



***Ontario Child Welfare***

# **Eligibility Spectrum**



**REVISED OCTOBER 2006**

## Acknowledgments

Child Welfare in Ontario continues to evolve by ensuring that current research findings, clearly articulated standards, empirical instruments, best practice knowledge, and accountability underpin excellence in our provincial child protection services. Those elements are infused into the 2006 revisions to the Eligibility Spectrum by updating both research and practice advancements, by ensuring congruency with Child Welfare Transformation (2005) strategies, such as the Differential Response Model, the new Child Protection Standards in Ontario (February 2007) and new legislative changes (2006), by developing some additional necessary scales, making modifications to key Eligibility Spectrum sections, and finally, by doing minor adjustments where needed, such as ensuring terms are clearly defined and language is updated.

As in the previous versions of this tool, many people have contributed to its development since the Eligibility Spectrum's genesis in the early 1990's, as a field-developed, eligibility tool for child welfare in Ontario. All input and efforts in subsequent generations of the instrument have been gratefully received by the original authors, Mary Ballantyne and George Leck of Simcoe CAS. The 1995-2000 edition of the Spectrum was developed by Mary Ballantyne, MRI, Margaret Morrison, B.Sc.N.(Ed.), M.A. (Counselling Psych.), and Deborah Goodman, M.S.W., Ph.D., based upon the results of research completed by the University of Toronto on the original instrument and the feedback of the many social workers who used it. The most recent 2006 version is informed by nearly a decade of extensive field practice use coupled with more formal inquiries about the tool's strengths and limitations, such as the extensive focus group research conducted across Ontario by the University of Toronto, Faculty of Social Work, as well as a consultation with Ontario Association of Children's Aid Societies (OACAS) members on the proposed amendments to the Spectrum. The result, we believe, is a more comprehensive, and thus more effective child welfare eligibility assessment instrument with increased relevance and utility for the Ontario network of Children's Aid Societies, their associated communities and the children, youth and families they serve.

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- © 1997 Ontario Association of Children's Aid Societies
- © 1999 Ontario Association of Children's Aid Societies (*training draft*)
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Copies of the Eligibility Spectrum can be obtained from the:

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## INTRODUCTION

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## PURPOSE

As set out in section 15 of the *Child and Family Services Act*, the functions of a CAS are to:

- (a) investigate allegations or evidence that children who are under the age of 16 or are in the society's care or under its supervision may be in need of protection;
- (b) protect, where necessary, children who are under the age of 16 years or are in the society's care or under its supervision;
- (c) provide guidance, counselling and other services to families for protecting children or for the prevention of circumstances requiring the protection of children;
- (d) provide care for children assigned or committed to its care under this Act;
- (e) supervise children assigned to its supervision under this Act;
- (f) place children for adoption under Part VII; and,
- (g) perform any other duties given to it by this or any other Act.

The *Eligibility Spectrum* (Spectrum) is a tool designed to assist Children's Aid Society staff in making consistent and accurate decisions about eligibility for service at the time of referral. The revised Spectrum (2006) contains additional scales and items to assist decision-making in areas resulting from the new Ontario Differential Response Model for Child Protection (ODRM-05) and the Child Protection Standards in Ontario (February 2007) (CPS-06). Once the decision about eligibility for service and degree of severity is decided by the CAS worker based on the all the available information about the child, family and current situation, the worker will then utilize the new approaches described in the Ontario Differential Response Model and will comply with the directions in the new Child Welfare Standards (CPS-06).

The Spectrum assists in interpreting all reports received by a Children's Aid Society (CPS-06:S1). The Spectrum aids in determining the legal requirements for initial and ongoing child welfare intervention. Supervisory consultation and review of complex situations by CAS staff members using the tool will support a consistent, and therefore dependable, response pattern by the organization and the province.

The Spectrum also assists community service providers and those making referrals to the CAS to understand the Child Welfare mandate and its breadth. The Spectrum supports inquiry and discussion amongst the referrer and the child welfare decision maker. It is of particular use in case situations in which the need to intervene is unclear.

**NOTE:** Spectrum (2000) included changes contained in the *Child and Family Services Amendment Act (Child Welfare Reform)*, 1999, which was passed by the Ontario Legislature in May 1999 and subsequently proclaimed into force. Spectrum (2006) reflects the new Transformation strategies (such as a broader range of permanency options like kinship care or custodial care and a new emphasis on partner violence affecting children), reflects the Ontario Differential Response Model for Child Protection Services (2005), and makes the eligibility tool consistent with both the new legislation the *Child and Family Services Act as amended by Bill 210, November 30, 2006* and the new Child Protection Standards in Ontario (February 2007).

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## HISTORY OF THE ELIGIBILITY SPECTRUM

*The Ontario Child Welfare Eligibility Spectrum* (originally called The Intervention Spectrum), was first developed by Mary Ballantyne and George Leck of Simcoe CAS in 1991 with early and ongoing support by Margaret Morrison of Halton CAS. Original construction of the Spectrum incorporated some of Magura and Moses' (1986) Child Well-Being Scales categories and descriptors which have since been considerably modified. *The Child and Family Services Act, The Revised Standards for the Investigation and Management of Child Abuse Cases* (by the Children's Aid Societies) *Under the Child and Family Services Act* published by The Ministry of Community and Social Services (MCSS [renamed Ministry of Children and Youth Services (MCYS in 2005)]), the OACAS Accreditation Standards, field practice wisdom and best practices research all informed the development of the Spectrum. In 1995, a major revision of the Spectrum occurred and was assisted by the following Societies: Elgin, Haldimand-Norfolk, Muskoka, Peel, Perth, York and Sarnia. Other individuals and organizations also contributed to that refinement.

In 1994, MCSS provided a grant to the OACAS to test the reliability and validity of the Eligibility Spectrum. The 1997 version of the Spectrum was developed based upon the results of that research and feedback received from extensive field use. The research was conducted by Professor Robert MacFadden and Deborah Goodman, doctoral candidate, Faculty of Social Work, University of Toronto, Mary McConville, Executive Director of the OACAS, George Leck, Mary Ballantyne and Margaret Morrison. A Research Advisory Committee consisting of representatives from Peel CAS, Toronto Catholic CAS, Leeds-Grenville Family and Children's Services and Essex Roman Catholic CAS assisted. Frontenac CAS, Toronto Catholic CAS, Huron CAS, Sudbury CAS, Metro Toronto CAS and Jewish Family and Children's Services supplied data to the project. The result was the second major revision of the instrument.

*The Eligibility Spectrum* was included in the *Risk Assessment Model for Child Protection in Ontario*, issued in October 1997. It has been in consistent use in all Children's Aid Societies in Ontario since August 1998. Minor revisions were made to the *Eligibility Spectrum* in 1999 to address issues identified by the field during its broad use, and to ensure consistency with amendments to the CFSA and with new *Standards for Child Protection Cases*. The 2006 revisions to the *Eligibility Spectrum* add greater clarity to the domestic violence section (i.e. Section 3:Scale 2 – Child Exposure to Adult Conflict; Section 3: Scale 3 – Child Exposure to Partner Violence); expands sections related to permanency planning (i.e. Section 7 - Request for Adoption Services and Section 8 - Family Based Care services), more fully incorporates Transformation strategies and the approaches under the Differential Response Model, and references the new child welfare legislation and child protection standards, where applicable.

## DESCRIPTION

### TWO DIMENSIONAL MATRIX

The *Eligibility Spectrum* is a two-dimensional matrix. (See diagram on page 8). The vertical axis denotes the reasons for service based on the legislation. The service reasons (vertical axis) are organized within the Spectrum into the following ten Sections:

Section #1	Physical/Sexual Harm By Commission	Section #6	Request for Counselling
Section #2	Harm By Omission	Section #7	Request for Adoption Services
Section #3	Emotional Harm / Exposure to Conflict	Section #8	Family-Based Services
Section #4	Abandonment/Separation	Section #9	Volunteer Services
Section #5	Caregiver Capacity	Section #10	Request for Assistance

The CAS workers' assessment involves a three-step, decision-making process. The first step involves matching the described situation at the point of referral to the appropriate reason for service or SECTION on the vertical axis. The second step requires the worker to then select the appropriate SCALE within each section. The third step has the worker identify the level of severity (in Section 1 to Section 5) or level/type of service (in Section 6 to Section 10) on the horizontal axis. All cases or situations being presented to the Children's Aid Society must be coded according to their Spectrum classification (e.g. 1-1-B refers to Section 1, Scale 1, B - Severity Level "Extreme"; 8-4-C identifies that the case is rated as Section 8, Scale 4, Service Level "C").

**Sections 1 to 5** are grounded in Part III of the *Child and Family Services Act*. The horizontal axis of these five sections divides the reasons for service and respective scales into four levels of severity: *Extremely Severe*, *Moderately Severe*, *Minimally Severe* and *Not Severe*. Each scale includes an "Intervention Line", where the intervention point is above the Intervention Line (includes *Extremely Severe* and *Moderately Severe* descriptors).

**Sections 6 to 10** refer to a range of CAS services that:

- support and enhance service options and Transformation strategies (e.g. Section 7, Section 8)
- relate to other parts of the legislation (e.g. Section 10), or
- simply list or code other non-protection activities (e.g. Section 9).

Spectrum 2006 expands considerably Section 7 (Adoption Services) and Section 8 (Family-based Care Services). These sections now more fully detail the continuum of family-based permanency options that reflect the ODRM-05 "Pillars of Permanency": *admission prevention*, *kinship care*, *customary care*, *legal custody*, *family foster care*, *adoption*, and *youth leaving care*. Under the Differential Response Model these options assist CAS agencies in determining individual plans that are best suited to each child.

## ELIGIBILITY SPECTRUM (2006)

		Level of Severity			
SECTION	SCALE	Extremely	Moderately	Minimally	Not Severe
<b>SECTION 1</b> Physical/ Sexual Harm by Commission	1. Physical Force and/or Maltreatment	A, B, C, D,E	F, G, H, I, J	K, L	M
	2. Cruel/Inappropriate Treatment	A	B	C	D
	3. Abusive Sexual Activity	A, B, C, D, E	F, G, H, I	J, K	L
	4. Threat of Harm	A	B, C	D	E
<b>SECTION 2</b> Harm by Omission	1. Inadequate Supervision	A	B	C	D
	2. Neglect of Child's Basic Physical Needs	A	B	C	D
	3. Caregiver Response to Child's Physical Health	A, B	C	D	E
	4. Caregiver Response to Child's Mental, Emotional Development Condition	A	B	C	D
	5. Caregiver Response to Child Under 12 Who Has Committed a Serious Act	A	B	C	D
<b>SECTION 3</b> Emotional Harm/ Exposure to Conflict	1. Caregiver Causes and/or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm	A	B	C	D
	2. Child Exposure to Adult Conflict	A, B, C, D	E, F, G	H	I
	3. Child Exposure to Partner Violence	A, B, C, D,E	F, G,H, I	J	K
<b>SECTION 4</b> Abandon- ment/ Separation	1. Orphaned/Abandoned Child	A, B	C	D, E	F
	2. Caregiver-Child Conflict/Child Behaviour	A	B	C	D
<b>SECTION 5</b> Caregiver Capacity	1. Caregiver Has History of Abusing/Neglecting	A, B, C, D	E, F	G, H	I
	2. Caregiver Inability to Protect	A, B	C	D	E
	3. Caregiver with Problem	A	B	C	D
	4. Caregiving Skills	A	B	C	D
<b>Section</b>	<b>Scale</b>	<b>Unranked Choices</b>			
<b>SECTION 6</b> Request for Counselling		A, B, C, D, E, F, G			
<b>SECTION 7</b> Request for Adoption Services	1. Adoption Services for Potential Adoptive Families	Scale 1: A, B, C, D, E			
	2. Adoption Disclosure	Scale 2 A, B, C, D			
	3. Services for Birth Parent(s) Considering Placing Child for Adoption	Scale 3: A, B, C			
	4. Post-Adoption Services	Scale 4: A, B, C, D, E, F, G, H, I			
<b>SECTION 8</b> Family-Based Care	1. Foster Care Services	Scale 1: A, B, C, D, E, F			
	2. Kinship Service – Child <u>not in</u> CAS care	Scale 2: A, B, C, D, E			
	3. Kinship Service – Child <u>in</u> CAS care	Scale 3: A, B, C, D, E, F, G, H Scale 4: A, B, C, D, E, F, G, H			

	4. Customary Care 5. Custodial Parents – Application, Approval, Placement 6. Custodial Parents – Post-placement Service 7. Licensed Services to Residential Care	Scale 5: A, B, C, D, E, F  Scale 6: A, B,C, D, E , F, G  Scale 7: A, B
<b>SECTION 9</b> Volunteer Services		A, B, C, D
<b>SECTION 10</b> Request for Assistance		A, B, C, D, E, F, G, H, I, J, K

## PREAMBLE TO THE RATING SCALES

For Sections 1 to 5, each scale begins by setting the context for that particular scale. This context is set through *Child and Family Services Act* **References, Interpretation, Description** and **Scoring Hints**. The **References** include the entire subsections relied upon with relevant portions to that Eligibility Spectrum section bolded. An “Interpretation” of the maltreatment form may be included with some scales.

### *Child and Family Services Act* References

Each scale begins with a **reference** to the *Child and Family Services Act*. All of the scales reference the relevant clause of sub-section 37(2) of the legislation referring to a child in need of protection. Some scales also reference other sections of the Act. All references appear within two solid lines of text at the start of each scale. The sections of the Act that are most directly linked to that scale are identified. For example, the “Abusive Sexual Activity Scale” references 37(2)(c) and (d):

- (c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
- (d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c).

### *Interpretation*

Each scale contains an interpretive statement which explains the rationale behind the scale and links it to current literature on the subject. Interpretations appear in red, rounded boxes immediately after the reference. The interpretation segment is not a legal interpretation but is a contextual description of what areas the scale will cover.

For example, the interpretation associated with the scale on “Physical Force and/or Maltreatment” describes what is meant by physical maltreatment and provides a definition for abusive physical punishment. Abusive physical punishment includes the following:

- Use of generally acceptable mode(s) of physical punishment, but is overdone, prolonged unduly, or excessive force is used.
- Use of generally unacceptable or inappropriate mode(s) of physical punishment. Examples: continually or roughly beating, shaking.

### **Description**

Some scales are prefaced by a **description**, which appear in red, squared boxes. The description will usually be of a particular type of child or activity that will be referred to in the actual scale that follows. For example, in the scale “Physical Force and/or Maltreatment”, one form of physical force is:

- ***Excessive or Inappropriate Physical Force Used, Resulting in Severe Injury***

**Severe injuries always require prompt medical attention, often on an emergency basis; e.g., long bone fractures, internal injuries such as through shaking; third degree (most severe) burns; brain or spinal cord injury; eye injury; deep wounds or punctures that could result in systemic infection.**

This description statement is later linked in the actual rating scale to combine the extent of the physical maltreatment with the person that perpetrated against the child. The situation of most severity in the scale would be an extreme form of maltreatment perpetrated by a prime caregiver. See Section 1, Scale 1, Rating Level A.

### **Scoring Hints**



Some sections and some individual descriptors have accompanying **scoring hints**, which are in italics and identified by the “light bulb” icon. These hints are to assist the CAS worker in making the most accurate choice. Scoring hints have been applied in places where there may be confusion with another section or scale.

## **THE RATING SCALES**

The actual rating scale that is to be scored is denoted in the following manner:

### **Rating Scale For**

#### **Levels of Severity**

Each scale has four (4) levels of severity. The descriptors under each scale are listed in order from most severe (“Extremely Severe”) to least severe (“Not Severe”). Some scales have only one descriptor under each level of severity while other scales have more than one under each level. The levels of severity are defined as the following:

**Extremely Severe (Reference Part III: Protection, of the CFSA)**

The child is in urgent need of child protection services given that:

- the child has suffered physical harm inflicted by the person having charge of the child or because of that person's failure to care for, provide for, supervise or protect the child adequately

and/or

- the child has suffered sexual harm at the hands of the person having charge of the child or because of that person's failure to protect the child adequately

and/or

- there is a risk that the child is likely to be physically or sexually harmed as above and the child is in imminent danger of harm if intervention is not immediate

and/or

- the child has been orphaned with no adequate provision for the child's care

and/or

- the child has been abandoned

and/or

- the family dynamics are such that separation of the child from the caregiver is imminent if intervention is not immediate

and/or

- the child is suffering serious emotional harm and the caregiver is not responding to the condition or the emotional harm is caused by the actions or inaction of the parent

and/or

- there is a risk that the child is likely to suffer serious emotional harm and the child is in imminent danger of suffering irreversible emotional damage

and/or

- the child has a serious physical health condition or mental emotional developmental condition that if not responded to could be extremely detrimental to the child

and/or

- the child is under 12 and has committed a serious act, and the caregiver does not respond with treatment or better supervision - the lack of response could be extremely detrimental to the child

### **Moderately Severe (Reference Part III: Protection, of the CFSA)**

The child is in need of child protection services but the need is not as urgent as the “Extremely Severe” cases. In making a decision that a case is to be rated “Moderately Severe”, the CAS worker considers child vulnerability, child and family needs and the presence of protective factors (CPS-06:S2) given that:

- there is a risk that the child is likely to be physically or sexually harmed as above or of suffering irreversible psychological damage but the child is not in imminent danger
- and/or
- the child is at risk of being separated from the caregiver but is not in immediate danger of separation.
- and/or
- the child is suffering moderate emotional harm or is at risk of a likelihood of emotional harm caused by the actions or inactions of the caregiver and/or the caregiver is not responding appropriately
- and/or
- the child has a moderate physical, mental, emotional, developmental condition, or has conducted a serious act, and the caregiver is not responding appropriately

### **Minimally Severe (Reference Part II: Voluntary Services - Non-Protection)**

The child or family could benefit from intervention, but the intervention is not necessary for the physical and/or psychological safety of the child or the integrity of the family (related to the separation of the child from the family).

