if the child were 12 years of age or more, would constitute an offence under the Criminal Code or the Narcotic Control Act (Canada); **AND**

- Family services are necessary to prevent a recurrence; **AND**

- The child's parent/caregiver is unable or unwilling to provide for the child's needs.

Exposure to illegal drug commerce.
Illegal drugs or drug paraphernalia are sold, distributed, or manufactured in the child's home, or parent/caregiver knowingly exposes the child to this drug activity in another setting, such as taking the child to a home where drugs are manufactured or where people congregate for the purpose of drug use (i.e. known drug house).

Involving child in criminal activity.
The parent/caregiver causes the child to perform or participate in illegal acts that:

- Create danger of serious physical or emotional harm to the child; **OR**
- Expose the child to being arrested.

Parent/caregiver provides drugs or alcohol to child/youth or allows access.
The parent/caregiver provides (offers or knowingly allows the child to consume) alcohol, illegal drugs, or inappropriate prescription drugs. Consider the child's age and type of substance. Examples include the following.

- Providing or allowing methamphetamine, heroin, cocaine, or similar drugs to a child of any age.

- Providing or allowing enough alcohol to result in intoxication.

- Providing or allowing alcohol over time so that the child is developing dependency.

- Providing or allowing medications (includes prescription and over-the-counter) that are not prescribed for the child for the purpose of altering the child's behaviour or mood.

- Providing or allowing glue or other inhalants to a child of any age.

Do not include:

- Small amounts of alcohol for religious ceremonies; and/or
- Permitting an older child to try a small amount of alcohol that does not result in intoxication at a family occasion.

Newborn exposure to drugs or alcohol.
Newborn or birth mother has a positive toxicology screen at birth; **OR** newborn is displaying signs of withdrawal; **OR** mother or reliable source acknowledges that the mother used drugs, alcohol, or solvents during pregnancy.

Other high-risk birth.
No acts or omissions constituting neglect have yet occurred with this child; however, conditions are present that suggest that the external supports of the hospitalization or the limited time since birth are the only reasons neglect has not occurred.

Examples may include but are not limited to the following.

- Parent/caregiver has refused to provide care for the newborn in the hospital.
- Behaviour of parent/caregiver with an inadequate support system suggests parent/caregiver will be unable to meet the newborn's basic needs.
- Parent/caregiver with apparent physical, emotional, or cognitive limitations has an inadequate support system and may be unable or unwilling to meet the newborn's basic needs.
- Child was born with medical complications, and the parent/caregiver's response suggests the parent/caregiver will be unable to meet the child's exceptional needs (e.g. parent/caregiver does not participate in medical education to learn necessary care or indicates denial of the diagnosis) and has an inadequate support system.
- Parent/caregiver's prior history of abusive or neglectful behaviour with other child(ren) suggests a high-risk birth.

Part B: Screening Recommendations and Overrides

Initial Screening Recommendation

Screen in: One or more criteria selected.
Select this decision if any abuse or neglect type in Section 1 is selected, which means that at least one reported allegation meets statutory requirements for an investigation.

Screen out: No criteria selected.
Select this decision if no abuse or neglect type in Section 1 is selected, which means that the report does not meet statutory requirements for an investigation.

OVERRIDES
Two types of overrides are available: policy and discretionary. If, after considering both, no overrides will be applied, select the box "No overrides apply" and go to the final screening decision.

Policy Overrides

Screen in for investigation: No abuse or neglect type is present, but report will be screened in and assigned for investigation. (Select all that apply.)
Select this decision if no abuse or neglect types in Section 1 are selected, which means that the report does not meet statutory requirements for an investigation. However, a report will be opened and assigned for investigation for one of the following.

- *Response required by court order*.

Screen for non-investigatory response: No abuse or neglect type is present, but report will be assigned to voluntary support services. No further SDM assessments required.

- *Courtesy interview at law enforcement's request*. A law enforcement agency has requested a worker to assist in interviews of children.

- *Report does not require screening but does require a non-investigatory response by CFS*. For example, repatriation of a child to another jurisdiction pursuant to Section 7 of the *Child and Family Services Act* or a service request for another jurisdiction.

- *Provincial/territorial protocol on children and families moving between provinces and territories*.

- *Other (specify)*.

Screen out: One or more abuse or neglect types are selected, but report will be screened out. (Select all that apply.)
Indicate the reason.

- *Insufficient information to locate child/family*. The caller was unable to provide enough information about the child's identity and/or location to enable an investigation. Do not select this item if enough partial information is available to potentially locate family.

