SDM

The Structured Decision Making® System
for Child Protective Services

Policy and Procedures Manual

October 2011
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SASKATCHEWAN

NCCD | Children's Research Center

TABLE OF CONTENTS

TABLE OF CONTENTS (continued)

Children's Research Center is a nonprofit social research organization and a centre of the National Council on Crime and Delinquency.

STRUCTURED DECISION MAKING® SYSTEM OVERVIEW: GOALS, OBJECTIVES AND CHARACTERISTICS

Structured Decision Making® Goals

1. Reduce subsequent child maltreatment.

    a. Reduce subsequent investigations.
    b. Reduce subsequent substantiated investigations.
    c. Reduce subsequent injuries.
    d. Reduce subsequent foster placements.

2. Expedite permanency for children.

Structured Decision Making® Objectives

1. Identify **critical decision points**.
2. Increase **reliability** of decisions.
3. Increase **validity** of decisions.
4. **Target resources** to families at **highest risk**.
5. **Use case-level data** to inform decisions throughout the agency.

Critical Characteristics of the Structured Decision Making® System

Reliability: Structured assessments and protocols systematically focus on the critical decision points in the life of a case, increasing caseworker consistency in assessment and case planning. Families are assessed more objectively, and decision making is guided by facts of the case, rather than by individual judgment.

Validity: Research repeatedly demonstrates the model's effectiveness at reducing subsequent abuse/neglect, as evidenced by reduced rates of subsequent referrals, substantiations, injuries to children, and placements in foster care. The cornerstone of the model is the actuarial research–based risk assessment, which accurately classifies families according to the likelihood of subsequent maltreatment, enabling agencies to target services to families at highest risk.

Equity: Structured Decision Making® (SDM) assessments ensure that critical case characteristics, safety factors, and domains of family functioning are assessed for every family, every time, regardless of social differences. Detailed definitions for assessment items increase the likelihood that caseworkers assess all families using a similar framework. Research demonstrates racial equity of the risk assessment in classifying families across risk levels.

Utility: The model and its assessments are easy to use and understand. Assessments are designed to focus on critical characteristics that are necessary and relevant to a specific decision point in the life of a case. Use of the assessments provides caseworkers with a means to focus the information gathering and assessment process. By focusing on critical characteristics, caseworkers are able to organize case narratives in a meaningful way. Additionally, the assessments facilitate communication between caseworker and supervisor, and unit to unit, about each family and the status of the case. Aggregate data facilitate communication among community partners and stakeholders.

OVERVIEW OF SDM® POLICY AND PROCEDURES

ASSESSMENT/ DECISION GUIDELINE	WHICH CASES	WHO	WHEN	DECISIONS
Intake Assessment Screening Criteria	All reports of child abuse and neglect	Caseworker receiving the report	Immediately on receipt of the call	Whether the report meets Section 11 criteria for Investigation
Intake Assessment Response Priority	All reports of child abuse and/or neglect screened in for investigation	Caseworker receiving the report	Immediately following screening in for investigation	How quickly to initiate the investigations—immediately or within five days
Safety Assessment	• All assigned investigations • Any open investigations or cases in which changing circumstances require safety assessment • All open cases, prior to closing the case for services.	Caseworker assigned investigation	• REQUIRED: Process completed during first in-person contact. Documented by completing safety assessment form within three working days • If new circumstances, process completed with family during face-to-face contacts and safety assessment; form is completed within three working days. • Prior to closure	Identifies safety threats, protective capacities, and whether a child can remain safely in the home or must be removed from the home
Risk Assessment	All assigned investigations	Caseworker assigned investigation	During the course of the investigation, after the safety assessment has been completed and the caseworker has reached a conclusion regarding allegation. No later than 15 calendar days from the date the investigation is assigned; prior to any decision to open a case for post-investigation services or closure of the referral with no additional services.	Identifies the level of risk of future maltreatment. The risk level guides the decision to close an investigation without continuing services or provide post-investigation services and determines minimum level of contact for the open case by risk level.
Strengths and Needs	All cases open for ongoing services (foster care or in-home)	Caseworker assigned	Within 45 days of date of investigation assignment and prior to developing the case plan. Reassessments are completed in conjunction with risk reassessment and reunification.	Identifies up to three priority caregiver needs and the child needs that must be addressed in the assessment and case plan
Risk Reassessment	All open cases in which all children remain in the home, or cases in which all children have been returned home and in-home services will be provided	Caseworker assigned to provide continuing services	No later than 120 days from the receipt of the referral and every 120 days thereafter in conjunction with each scheduled case review and appropriate SDM reassessment, and no less than every 120 days	Guides the decision to continue in-home services or close ongoing services. If the case remains open, the reassessment determines minimum level of contacts for the open case by risk level.
Reunification Assessment	All cases where the Ministry has temporary wardship — those placed in care under Section 9 and in which at least **one child** has a return home	Caseworker assigned to provide continuing services	In conjunction with each review of the assessment and case plan, no more than 15 days prior and prior to any recommendation of change of case plan goal	Guides the decision to reunify, maintain placement and services or change the permanency case plan goal, and determines the minimum level of contact