### **Not Severe**

The family is healthy in its response to the physical and psychological needs of the child.

### **DETERMINING ELIGIBILITY**

In determining the eligibility rating the following information must be considered:

- the referral information
- the records of the CAS receiving the report
- the provincial database (Fast Track)
- the Ontario Child Abuse Register (if the allegation is about abuse) CPS-06:S1

Taking all available information into account referrals are rated using the Eligibility Spectrum showing a primary and where appropriate a secondary reason

## CHILD PROTECTION ENTRY POINT

The Child Protection Entry Point has been drawn in the Eligibility Spectrum between the “Moderately Severe” and “Minimally Severe” levels of severity. It is noted in each scale as a double-bar, shaded line titled “Intervention Line” (see depiction below). If allegations are made that fall within the “Extremely Severe” level the Children’s Aid Society is required to intervene by providing a protection investigation (“traditional” or “customized”). Cases where no information is available about the child and family other than a description of the incident/condition that may place a child in need of protection, that are rated as *moderately severe* (above the Intervention Line) are opened for a protection investigation (“traditional” or “customized”) (CPS-06:S2). Cases that are rated as *moderately severe* where information about the child’s vulnerability and/or the family’s needs and protective capacities is available and indicates that these mitigate against the risk, do not require a child protection investigation but are provided with a “community link service”.

### Intervention Line

Generally, when information regarding a reported condition or incident is rated below the Intervention Line (i.e. rated as *minimally severe*) a protection investigation is not required, unless based on a combination of factors outlined in the Child Protection Standards (CPS-06:S2) there are reasonable and probable grounds to believe that a child may be in need of protection. A child protection investigation is conducted for **any** referral where there are reasonable and probable grounds that a child may be in need of protection.

### WORKER JUDGEMENT

As in any situation where child protection decisions must be made, **worker judgment is an important factor in using the Spectrum**. As detailed in CPS-06:S2, in all situations characteristics such as but not limited to those in the table below should be considered when making the eligibility for child protection services decision.

CHILD FACTORS	FAMILY, COMMUNITY & OTHER FACTORS
<ul style="list-style-type: none"> <li>the <b>AGE</b> of the child</li> </ul>	<ul style="list-style-type: none"> <li>any <b>PAST INVOLVEMENT</b> with a CPS agency</li> </ul>
<ul style="list-style-type: none"> <li>the child’s <b>LEVEL OF INTELLECTUAL FUNCTIONING</b></li> </ul>	<ul style="list-style-type: none"> <li>the <b>NUMBER &amp; NATURE OF MINIMALLY SEVERE INDICATORS</b> in the situation</li> </ul>
<ul style="list-style-type: none"> <li>the child’s general emotional and physical health and <b>DEVELOPMENTAL LEVEL</b></li> </ul>	<ul style="list-style-type: none"> <li>the presence of family needs and protective capacities</li> </ul>
<ul style="list-style-type: none"> <li>child’s behaviour that may affect his/her health and safety</li> </ul>	<ul style="list-style-type: none"> <li>the presence of circumstances or people who reduce the risk to the child</li> </ul>
<ul style="list-style-type: none"> <li>child’s ability to access protective factors (circumstances or people) who reduce risk to the child</li> </ul>	<ul style="list-style-type: none"> <li>any <b>OTHER CHARACTERISTICS</b> which would inform a CPS assessment/service</li> </ul>

In situations where there is inadequate information with which to make a firm decision, more information should be sought. It is important that the Spectrum not be misused through too rigid or too literal an interpretation, which might result in a screening out of legitimate cases. When in doubt as to severity, err on the side of greater severity. In some situations, worker judgment may suggest the Intervention Line is not appropriate for that particular case. For example, one family may have several allegations made about it, none of which fall above the Intervention

Line. In this situation, an investigation or service may be appropriate and a protection case opened. **The Spectrum is a guide, not a replacement for worker judgment.** All eligibility decisions should be appropriately documented.

## “REASON FOR SERVICE” RATING METHOD

**Primary vs. Secondary Rating:** All cases must be scored with a primary reason for service. Cases may also be scored with a secondary reason for service. In situations where the case presents more than one reason for service, the rater should choose the reason for service with greater severity as the primary reason for service. For example, the reason for service which falls in the “Extremely Severe” category should be designated the primary reason. In many cases there is no secondary reason for service. In some cases there can be more than one secondary reason for service. Coding the secondary reason for service is important if both the primary and the secondary reasons for service identify the issues which are the subject of the full protection investigation.

**Equal Severity Rating:** In situations where two reasons for service have ratings of equal severity (e.g. both rated as “Extremely Severe”), the primary reason should be that which presents the more immediate risk to the child at the time of referral. The other rating then becomes the secondary reason for service.

## THE PUBLIC and PROFESSIONALS’ “DUTY TO REPORT”

Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect that a child is or may be in need of protection, that person is required to report the suspicion and the information upon which it is based forthwith to a Children's Aid Society (CFSA Sec.72 (1)). This duty is ongoing and cannot be delegated. Persons with questions or concerns about reasonable grounds in a given situation are encouraged to contact a Children's Aid society for consultation.

Professionals and officials have the same duty as any member of the public to report a child's need for protection (CFSA s.72(1)). The Act recognizes that persons working closely with children have a special awareness of children who may be in an abuse or neglect situation. Thus the legislation imposes a specific sanction on these professionals in the event that the duty to report is contravened. Failure to report is an offence under the *Child and Family Services Act*. Any professional who fails to report his/her suspicion of a child who is or may be in need of protection is liable on conviction to a fine of up to \$1,000.

Some professionals and members of the general public may have access to the Eligibility Spectrum. While reviewing the document may be helpful as a general reference, it must not in any way substitute for the duty to report to a Children's Aid Society.

## ADDITIONAL EXPLANATORY/DEFINITIONAL NOTES

### CHILD IN NEED OF PROTECTION

The definition of a child in need of protection is found in section 37(2) of the *Child and Family Services Act*. Every ground for finding a child in need of protection contains two components and both are essential to the definition. To find a child in need of protection requires that

- a) harm or risk of harm be verified through an investigation by a CAS

and

- b) the harm must be caused by or resulting from something done or not done by the child's caregiver. (CFSA Sect. 72(1))

## CAREGIVER

The use of the word caregiver within the Spectrum applies to;

- the primary caregiver, including mother, father, live-in partner, caregiver exercising access contact, adult with a custody and control order for the child in question, foster parent
- an assigned caregiver, including day care worker, babysitter, a family member providing temporary substitute care, a partner of the caregiver (with no legal relationship to the child)
- an assumed caregiver, including the teacher, the children's recreational group leader, the school bus driver

## DISCIPLINE

Discipline covers all methods used to train and teach children in self-control and socially acceptable behaviour without physical or psychological harm to the child.

## PHYSICAL HARM VS CORPORAL PUNISHMENT

As set out in the *Child and Family Services Act*, section 37 (2), physical harm is defined as related to a child who "has suffered physical harm inflicted by the person having charge of the child or caused by that person's failure to care for, provide for, supervise or protect the child, or a pattern of neglect in caring for, providing for, supervising or protecting the child."

In practice the presence of an injury generally denotes the infliction of harm (there are some situations where physical harm has been inflicted but there is no injury e.g. failure to thrive).

Corporal punishment is characterized by external control and can at times involve force or coercion. Corporal punishment combines control, force, and physical pain to get children to behave in acceptable ways. It is based on parental power.

**NOTE:** *Punishment may or may not result in the infliction of or risk of physical injury or harm.*

## RISK

A key concept that is germane to CAS work and integral to decision-making is "risk" of maltreatment or harm. All children and families receiving child protection services are universally screened for risk of future child maltreatment. Risk is defined in the Child Protection Standards in Ontario – February 2007, Standard 6 as: "*An estimation of the likelihood of future child maltreatment due to family characteristics, behaviour or functioning and/or environmental conditions. Risk of maltreatment exists on a continuum from low to high risk. Some risk of maltreatment is present in every family even if it is very low. Child protection services are required when the risk of future maltreatment is more likely than not.*" (CPS-06:S6)

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## **SECTION 1**

### **PHYSICAL/SEXUAL HARM BY COMMISSION**

The child has suffered physical or sexual harm or there is a risk that the child is likely to suffer physical or sexual harm as a result of an act or action by a caregiver.

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## Scale 1

## PHYSICAL FORCE AND/OR MALTTREATMENT

*Child and Family Services Act References*

37(2)

**A child is in need of protection where:**

- (a) **The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,**
- (i) **failure to adequately care for, provide for, supervise or protect the child, or**
  - (ii) **pattern of neglect in caring for, providing for, supervising or protecting the child**
- (b) **there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,**
- (i) **failure to adequately care for, provide for, supervise or protect the child, or**
  - (ii) **pattern of neglect in caring for, providing for, supervising or protecting the child.**

**Interpretation**

This section addresses those situations where a caregiver, family member or community caregiver having charge of the child has committed an act of physical aggression against the child and the child has been harmed. Child physical maltreatment ranges from situations where physical punishment of the child occurred that was either extreme or inappropriate to situations where the child has been intentionally injured (Kolko, 1996). Child physical maltreatment can range in frequency from a one-time occurrence to a continual pattern.

**Abusive physical force includes the following:**

- Use of generally acceptable mode(s) of physical punishment, but is overdone, prolonged unduly, or excessive force is used;
- Use of generally unacceptable or inappropriate mode(s) of physical punishment. Examples: continual or lengthy beating, shaking, slapping or whipping; hitting with fist; kicking, biting, twisting, dropping, bludgeoning, burning, scalding, poisoning, suffocating, using weapon, etc.

Physical indicators of child physical maltreatment are: bruises, marks, fractures, head and internal injuries and burns (Tower, 1996). In assessing child physical maltreatment between siblings, significant disparity in age, development, previous history, caregiver ability to intervene and protect younger child, and extent of injury and/or risk of harm needs to be considered.



*This scale should only be used for those situations where the child has been physically harmed as a result of a direct physical action by the caregiver against the child. For situations where the child has been physically harmed as an indirect result of a punishment against the child see Scale 2 “Cruel/Inappropriate Treatment”. For situations where the child has been physically harmed because of a caregiver’s inability to provide care, see Section 2 “Harm by Omission”. For situations where the child has been harmed by being involved in an adult conflict, see Section 2, Scale 2, “Adult Conflict”.*



*Whenever a child has received a visible or internal injury or mark no matter how superficial, the situation should be considered at a 1, 2, or 3 level in the description. Only those situations where no known physical marks or internal injuries have been reported should be considered A4.*



*Allegations made about a child under the age of 16 of past (historical) physical harm should be plotted on this scale. Allegations of past physical harm which suggest a current risk that other children may be harmed should be plotted on Section 5, Scale 1, “Caregiver has History of Abusing/Neglecting”.*

### Description of Physical Force and/or Maltreatment

- 1. Excessive or Inappropriate Physical Force Used, Resulting in Severe Injury**  
 Severe injuries always require prompt medical attention, often on an emergency basis; e.g., long bone fractures, internal injuries such as through shaking; third degree (most severe) burns: brain or spinal cord injury; eye injury; deep wounds or punctures that could result in systemic infection.

Ritualistic physical abuse is included in this section.
- 2. Excessive or Inappropriate Physical Force Used, Resulting in Moderately Serious Injury**  
 Moderately serious injuries are not life-threatening and are not likely to cause crippling, even in the absence of medical treatment.

Examples are sprains, mild concussions, broken teeth, bruises all over body, cuts needing suture, minor (small bone) fractures, etc.
- 3. Excessive or Inappropriate Physical Force Used, Resulting in Superficial Injury**  
 Typical superficial injuries are bruises, welts, cuts, abrasions. Injuries are localized in one or two areas and involve no more than broken skin.
- 4. Excessive or Inappropriate Physical Force Used, But No Resulting Injury**  
 Force and type of punishment are excessive. The child is not actually physically injured, although experiences considerable temporary pain and potential for injury is there.
- 5. Physical Force Used, But Not Excessive or Inappropriate**  
 Only generally acceptable mode(s) of physical force used (typically spanking on rear). Purpose of punishment is primarily to symbolize disapproval, not to hurt or inflict great pain on child and punishment would not ordinarily leave physical marks.
- 6. No Physical Force Used with Child**  
 Child never physically punished. Only non-physical, non-assaultive methods of discipline used (e.g. revoking privileges, verbal disapproval)

## Rating Scale For Physical Force And/Or Maltreatment

### Extremely Severe

#### **A Physical - Prime Caregiver**

Physical force is alleged/verified to have been used on the child as in (1) or (2) or (3) above by the person who is a prime caregiver of the child. (See Explanatory Note page 7, e.g. mother, father, stepfather, live-in partner)

#### **B Physical Harm - Caregiver With Knowledge**

Physical force is alleged/verified to have been used on the child as in (1) or (2) or (3) above by someone other than the prime caregiver, but the prime caregiver had full knowledge of what was happening and allowed the force to be used.

#### **C Physical Harm - Family Member**

Physical force is alleged/verified to have been used on the child as in (1) or (2) or (3) above by a family member who is not a prime caregiver (See Explanatory Note page 7, e.g. grandmother, sibling, uncle) but who has regular access to the child and has caregiving responsibilities.

Prime caregiver does not have knowledge of this and/or did not allow it to occur.



*A parent having an access visit is considered a "Prime Caregiver" so should be scored as "A" above.*



***\*NEW\*** If the child has been physically harmed intentionally or accidentally as a result of partner violence in the home, score under Section 3, Scale 3, "Child Exposure to Partner Violence"; if the child has been physically harmed as a result of conflict between adults in the home, score under Section 3, Scale 2, "Child Exposure to Adult Conflict".*

#### **D Physical Harm - Community Caregiver**

Physical force is alleged/verified to have been used on the child as in (1) or (2) or (3) above, at the hands of a person outside of the family, but someone in a caregiving role (See Explanatory Note page 7, e.g. babysitter, teacher, recreation leader) with no knowledge on the part of the prime caregiver.

#### **E Physical Harm - Perpetrator Unknown**

It is alleged/verified that child has unexplained or suspicious injuries which do not match the explanation presented and/or which do not appear to be accidental.

### Moderately Severe

#### **F Risk That The Child Is Likely To Be Harmed - Prime Caregiver**

Physical force is alleged/verified to have been used on the child as in (4) above by a family member who has a prime caregiving role for the child. (See Explanatory Note page 7, e.g. mother, father, stepfather, live-in partner)

- G Risk That The Child Is Likely To Be Harmed - Caregiver with Knowledge**  
Physical force is alleged/verified to have been used on the child as in (4) above at the hands of someone other than the prime caregiver, but the prime caregiver had full knowledge of what was happening and allowed the punishment to occur.



*\*NEW\* If the child is at risk of physical harm as a result of partner violence in the home, score under Section 3, Scale 3, "Child Exposure to Partner Violence".*

- H Risk That The Child Is Likely To Be Harmed - Family Member as Caregiver**  
Physical force is alleged/verified to have been used on the child as in (4) above by a family member who is not a prime caregiver (See Explanatory Note on page 7, e.g. grandmother, sibling, uncle) but who has regular access to the child and caregiving responsibilities.

Prime caregiver does not have knowledge of this and/or did not allow it to occur.



*A caregiver having an access visit is considered a "Prime Caregiver" (See "F" above.)*



*\*NEW\* If the child is at risk for physical harm as a result of conflict between adults in the home, score under Section 3, Scale 2, "Child Exposure to Adult Conflict".*

- I Risk That The Child Is Likely To Be Harmed - Community Caregiver**  
Physical force is alleged/verified to have been used on the child as in (4) by a person outside the family, but someone in a caregiving role (See Explanatory Note on page 7, e.g. babysitter, teacher, recreational leader) with no knowledge on the part of the prime caregiver.

- J Physical Harm/Risk That The Child Is Likely To Be Harmed - Family Member Not Caregiving - Not Protected**  
Physical force is alleged/verified to have been used on the child as in (1) to (4) above, by a family member who is not in a caregiving position (e.g. sibling). The caregiver of the victim has not condoned the activity, but has not been able to protect the child.

Intervention Line

**Minimally Severe**

**K Physical Harm/Risk That The Child Is Likely To Be Harmed-Non-Caregiver**

Physical force is alleged/verified to have been used on the child as in (1) to (4) above by a person outside the family and not in a caregiving role with no knowledge on the part of the prime caregiver.



*A case should be scored in this section only when it does not meet the threshold for a protection investigation. The family or community colleague did not receive a child protection investigation but may receive a community link service. Cases that receive more extensive service through the agency should be scored in the following manner: Families who request counselling for physical assault or abuse -- see Section 6 "Request for Counselling" with respect to community colleagues who request abuse expertise and/or assistance with a physical assault investigation -- see Section 10 "Request for Assistance".*

**L Not Excessive Force/No Risk That The Child Is Likely To be Harmed**

Physical force is alleged/verified to have been used on the child as in (5) above.

**Not Severe**

**M No Physical Force/No Risk That The Child Is Likely To be Harmed**

No physical force is alleged/verified to have been used on the child as in (6) above and there are no other current conditions and/or safety or risk factors which indicate a likelihood of maltreatment.