- *Another community agency has jurisdiction*. Local protocol determines that agencies such as a First Nations agency, law enforcement, probation, or court will be investigating entity(ies) for this issue, **AND** a child welfare response is not required.

- *Duplicate report; information will be included with report assigned for investigation*. The information provided was reported previously and is being investigated currently. No new facts have been provided that constitute a new allegation. **A duplicate report involves the same child and the same event**.

- *Historical information only*. (*Record the time since alleged incident in years and months*.) **Do not use** if referred incident is sexual abuse. **Use** if the alleged maltreatment occurred more than one year ago **AND** there were no reports of abuse or neglect since the alleged incident **AND** the conditions that contributed to the alleged incident are no longer present. For example, out of a mandate to refer, a therapist reports that her 14-year-old client disclosed being physically struck two years ago by his father, who no longer lives in the home, and there are no current concerns.

- *Report already investigated; no new allegations.* A report was previously received, investigated, and closed. The information reported matches the prior allegations in all respects.

- *Other (specify)*.

Discretionary Overrides

Discretionary override to screen in or screen out (for screen in, complete all required assessments).
Unique circumstances not captured by the screening criteria support a final screening decision different from the recommended screening decision. Use of a discretionary override requires consultation with a supervisor.

No overrides apply.

Final Screening Decision (after consideration of policy and discretionary overrides)

Screen out: No abuse or neglect type selected and no screen-in overrides apply; **OR** report was screened out based on an override.
Select this decision if no abuse or neglect type in Section 1 is selected, which means that the report does not meet statutory requirements for an investigation, **AND** no screen-in overrides in Section 2 are selected.

Screen for non-investigatory response: No abuse or neglect type is present, but report requires a non-investigatory response. No further SDM assessments required.

Screen in: At least one abuse or neglect type selected and no screen-out overrides are selected; **OR** the report was screened in based on an override. Complete Section 2, Response Priority Decision.
Select this decision if any criteria in Section 1 are selected, which means that at least one reported allegation meets statutory requirements for an investigation, or at least one screen-in criterion was identified **AND** no screen-out criteria were selected. For all reports in which the final screening decision is to screen in, a response time must be identified.

SECTION 2. RESPONSE PRIORITY DECISION

Part A: Response Priority

Same-day response required based on one or more criteria below. (Select all that apply.)

Child death is suspicious or unexplained, and another child is in the home.
Report of child death, which a medical or law enforcement professional or other reliable source is concerned may have resulted from or was caused by a parent/caregiver's action or lack of action to protect the child, **AND** another child currently is in the care of the parent/caregiver.

Child requires same-day medical or mental health attention, **AND** either abuse/neglect is suspected or parent/caregiver is unwilling/refusing to obtain needed treatment.
This includes situations where injuries or illnesses pose a danger of death/near fatality, physical impairment, disfigurement, or disability. Examples include but are not limited to the following.

- A child has symptoms associated with a failure to thrive diagnosis and no medical attention is being provided currently, or the child's appearance and symptoms suggest that he/she should receive medical attention today.

- The parent/caregiver is unwilling or refusing to obtain medical treatment; without such medical treatment, the child's condition may become life threatening or may result in permanent impairment (e.g. blood transfusions, insulin required at regular intervals for diabetes treatment).

- A child is experiencing extreme mental health behaviours, such as psychosis, as part of escalating pattern of behaviours **AND** parent/caregiver is unwilling or unable to keep the child safe.

- A child has a serious illness or injury that has not been medically assessed and the child's condition is worsening (e.g. young child experiencing prolonged vomiting or diarrhea, evidence of a worsening infection or chronic medical condition that affects child's breathing or ability to eat or drink).

Child is demonstrating suicidal behaviours, and parent/caregiver is not providing an adequate or appropriate response.
Child has attempted or is threatening suicide and the parent/caregiver does not respond appropriately (e.g. does not seek urgent medical or psychiatric attention or follow recommendations of a mental health professional currently involved with the child's care).

Child age 12 or younger killed or seriously injured another person.
Child age 12 or younger either killed or seriously injured another person, regardless of whether the parent/caregiver has responded appropriately, cooperated with the investigation, hindered the investigation, or provided supervision to the child.

Child has an injury that is suspicious, unexplained, or consistent with abuse, **AND** the parent/caregiver who is alleged to have either caused the injury or failed to protect will have access to the child ***within the next five days***.