SDM® CULTURAL CONSIDERATIONS—GENERAL

Throughout the use of all SDM® assessments, caseworkers will be asked questions concerning characteristics of families being investigated, including environmental, parenting, and mental health issues. The ways in which families function within their family of origin, values, cultural backgrounds, and community standards are incorporated into the assessment. It is important that caseworkers do not judge families against their own cultural background and values, nor against a predefined cultural norm. The caseworker must consider the family's own values and the community in which the family is functioning.

While respecting cultural differences and working to be culturally responsive, it is important to consider the issues from the viewpoint of the family and to focus on conditions that may represent risks to children. Remaining responsive to a family's culture is likely to assist us in identifying true risk issues and in increasing the respect the family feels from the caseworker.

Developing Cultural Responsiveness

The following are some recommendations to help you work with families in a culturally responsive manner.

- Become aware of your own cultural background and values.
- Become aware of the history of child welfare, its foundation in Euro-centric ideas and principles, and its struggle to meet the needs of diverse populations, especially when there is distrust based on past actions of child welfare agencies.
- Become convinced that just because someone else's customs and beliefs are different from yours, there are no right or wrong cultural beliefs.
- Establish personalized contact with individuals and their families.
- Learn about the people you serve, including their cultural beliefs and personal values.
- Call upon the child/family circle of care for assistance in understanding how to work with families.
- Be aware of stereotypes, and avoid making decisions or assessments based on those stereotypes rather than what you learn from the person with whom you are working. Stereotypes may be developed based on individuals' language, race, sexual preference, body size, or any other characteristic.
- Assist families with issues that are important to them as is reasonable, even if they are not directly related to abuse or neglect of the children.
- Try to accommodate the needs of individuals (e.g., work schedules, religious holidays, and child care arrangements).
- Be sensitive to the person's cultural perception of issues.

- If you are not proficient in someone's native language, be sure to use an interpreter.
- Try to discover some commonalities of experience.

SDM® GENERAL DEFINITIONS

SDM assessments are used to assess the household of the parent/caregiver of the child who is the subject of the investigation. They are not to be used to assess persons who are substitute caregivers (foster parents, relative or non-relative caregivers, facility staff, shelter staff).

Caregiver: Parents, legal guardians, or other adults in the household who provide care and supervision for the child. Caregiver does not refer to substitute care providers, such as licensed or non-licensed relative placements, foster parents, or facility staff.

Primary: The primary caregiver is the adult living in the household with a legal relationship to the child and who is obligated and entitled to provide for the safety and well-being of the child. When there are two such adult caregivers present, select as primary the one who assumes most responsibility for caregiving. If this does not resolve the question, the legally responsible adult who was a perpetrator or alleged perpetrator should be selected. For example, when a mother and a father reside in the same household and appear to equally share child care responsibilities and the mother is the perpetrator (or the alleged perpetrator), the mother is selected as primary. In circumstances where both parents are in the household, sharing child care responsibilities equally, and both have been identified as perpetrators or alleged perpetrators, the parent demonstrating the more severe behaviour is selected. Only one primary caregiver can be identified.