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Scale 2

CRUEL/INAPPROPRIATE TREATMENT

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*Child and Family Services Act References*

37(2)

A child is in need of protection where,

- (a) The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
- (i) failure to adequately care for, provide for, supervise or protect the child, or
  - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child;
- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
- (i) failure to adequately care for, provide for, supervise or protect the child, or
  - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child;
- (c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
- (d) There is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c).
- 

**Interpretation Box**

*The Cruel/Inappropriate Treatment scale identifies three forms of actions/punishment perpetrated against a child by a caregiver. These include: deprivation of food/water and/or deliberate "locking-out" and/or physical confinement or restriction.*

*This section refers to those cases where the caregiver's action towards the child was deliberate and was performed as a punishment and/or abusive action. In order to determine whether or not the action/punishment is cruel or inappropriate one must consider:*

- *the child's age and level of development*
- *the extent/duration of the action/punishment*
- *the purpose of the action/punishment (e.g. was the house locked for security reasons or to prevent the child from entering?)*



*For situations where the child has been inappropriately cared for or supervised by the caregiver, see the scales under Section 2 “Harm by Omission”.*



*For situations where the actions or inactions of the caregiver have resulted in emotional harm, see the scale under Section 3 ‘Caregiver Causes and/or Response to Child’s Emotional Harm or Risk of Emotional Harm’.*

## Description of Cruel/Inappropriate Treatment

### 1) Extreme and Moderate Cruel/Inappropriate Treatment

#### *Deprivation of Food/Water examples*

- child has deliberately not been fed or given water for at least one day (exercise judgement – for a very young child this time period would be shorter)
- child has deliberately been fed only minimal and/or nutritionally inadequate food for several days or repeatedly



*For situations where the child has been inadequately fed but not as a deliberate form of punishment by the caregiver, see Section 2, Scale 2 “Neglect of Child’s Basic Physical Needs”.*

#### *Deliberate Locking-out examples*

- child has been locked out or expelled from the home, although the caregiver is in a position to admit the child or to make an appropriate alternate arrangement
- child has no safe place to go (relative/friend/neighbour) or child is not old enough or able enough to go there
- child has had to ask a stranger for help
- child has been out several hours in bad weather
- child is too young to cross streets safely or play outside safely
- runaway child who comes to the attention of police or social services for help because his caregiver refuses, in an effort to discipline him, to allow him back into the house



*For a child who has not been deliberately locked-out as a form of punishment but has been left un-supervised outside, see Section 2, Scale 1 “Inadequate Supervision”.*



*For caregivers who have abandoned the child and that is why they are refusing him access, see Section 4, Scale 1 “Orphaned/Abandoned Child”.*

*Physical Confinement or Restriction examples*

- child confined to room for extensive period of time (depending on the age of the child)
- child confined in any cramped or dark enclosure (e.g. closet, bin, shed) for any period of time
- child not allowed outside for a week or more
- any sensory deprivation or placement in frightening situation
- child's movements restricted by harnessing, tying, or binding, etc.

**2) Minimal Cruel/Inappropriate Treatment**

*Deprivation of Food/Water examples*

- some deliberate withholding of food exists, but within generally acceptable bounds (e.g. child sent to bed without supper)
- water is never withheld

*Deliberate Locking-out examples*

- child is denied access to his or her home or expelled from home. He or she had somewhere to go (relative, friend, neighbour) and is old enough or capable enough to go there
- if out of home overnight, child was in safe location (another home or shelter)
- does not include any child who has to ask stranger for help
- if child runs away, caregiver either with or without aid of the police or social service agency, will take the child back

*Physical Confinement or Restriction examples*

- confinement is used occasionally in a generally acceptable way to discipline child. For example, child may be confined to room for several hours; or not allowed to play outside (or speak to friends) all day
- movements of child are never physically restricted by tying or binding
- child is not confined in a cramped or dark enclosure

**3) No Cruel/Inappropriate Treatment**

*Deprivation of Food/Water examples*

- food and water never deliberately withheld from child when it is available. This is never used as a means of punishment
- there may be restrictions on type of food (e.g. sweets, desserts) for nondisciplinary (e.g. health or economic) reasons

*Deliberate Locking-Out examples*

- child never denied access to his or her home or expelled from home. This is never used as a deliberate action/means of punishment.

*Physical Confinement or Restriction examples*

- child is never deliberately confined, tied, or bound in any way as a means of punishment

**Rating Scale for Cruel/Inappropriate Treatment**

**Extremely Severe**

**A Cruel/Inappropriate Treatment Resulting in Harm/Illness**

It is alleged/verified that, due to deliberate deprivation of food/water, locking-out or physical confinement, as described in (1) above, the child has suffered physical harm/illness or sexual harm. This harm or illness may or may not require medical treatment.

Examples include:

- child suffers from malnutrition, dehydration, weight loss
- child is physically or sexually victimized (assaulted, kidnapped, robbed)
- young child is injured in an accident while being unattended
- child is injured by being restricted (e.g. rope burns)

**Moderately Severe**

**B Cruel/Inappropriate Treatment - Risk That The Child Is Likely To Be Harmed/Become Ill**

It is alleged/verified that, deliberate deprivation of food/water, locking-out or physical confinement exists as described in (1) above. As a result, there is a risk that the child is likely to be may be physically or sexually harmed or become ill. Although the child may not yet have been harmed, the child may have been hungry, frightened and/or have been threatened.

**Intervention Line**

**Minimally Severe**

**C Minimal Cruel/Inappropriate Treatment - Child Is Not Likely To Be Harmed/Become Ill**

It is alleged/verified that deprivation of food/water, deliberate locking-out and physical confinement are used in generally acceptable ways as described in (2) above. As a result, there is minimal risk that the child is likely to be harmed or become ill.

**Not Severe**

**D No Cruel/Inappropriate Treatment**

It is alleged/verified that no forms of cruel/inappropriate treatment are used against the child and there are no other current conditions and/or safety or risk factors which indicate a likelihood of maltreatment.

## Scale 3

## ABUSIVE SEXUAL ACTIVITY

*Child and Family Services Act References*

37(2)

A child is in need of protection where:

- (c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
- (d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c).

**Interpretation**

Abusive sexual activity/exploitation includes, but is not limited to, any sexual contact between a child and caregiver, or family member or community caregiver having charge of the child regardless if the sexual contact is accomplished by force, coercion, duress, deception, or the child understands the sexual nature of the activity (Tower, 1996). Sexual activity may include sexual penetration; sexual touching; or non-contact sexual acts such as exposure, sexual suggestiveness, sexual harassment or voyeurism.

In assessing abusive sexual contact between children, significant disparity in age, development, or size rendering the younger child incapable of giving informed consent needs to be considered (Ryan, 1991).

**Definition of abusive sexual activity/exploitation includes the following:**

- **Extreme Sexual Abuse**

Child was ritually and/or sadistically abused and/or physical violence occurred during the sexual activity.

- **Sexual Intercourse**

Child was sexually abused – sexual intercourse occurred (oral, anal and genital).

- **Sexual Molestation**

Person has sexually molested the child (e.g. fondled breast or genitals; made child exhibit himself or herself), but there was no sexual intercourse between them.

- **Sexual Exhibitionism**

Person has exhibited himself or herself sexually in front of the child (e.g. exposure of genitals, masturbation). The child may have been pressured to participate, but did not do so.

- **Sexual Harassment**  
Child is being harassed, encouraged, pressured, or propositioned to perform sexually. No sexual activity has actually occurred.
- **Sexual Suggestiveness**  
Sexually provocative comments are made to a child, or a child is shown pornographic photos. There have been no sexual approaches to the child, and no molestation is suspected.
- **Other Sexual Abuse**  
Sexually abusive activities other than those described above such as exploitation for the purpose of pornography, voyeurism, observation of adult sexual behaviour, “grooming” activities, etc. have occurred.



*Allegations made about a child under the age of 16 of past (historical) sexual harm should be plotted on this scale. Allegations of past sexual harm which suggest a current risk that other children may be harmed, should be plotted on Section 5, Scale 1, “Caregiver has History of Abusing/Neglecting”.*

### Rating Scale for Abusive Sexual Activity

#### Extremely Severe

- A Sexual Abuse - Prime Caregiver**  
It is alleged/verified that child sustained abusive sexual activity by a prime caregiver of the child (See Explanatory Note on page 6, e.g. mother, father, stepfather, live-in partner). A caregiver having an access visit is included here.
- B Sexual Abuse - Prime Caregiver Had Knowledge**  
It is alleged/verified that child sustained abusive sexual activity by someone other than the prime caregiver, but the prime caregiver had full knowledge of what was happening and allowed it to occur.
- C Sexual Abuse - Family Member As Caregiver**  
It is alleged/verified that child sustained abusive sexual activity by a family member who was in a caregiving role at the time of the offense, but who is not a primary caregiver (e.g. grandfather, aunt, uncle) and has regular access to the child.

Prime caregiver did not have knowledge of this and/or did not allow it to occur.



*A parent having an access visit is considered a prime caregiver so should be scored as A above.*

**D Sexual Abuse - Community Caregiver**  
It is alleged/verified that child sustained abusive sexual activity by a person outside the family, but someone in a caregiving role (e.g. babysitter, teacher, recreational leader).

Prime caregiver did not have knowledge of this and/or did not allow it to occur.

**E Physical Indicators of Sexual Abuse - No Perpetrator Identified**  
It is alleged/verified that child has physical indicators of abusive sexual activity (e.g. sexually transmitted disease, trauma to genital area), but no specific abuse allegation has been made and the specific identity of the perpetrator is unknown.

### **Moderately Severe**

**F Child Exhibits Sexual Behaviour - No Perpetrator Identified**  
It is alleged/verified that child exhibits unexplained sexual behaviour indicative of knowledge/experience beyond his/her age and development (e.g. young child simulating intercourse with dolls or another child). No specific abuse allegation has been made.

**G Sexual Harm - Family Member - Not a Caregiver**  
It is alleged/verified that child sustained harmful sexual activity at the hands of a family member who was not in a caregiving role (e.g. sibling). The caregiver of the victim has not condoned the activity, but has not been able to protect the child.

**H Risk That The Child is Likely To Be Sexually Harmed**  
It is alleged/verified that child is likely to be sexually harmed as described in A, B, C and D above.

**I Risk That The Child is Likely To Be Sexually Harmed/Questionable Sexual Activity**  
It is alleged/verified that child is likely to be sexually harmed as a result of an escalating pattern of questionable sexual activity by a caregiver of the child. This could include such activities as adults being indiscreet in performing sexual relations, adults continuing to bathe with older children, adults continuing to share a bed with older children, or other questionable sexual activity when it is also alleged/verified that there is sexual intent and the child is viewing the activities as threatening or as inappropriate.

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### **Intervention Line**

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### **Minimally Severe**

**J Questionable Sexual Activity**  
It is alleged/verified that a caregiver engages in activities that may not be appropriate around a child. These concerns would not fall into the definitions of abusive sexual activity or questionable sexual activity (as in I above) which causes a risk of harm; but could include the same activities (such activities as adults being indiscreet in performing sexual relations, adults continuing to bathe with older children, adults continuing to share a bed with older children, etc.) when sexual intent is not alleged/verified nor is the child seeing these activities as threatening or as necessarily inappropriate.

**K Sexual Harm - Not a Family Member - Not a Caregiver**

It is alleged/verified that child sustained abusive sexual activity at the hands of a person outside the family and not in a caregiving role.

Prime caregiver did not have knowledge of this and/or did not allow it to occur.



*This section should be scored as not eligible for protection services, meaning that the family or community colleague will not receive a child protection service beyond a community link service; or cases that receive more extensive service through the agency should be scored in the following manner: Families who request counselling for sexual assault or abuse -- see Section 6 "Request for Counselling". Community colleagues who request abuse expertise and/or assistance with a sexual assault investigation -- see Section 10 Request for Assistance.*



*If the child has been harmed by a non-family member who is not a caregiver due to a caregiver lack of supervision, score under Section 2, Scale 1, Inadequate Supervision. If the child has not been harmed but there is a concern of risk of harm by a non-family member - not a caregiver, score under Section 5, Scale 2, Caregiver Inability to Protect.*

**Not Severe**

**L No Sexual Abuse or Harm**

It is alleged/verified that child sustained no abusive sexual activity and there are no other current conditions and/or safety or risk factors which indicate a likelihood of maltreatment.

## Scale 4

## THREAT OF HARM

*Child and Family Services Act References*

37(2)

A child is in need of protection where:

- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
  - (i) failure to adequately care for, provide for, supervise or protect the child, or
  - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child.
- (c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
- (d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c).

**Interpretation**

On a continuum of positive to negative psychological aspects of caregiver practices, a caregiver threatening to harm or endanger a child is viewed as negative given the vulnerability of children to psychological maltreatment (Finkelhor et. al., 1994). Caregiver threat of harm or endangerment of a child can reflect the psychological dimensions of maltreatment in both its direct and indirect forms (Hart et. al., 1987, 1996). For example, in its direct form a child may be terrorized by threats of harm or endangerment; in its indirect form, the child may, for example, develop ulcers in response to being terrorized. In deciding whether the threat lies on the extreme negative end of psychological maltreatment dimensions or whether the threat is categorized as inappropriate, inadequate, or misdirected caregiver practices, consideration needs to be given to the age of and development of the child, the severity of the threat/action, previous threats/actions by caregiver(s), other caregiver history such as mental health problems, and the context in which the threat occurred.



*Allegations of threat of harm should be scored in this section if the concern is for the physical safety of the child. If the allegations are that the on-going threats are emotionally harmful to the child, see Section 3, Scale 1 "Caregiver Causes or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm".*

## Rating Scale For Threat Of Harm

### Extremely Severe

**A Direct Physical Threat, But No Actual Harm**

It is alleged/verified that child is placed in a very dangerous threatening situation (e.g. held out of window, held over scalding water, deliberately allowed to wander where potential for injury is high, etc.).

No actual injury or harm occurs, though child may have been frightened.

### Moderately Severe

**B Direct Verbal Threat**

It is alleged/verified that direct, specific, verbal threats of abuse or harm are made against the child. Threats are such that, if carried out, physical harm to the child could result. Included would be threats of physical abuse, deprivation of food or water, sexual abuse, etc.

There has been no attempt to carry out such threats.

**C Implied Verbal Threat**

It is alleged/verified that no direct and specific threats of abuse or harm are made.

Caregiver says they feel overwhelmed by the child, might hurt child, fear child might have an accident, get so mad at child they don't know what might happen, etc.

These indirect threats are of a quality which lead the listener to believe there is a danger of injury or neglect to the child. Examples include: situations involving persons with a history of mental health problems or overwhelmed caregivers with very small children.

The caregiver may or may not be requesting assistance to avoid carrying out these threats.



*If the threat(s) and/or threatening behaviour to the child are made in the context of partner violence in the home score under Section 3, Scale 3 "Child Exposure to Partner Violence". If the threat(s) and/or threatening behaviour to the child are made in the context of adult conflict in the home score under Section 3, Scale 2 "Child Exposure to Adult Conflict".*

**Intervention Line**

**Minimally Severe**

**D Implied Verbal Threat with no Anticipated Follow-Through**

It is alleged/verified that no direct and specific threats of abuse or harm are made.

Caregiver says they feel overwhelmed by the child, might hurt child, get so mad at child they don't know what might happen, etc.

The caregiver appears to be making these threats out of frustration and there does not appear to be a reason to believe that the caregiver would follow through on the threats.

**Not Severe**

**E No Verbal or Physical Threat of Abuse**

It is alleged/verified that no verbal or physical threats of abuse or harm are made against the child and there are no other current conditions and/or safety or risk factors which indicate a likelihood of maltreatment. Threat of generally acceptable corporal punishment (e.g. spanking) should not be considered a threat of abuse or harm.

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## **SECTION 2**

### **HARM BY OMISSION**

The Child has been harmed or there is a risk that the child is likely to be harmed as a result of the caregiver's failure to adequately care for, provide for, supervise, or protect the child.

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**Scale 1**

**INADEQUATE SUPERVISION**

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*Child and Family Services Act References*

**37(2)**

**A child is in need of protection where:**

- (a) The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,**
    - (i) failure to adequately care for, provide for, supervise or protect the child, or**
    - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child**
  
  - (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,**
    - (i) failure to adequately care for, provide for, supervise or protect the child, or**
    - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child.**
  
  - (c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;**
  
  - (d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c).**
- 

**Interpretation**

Inadequate supervision both in and out of the home is a form of neglect which is seen as an act of omission (Zuravin & Taylor, 1987).

Any person having charge of a child, less than 16 years of age, must make reasonable provision for the child's supervision and care, ensuring the child is free from physical or sexual harm. The person in charge must ensure supervision and care that is sufficient for the particular child, taking into account the child's age and developmental level. Other considerations are the time of day, the length of time the child is left, and the competency of the child and/or caregiver in meeting basic needs (e.g. eating, toileting and obtaining help in emergencies).

Caregiver must also ensure that alternate caregivers (e.g. babysitters) are capable of providing adequate care for the child.



*If the lack of supervision has resulted in a child under 12 years committing a serious act, See Section 2, Scale 5 “Caregiver Response to Child Under 12 Who has Committed a Serious Act”.*



*If the caregiver has left the child with inadequate childcare and left with the intention of abandoning the child, see Section 4, Scale 1 “Orphaned/Abandoned Child”.*

## Rating Scale For Inadequate Supervision

### Extremely Severe

#### **A Inadequate Supervision Resulting In Injury/Victimization**

It is alleged/verified that the child has been improperly supervised by the caregiver. As a result, the child has been injured, or has been victimized (molested, etc.).

and/or

It is alleged/verified that a child who is unable to handle basic needs (e.g. eating, toileting, avoiding accidents) is left alone with an inadequate alternative caregiver (e.g. another young child, adult invalid). The caregiver does not return before the child’s needs become acute. During that time an accident occurred causing some injury to the child, or the child has been victimized (e.g. molested).

and/or

It is alleged/verified that a child who is able to handle basic needs is left for long periods of time without appropriate arrangements being made to provide supervision for the child (e.g. an older child is left alone for an unreasonable length of time with no appropriate supervision). As a result, the child was physically or sexually harmed.