- Any of the following physical indicators of injury resulting from a parent/caregiver's action or lack of action are currently present: internal injuries; bruising; broken bones; burns; fractures; injuries alleged to have been caused by an object (e.g. imprint of a belt buckle); or superficial injuries such as cuts, welts, abrasions, etc.

- Include situations in which the exact cause of an injury may be unknown, but it is suspected that a parent/caregiver caused the injury, **OR** the intent of the parent/caregiver is unknown but there is a basis to suspect the injury was non-accidental.

Child is unsupervised and requires immediate care.
The likelihood of the child being physically injured or becoming ill is high if a same-day response does not occur. The weather, age of child, clothing child is wearing, and immediate environment all should be considered when determining whether a same-day response is required. Examples may include but are not limited to the following.

- Parent/caregiver is unable to care for child due to arrest, illness, or hospitalization or incapacitation, or the parent/caregiver left the child unsupervised for some other reason, **AND** either appropriate arrangements for the child's care were not made or CFS is unsure if appropriate arrangements were made.

- Parent/caregiver died and adequate arrangements for the child's care have not been made.

- Parent/caregiver stated that the child cannot remain in the home today or is forcing the child to leave the home today and is not making appropriate alternative arrangements for the child's care.

- Parent/caregiver abandoned or has immediate plans to abandon a child, meaning the parent/caregiver voluntarily surrendered the child and relinquished his/her rights as a parent/caregiver.

Child is inadequately supervised and likely to be exposed to harm or unsafe conditions within the **next five days**.
The likelihood of the child being physically injured or becoming ill is high if a same-day response does not occur. The weather, age of child, clothing child is wearing, and the immediate environment are factors that should be considered when determining whether a same-day response is required. Examples may include but are not limited to the following.

- Child is currently locked out of the home and has no safe alternate arrangements.

- Child was inadequately supervised and was injured, or the child avoided injury only due to intervention by a third party (e.g. a parent/caregiver was sleeping and the young child turned on the stove and burned his/her hand). The probability of another injury is high if no response occurs today because the circumstances that led to the inadequate supervision have not changed.

- Parent/caregiver is currently caring for a child and is under the influence of drugs or alcohol or is experiencing symptoms suggestive of suicidal, homicidal, or psychotic behaviour or an intellectual impairment (e.g. hearing commands to hurt the child, is incoherent or passed out with a child in his/her care), **AND** as a result, the child is at immediate risk of injury.

Child is likely to be exposed to sexual abuse within the **next five days**.
The likelihood that the child will be sexually abused is high if a same-day response does not occur. This is due to any of the following.

- Allegations include current concerns of sexual abuse, and parent/caregiver of concern will have access to the child within the next five days.
- Parent/caregiver allegedly views or possesses child pornography and has/will have unsupervised access to the child within the next five days.
- Household member is a registered sex offender and has access to the child within the next five days.

Failure to protect child from serious harm.
There is concern that because of the parent/caregiver's inability to protect the child from dangerous behaviours of others, the child may be injured within the next five days. Examples may include but are not limited to the following.

- Parent/caregiver left child with a third party and knew or reasonably should have known that the third party was physically or sexually abusing the child.
- Parent/caregiver allows access to the child by a person who is known to CFS as having seriously harmed a child or as having a significant history of violence to adults or children.

Physical conditions of the living environment are immediately unsafe, and the child will be in that environment within the **next five days**.
Examples of an unsafe living environment may include the following.

- Objects accessible by child present a concern for child's safety due to child's age, behaviour, or developmental ability (e.g. power tools, weapons, etc.).
- Electrical wires in the home are exposed.
- Drug manufacturing/production takes place in the home.
- Uncontained feces are present in the home and accessible by child.

A child has been or likely will be exposed to violence **within the next five days, AND** no parent/caregiver is demonstrating protection of the child.
Due to the nature of the violence, a same-day response is required both to assess and ensure the physical safety of the child. Examples of exposure to violence that require a same-day response may include but are not limited to circumstances described below.

- Child has been physically harmed during an incident of violence in the home (e.g. child intervened in a dispute or one parent/caregiver was holding child during the dispute).

- An adult required medical attention as a result of a violent incident, and the child was present in the home when the assault occurred.

- Evidence shows that weapons or objects were used to physically assault or threaten the victim in the home, and the child was present.

- Police called CFS during or immediately after their response to report a violent incident in the home and the children were present, and police requested an immediate response from CFS.

- Information is received that a parent/caregiver and his/her child are planning to return to a partner who has a history of abusing him/her. No information suggests that circumstances have changed, and CFS:

    » Has previously responded on the same day to a report involving violence;

    » Has new information to suggest that the partner was seriously injured (required hospitalization) during a violent dispute; or

    » Has information that a child was previously injured during a violent dispute.