Secondary: The secondary caregiver is defined as an adult living in the household who has routine responsibility for child care but less responsibility than the primary caregiver. A partner may be a secondary caregiver even though he/she has minimal responsibility for child care. If a person is temporarily absent from the household (incarcerated, working in a different location, etc.) but plans to participate in caregiving or is indicated to be part of the household, include that person in the appropriate assessment.

Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.

WHICH HOUSEHOLD IS ASSESSED? SDM assessments are completed on households. When a child's caregivers do not live together, the child may be a member of two households.

Always assess the household of the alleged perpetrator. This may be the child's primary residence if it is also the residence of the alleged perpetrator, or the household of a non-custodial caregiver if it is the alleged perpetrator's residence.

Conditionally assess: If the alleged perpetrator is a non-custodial caregiver, also assess the custodial caregiver *if there is an allegation of failure to protect*.

If a child is being removed from a custodial caregiver, *also assess any non-custodial caregiver identified* if he/she will receive children's protective services for reunification.

Domestic Violence: Also known as domestic abuse, spousal abuse, battering, family violence, and intimate partner violence (IPV), domestic violence is defined as a pattern of abusive behaviours by one partner against another in intimate relations such as marriage, dating, family, or cohabitation. Domestic violence, so defined, has many forms, including physical aggression or assault (hitting,

kicking, biting, shoving, restraining, slapping, throwing objects) or threats thereof: sexual abuse, emotional abuse, controlling or domineering, intimidations, stalking, passive/covert abuse (e.g., neglect), and economic deprivation.

SASKATCHEWAN
SDM® INTAKE ASSESSMENT

Case Name: _____ **Intake Case Reference #:** _____

Date of Report: _____/_____/_____ **Time of Report:** _____

Intake Worker Name: _____

STEP 1: SCREENING

A. SCREENING CRITERIA

Mark ALL that apply based on available intake information. Some criteria have an automatic immediate response. For all others, complete a response priority tree for each maltreatment criteria type marked where the final screening decision is screen in.

Mark all allegations of child maltreatment that apply.

Physical Abuse

1. Non-accidental injury (check all that apply)

Death of a child/another child at home (automatic immediate response)	☐	Severe non-accidental injury (automatic immediate response)	☐
Other injury	☐	None	☐

2. Cruel or excessive corporal punishment

No	☐	Yes	☐

3. Threat of physical abuse (check all that apply)

Dangerous behaviour in immediate proximity of the child—non domestic violence	☐	Dangerous behaviour in immediate proximity of the child—domestic violence	☐
Threats of physical harm	☐	Prior death of a child due to abuse or neglect and another child in the home	☐
Prior substantiated abuse, failed reunification, or failed services for abuse, and a new child in the household	☐	None	☐

Emotional Abuse

4. Severe emotional abuse

No	☐	Yes	☐

5. Threat of emotional abuse (check all that apply)

Domestic/intimate partner discord	☐	Bizarre or cruel behaviour	☐
		Caregiver's substance abuse concerns	☐
Caregiver's mental health concerns	☐	None	☐

Neglect

6. Severe neglect (automatic immediate response required)

Diagnosed malnutrition	☐	Non-organic failure to thrive	☐
Child health/safety endangered	☐	Death of a child, neglect is suspected, and there are other children in the home	☐
None	☐		

7. General neglect (check all that apply)

Inadequate food	☐	Inadequate clothing	☐
Inadequate supervision	☐	Inadequate/hazardous shelter	☐
Inadequate medical/mental health care or rehabilitation services	☐	Child has no parent or guardian capable of providing appropriate care	☐
Failure or inability to protect	☐	Involving child in criminal activity	☐
Child less than 12 years/criminal act/ parents unable or unwilling to provide for needs	☐	None	☐