### Moderately Severe

#### **B Inadequate Supervision Resulting In Risk That The Child Is Likely To Be Harmed And/Or Distress To Child**

It is alleged/verified that caregiver exercises little supervision over a younger child, either inside or outside the home. The child may have been found playing at home with objects that could hurt him/her. The child may have been found playing in unsafe circumstances outside (e.g. in street, in a dump, or with older strangers). Caregiver may or may not know child’s location and does not check on him/her often enough. Child wanders to unfamiliar areas and sometimes needs stranger’s help to return home. Younger children are given far too much responsibility for their own safety. Caregiver may depend on unplanned or informal arrangements to supervise the child. Caregiver may be unable to access the child’s play area quickly if necessary.

and/or

It is alleged/verified that caregiver has few, if any, rules for the older child; and rarely enforces any. Child often stays out all night without caregiver knowing where s/he is or when s/he may return. Caregiver usually has no idea what child is doing and makes inadequate attempt(s) to find out. Child is known to be out of control within the community. Caregiver does not question child about money/possessions obtained outside the home or the child's known association with unknown or inappropriate adults.

and/or

It is alleged/verified that a child who is unable to handle basic needs (e.g. eating, toileting, avoiding accidents) is left alone or with an inadequate alternative caregiver (e.g. another young child, adult invalid). The caregiver does not return before the child's needs become acute. The child may be emotionally distraught or hungry, and may have had an accident, but no injury resulted.

and/or

It is alleged/verified that a child who is able to handle basic needs is left for long periods of time without appropriate arrangements being made to provide supervision for the child (e.g. an older child is left alone for a weekend with no appropriate supervision). As a result, there was a risk that the child was likely to be harmed and/or was distressed by being left alone.

No child has yet been injured in any of these situations but a risk that the child is likely to be harmed/distressed exists.

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### Intervention Line

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#### Minimally Severe

##### **C Marginal Supervision**

It is alleged/verified that the quality of supervision provided to the younger child varies. Caregiver tends to leave younger child unobserved and does not always know what s/he is doing, but does know the child's whereabouts. Child is often getting into things that s/he should not. ometimes the child is found engaging in rough play.

and/or

It is alleged/verified that caregiver often may not know of whereabouts and/or activities of older children during the day; however, ensures the children are at home or their whereabouts known at night.

and/or

It is alleged/verified that a very young child is never left alone or with an inadequate alternative caregiver when the caregiver goes out. But an older child able to fend for him/herself sometimes does not know where his/her caregiver is at night or when he or she will return. The child would be able to get help in an emergency if necessary.

**Note:** In any of the Minimally Severe situations described above, no child is likely to be injured as a result of inappropriate supervision. Caregiver would be able to respond to emergency situation in appropriate time frame.

**Not Severe**

**D Adequate Supervision**

It is alleged/verified that caregiver provides proper and timely supervision of child's activities inside and outside of the home.

It is alleged/verified that caregiver knows child's whereabouts and activities, whom s/he is with, and when s/he returns. Definite limits are set on child's activities.

and/or

It is alleged/verified that caregiver makes safe and appropriate substitute child care arrangements when needed (including babysitting and overnight arrangements).

and

There are no other current conditions and/or safety or risk factors which indicate a likelihood of maltreatment.

Scale 2

NEGLECT OF CHILD'S BASIC PHYSICAL NEEDS

*Child and Family Services Act References*

37(2)

A child is in need of protection where:

- (a) The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person’s,
  - (i) failure to adequately care for, provide for, supervise or protect the child, or
  - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child
- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person’s,
  - (i) failure to adequately care for, provide for, supervise or protect the child, or
  - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child.

**Interpretation**

Neglect of a child’s basic physical needs means the child’s caregiver either deliberately or through a lack of knowledge and/or a lack of judgement and/or a lack of motivation (Cantwell, 1980) fails to provide the child with adequate food, shelter, clothing and safety (Tower, 1996). As a result of the omission of care or pattern of omission of care by the person having charge of the child, the child experiences injury or harm or illness; or there is a risk that the child is likely to be injured or harmed or become ill in one or more of these areas.



*For situations where the child has been inadequately cared for as a result of **deliberate** action by the caregiver to punish the child, see Section 1, Scale 2 “Cruel/Inappropriate Treatment”.*



*For situations where neglect of child’s basic physical needs has not yet become apparent but the caregiver has a condition (e.g. substance abuse or mental health problem) where the child is at risk of having basic physical needs neglected, see Section 5 “Caregiver Capacity”. If indicators of neglect as described below are apparent in the child currently, score in this section.*



*For situations where the caregiver is not feeding the child, score under this Section: “Neglect of Child’s Basic Physical Needs”. For situations where the child cannot eat/feed due to a medical condition and the caregiver does not respond with appropriate medical treatment score under Section 2, Scale 3, “Caregiver Response to Child’s Physical Health”.*

**Description of Neglect of Child’s Basic Physical Needs**

**1) Extremely and Moderately Neglectful Conditions (may exist in one or more areas)**

*Nutrition examples*

- young infant is missing feedings or is regularly being given diluted formula
- infant is being breastfed and does not receive adequate nutrition from breast milk and/or supplements
- older child is missing several meals or is deprived of water
- almost no food is available in the home and child may have been seen scrounging for food
- child often takes food on own, but sometimes only nutritionally inadequate food in insufficient amounts
- the child who is unable to feed him/herself is not being provided with meals
- child is fed or is eating food not fit for human consumption (e.g. non-food items, rotten food), or food which is not age appropriate (e.g. alcoholic beverages)

*Personal Hygiene examples*

- child not bathed for lengthy periods and child emits strong body and/or mouth odour
- teeth encrusted with green or brown matter; hair is matted with dirt, feces or food
- soiled diapers are not changed for several hours

*Household Sanitation examples*

- carpet tiles, walls, doors, bathroom fixtures are layered with encrusted dirt, debris, food wastes
- human or animal waste prominent
- dust and dirt are layered all over and accumulated in corners
- smell in home of urine/feces/spoilage
- trash and junk piled up and layered throughout floor so it is difficult to get around or creates a hazard to the child’s safety
- dishes not washed, family eats off dirty dishes or doesn’t use dishes
- perishable foods found spoiled, spoiled foods not discarded
- may be rodent infestation, creeping vermin untreated
- family sleeps on dirty mattresses or on linen black with dirt and soil

*Physical Condition examples*

- leaking gas from stove or heating unit, peeling lead-based paint, recent fire in living quarters or building, hot water/steam leaks from radiators, exposed or broken electrical wires
- dangerous substances (e.g. chemicals) or dangerous objects (e.g. guns, weapons) stored in unlocked shelves or cabinets or in area that is accessible to child
- no guards on open windows, broken or missing windows, unprotected stairways
- child does not have a place of residence or the family is experiencing acute shelter problems (e.g. no heat in winter). This may include a family living in non-traditional residence (e.g. living in tents, cars, underground garages).

*Clothing examples*

- child lacks many basic and essential items of clothes or apparel for the season (examples include: woolen clothes in summer or light cotton clothes in winter, no mitts or hat in winter, no or inappropriate footwear such as sandals in winter) to protect child from the elements

*Other Neglect examples*

- child not protected from the elements even though appropriate clothes are available (e.g. not wearing winter clothing; prolonged exposure to the sun)
- child not protected from dangerous animals in the home
- parent plays games with the child plays tricks on the child or makes the child do things that put the child in danger of being hurt

**2) Minimally Neglectful Conditions (may exist in one or more areas)**

*Nutrition examples*

- marginal nutrition – meals sufficient but unbalanced, child generally getting enough food but meals occasionally skipped or child supplements diet out of home, young child gets own meals

*Personal Hygiene examples*

- child is very unclean to occasionally unclean (e.g. hair visibly dirty or uncombed), child may emit some body or mouth odour, soiled diapers are changed regularly

*Household Sanitation examples*

- walls, carpets, windows, doors are stained with dirt, floor rarely washed, home very dusty and cobwebs frequent in house, stale, stuffy odours, things piled all over, untidy
- no piles of trash but garbage not kept in proper receptacle
- dirty dishes lay around and washed at night or next day, groceries and uneaten food lay around but generally perishable foods are refrigerated
- some creeping vermin, appearing mainly at night (no rats)

*Physical Living Condition examples*

- some hazardous conditions are in the home but they are not significant to child’s basic needs (e.g. broken windows are not fixed but are covered up, holes in wall are not a risk to child)

*Clothing examples*

- while child is missing essential clothing items child managed by adapting clothes s/he has (e.g. wears extra sweaters or wears clothes not designed for the setting in which they are worn)

*Other Neglect examples*

- caregiver does not demonstrate consistently good judgement around dressing and playing with the child, but usually makes satisfactory attempts

### 3) No Neglectful Conditions

#### *Nutrition examples*

- child provided with regular and ample meals that usually meet basic nutritional requirements

#### *Personal Hygiene examples*

- child washes regularly, hair is clean and combed, clothes are changed regularly, soiled diapers are changed promptly

#### *Household Sanitation examples*

- clean and orderly house, carpet and tile swept and washed as needed, regular dusting, pleasant to neutral odours, dishes washed or put in sink after meals, groceries properly stored, daily living articles may be around (e.g. books, newspapers toys)

#### *Physical Living Condition examples*

- there are no obvious hazardous conditions in the home, home is safe for child

#### *Clothing examples*

- child has all essential clothing and enough changes to be neat and clean, clothes may not be new but are in good condition and fit adequately, clothes are consistent with season and weather conditions

#### *Other Neglect examples*

- caregiver demonstrates consistently good judgement around the basic care needs of the child

## Rating Scale For Neglect of Child’s Basic Physical Needs

### Extremely Severe

#### **A Neglect of Basic Physical Needs - Injury or Harm or Illness Has Resulted**

It is alleged/verified that caregiver permits child to experience one or more conditions as in (1) above, and as a result the child was injured, harmed or became ill. The child may or may not have required hospitalization or medical treatment.



**\*NEW\*** *If due to the presence of partner violence in the home the child's basic needs have not been met and the child has been injured, harmed, became ill or is suffering score under Section 3, Scale 3, "Child Exposure to Partner Violence"; if due to the presence of adult conflict in the home the child basic needs have not been met and the child has been injured, harmed, became ill or is suffering score under Section 3, Scale 2, "Child Exposure to Adult Conflict".*

**Moderately Severe**

**B Neglect of Basic Physical Needs - Risk That The Child Is Likely To Be Harmed or Become Ill**

It is alleged/verified that caregiver permits child to experience one or more conditions in (1) above, and as a result there is a risk that the child is likely to be injured, be harmed or become ill.

For example: The child is quite hungry; may have been seen scrounging for food. Complaints have been made about the child’s hygiene; peers will not play with the child.

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**Intervention Line**

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**Minimally Severe**

**C Basic Physical Needs Met - Minimal Risk That The Child Is Likely To Be Harmed/Become Ill**

It is alleged/verified that the child’s basic needs are being met as in (2) above and as such there is no risk that the child is likely to suffer injury/harm or become ill.

or

It is alleged/verified that the caregiver is aware there is minimal risk that the child is likely to be injured/harmed or become ill as in (2) above, and the caregiver is willing and makes the necessary changes to provide adequate care.

**Not Severe**

**D Needs Adequately Met**

It is alleged/verified that the child’s basic physical needs for adequate food, shelter, clothing and safety are met as in (3) above and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

Scale 3

CAREGIVER RESPONSE TO CHILD’S PHYSICAL HEALTH

*Child and Family Services Act References*

37(2)

A child is in need of protection where:

- e) the child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.

**Interpretation**

Inadequate caregiver response to the child’s physical health care means the caregiver either deliberately does not provide or refuses to provide or is unavailable or unable to provide consent to required medical treatment to cure, prevent, or alleviate the child’s physical injury, illness, disability, suffering or dental problem. An inadequate caregiver response would also include those caregivers who consent to the treatment but who do not follow through and take the actions necessary to provide the treatment



*For situations where the child cannot eat/feed due to a medical condition and the caregiver does not respond with appropriate medical treatment score in this Section: “Caregiver Response to a Child’s Physical Health”. For situations where the caregiver is not feeding the child adequately see Section 2, Scale 2, “Neglect of Child’s Basic Physical Needs”.*

*A child with respiratory problems (e.g. asthma, cystic fibrosis) who lives in poor air quality (e.g. smoked filled home) is included here.*

**Rating Scale For Caregiver Response to Child’s Physical Health**

**Extremely Severe**

**A Life Threatening Condition/Permanent Impairment**

It is alleged/verified that at least one child is not receiving medical treatment for an injury, illness, disability or dental problem. If left untreated, or there is inadequate compliance with recommended treatment, the condition is life-threatening, or will result in permanent impairment, or is a serious threat to public health.

**B Worsening Condition/No Diagnostic Assessment**

It is alleged/verified that child has an illness or disability that interferes with normal functioning. With treatment the condition could be corrected or at least controlled; however, without treatment the illness or disability will worsen (though it is not life-threatening).

and/or

It is alleged/verified that a child has had some physical symptoms (e.g. pain or signs of contagious disease) for some time, but the caregiver has not sought a diagnostic assessment (e.g. a medical or dental exam).

**Moderately Severe**

**C Risk of Complications/On-going Pain**

It is alleged/verified that child is not receiving medical care for an injury, illness or dental problem that usually should receive treatment. It is likely that the child’s condition will correct itself even without medical treatment; however, medical treatment now would reduce risk of complications, relieve pain, speed healing, or reduce risk of contagion.

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**Intervention Line**

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**Minimally Severe**

**D Preventative Care Lacking**

It is alleged/verified that there is no child with untreated medical conditions that could benefit from medical treatment, but it is alleged/verified that the caregiver is not providing preventative medical or dental care (e.g. immunizations, dental check ups).

**Not Severe**

**E Adequate Treatment**

It is alleged/verified that there is no child with untreated injuries, illnesses, or disabilities that could benefit from medical treatment. Child is taken for checkups promptly when symptoms of illness appear. Child receives preventive health care and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

Scale 4

CAREGIVER RESPONSE TO CHILD'S MENTAL, EMOTIONAL, DEVELOPMENTAL CONDITION

*Child and Family Services Act References*

37(2)

A child is in need of protection where:

- (h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child’s development and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

**Interpretation**

Inadequate caregiver response means the child suffers from a mental and/or emotional and/or developmental condition that if not remedied could seriously affect the child’s development; and yet the caregiver either deliberately does not provide or refuses to provide or is unavailable or unable to consent to treatment to address or alleviate the child’s condition. An inadequate caregiver response would also include those caregivers who consent to the treatment but do not follow through and take the actions necessary to provide the treatment. The mental, emotional, and/or developmental conditions in this section would be those that have occurred as a result of a specific action by the caregiver toward the child.

Examples of Types of Conditions are:

- Developmental/Neurological Disability/Retardation (e.g. attention deficit disorder, autism, Tourette’s Syndrome, Down’s Syndrome, hyperkinesias, some genetic disorders, aphasia);
- Emotional illness (e.g. separation anxiety, phobias, obsessive-compulsive disorder, conduct disorders, anorexia, bulimia);
- Mental illness (e.g. schizophrenia, autism, bipolar affective disorder);
- Specific Learning Disability (e.g. dyslexia)
- Hearing, Speech, Sight Impairment



*For children suffering from an emotional condition that appears to be the result of specific actions or inactions of psychological maltreatment by the caregiver towards the child, see Section 3, Scale 1, “Caregiver Causes or Caregiver Response to Child’s Emotional Harm or Risk of Emotional Harm”.*

**Description of a Child’s Mental, Emotional, Developmental Condition**

**(1) Symptoms Severe, Child Unable to Perform One or More Major Roles**

Symptoms exist, and child is unable to perform or is significantly impaired in ability to perform one or more major roles (major roles include: family member, student, friend, citizen).

This may be because the symptoms are severe, or because the services or therapy provided thus far have not significantly improved those symptoms.

Child requires a specialized, supportive environment to perform (e.g. special school) and may be (or is) temporarily institutionalized, hospitalized, or placed in a residential setting.

**(2) Moderate Symptoms, No Significant Impairment, Performs with Difficulty**

Symptoms exist and child maintains a normal level of functioning in daily activities and major roles (such as a family member, student, friend) with difficulty and with increased effort. There may be definite impairment in ability to perform secondary roles (e.g. recreational activities).

This may be because the symptoms are moderate in strength, or because the services or therapy provided thus far have not fully compensated for the effects of more severe symptoms.

For example: The condition may be causing some pain, discomfort, stress, or loss of time during the child’s activities; and/or may require others to make minor adjustments to accommodate the child.

**(3) Mild Symptoms, No Impairment, No Difficulty**

Symptoms exist, but there is no impairment in carrying out daily activities or meeting role requirements. This may be because the symptoms are very mild, or because the child is being provided with services which enable him or her to overcome more serious symptoms and function in the normal range (e.g. medicines, therapy, physical aid, etc.).

**Rating Scale For Caregiver Response To Child’s Mental, Emotional, Developmental Condition**

**Extremely Severe**

**A Severe Symptoms - No or Passive Consent for Treatment**

It is alleged/verified that the child suffers from a mental, emotional or developmental condition as defined in (1) or (2) above, that, if not immediately remedied, could seriously impair the child’s development; and the child’s caregiver or person having charge of the child does not provide or refuses or is unavailable or unable to consent to those services or treatment, or plays a passive role in finding treatment for the child and in having the child participate in treatment.



*If the child's mental, emotional or developmental condition is as a result of parental violence in the home score under Section 3, Scale 3 "Child Exposure to Partner Violence". If the child's mental, emotional or developmental condition is as a result of adult conflict in the home score under Section 3, Scale 2 "Child Exposure to Adult Conflict".*

**Moderately Severe**

**B Moderate Symptoms - No or Passive Consent for Treatment**

It is alleged/verified that the child suffers from a mental, emotional or developmental condition as defined in (1) or (2) above, that, if not remedied, could seriously impair the child’s development and the child’s caregiver or person having charge of the child does not provide or refuses to consent or is unavailable or unable to consent to those services or treatment that would assist the child, or plays a passive role in finding treatment for the child and in having the child participate in treatment.

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**Intervention Line**

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**Minimally Severe**

**C Appropriate Caregiver Response - Difficulty Accessing or Paying for Treatment**

It is alleged/verified that the child suffers from a mental, emotional or developmental condition as defined in (1) to (3) above, and the child’s caregiver is willing to take an active role in finding and carrying out treatment, but the caregiver does not have the ability to access treatment and/or pay for treatment so the child remains untreated.