Other (specify).
This includes circumstances that require a same-day response to assess the safety of the child and are not captured in any of the above items. This may include child expressing extreme fear of parent/caregiver, including symptoms of fear/anxiety.

No same-day response criteria; response within five days is required.

Part B: Response Priority Recommendation and Overrides

OVERRIDES

Policy

Increase to immediate whenever:

- *Law enforcement is requesting immediate response*. A law enforcement officer is requesting an immediate child protective services response.

- *Forensic considerations would be compromised by slower response*. Physical evidence necessary for the investigation would be compromised if the investigation does not begin immediately, **OR** there is reason to believe statements will be altered if interviews do not begin immediately.

- *There is reason to believe that the family may flee*. The family has stated an intent to flee or is acting in ways that suggest an intent to flee, **OR** there is a history of the family fleeing to avoid investigation.

Decrease to five days whenever:

- *Child safety requires a strategically slower response*. The child's current location is such that initiating contact may create a threat to the child's safety **OR** the value of coordinating a response from multiple agencies outweighs the need for an immediate response.

- *The child is in an alternative safe environment*. The child is no longer in the same place or is with the parent/caregiver who is not the alleged abuser, and the child is not expected to return within the next five days.

- *The alleged incident occurred more than six months ago **AND** no abuse or neglect is alleged to have occurred in the intervening time period*. The incident being reported occurred at least six months prior to the report **AND** no other abuse or neglect is alleged to have occurred in the intervening time period.

Discretionary

Increase or decrease response level (decrease requires supervisory approval).
Unique circumstances not captured by the response priority support a final response priority decision different from the recommended response priority decision. Use of a discretionary override requires consultation with a supervisor, and decreasing the response priority requires supervisory approval.

No overrides apply.

NORTHWEST TERRITORIES
SDM® SCREENING AND RESPONSE PRIORITY ASSESSMENT
POLICY AND PROCEDURES

WHICH CASES

The screening and response priority assessment is completed on all child protection reports. This includes new reports of child abuse and neglect on ongoing protection cases.

WHO

The worker who receives the information completes the assessment, and the supervisor reviews and approves the screening and response priority decision.

WHEN

The screening and response priority assessment is completed upon receipt of a child protection report. This generally occurs while the screener is speaking with the reporter making a report (either over the phone or in person). Occasionally, the screener may need to gather information from additional sources as part of the screening process. For these reports, the screening assessment is completed as soon as all necessary information is gathered and within 24 hours. In exceptional circumstances, the screener may need additional time to obtain the information to make a screening decision. In this case, the decision is made within 72 hours of receipt of report.

DECISION

The screening and response priority assessment determines whether a report requires an investigation and determines the required response time. If an investigation is required, the same-day response criteria identify whether a same-day response is required. All other reports assigned for investigation require a response within five days.

APPROPRIATE COMPLETION

Section 1: Abuse or Neglect Type

If the report meets all elements of a report of child abuse or neglect (the alleged victim is a child as defined by the *Child and Family Services Act*, the family is located within the region's jurisdiction, and the alleged abuser is the parent/caregiver of the child victim), proceed with review of Part A. Screening Criteria and select all applicable abuse or neglect types, using the definitions to ensure that the report information meets criteria.

In Part B: Screening Recommendations and Overrides, if any screening criteria in Part A are present, select "Screen in: One or more criteria are selected." If no abuse or neglect is present, select "Screen out: No criteria are selected."

If the initial screening recommendation is "Screen in," the worker should review only the override reasons for "Screen out" to see if any apply. Likewise, if the initial screening recommendation is "Screen out," the worker should review only the override reasons for "Screen in." Select any override reasons that apply.

Record the final screening decision based on the impact of any overrides.

Section 2: Response Priority Decision

For all reports in which the final screening decision is to screen in, the same-day response criteria must be reviewed under Part A: Response Priority. If any of the same-day response criteria are present in a given report, the response time for the report is same day.

Reports that do not include criteria that meet the need for same-day response will be assigned a response time of within five days.

Consider both policy and discretionary overrides in Part B: Response Priority Recommendations and Overrides before making the final response priority decision.

Response Times

- "Immediate" calls for a response in the same working day as receipt of the report.
- All others have a response time of within five calendar days of the receipt of the report.

Response time is considered met when a worker has had an actual face-to-face contact with the child victim within the required response time assigned by the priority response assessment.