8. Threat of neglect (check all that apply)

Prior severe neglect, failed reunification, or failed services for neglect, and new child in the household	☐	Prior death of a child due to neglect, and new child in household	☐
Prenatal substance use	☐	Allowing a child to use drugs/alcohol	☐
Other high-risk birth	☐	None	☐

Sexual Abuse

9. Any sexual act on a child by an adult caregiver or other adult in the household, or unable to rule out household member as alleged perpetrator

No	☐	Yes	☐

10. Sexual act(s) among siblings or other children living in the home

No	☐	Yes	☐

11. Sexual exploitation

No	☐	Yes	☐

12. Threat of sexual abuse (check all that apply)

Known or highly suspected sexual abuse perpetrator lives with the child	☐	Severely inappropriate sexual boundaries	☐
Caregiver possesses or is suspected of possessing/accessing child pornography	☐	None	☐

B. SCREENING DECISION

If any of the above criteria are checked, the decision must be screen in. If no criteria are checked, the decision must be screen out. Mark the appropriate recommended decision and then consider whether any override conditions exist.

Recommended Screening Decision:

- ○ Screen in: One or more criteria are marked
- ○ Screen out

Overrides: *Consider both policy and discretionary overrides. If no policy or discretionary overrides are present, check the 'No overrides' box and record the final screening decision.*

☐ No override

Policy Override

○ Screen in: *No criteria are marked, but referral will be assigned. No further SDM assessments required.*
- ☐ Courtesy interview at law enforcement's request
- ☐ Report does not require screening but does require a non-investigatory response by the agency
- ☐ Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories
- ☐ Response required by court order

○ Screen out: *One or more criteria are marked, but referral will not be assigned. (Check all that apply.)*
- ☐ Insufficient information to locate child/family
- ☐ Another community agency has jurisdiction
- ☐ Report of historical event and no current risk of harm described. (Record the time since alleged incident in months and years: _____)
- ☐ Previously investigated incident and same allegation

Discretionary Override

○ Discretionary override to screen in. (Complete all required assessments.)
○ Discretionary override to screen out.

Discretionary Override Reason

Final Screening Decision: *Record the final screening decision following any overrides. If there are no overrides, the final decision will be the same as the recommended decision.*