**Not Severe**

**D Appropriate Response for Treatment - Adequate Treatment Provided**

It is alleged/verified that the child has a condition as described in (1) to (3) above and the child’s caregiver is willing and able to access and carry out treatment and appropriate treatment is being provided. There are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

Scale 5

CAREGIVER RESPONSE TO CHILD UNDER 12  
WHO HAS COMMITTED A SERIOUS ACT

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*Child and Family Services Act References*

37(2)

A child is in need of protection where:

- (j) the child is less than twelve years old and has killed or seriously injured another person or caused serious damage to another person’s property. Services or treatment are necessary to prevent a recurrence and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment;
  - (k) the child is less than twelve years old and has on more than one occasion injured another person or caused loss or damage to another person’s property, with the encouragement of the person having charge of the child or because of that person’s failure or inability to supervise the child adequately.
- 

**Interpretation**

The Young Offenders Act (YOA) deals with children over 12 years of age who commit a criminal act. The child protection legislation is meant to address those children who are less than 12 years of age who have killed, seriously injured, injured on more than one occasion another person or caused damage or loss to another person’s property, and whose caregivers do not respond adequately or appropriately. Inadequate caregiver response can occur in two ways. One, in order to prevent a reoccurrence of a serious act by the child, the child requires services or treatment and the caregiver either deliberately does not provide or refuses to provide or is unavailable or unable to consent to treatment or services. And/or two, the caregiver encouraged the child’s serious act or the serious act occurred because of inadequate caregiver supervision of the child.



*For situations where inadequate supervision has not resulted in a child under 12 committing a serious act, but there is a risk that the child is likely to suffer physical or sexual harm see Section 2, Scale 1, “Inadequate Supervision”.*

*For situations where child behaviour difficulties are putting the child at risk of abandonment and/or separation see Section 4, Scale 2, “Caregiver-Child Conflict/Child Behaviour”.*

**Rating Scale For Caregiver Response to Child Under 12  
Who Has Committed A Serious Act**

**Extremely Severe**

**A No Consent for Treatment/Poor Supervision of Child**

It is alleged/verified that the child is less than twelve years old and has killed or seriously injured another person or caused serious damage to another person's property, or the child is less than twelve years old and has on more than one occasion injured another person or caused loss or damage to another person's property.

It is alleged/verified that the caregiver has encouraged the child's behaviour.

and/or

It is alleged/verified that services or treatment are necessary to prevent a recurrence and the child's caregiver does not provide or refuses or is unavailable to consent to those services or treatment.

and/or

It is alleged/verified that adequate supervision is necessary to prevent a recurrence and the child's caregiver does not provide adequate supervision for the child.

**Moderately Severe**

**B Passive Consent for Treatment/Passive Supervision of Child**

It is alleged/verified that the child's situation is as described in "A" above, (1st paragraph).

and/or

It is alleged/verified that the child's caregiver does not refuse to have treatment provided, but plays a very passive role in finding treatment for the child and in ensuring that the child, or caregiver if necessary, participates in treatment.

and/or

It is alleged/verified that the child's caregiver is passive in providing adequate supervision for the child, exercising little supervision over the child either inside or outside of the home.

**Intervention Line**

**Minimally Severe**

- C Appropriate Caregiver Response - Difficulty Accessing and Paying for Treatment**  
It is alleged/verified that the child's situation is as described in "A" above (1st paragraph).

It is alleged/verified that the child's caregiver is willing to take an active role in finding and carrying out treatment, but the caregiver does not have the ability to access treatment and/or pay for treatment so the child remains untreated.

and/or

It is alleged/verified that the child's caregiver has some difficulty supervising the child inside and outside of the home but is willing to be careful about supervision of the child's activities.

**Not Severe**

- D Appropriate Response to Treatment and Supervision of Child**  
It is alleged/verified that the child's situation is as described in "A" above (1st paragraph).

It is alleged/verified that the child's caregiver is willing and able to access and carry out treatment and appropriate treatment is being provided.

and/or

It is alleged/verified that the caregiver provides proper and timely supervision of the child's activities inside and outside of the home.

and

There are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

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## **SECTION 3**

### **EMOTIONAL HARM**

The child has been emotionally harmed or is at risk of emotional harm as a result of specific behaviors or pattern of neglect of the caregiver towards the child or resulting from the caregiver failing to adequately address the emotional condition.

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Scale 1

**CAREGIVER CAUSES AND/OR CAREGIVER RESPONSE TO CHILD'S EMOTIONAL HARM OR RISK OF EMOTIONAL HARM**

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*Child and Family Services Act References*

37(2)

A child is in need of protection where:

- (f) the child has suffered emotional harm, demonstrated by serious,
    - (i) anxiety, (ii) depression, (iii) withdrawal, (iv) self-destructive or aggressive behaviour, or (v) delayed development and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child;
  - (f.1) the child has suffered emotional harm of the kind described in sub clause (f) (i), (ii), (iii) (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
  - (g) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child;
  - (g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii) (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
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### Interpretation

Although some degree of emotional harm underlies all types of maltreatment, emotional maltreatment is not an isolated incident. Rather, emotional or psychological maltreatment is a pattern of negative caregiver behaviours or repeated destructive interpersonal interactions by the caregiver to the child (Hart & Brassard, 1991).

Emotional harm can be the most difficult type of harm to define and clinical concern may precede legal intervention.

A repeated pattern or extreme incident(s) of the conditions described below constitute psychological maltreatment (Briere Berliner, 1996).

### Emotional Harm/Child Exposure to Conflict Section

All referrals to a CAS are screened for domestic violence. A referral in which the only allegation is exposure to domestic violence is currently not a stand-alone form of child maltreatment and does not meet the definition of a child in need of protection under the CFSA. The role of CAS is to intervene where adult behaviour or victimization has a direct or observable impact on a child's safety and well being, where the child has either been harmed or is at risk of being abused physically, sexually, emotionally or neglected because of domestic violence. When receiving a report that a child is exposed to conflict in the home that is either between partners (i.e. opposite sex, same sex) and/or between adults (e.g. adult siblings, grandparent-parent) the CAS is to gather information and assess how the violence has harmed or raised the risk of harm to the child, as defined in the CFSA (CPS-06:S1).

A child's response to conflict in the home, whether it be a single violent incident or a pattern of violence/conflict in the home is highly individualized (Baker & Cunningham, 2004). While many children who are exposed to violence do not develop problems or are not abused, for some children exposure to violence is a known risk factor for negative child outcomes, up to and including child maltreatment (Edelson, 2004; Jaffe, Crooks & Wolfe, 2003). A number of factors influence the way a child experiences, interprets, predicts and copes with violence in the home. The child protection worker must assess both the impact of exposure to violence on the child and the presence of protective elements (CPS-06:S2). Illustrations of factors considered include but are not limited to: child vulnerability, the frequency, level and nature of violence, the relationship between the adults involved in the violence, the severity of child maltreatment, the degree to which the child is involved in the events, and parent/caregiver response. If it is determined harm has occurred or there is risk of harm to the child, as defined in the CFSA, the CAS investigation will provide either the Traditional or Customized Approach (CPS-06: S2;S3).

Note: Spectrum 2006 adds clarity to Section 3 by adding "Child Exposure to Conflict" to the Section title. Spectrum 2000 had only one scale "Adult Conflict" which grouped together all domestic violence types. Two-thirds of domestic violence cases reported to police involve conflict between spouses and the rest involve other family members. To better capture this field reality and distinguish the dynamics associated with a child's exposure to conflict from the child's view (Baker & Cunningham, 2004), Spectrum 2006 splits domestic violence into two scales: "Adult Conflict" and "Partner Violence".

**Spurning** (hostile rejecting/degrading)

Spurning includes verbal and nonverbal caregiver acts that reject and degrade a child.

Examples include:

- belittling, degrading, and other nonphysical forms of overtly hostile or rejecting treatment
- shaming and/or ridiculing the child for showing normal emotions such as affection, grief, or sorrow
- consistently singling out one child to criticize and punish, to perform most of the household chores, or to receive fewer rewards
- public humiliation

**Terrorizing:**

Terrorizing includes caregiver behaviour that threatens or is likely to physically hurt, kill, abandon, or place the child or child's loved ones or objects in recognizably dangerous situations. Examples include:

- placing a child in unpredictable or chaotic circumstances
- placing a child in recognizably dangerous situations
- setting rigid or unrealistic expectations with the threat of loss, harm, or danger if they are not met
- threatening or perpetrating violence against the child
- threatening or perpetrating violence against a child's loved ones or objects

**Isolating:**

Isolating includes caregiver acts that consistently deny the child opportunities to meet needs for interacting or communicating with peers or adults inside or outside the home. Examples include:

- confining the child or placing unreasonable limitations on the child's freedom of movement within his or her environment
- placing unreasonable limitations or restrictions on social interactions with peers or adults in the community

**Exploiting/Corrupting:**

Exploiting/Corrupting includes caregiver acts that encourage the child to develop inappropriate behaviors (self-destructive, antisocial, criminal, deviant, or other maladaptive behaviours).

Examples include:

- modeling, permitting, or encouraging antisocial behaviour (e.g. prostitution, performance in pornographic media, initiation of criminal activities, substance abuse, violence to or corruption of others)
- modeling, permitting, or encouraging developmentally inappropriate behaviour (e.g. parentification, infantilization, living the caregiver's unfulfilled dreams)
- encouraging or coercing abandonment of developmentally appropriate autonomy through extreme over-involvement, intrusiveness, and/or dominance (e.g. allowing little or no opportunity or support for child's views, feelings, and wishes; micro-managing child's life)
- restricting or interfering with cognitive development

**Denying Emotional Responsiveness (Ignoring):**

This includes caregiver's acts that ignore the child's attempts and needs to interact (failing to express affection, caring, and love for the child) and show no emotion in interacting with the child. Examples include:

- being detached and uninvolved through either incapacity or lack of motivation
- interacting only when absolutely necessary
- failing to express affection, caring, and love for the child

When a child is subject to these conditions by the caregiver, the caregiver conveys the message that the child is worthless, flawed, unwanted, unloved, inadequate or only valuable in meeting someone else's needs (Garbarino et. al., 1986). Children respond to such repeated messages in two ways: hostile, aggressive, behaviour problems or self-destructive, depressed, withdrawn or suicidal behaviours.



*For situations where the child suffers an emotional condition which does not appear to have resulted specifically from the behaviour of the caregiver (e.g. Obsessive Compulsive Disorder), see Section 2, Scale 4 "Caregiver Response to Child's Mental, Emotional, Development Condition".*



*For situations where the emotional condition appears to be as a result of adult conflict in the home see Section 3, Scale 2 "Adult Conflict".*



*For situations where the child has been threatened, and there is concern for the physical safety of the child, see Section 1, Scale 4, "Threat of Harm".*

**Rating Scale For Caregiver Causes and/or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm**

**Extremely Severe**

**A Emotional Harm Results from Caregiver's Actions or Inaction and/or Inadequate Caregiver Response**

It is alleged/verified that the child has been emotionally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or delayed development and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

and/or

the child's caregiver does not provide or refuses to consent to services or treatment to remedy or alleviate the condition or plays a very passive role in finding and carrying out the treatment.



*If the child has suffered emotional harm (as defined above) as a result of being exposed to parental violence in the home score under Section 3, Scale 3, "Child Exposure to Parental Violence"; If the child has suffered emotional harm (as defined above) as a result of being exposed to adult conflict in the home score under Section 3, Scale 2, "Child Exposure to Adult Conflict"*

**Moderately Severe**

**B Risk that the Child is Likely to be Emotionally Harmed Resulting From Caregiver's Actions or Inaction and/or Inadequate Caregiver Response**

It is alleged/verified that there is a risk that the child is likely to be emotionally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or delayed development, and there are reasonable grounds to believe that the risk of emotional harm results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.

and/or

the child's caregiver does not provide or refuses to consent to services or treatment to remedy or alleviate the condition or plays a very passive role in finding and carrying out the treatment.

**Intervention Line**

**Minimally Severe**

**C Emotional Harm But Not Caused by Caregiver/Appropriate Caregiver Response to Emotional Harm**

It is alleged/verified that child has been emotionally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or delayed development; but the harm is not caused by the caregiver's actions or inactions and the caregiver is responding appropriately to the child's condition of emotional harm.

**Not Severe**

**D No Emotional Harm**

It is alleged/verified that the child is not being emotionally harmed and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

**Scale 2**

**CHILD EXPOSURE TO ADULT CONFLICT**

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*Child and Family Services Act References*

**37(2)**

A child is in need of protection where:

- (a)** The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
    - (i)** failure to adequately care for, provide for, supervise or protect the child, or
    - (ii)** pattern of neglect in caring for, providing for, supervising or protecting the child.
  
  - (b)** there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
    - (i)** failure to adequately care for, provide for, supervise or protect the child, or
    - (ii)** pattern of neglect in caring for, providing for, supervising or protecting the child.
  
  - the child has suffered emotional harm, demonstrated by serious, **(i)** anxiety, **(ii)** depression, **(iii)** withdrawal, **(iv)** self-destructive or aggressive behaviour, or **(v)** delayed development
  
  - (f)** there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.
  
  - (f.1)** the child has suffered emotional harm of the kind described in sub clause **(f)** **(i)**, **(ii)**, **(iii)**, **(iv)**, or **(v)** and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
  
  - (g)** there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause **(f)** **(i)**, **(ii)**, **(iii)**, **(iv)**, or **(v)** resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.
  
  - (g.1)** there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause **(f)** **(i)**, **(ii)**, **(iii)**, **(iv)**, or **(v)** and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
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**Interpretation**

**Adult Conflict – Scale 2**

Refers to violence within the home that occurs between adults, whose relationship is something other than partners/parents. This Scale is intended to capture violence that occurs between a parent/caregiver and other household members, where the conflict between the adults has harmed the child or the child is at risk of harm.

**Rating Scale For Child Exposure to Adult Conflict**

**Extremely Severe**

**A Physical Harm - Adult Conflict**

It is alleged/verified that a child has been physically harmed, either intentionally or accidentally as a result of conflict between adults in the home

and /or

It is alleged/verified that a child/youth has been physically harmed during his/her efforts to intervene in an incident of adult conflict in the home.

*If the violence involves a caregiver and his/her partner score under Section 3, Scale 3 "Partner Violence".*



*If the child's physical harm is not a result of or related to violence in the home score under Section 1, Scale 1, "Physical Force and/or Maltreatment"*

**B Neglect of Child's Basic Needs - Adult Conflict**

It is alleged/verified that due to the presence of adult conflict in the home, the child's basic physical, medical or treatment needs have not been met, resulting in the child being injured, harmed, becoming ill or suffering mental, emotional or developmental impairment.

*If the neglect involves a caregiver and his/her partner score under Section 3, Scale 3 "Partner Violence".*



*If the child's neglect is not a result of or related to violence in the home score under Section 2, Scale 2, "Neglect of Child's Basic Physical Needs"*

**C Mental/Emotional Harm or Developmental Condition Results from Exposure to Adult Conflict**

It is alleged/verified that the child has been mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development and/or as defined in (1) of Section 2:

Scale 4 as a result of adult conflict in the home the risk of continued harm exists due to unchanged conditions (i.e. continued conflict between adults) and the child is without services to address the mental/emotional harm and/or developmental condition.

or

It is alleged/verified that the child has been mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development and/or as defined in (1) of Section 2: Scale 4 as a result of adult conflict in the home and the conditions have changed but the child's condition is persisting or worsening and the child is without services to address the mental/emotional harm and/or developmental condition.

*If the emotional harm involves a caregiver and his/her partner score under Section 3, Scale 3 "Partner Violence".*



*Where child's mental/emotional or developmental condition is not specifically related to exposure to adult conflict or partner violence, rate under Section 3, Scale 1 "Caregiver Causes and/or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm".*

**D Serious Violent Incident/Threat - Adult Conflict**

It is alleged/verified that there is a serious and immediate threat to a child's safety because of the behaviour of an adult family member in the home who has killed or substantially injured an adult, parent or caregiver in the home.

and/or

It is alleged/verified that there is a serious and immediate threat to a child's safety because an adult is stalking, uttering threats of kidnapping, hostage taking, suicide or homicide or has used a weapon or confined family members.

*If the serious violent incident/threat involves a caregiver and his/her partner score under Section 3, Scale 3 "Partner Violence".*



*Where the threat to the child is not specifically related to exposure to adult conflict or partner violence, rate under Section 1, Scale 4 "Threat of Harm".*

**Moderately Severe**

**E Risk of Physical Harm - Adult Conflict**

It is alleged/verified that a child is at risk of intentional or accidental physical harm at the hands of an adult in the home as a result of adult conflict in the home (e.g. young child present during a physical altercation)

and/or

It is alleged/ verified that a child is at risk of physical harm due to his/her efforts to intervene in an incident of adult conflict.



*If the risk of violence towards the child involves a caregiver and his/her partner score under Section 3, Scale 3 "Partner Violence".*

*If the risk of physical harm to the child is not a result of or related to violence in the home score under Section 1, Scale 1, "Physical Force and/or Maltreatment"*

**F Neglect of Child's Basic Needs - Adult Conflict**

It is alleged/verified that due to the presence of adult conflict, the child's basic physical, medical or treatment needs have not been met, and as a result, it is likely that the child is at risk of being injured, harmed, becoming ill or suffering mental, emotional or developmental impairment



*If the risk of harm due to neglect involves a caregiver and his/her partner score under Section 3, Scale 3 "Partner Violence".*

*If the risk of harm to the child due to neglect is not a result of or related to violence in the home score under Section 2, Scale 2, "Neglect of Child's Basic Physical Needs"*

**G Risk to Child of Mental/Emotional Harm or Developmental Condition Resulting from Exposure to Adult Conflict**

It is alleged/verified that the child is experiencing some symptoms and is at risk of mental/emotional/developmental harm such as serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development and/or as defined in (2) of Section 2: Scale 4 as a result of adult conflict in the home the risk of further harm exists due to unchanged conditions (e.g. continued conflict between adults) and the child is without services to address the mental/emotional harm or developmental condition

or

It is alleged/verified that the child is experiencing some symptoms and is at risk of mental/emotional/developmental harm such as serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development and/or as defined in (2) of Section 2: Scale 4 as a result of adult conflict in the home. The conditions have changed but the child's condition is persisting or worsening and the child is without services to address the mental/emotional harm or developmental condition.