- ○ Screen in
- ○ Screen out

STEP 2: RESPONSE PRIORITY

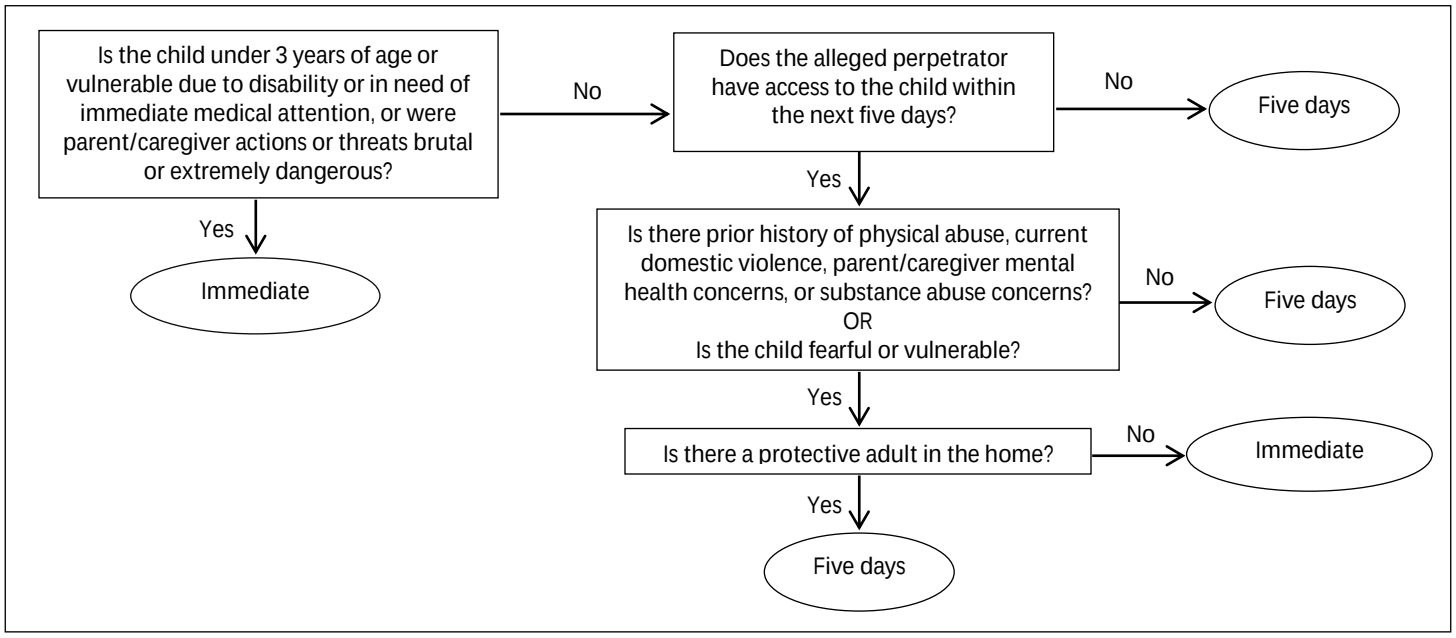
A. DECISION TREES

Complete the decision tree(s) corresponding to each type of alleged abuse/neglect criteria identified in Step 1A by circling or checking the recommended response. When there are multiple allegation types, it is not necessary to complete all decision trees once an immediate response is reached on any tree. **Do not complete if any of the criteria in Step 1A require an automatic immediate response.** In that case, go directly to the override section.

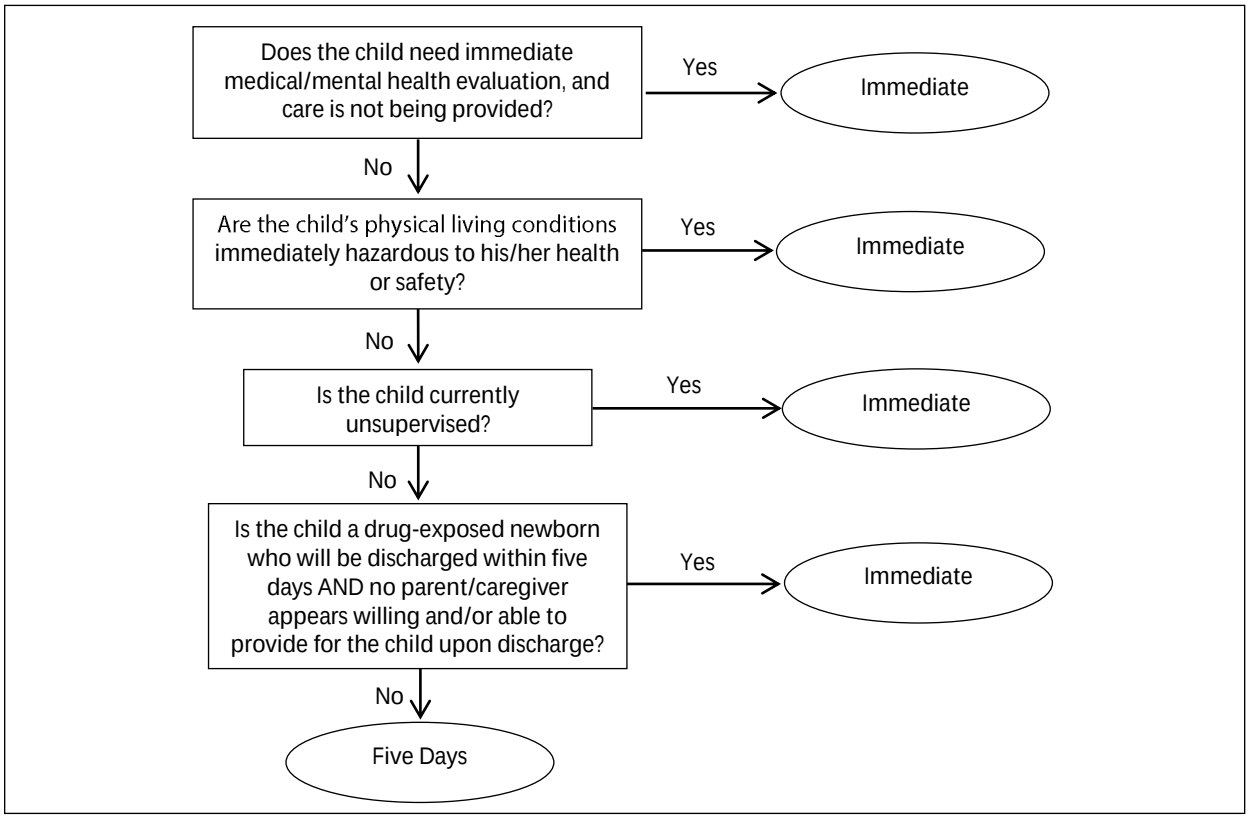
Response priority levels are as follows.