*If the risk of emotional harm involves a caregiver and his/her partner score under Section 3, Scale 3 "Partner Violence".*

*Where the risk of harm to the child's mental/emotional or developmental condition is not specifically related to exposure to adult conflict or partner violence, rate under Section 3, Scale 1 "Caregiver Causes and/or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm".*

**Intervention Line**

**Minimally Severe**

**H Adult Conflict - No Evidence of Harm or Mild Evidence of Harm**

It is alleged/verified that the child has been exposed to adult conflict but there is no evidence that the child has been harmed or is likely to be harmed.

or

The child is displaying mild symptoms of mental or emotional harm or a developmental condition as described in (3) of Section 2: Scale 4 but caregiver is taking appropriate action to remedy the likelihood of further harm to the child, engage the appropriate services, address the home environment and respond to child's emotional needs.

**Not Severe**

**I Minimal Adult Conflict**

It is alleged/verified that some level of conflict exists between adults in the home however, there is no evidence that the conflict is characterized by violence. There is no information to suggest that the child is adversely affected and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

**Scale 3**

**CHILD EXPOSURE TO PARTNER VIOLENCE**

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*Child and Family Services Act References*

**37(2)**

A child is in need of protection where:

- (a)** The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
    - (i)** failure to adequately care for, provide for, supervise or protect the child, or
    - (ii)** pattern of neglect in caring for, providing for, supervising or protecting the child.
  
  - (b)** there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
    - (i)** failure to adequately care for, provide for, supervise or protect the child, or
    - (ii)** pattern of neglect in caring for, providing for, supervising or protecting the child.
  
  - (f)** the child has suffered emotional harm, demonstrated by serious:
    - (i)** anxiety, **(ii)** depression, **(iii)** withdrawal, **(iv)** self-destructive or aggressive behaviour, or **(v)** delayed development and, there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.
  
  - (f.1)** the child has suffered emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.
  
  - (g)** there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.
  
  - (g.1)** there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
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**Interpretation**

**Partner Violence – Scale 3**

Refers to violence occurring between parents or between a parent/caregiver and his/her partner. Women are most often the victims of the violence. The violence can encompass a range of intensity; it can be a single incident or it can be a pattern of physical and/or verbal violence and/or emotional harm in the home. It can be unidirectional, or the more common occurrence - bi-directional with minor violence between partners (Baker & Cunningham, 2004; Brzozowski, 2004).

**Rating Scale For Child Exposure to Partner Violence**

**Extremely Severe**

**A Physical Harm - Partner Violence**

It is alleged/verified that a child has been physically harmed, either intentionally or accidentally as a result of partner violence in the home.

and / or

It is alleged/verified that a child/youth has been physically harmed during his/her efforts to intervene in an incident of partner violence in the home.

*If the violence to the child is a result of adult conflict in the home score under Section 3, Scale 2, "Adult Conflict".*



*If the child's physical harm is not a result of or related to violence in the home score under Section 1, Scale 1, "Physical Force and/or Maltreatment".*

**B Neglect of Child's Basic Needs - Partner Violence**

It is alleged/verified that due to the presence of partner violence in the home, the child's basic physical, medical or treatment needs have not been met, resulting in the child being injured, harmed, becoming ill or suffering mental, emotional or developmental impairment.

*If the neglect of the child is a result of adult conflict in the home score under Section 3, Scale 2, "Adult Conflict".*



*If the child's neglect is not a result of or related to violence in the home score under Section 2, Scale 2, "Neglect of Child's Basic Physical Needs".*

**C Mental/Emotional Harm Results from Exposure to Partner Violence**

It is alleged/verified that the child has been mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development; and/or as defined in (1) of Section 2:

Scale 4 as a result of partner violence in the home, the risk of further harm continues due to unchanged conditions (e.g. partners remain together, violence continues, one partner prevented from leaving) and the child is without services to address the mental/emotional harm or developmental condition.

or

It is alleged/verified that the child has been mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development; and/or as defined in (1) of Section 2: Scale 4 as a result of partner violence in the home. The conditions have changed but the child's condition is persisting or worsening and the child is without services to address the mental/emotional harm or developmental condition.



*If the emotional harm is as a result of adult conflict in the home score under Section 3, Scale 2, "Adult Conflict".*

*Where child's mental/emotional or developmental condition is not specifically related to exposure to adult conflict or partner violence, rate under Section 3, Scale 1, "Caregiver Causes and/or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm".*

**D Mental/Emotional Harm or Developmental Condition Results from Significant Conflict Regarding Custody of Child**

It is alleged/verified that the child has been mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development; and/or as defined in (1) of Section 2: Scale 4 as a result of conflict between parents/caregivers over custody and the risk of further harm exists due to unchanged conditions and the child is without services to address the mental/emotional harm or developmental condition.

or

It is alleged/verified that the child has been mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development; and/or as defined in (1) of Section 2: Scale 4 as a result of conflict between parents/caregivers over custody. The conditions have changed but the child's condition is persisting or worsening and the child is without services to address the mental/emotional harm or developmental condition.



*Score serious emotional harm to child due to custody disputes here. Examples of parent/caregiver behaviour in custody issues may include aggression, attempts to have the child align with one caregiver or denigrating comments about the partner in the child's presence that are having a significant emotional effect on the child, such that the child is demonstrating serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or delayed development; and neither caregiver is acting in a way to address the emotional well-being of the child or to provide services to remedy the situation.*

**E Serious Violent Incident/Threat - Partner Violence**

It is alleged/verified that there is a serious and immediate threat to a child's safety because of the behaviour of a violent caregiver/parent or partner due to an altercation between a caregiver and his/her partner, in which one of the partners has been killed or substantively injured.

and/or

It is alleged/verified that there is a serious and immediate threat to a child's safety because a caregiver/parent and/or his/her partner is stalking, harassing, uttering threats of kidnapping, hostage taking, suicide or homicide or has used a weapon or confined family members in the context of partner violence.



*If the serious violent incident/threat is due to adult conflict in the home, score under Section 3, Scale 2, "Adult Conflict".*

*Where the threat to the child is not specifically related to exposure to adult conflict or partner violence, rate under Section 1, Scale 4, "Threat of Harm".*

**Moderately Severe**

**F Risk of Physical Harm - Partner Violence**

It is alleged/verified that a child is at risk of intentional or accidental physical harm at the hands of a caregiver or caregiver's partner as a result of partner violence in the home (e.g. young child held by a caregiver during a physical altercation).

and/or

It is alleged/verified that a child is at risk of physical harm due to his/her efforts to intervene in an incident of partner violence.



*If the risk of violence towards the child is due to adult conflict in the home score under Section 3, Scale 2 "Adult Conflict".*

*If the risk of physical harm to the child is not a result of or related to violence in the home score under Section 1, Scale 1, "Physical Force and/or Maltreatment".*

**G Neglect of Child's Basic Needs - Partner Violence**

It is alleged/verified that due to the presence of partner violence the child's basic physical, medical or treatment needs have not been met, and as a result, it is likely that the child is at risk of being injured, harmed, becoming ill or suffering mental, emotional or developmental impairment.



*If the risk of harm due to neglect is a result of adult conflict in the home score under Section 3, Scale 2, "Adult Conflict".*

*If the risk of harm to the child due to neglect is not a result of or related to violence in the home score under Section 2, Scale 2, "Neglect of Child's Basic Physical Needs".*

**H Risk to Child of Mental/Emotional Harm or Developmental Condition Resulting from Exposure to Domestic Violence**

It is alleged/verified that the child is experiencing some symptoms and is at risk of mental/ emotional/developmental harm such as serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development and/or as defined in (2) of Section 2: Scale 4 as a result of partner violence in the home the risk of further harm exists due to unchanged conditions (e.g. partners remain together, violence continues, one partner prevented from leaving) and the child is without services to address the mental/emotional harm or developmental condition.

or

It is alleged/verified that the child is experiencing some symptoms and is at risk of mental/ emotional/developmental harm such as serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development; and/or as defined in (2) of Section 2: Scale 4 as a result of partner violence in the home. The conditions have changed but the child's condition is persisting or worsening and the child is without services to address the mental/emotional harm or developmental condition.

*If the risk of emotional harm is due to adult conflict in the home score under Section 3, Scale 3, "Partner Violence".*



*Where the risk of harm to the child's mental/emotional or developmental condition is not specifically related to exposure to adult conflict or partner violence, rate under Section 3, Scale 1, "Caregiver Causes and/or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm".*

**I Risk of Mental/Emotional Harm or Developmental Condition due to Significant Conflict over Custody**

It is alleged/verified that the child is experiencing some symptoms and is at risk of mental/ emotional/developmental harm such as serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development; and/or as defined in (2) of Section 2: Scale 4 as a result of parent/caregiver's conflict regarding custody. The risk of further harm exists due to unchanged conditions and the child is without services to address the mental/emotional harm or developmental condition.

or

It is alleged/verified that the child is experiencing some symptoms and is at risk of mental/ emotional/developmental harm such as serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development and/or as defined in (2) of Section 2: Scale 4 as a result of parent/caregiver's conflict regarding custody. The conditions have changed but the child's condition is persisting or worsening and the child is without services to address the mental/emotional or developmental condition.



*Score here if the risk of emotional harm is due to conflict/violence between partners is a result of a custody dispute over the child. Where the risk of harm to the child's mental/emotional or developmental condition is not specifically related to exposure to partner violence related to a custody dispute, rate under Section 3, Scale 1, "Caregiver*

*Causes and/or Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm".*

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**Intervention Line**

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**Minimally Severe**

**J Partner Violence - No Evidence of Harm or Mild Evidence of Harm**

It is alleged/verified that the child has been exposed to partner violence but there is no evidence that the child has been harmed or is likely to be harmed.

or

The child is displaying mild symptoms of mental or emotional harm or a developmental condition as defined in (3) of Section 2: Scale 4 but caregiver is taking appropriate action to remedy the likelihood of further harm to the child, engage the appropriate services, address the home environment and respond to child's emotional needs.

**Not Severe**

**K Minimal Partner Violence**

It is alleged/verified that some level of conflict exists between the caregiver and his/her partner; however, there is no evidence that the conflict is characterized by violence. There is no information to suggest that the child is adversely affected and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

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## **SECTION 4**

### **ABANDONMENT/SEPARATION**

The child has been abandoned or is at risk of being separated from the caregiver as a result of intentional or unintentional actions of the caregiver.

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## Scale 1

## ORPHANED/ABANDONED CHILD

*Child and Family Services Act References*

37(2)

A child is in need of protection where:

- (i) **the child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.**

**Interpretation**

An orphaned child means the parent has died and no legal guardian has been determined; therefore, CAS must assume that role, either temporarily or permanently.

A deserted/abandoned child is a form of parental neglect. Inherent in neglect is a lack of continuity and a lack of future planning by the parent for the child (Young, 1964). The caregiver either deliberately deserts the child or permits the child to experience inappropriate substitute child care, where both the type and the frequency of the substitute care are a concern as well as the caregiver's lack of provision and plan for meeting the child's need for continuity (Zuravin & Taylor, 1987). Examples of situations where desertion/abandonment are to be considered are:

- caregiver has deserted the child
- substitute care has been inappropriate (e.g. caregiver is unfamiliar to child, number of different people caring for the child) and frequent
- caregiver refuses to resume care of child upon child's discharge from a residential setting
- child has been separated from the family due to parent/child conflict or child's behaviour problems and caregiver refuses to assume care of or for the child
- primary caregiver does not resume care of the child from the substitute caregiver at the agreed upon time and the substitute caregiver will/can no longer care for the child



*For children who are at risk of abandonment and/or separation because of family relations, difficulties or because of child's behaviour difficulties see Section 4, Scale 2, "Caregiver-Child Conflict/Child Behaviour". For children who have actually been abandoned for these reasons, score in this section.*

*For children of any age where the caregiver believes they have provided adequate child care for the child before leaving, yet the childcare appears to be inadequate so the child merely appears abandoned, see Section 2, Scale 1, "Inadequate Supervision".*

**Rating Scale For Orphaned/Abandoned Child**

**Extremely Severe**

**A Orphaned Child**

It is alleged/verified that child's caregiver/guardian has died and no other person has been determined to be the legal guardian.

**B Deserted/abandoned child**

It is alleged/verified that child has been abruptly deserted or abandoned by his caregiver or guardian. There is no indication that the caregiver intends to return or to accept the child back into the home.

and/or

It is alleged/verified that child has been shifted from one home to another. Future plans for him are uncertain at this time.

and/or

It is alleged/verified that child has been abandoned in a residential placement. Caregiver refuses or is unable to resume caring for the child.

**Moderately Severe**

**C Many Unexpected Breaks in Caregiver**

It is alleged/verified that child has experienced a series of breaks in caregiving during the last year. Caregiver has left child for extended periods of time on short notice with persons who are unfamiliar to the child and who do not normally care for him.

Caregiver has left abruptly without preparing the child for this. Child has been shifted from one home to another. However, the caregiver has always returned to resume caregiving responsibility. Child has not been deserted.

**Intervention Line**

**Minimally Severe**

**D Few Unexpected Breaks in Caregiver**

It is alleged/verified that one or two unexpected but temporary breaks in caregiving have occurred in the last year.

Child has had to receive care for an extended period of time by a person who does not normally care for him/her, but caregiver did not leave abruptly. Caregiver maintained some contact during the absence. Caregiver has always returned to resume caregiving or is expected to return shortly.

**E One Continuous Caregiver - Other Instability**

It is alleged/verified that one of the caregivers has provided continuous, stable care for the child in the past year.

The other caregiver has not been in the household consistently or was away for an extended period of time (due to marital difficulties, institutionalization, etc.). The caregivers may have separated so that the other caregiver now only makes visits.

This has required adjustments in the lives of family members.

**Not Severe**

**F Continuous Caregiving**

No breaks in caregiving for the child are alleged/verified for at least one year or since last referral. If there are two caregivers or guardians, they have remained together without separations. If one caregiver or guardian, he or she has maintained primary responsibility for the child.

If caregiving is shared with relatives or other appropriate caregivers, the child is well acquainted with and completely comfortable with these alternative caregivers.

There are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

**Scale 2**

**CAREGIVER-CHILD CONFLICT/CHILD BEHAVIOUR**

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*Child and Family Services Act References*

**37(2)**

A child is in need of protection where:

- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,**
    - (i) failure to adequately care for, provide for, supervise or protect the child, or**
    - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child.**
  
  - (f) the child has suffered emotional harm, demonstrated by serious, (i) anxiety, (ii) depression, (iii) withdrawal, (iv) self-destructive or aggressive behaviour, or (v) delayed development and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.**
  
  - (f.1) the child has suffered emotional harm of the kind described in sub clause (f) (i), (ii), (iii) (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, or treatment to remedy or alleviate the harm.**
  
  - (g) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii) (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.**
  
  - (g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii) (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.**
  
  - (h) the child's parent is unable to care for the child and the child is brought before the court with the parent's consent and, where the child is twelve years of age or older, with the child's consent, to be dealt with under this Part.**
-

### Interpretation

This section addresses those situations where the child is at risk of separation from the family due to:

- a high degree of caregiver-child conflict in the family
- the caregiver's difficulty managing the child's behaviour in the home

The child's behaviour is not the level of severity being rated in this section. The parent's ability or inability to cope with the behaviour is what determines the levels of severity.

While most cases of parent-child conflict pertain to children over the age of 12, in some situations children less than 12 years of age may be at risk of separation from the family due to difficult child and family relations.

*This section refers to the child at risk of separation from the family. If the child has already been abandoned by or separated from the family and the family refuses to have the child return, see Section 4, Scale 1, "Orphaned/Abandoned Child".*

## Scale For Caregiver-Child Conflict/Child Behaviour

### Extremely Severe

#### **A Caregiver-Child Conflict High: Imminent Risk of Separation of Child from Family/Risk of Physical Assaults**

The child is still being cared for by the family system. It is alleged/verified, however, that due to very high caregiver-child conflict, the child-family relations are so combative, family members (other than the child) are at risk of physical harm and/or the identified child is at imminent risk of separation from the family. For example, the caregiver has requested an out-of-home placement or the child desires a placement. There have been very few attempts to solve problems.

and/or

The child's behaviour is extremely difficult in the home and the caregiver may be taking appropriate action to get assistance for the child. Now, however, it is alleged/verified that the caregiver has difficulty managing this behaviour so that the child is at risk of imminent separation from the family. If other children are in the home there may be a risk that they are likely to be physically harmed or separated from the family due to child's behaviour.

### Moderately Severe

**B Caregiver-Child Conflict: Potential Separation of Child from Family**

The child is being cared for by the family system. It is alleged/verified, however, that due to high caregiver-child conflict, the child-family relations are strained and there is the potential the child will be separated from the family. Requests for out-of-home placements have not yet been made. There have been some attempts to solve problems.

and/or

The child's behaviour is difficult in the home and the caregiver may be taking appropriate action to get assistance for the child. Now, however, it is alleged/verified that the caregiver has difficulty managing this behaviour so that there is the potential the child will be separated from the family. If other children are in the home there is no risk that they are likely to be physically harmed or separated from the family due to the child's behaviour.



*If there are allegations of physical harm to the child, this should be rated in Section 1, Scale 1.*

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### Intervention Line

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### Minimally Severe

**C Some Caregiver-Child Conflict: No Separation of Child from Family**

It is alleged/verified that there is some caregiver/child conflict in the home but some contacts between child and family remain positive. Requests for separation of child from family and/or separation do not appear likely. Some attempts to solve problems have occurred, though not always successful; some mutual tolerance exists. Family may be engaged in other services to prevent separation. Child may be temporarily excluded from some family activities or have some privileges revoked. If other children are in the home there is no risk that they are likely to be physically harmed or separated from the family due to the child's behaviour.

and/or

It is alleged/verified that the child's behaviour in the home is difficult but the caregiver is managing this behaviour. Caregivers have obtained or are willing to obtain assistance from other community resources. If other children are in the home they are not at risk of a likelihood of physical harm or separation from the family due to child's behaviour. This includes a child who may be waiting for placement.

**Not Severe**

**D Caregiver/Child Relations Positive**

It is alleged/verified that the child's family relations are generally positive. There is mutual tolerance and conflicts are resolved appropriately. Child participates adequately in family life.

and/or

It is alleged/verified that the child does not exhibit any serious misconduct problems at home, school or in the community.

and

There are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

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## **SECTION 5**

### **CAREGIVER CAPACITY**

No harm has yet come to the child and no evidence is apparent that the child may be in need of intervention for a reason indicated in Sections 1 through 4. The caregiver, however, demonstrates characteristics that indicate that without intervention, the child would be at risk in one of the previous sections.

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Scale 1

CAREGIVER HAS HISTORY OF ABUSING/NEGLECTING

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*Child and Family Services Act References*

37(2)

A child is in need of protection where:

- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
    - (i) failure to adequately care for, provide for, supervise or protect the child, or
    - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child.
  - (c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
  - (d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);
  - (f) the child has suffered emotional harm, demonstrated by serious,
    - (i) anxiety, (ii) depression, (iii) withdrawal, (iv) self-destructive or aggressive behaviour, or (v) delayed development and there are reasonable grounds to believe that the emotional harm suffered by the child results from actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.
  - (f.1) the child has suffered emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
  - (g) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.
  - (g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
-

### Interpretation

This section is to be used to identify those situations where there is

- a caregiver who has a history of perpetrating child abuse/neglect

or

- there is an introduction/re-introduction of a caregiver or adult with a history of partner violence or adult conflict that has previously resulted in harm/neglect to a child

and

- that caregiver is currently in a caregiving role or has on-going access to children

and

- circumstances precipitating the previous abuse/neglect have not changed

and

- there is no current allegation or evidence that harm is occurring

Due to the caregiver's history of child abuse/neglect and the likelihood of the maintenance of abusive or neglectful interactional patterns by the caregiver there is a risk that a child is likely to be abused/neglected again.

Examples of such caregivers are: parents of newborns where one/both parent has a history of abusive/neglectful parenting; people who have a history of abusing children have moved into caregiving positions such as step-parents or teachers; a convicted paedophile; an adult with a history of partner violence or adult conflict where the conflict resulted in harm to a child.



*In situations where evidence exists that requires a caregiver's own children to be the subject of a CAS investigation due to allegations received about that caregiver from another family's child(ren), score in this section.*

*If evidence exists that the child has already been harmed/neglected and would fall above the intervention line in a previous Spectrum section, score in the appropriate section.*

## Rating Scale For Caregiver Who Has History of Abusing/Neglecting

### Extremely Severe

#### A **Criminally Convicted Paedophile**

It is alleged/verified that person in a caregiving role with the child is a criminally convicted paedophile (e.g. has committed numerous sexual offenses against children has been convicted, and has been determined to be "Untreatable").



*If the person has not been determined to be a paedophile, see Level B, C, or D below.*

**B Previous Abuse/Neglect of Specific Child - No Change in Precipitating Circumstances**

It is alleged/verified that person in a caregiving role with the child has previously abused/neglected, or is alleged to have abused/neglected, that specific child or children and it is suspected that circumstances precipitating the previous abuse/neglect have not changed (e.g. perpetrator has not received counselling, financial stresses continue, alcoholism continues, etc.).

**C Previous Abuse/Neglect of Similar Children - No Change in Precipitating Circumstances**

It is alleged/verified that a person in a caregiving role with the child has previously abused/neglected, or is alleged to have abused/neglected, another child of similar description and it is suspected that circumstances precipitating the previous abuse/neglect have not changed (e.g. perpetrator has not received counselling, financial stresses continue, alcoholism continues, etc.).

**D Previous Perpetrator of Child Exposure to Conflict Causing Harm - Specific Child, No Change in Precipitating Circumstances**

It is alleged/verified that a person with a history of partner violence or adult conflict that previously resulted in physical, mental, emotional harm, a developmental condition or neglect to a specific child is again in a relationship with a caregiver or adult (in that child's family) with whom there has been a pattern of violence and it is suspected that circumstances precipitating the previous harm have not changed (e.g. couple that previously experienced partner violence resulting in child exposure that caused harm has reunited without resolving issues, perpetrator has not received counselling, alcoholism continues etc.).

**Moderately Severe**

**E Previous Abuse/Neglect of Different Children - No Change in Precipitating Circumstances**

It is alleged/verified that a person in a caregiving role with the child has previously abused/neglected, or is alleged to have abused/neglected, another child or children of a different description and it is suspected that circumstances precipitating the previous abuse/neglect have not changed (e.g. perpetrator has not received counselling, financial stresses continue, alcoholism continues, etc.).

**F Previous Perpetrator of Child Exposure to Conflict Causing Harm - Different Child, No Change in Precipitating Circumstances**

It is alleged/verified that a person with a history of partner violence or adult conflict that previously resulted in physical, mental, emotional harm, a developmental condition or neglect to a child is in a relationship with an adult or parent/caregiver of a different child; and it is suspected that the circumstances precipitating the previous violence and resulting harm to a child have not changed (e.g. perpetrator has joined another family with children but perpetrator has not received counselling, alcoholism continues etc.).

**Intervention Line**

**Minimally Severe**

- G Previous Abuse/Neglect of Children - Changed Precipitating Circumstances**  
It is alleged/verified that person in a caregiving role with the child has previously abused/neglected, or is alleged to have abused/ neglected, a child or children but the circumstances precipitating the previous abuse/neglect are believed to be no longer relevant (e.g. counselling has been received, financial stresses relieved, alcoholism overcome, etc.). Confirmation of these precipitating circumstances having changed (e.g. notation in previous file that counselling was completed) has been received.
- H Previous Perpetrator of Child Exposure to Conflict Causing Harm - Changed Circumstances**  
It is alleged/verified that a person with a history of partner violence or adult conflict that previously resulted in physical, mental, emotional harm, a developmental condition or neglect to a child is in a relationship with an adult or parent/caregiver of a child but the circumstances precipitating the previous harm are no longer relevant (e.g. perpetrator has received treatment and overcome propensity to violence) and confirmation of the changes have been received from appropriate collaterals.

**Not Severe**

- I No History of Abuse/Neglect**  
Caregiver of child has no alleged/verified history of abuse/neglect and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

**Scale 2**

**CAREGIVER INABILITY TO PROTECT**

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*Child and Family Services Act References*

**37(2)**

A child is in need of protection where:

- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,**
    - (i) failure to adequately care for, provide for, supervise or protect the child, or**
    - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child.**
  - (c) The child has been sexually molested or sexually exploited by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;**
  - (d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);**
  - (f) the child has suffered emotional harm, demonstrated by serious, (i) anxiety, (ii) depression, (iii) withdrawal, (iv) self-destructive or aggressive behaviour, or (v) delayed development and there are reasonable grounds to believe that the emotional harm suffered by the child results from actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.**
  - (f. 1) the child has suffered emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;**
  - (g) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.**
  - (g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.**
-

### Interpretation

This section addresses those situations where there is a risk that the child is likely to suffer harm by a third party because the caregiver does not protect the child. It is the responsibility of the caregiver to protect the child from harm or risk of harm.

*Score in this section if the child has been exposed to risky situations and the caregiver is demonstrating qualities that indicate an inability to protect. If the risky situation is that a person with a history of abusing or neglecting assumes a caregiving role with the child, score in Section 5, Scale 1, “Caregiver has History of Abusing/Neglecting”.*

*If the child has already been harmed by the third party see Section 1, “Physical Sexual Harm by Commission” or Section 2, “Harm by Omission”.*

## Rating Scale For Caregiver Inability To Protect

### Extremely Severe

#### A Caregiver Does Not Act to Protect Child

It is alleged/verified that, historically:

Caregiver has had a child who was abused/neglected by another party and had full knowledge the abuse/neglect was taking place but stood by passively without protecting or pretended he/she didn't know what was happening.

Caregiver showed little ability or inclination to stand up to the abusing/neglecting person and prevent repeated abuse.

or

It is alleged/verified that, currently:

Caregiver knows of a history of abusing/neglecting by a third party and allows that person unrestricted access to the child. Caregiver denies the third party's abusive/neglectful history and consequently does not acknowledge the risk to the child. Caregiver does not intend to stand up to third party and prevent abuse/neglect.



*If the third party with a history of abusing/neglecting is placed in a caregiving role with the child, score in Section 5, Scale 1, Caregiver Has History of Abusing/Neglecting*



*If the child referred has actually been sexually or physically harmed, see Section 1, Scale 1: Physical Force and/or Maltreatment or Section 1, Scale 3: Abusive Sexual Activity*

**B Caregiver Makes Minimal Effort to Protect Child**

It is alleged/verified that, historically:

Caregiver knows child has been abused/neglected by another party but there is some evidence that the caregiver made attempts to stop it but was unsuccessful. Caregiver did not immediately report abuse/neglect of child by another party or seek help concerning it.

or

It is alleged/verified that, currently:

Caregiver knows of a history of abusing/neglecting by a third party and does not restrict access to child. Caregiver says he/she is worried but is not taking active steps to prevent future abuse/neglect. Caregiver intends to but shows little ability to be able to prevent abuse/neglect.

**Moderately Severe**

**C Caregiver’s Efforts Insufficient to Fully Protect Child**

It is alleged/verified that, historically:

Caregiver did not pick up on obvious signals that child was being abused/neglected. Caregiver reacted rapidly and reasonably to the incident (e.g. reported abuser/requested help) once knowledge of the abuse/neglect became apparent.

or

It is alleged/verified that, currently:

Caregiver knows of history of abusing by a third party and is aware of potential danger but the caregiver continues his/her relationship with this person. Caregiver is making efforts to protect child but has not significantly restricted the access to the child.

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**Intervention Line**

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**Minimally Severe**

**D Caregiver Makes Reasonable Efforts to Protect Child**

It is alleged/verified that, historically:

Child was abused/neglected by third party despite the fact that caregiver used good judgement (e.g. restricted the third party access to the child). There did not seem to be any prior indications that abuse/neglect would occur and/or caregiver exercised reasonable precautions in attempting to protect children from any potential abuse/neglect.

or

It is alleged/verified that, currently:

Caregiver has restricted access of the third party who previously abused/neglected (or threatened to abuse/neglect). Caregiver has severed his or her relationship with this person, or maintains only a limited relationship.

**Not Severe**

**E Caregiver Protects Child**

It is alleged/verified that the caregiver makes all reasonable provisions to protect the child and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

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Scale 3

CAREGIVER WITH PROBLEM

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*Child and Family Services Act References*

37(2)

A child is in need of protection where:

- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
  - (i) failure to adequately care for, provide for, supervise or protect the child, or
  - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child.
- (c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
- (d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);
- (f) the child has suffered emotional harm, demonstrated by serious, (i) anxiety, (ii) depression, (iii) withdrawal, (iv) self-destructive or aggressive behaviour, or (v) delayed development and there are reasonable grounds to believe that the emotional harm suffered by the child results from actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.
  - (f. 1) the child has suffered emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
- (g) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.
- (g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
- (h) the child's parent is unable to care for the child and the child is brought before the court with the parent's consent and, where the child is twelve years of age or older, with the child's consent, to be dealt with under this Part.

Caregiver has problem and is unable to care for child.

### Interpretation

Specific parental characteristics such as physical and/or mental and/or behavioural factors can impair a parent's abilities to provide appropriate and adequate care of the child and/or place the child at risk for maltreatment (Belsky, 1993). For example, as a result of the parent experiencing symptoms of affective, somatic or behavioural distress, the parent may be incarcerated, institutionalized, a substance abuser, exhibiting a personality disorder or psychiatric disturbances (Kolko, 1996).

*\*Even though the caregiver may demonstrate one of these conditions in many situations, **only score in this section if the child is not eligible to receive intervention for any other reason previously outlined in the Eligibility Spectrum.***

*\*Cases to be opened in anticipation of the birth of a child, where the newborn would be at immediate risk because of the caregiver's problem must be rated in Section 10-K as a non-protection case until the birth when a protection case could be rated in section 1-5 as applicable.*

### Rating Scale For Caregiver With Problem

#### Extremely Severe

##### **A Caregiver Has Problem and is Unable to Care for Child**

It is alleged/verified that due to a physical, mental-emotional, or behavioural problem (e.g. as a result of an alcohol or drug addiction, mental illness or physical or intellectual inability), caregiver has no current capacity to care for the child, even with supplementary child care services, and no change is expected in the near future.

Caregiver is, or is due to be, hospitalized, institutionalized, or incarcerated, and no other caregiver is available.

For caregiver to resume at least partial childcare responsibilities, longer term provisions for supplementary childcare (day care, homemaker, etc.) will be required.

If caregiver was to have sole responsibility for child care, his/her condition is still unstable so that the child would be at risk (e.g. still has psychotic episodes, passes out).

and/or

It is alleged/verified that caregiver of newborn used alcohol or drugs in significant amounts during latter stages of pregnancy and traces of drugs or alcohol are found in child's urine or blood at birth.

---

**Moderately Severe**

**B Caregiver Has Problem Causing Risk that the Child is Likely to be Harmed**

It is alleged/verified that caregiver has a problem created by a physical, mental-emotional, or behavioural condition that threatens to interfere with his/her child caring ability (or that has already caused some erratic child care quality). Examples are chronic physical illnesses, physical disabilities, mental or emotional illnesses, substance abuse, criminal activity, intellectual disability

and

Caregiver requires, and may be receiving, help or treatment for this problem/ condition, but there is no current necessity or plan for hospitalization, institutionalization, or incarceration of the caregiver.

Caregiver does not yet have the problem well enough under control so that he/she can reasonably care for the child without putting him/her at some risk (e.g. alcoholism is still a problem) but caregiver is starting treatment and this may be possible in future.

---

**Intervention Line**

---

**Minimally Severe**

**C Caregiver has Basic Capacity to Provide Care Safely**

It is alleged/verified that caregiver has a physical, mental-emotional, or behavioural problem that threatens to interfere with his/her child caring ability (or that has already caused some erratic child care quality). Examples are chronic physical illnesses, physical disabilities, mental or emotional illnesses, substance abuse, criminal activity, intellectual disability.

and

Supportive services are currently in place (e.g. counselling, medical care, etc.) that seem sufficient to stabilize or improve the situation.

Caregiver has the problem well enough under control that he/she can reasonably care for the child and/or has made appropriate alternate arrangements.

**Not Severe**

**D Caregiver Able and Capable to Provide Care**

No personal limitations on capacity for child care are alleged/verified. Caregiver has no significant physical, mental-emotional, or behavioural limitations that interfere with his/her ability to care for the child. There are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

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Scale 4

CAREGIVING SKILLS

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*Child and Family Services Act References*

37(2)

A child is in need of protection where:

- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
    - (i) failure to adequately care for, provide for, supervise or protect the child, or
    - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child.
  - (c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
  - (d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);
  - (f) the child has suffered emotional harm, demonstrated by serious, (i) anxiety, (ii) depression, (iii) withdrawal, (iv) self-destructive or aggressive behaviour, or (v) delayed development and there are reasonable grounds to believe that the emotional harm suffered by the child results from actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.
    - (f. 1) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
    - (g) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.
      - (g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii) (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
    - (l) the child's parent is unable to care for the child and the child is brought before the court with the parent's consent and, where the child is twelve years of age or older, with the child's consent, to be dealt with under this Part.
-

**Interpretation**

This section addresses those situations where the parent does not evidence the skill set necessary to parent a child appropriately and adequately. Poor or inadequate parenting skills may be due to a lack of knowledge, skill, judgment, motivation, or capacity on the part of the parent (Cantwell, 1980). Examples are a very young, first-time parent who does not appear to understand the baby’s need to feed every 2-4 hours, or a parent with limited cognitive functioning who is unable to perceive when the child is ill, or a first-time parent whose family of origin was neglectful and/or abusive and does not view neglect or abuse as wrong.

Infants and young children are most vulnerable as children from birth to one year are more at risk of neglect than at any other time in their lives (US Dept. Health & Human Services, 1994).



*The Caregiving Skills scale should only be used when the caregiver’s skills may place the child in jeopardy in the future. If the caregiver’s skills are affecting the child in any way previously outlined in the Eligibility Spectrum, a previous scale should be used as a reason for service and intervention.*

**Rating Scale For Caregiving Skills**

**Extremely Severe**

**A Poor Caregiving Skills - Risk that the Child is Likely to be Harmed**

It is alleged/verified that caregiver does not have knowledge of parenting skills and/or does not demonstrate sufficient qualities/abilities for child care, resulting in risk that the child is likely to be harmed. Examples include, inability to demonstrate bonding or nurturing characteristics, extremely limited intellectual functioning, a demonstrated history of inadequate child care or extreme discomfort around the child.

**Moderately Severe**

**B Limited Caregiving Skills - Risk that the Child is Likely to be Harmed**

It is alleged/verified that knowledge of caregiving and parenting skills are limited and there is risk that the child is likely to be harmed. For example, the caregiver might be unable to follow feeding directions and the handling of an infant might be rough/dangerous. Other examples might include verbal assaults on the child which are disparaging and humiliating, and parentification of the child where the child is made to play a role that is inappropriate developmentally.

and/or

It is alleged/verified that a caregiver with few social supports and resources expresses concern about his/her ability to parent a young child or infant and wants some assistance to ensure that the child is receiving the appropriate care necessary.

**Intervention Line**

**Minimally Severe**

**C Basic Caregiving Skills**

It is alleged/verified that caregiver has some basic knowledge of parenting and some basic parenting skills and the risk that the child is likely to be harmed is minimal. Further education and assistance would be helpful; however, the caregiver has the resources to access that assistance elsewhere.

**Not Severe**

**D Adequate Caregiving Skills**

Knowledge of caregiving and parenting skills are adequate and there is no alleged/verified risk that the child is likely to be harmed and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

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**SECTION 6**  
**REQUEST FOR COUNSELLING**

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## REQUEST FOR COUNSELLING

### **A Child Requests Counselling**

A child over the age of 12 has contacted the agency requesting counselling or an interview.

### **B Former Crown Ward Requests Counselling**

Former Crown Ward of the agency requests counselling to assist with issues related to his/her previous Wardship. (A former Crown Ward may require information related to his/her records or require the referral to a service in the community.)

### **C Family of Crown Ward With Access**

Crown Ward of the agency has access to family members. The family file may be opened here if work is being done with the family to facilitate positive access and there are no protection concerns.



*If protection concerns involving safety and risk factors arise during the access visits, necessitating an assessment of the feasibility of safe access, the family file could be opened under the protection area (in Section 1-5) that is most relevant.*

### **D Family Requests Abuse Counselling**

A family whose child has been physically or sexually assaulted, the investigation and child protection service are completed (e.g. the perpetrator was not a caregiver; it is a historical and not a current issue), and the family requests counselling for the child/family regarding the abuse.

### **E Birth Planning Services**

Request for birth planning for a caregiver regarding options for the unborn child, (where adoption is not the primary plan).



***\*NEW\*** If adoption is the primary plan, score under Section 7, Scale 2.*

### **F Voluntary Request for Counselling**

Family or individual is requesting the agency provide counselling services for a reason other than mentioned above. This may include traditional Native healing practices.

### **G Former Crown Ward requests Extended Care and Maintenance**

A former Crown Ward between the ages of 18 and 21 years contacts the parent agency requesting extended care and maintenance. (Extended care and maintenance can be provided to youth who were Crown Wards at the age of 18, or who were in a legal custody arrangement through Section 65.2 of the C.F.S.A. or were placed in a formal customary care placement as described in the regulations. A Crown Ward who left care prior to age 18 and was not subject to a custody order under Section 65.2 or a formal customary care agreement is not eligible for ECM.)

**Example:** A ten year old Crown Ward has been living with foster parents for several years. The foster parent applied for legal custody of the child under Section 65.2. At age 18, the child would be eligible to enter into an extended care and maintenance agreement.

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**SECTION 7**

**REQUEST FOR ADOPTION SERVICES**

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## Scale 1

### ADOPTION SERVICES FOR POTENTIAL ADOPTIVE FAMILIES

**A Process Inquiry/Application**

Request to process inquiries from potential adoptive caregivers regarding their desire to adopt.

**B Home Study Assessment**

Adoptive applicant(s) is undergoing an adoptive homestudy assessment\* and training as applicable regarding their suitability to adopt.



*At minimum, the CAS must complete:*

- a) *The application document(s) and internal children's aid society record check(s)*
- b) *A home visit*
- c) *A home assessment report including results of or reason for not securing:*
  - i) *Criminal record check(s)*
  - ii) *References*
  - iii) *Medical report(s)*
  - iv) *Other children's aid society record checks(s), where applicable.*

*The CAS may, or may not, proceed to the completion of a full homestudy process.*

**C Approved Adoptive Home – Awaiting Placement**

Adoptive home has been approved and is awaiting placement of a child who is legally free for adoption.

**D Approved Adoptive Home – With Placement**

Adoptive home has been approved and has a child in the home on adoption probation.

**E Training**

Request for training for potential adoptive families from other jurisdictions.

**Scale 2**

**ADOPTION DISCLOSURE**

- A Adoption Disclosure- Non Identifying Information**  
Request for adoption disclosure services for non-identifying information.
- B Adoption Disclosure- Identifying Information**  
Request for adoption disclosure services regarding identifying information.
- C Adoption Disclosure Reunion Counselling**  
Request for reunion counselling before or after reunification of an adopted child with birth family.
- D Adoption Disclosure- General Information**  
Request for general adoption disclosure information; for example, how to access the process.

***NOTE:** This section may require future revisions as a result of Bill 183*

**Scale 3**

**SERVICES FOR BIRTH PARENT(S)  
CONSIDERING PLACING CHILD FOR ADOPTION**

**A Process Inquiries**

Request to process inquiries from birth parent(s) regarding their desire to place their (expected) child for adoption.

**B Counselling Services**

Request for counselling from birth parents regarding adoption planning for their (expected) child.



If the birth parent(s) is seeking counselling for child or expected child but adoption planning is not the primary plan score in Section 6E (non-protection) or 10K (elements of protection).



If any other protection issues are apparent at the time of this call - score in that section as the primary reason.

**C Placement of Child On Adoption Through Consent**

Request from birth parent(s) to place their child for adoption

**Scale 4**

**POST ADOPTION SERVICES**

- A Process inquiries**  
Process inquiries from individuals involved in an adoption after adoption finalization.
- B Request for Post Adoption Subsidy**  
Request for financial support to the parent agency from the adoptive family of a child after an adoption has been finalized.
- C Provision of Post Adoption Subsidy**  
Provision of financial support by the parent agency of a child to the adoptive family after an adoption has been finalized.
- D Request for Post Adoption Services**  
Request for service supports that an agency can provide in relation to families or individuals after adoption finalization.
- E Provision of Post Adoption Services**  
Provision of service supports that an agency can provide in relation to families or individuals after adoption finalization.
- F Request for Post Adoption Support and Subsidy**  
Request to a parent agency by the adoptive family for financial as well as services supports for a child that has been adopted after adoption finalization.
- G Provision of Post Adoption Support and Subsidy**  
Provision of financial and service supports by the parent agency to families or individuals after adoption finalization.
- H Request for Post Adoption Assistance in Relation to Openness Orders or Agreements**  
Request to assist adoptive families with the contact and communication in relation to openness orders and openness agreements regarding children placed for adoption or whose adoption probation was supervised by the Society.
- I Request for Alternative Dispute Resolution in Relation to Openness Orders**  
Request to assist adoptive families in determining a method of alternative dispute resolution in relation to openness orders.

**Note:** The Agency that places the child is the Placing Agency. All requests for financial requests through post adoption services would be with the Placing Agency, rather than the local agency if the family has subsequently moved to a new location. Adoption service support requests through post adoption services could be provided by the Local Agency.

**Note:** *Post adoption services and/or subsidies will apply to children placed on adoption through children's aid societies only. These services do not apply to private, international or crown wards from other provinces.*

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**SECTION 8**  
**FAMILY BASED CARE**

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## Scale 1

## FOSTER CARE SERVICES

**A Process Inquiry/Application**

Inquiry or application from a potential foster family regarding the feasibility of becoming a resource for the agency.

**B Homestudy/Assessment**

Foster care applicant(s) is undergoing a homestudy assessment to determine suitability to foster children in care.



At a minimum, the CAS agency will complete:

- a) The application document(s) and internal children's aid society record check(s)
- b) A home visit
- c) A home assessment report including results of or reason for not securing:
  - i) Criminal record check(s)
  - ii) References
  - iii) Medical report(s)
  - iv) Other children's aid society record checks(s), where applicable.

The CAS may, or may not, proceed to the completion of a full homestudy process.

**C Approved Foster Home**

Foster home is approved and is awaiting or currently has placement(s).

**D Foster Home Assessment - Out of Jurisdiction Request**

Request from other agency to assess and approve a home for a particular child from its jurisdiction



*Must meet the minimum requirements outlined in "B" above.*

**E Support to Foster Parents from Another Jurisdiction**

Request from other agency to provide respite, coaching or other support for one of its foster families.

**F Foster Care Training from Another Jurisdiction**

Request for training from other jurisdictions regarding training for its foster applicants or approved foster caregivers.

**Scale 2**

**KINSHIP SERVICE - For Children NOT in the Care of the CAS**

- A Application - Kinship Service Inquiry**  
Request for or initiation of preliminary assessment of relative, extended family or community member(s) to provide kinship services (extended family or community member providing care to a child in need of protection and not admitted to the formal care of the Society). Included are active searches and outreach activities regarding additional, potential caregivers.
- B Assessment of Kinship Services**  
Completed assessment of relative, extended family or community member (within 30 days - as outlined in the kinship regulation) to determine suitability of family or community member(s) to provide care for the child.
- C Ongoing Support for Kinship Service**  
Services to kinship home, following approval of the home, to support family and child (who is not admitted to CAS care).
- D Kinship Service Assessment - Out of Jurisdiction Request**  
Request by another agency to assess a potential kinship service arrangement to determine the suitability of the home for future placement of the child.
- E Support to Kinship Service Provider - Out of Jurisdiction Request**  
Request from another agency to provide support services for a kinship service family following approval of the home.



*Kinship service excludes all services coded under customary care.*

## Scale 3

## KINSHIP CARE - For Children IN the Care of CAS

**A Kinship Care Inquiry**

Request for or initiation of preliminary assessment of relative, extended family or community member(s) to provide care of a child in need of protection, who has been or will be admitted to the care of the Society.

**B Kinship Care - Home Assessment - "Place of Safety" Designation**

Search completed and relative, extended family or community member designated as a place of safety (for up to 60 days to ensure completion of homestudy process). Standards outlined in the place of safety regulation must be met in order for designation.

**C Kinship Care - Homestudy Assessment - Child Placed in Kinship Home**

Relative, extended family or community member has been designated as a 'place of safety' and child is placed pending completion of a homestudy assessment.



*At a minimum, the CAS agency will complete:*

- a) The application document(s) and internal children's aid society record check(s)
- b) A home visit
- c) A home assessment report including results of or reason for not securing:
  - i) Criminal record check(s)
  - ii) References
  - iii) Medical report(s)
  - iv) Other children's aid society record checks(s), where applicable.

*The CAS may, or may not, proceed to the completion of a full homestudy process.*

**D Kinship Care - Homestudy Assessment - Child Not currently Placed in Kinship Home**

Relative, extended family or community member is undergoing a homestudy assessment regarding their suitability to care for the child who is currently in the care of the society.



*Must meet the minimum requirements as outlined in "C" above.*

**E Approved Kinship Care Home - Awaiting Placement**

Kinship care home has been assessed and approved and is awaiting the placement of the child.

**F Approved Kinship Care Home - With Placement**

Kinship care home has been assessed and approved and the child is in the home.

**G Kinship Care Home Assessment - Out of Jurisdiction Request**

Request from another agency to assess and approve a kinship care home for a particular child.

**H Support to Kinship Care Parent - Out of Jurisdiction Request**

Request from another agency to provide support services for one of its approved kinship care homes.

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**Scale 4**
**CUSTOMARY CARE****A Customary Care Inquiry**

Inquiry received from or on behalf of a relative, extended family or community member, who proposes to provide care and supervision in accordance with customs and traditions of an Indian or native child deemed in need of protection and being supervised by a society pursuant to a Customary Care Agreement.

**B Customary Care - Home Assessment - "Place of Safety" or "Kinship Service" Designation**

Search completed and relative, extended family or community member designated as a place of safety or kinship service (for up to 60 days to ensure completion of homestudy process). Standards outlined in the place of safety regulation or kinship service must be met in order for designation.

**C Customary Care Homestudy Assessment - Child Placed**

Prospective caregiver has been designated as a place of safety or kinship service and child is placed pending the completion of a homestudy assessment.

**D Customary Care Homestudy Assessment - No Child Placed**

Prospective caregiver is undergoing a homestudy assessment to establish suitability to care for the child.

*At minimum, the CAS agency will complete:*



- a) The application document(s) and internal children's aid society record check(s)
- b) A home visit
- c) A home assessment report including results of or reason for not securing:
  - i) Criminal record check(s)
  - ii) References
  - iii) Medical report(s)
  - iv) Other children's aid society record checks(s), where applicable.

*The CAS may, or may not, proceed to the completion of a full homestudy process.*

**E Approved Customary Care Home - Awaiting Child Placement**

Customary care home has been assessed and approved and is awaiting the placement of the child.

**F Approved Customary Care Home - With Placement**

Customary care home has been assessed and approved and the child is in the home.

- G Customary Care Home Assessment - Out of Jurisdiction Request**  
Request from another agency to assess and approve a customary care home for a particular child.
  
- H Support to Customary Care Parent - Out of Jurisdiction Request**  
Request from another agency to provide support services for one of its approved customary care homes.

**Scale 5**

**CUSTODIAL PARENTS - Application/Approval/Placement**

**Interpretation**

This scale applies where an applicant is applying to provide a permanency plan for a Crown Ward. This may be deemed a 'secondary opening' if applicants are currently opened, including a foster or adoptive applicant/home.

- A Inquiry**  
Inquiry from a relative or extended family member who is not the child's parent, a foster family or community member regarding feasibility of assuming legal custody of a child.
- B Assessment of Applicant**  
Foster family, relative, extended family or community member is undergoing an assessment to determine suitability to assume legal custody.
- C Approved Legal Custody Home - Awaiting Child Placement**  
Foster family, relative, extended family or community member has been assessed and approved for a legal custody arrangement and is awaiting the placement of the child.
- D Approved Legal Custody Home - With Placement**  
Foster family, relative, extended family or community member has been assessed and approved for a legal custody arrangement and the child is currently residing in the home.
- E Legal Custody Assessment - Out of Jurisdiction Request**  
Request from another agency to assess and approve a legal custody arrangement for a child.
- F Support to Legal Custodian - Out of Jurisdiction Request**  
Request from another agency to provide support services to a family acting as legal custodian to a child.

**Scale 6**

**CUSTODIAL PARENTS - Post Placement Services**

- A Process Inquiries**  
Process inquiries from individuals involved in custodial arrangements after child is placed.
- B Request for Post Custodial Subsidy**  
Request for financial support by the custodial family to the parent agency, after a custodial arrangement has been completed.
- C Provision of Post Custodial Subsidy**  
Provision of financial support by the parent agency to the custodial family of a child after a custodial arrangement has been completed.
- D Request for Post Custodial Services**  
Request for service supports that the agency can provide to the custodial families or other individuals after a custodial arrangement has been completed.
- E Provision of Post Custodial Services**  
Provision of service supports that the agency can provide to custodial families or other individuals after a custodial arrangement has been completed.
- F Request for Post Custodial Support and Subsidy**  
Request for financial and services support that the agency can provide to custodial families or other individuals after a custodial arrangement
- G Provision of Post Custodial Support and Subsidy**  
Provision of financial and services support that the agency can provide to custodial families or other individuals after a custodial arrangement.

**Example:** A foster family seeks legal custody of a child and requires financial and service supports after the child has been discharged from care and the foster parents obtain legal custody under Section 65.2. The parent agency and the custodial family enter into an agreement for the provision of financial supports and services. The birth family also receives support from the agency to facilitate ongoing access arrangements.

**Scale 7**

**LICENSED SERVICES TO RESIDENTIAL CARE (OPI/OPR)**

- A. Response to a Request From a Licensed Residential Care Provider to a Review of Program for Future Placement.**
- B. Monitoring/Annual Assessment of Residential Resource - With Child Placed by the Agency.**

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**SECTION 9**  
**VOLUNTEER SERVICES**

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## VOLUNTEER SERVICES

- A Volunteer Inquiry**  
Request to process inquiry from potential volunteer.
- B Approved Volunteer**  
Volunteer is approved and is either awaiting a volunteer assignment or already has one.
- C Volunteer Training**  
Request for training for volunteers from other children's aid societies.
- D Volunteer Resource Sharing**  
Request to utilize agency volunteers by another agency.

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**SECTION 10**  
**REQUEST FOR ASSISTANCE**

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## REQUEST FOR ASSISTANCE

**A Requests for Investigation Assistance**

Another CAS requests assistance in its investigation (i.e. conduct interviews, send reports and testify).

A community agency (i.e. police) requests assistance/expertise in conducting an investigation where a physical or sexual assault has occurred but not under CFSA Section 37 (2) (i.e. the perpetrator was not a caregiver).

**B Supervise Other CAS Child in Care**

Supervise child in care of another CAS as per their request (e.g. society or Crown ward). *It includes any related paperwork, contact with clients.*

**C Alerts – Other CAS**

Alerts from another CAS regarding actual or possible family with protection concerns in jurisdiction

**D Court Papers**

Serve court papers and complete necessary/relevant paperwork.

**E Miscellaneous Requests by Another Children’s Aid Society**

Examples include: Return a child to home agency, traditional Native healing practices, and other requests that do not fall into the above categories.

**F Expungement Hearing Request or Other Court Hearing Request**

The agency is required to attend an expungement hearing or some other Court hearing (e.g. Criminal trial) on a previously closed case.

**G Alerts – From Justice/Education**

Alerts from other agencies such as Corrections, Parole, Probation or Education regarding child protection issues.

**H Request for Record Checks or Record Disclosures**

Another CAS requests a complete record check of agency records to advise it if record exists.

**Examples:**

- Another CAS or community agency (e.g. police) request information from a file that was open or is currently open within CAS
- Former clients request record information
- Former Crown wards request information
- Lawyers request record information.

**I Request for Agency Information and/or Case Consultation**

Request for information about an unidentified case or a hypothetical situation; explanation of CAS services offered; interpretation of the Legislation, etc

**J Community Public Relations Requests**

Community requests CAS to provide information, make a presentation (e.g. at a school or conference) or serve on an agency board.

**K Request for Pre-Natal Service**

Community or caregiver requests CAS service related to a caregiver with a problem and their unborn child.

Note: Such cases to be reclassified using the Eligibility Spectrum at the time of the child's birth. Requests for birth planning regarding options for the unborn child to be rated in Section 6E, where adoption is not the primary plan.

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**SECTION 11**  
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