- Immediate—Same working day as receipt of the referral
- Five days—Within five calendar days of the receipt of the referral

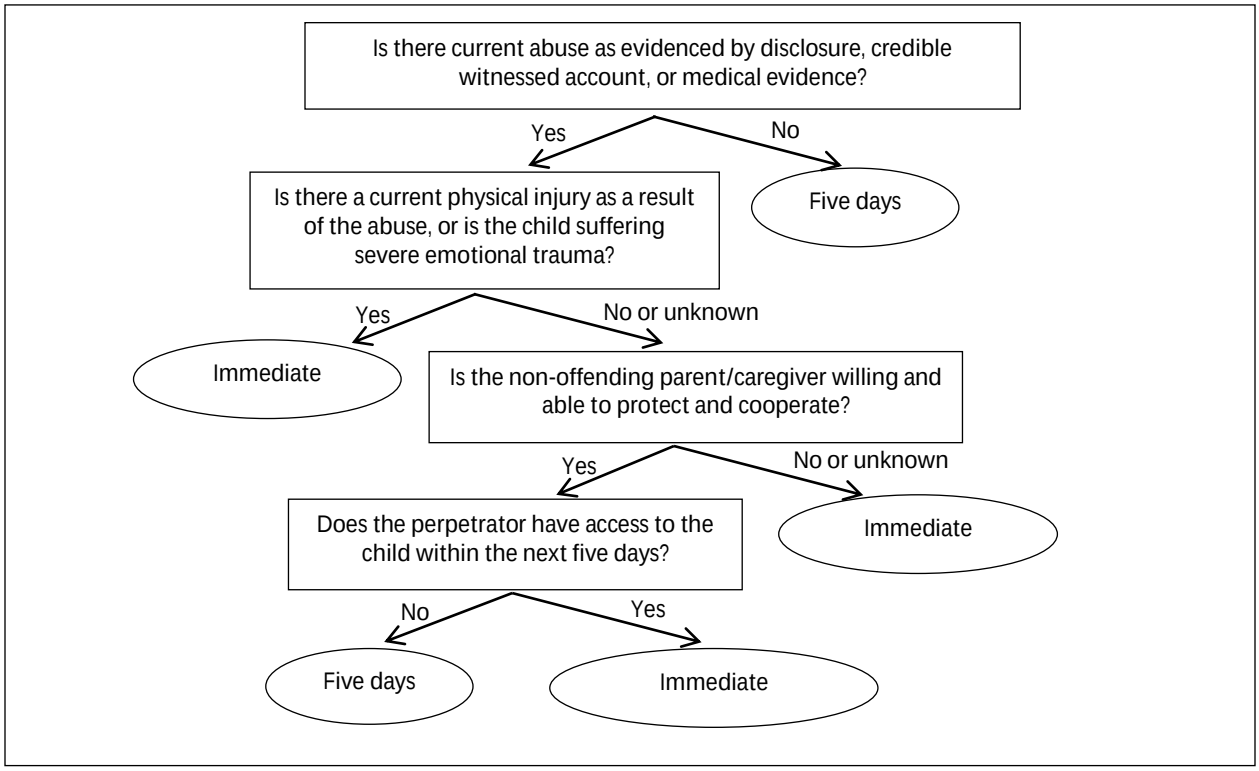
Physical Abuse



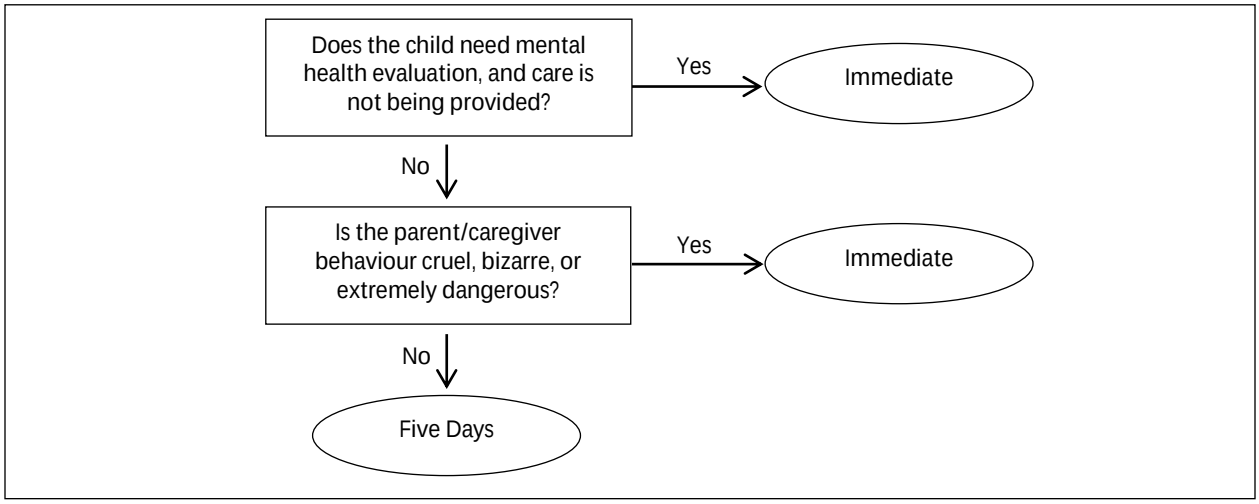
Neglect



Sexual Abuse



Emotional Abuse



B. RESPONSE PRIORITY DECISION

Based on completion of the appropriate tree(s) or if any of the criteria identified require an automatic immediate response, indicate whether the decision is immediate or within five days from the date and time of the report.

Recommended Response Priority:
- ○ Immediate/same working day
- ○ Within five days

OVERRIDES: *Consider both policy and discretionary overrides to the recommended response priority. If there are no overrides, check 'No override'. If policy or discretionary overrides are appropriate, check the appropriate reason and record the final response priority below.*

○ No override

Policy

○ Increase to immediate whenever:
- ☐ Law enforcement is requesting immediate response;
- ☐ Forensic considerations would be compromised by slower response; or
- ☐ There is reason to believe that the family may flee.

○ Decrease to five days whenever:
- ☐ Child safety requires a strategically slower response;
- ☐ The child is in an alternative safe environment; or
- ☐ The alleged incident occurred more than six months ago AND no maltreatment is alleged to have occurred in the intervening time period.

Discretionary

○ Increase; OR

○ Decrease response level (requires supervisory approval).

Reason: _____

_____

Final Response Priority: Based on overrides, indicate the final response priority level. If there are no overrides, it will be the same as the recommended response.

○ Immediate/same working day ○ Within five days

Worker signature: _____ **Date:** _____/_____/_____

Supervisor signature: _____ **Date:** _____/_____/_____

SASKATCHEWAN
SDM® INTAKE ASSESSMENT
DEFINITIONS

STEP 1. SCREENING

A. SCREENING CRITERIA

Using the definitions, indicate the type of maltreatment that meets the criteria in the definitions. For all criteria met, either check yes or the specific criteria. If no criteria are met, check no or if for a group of criteria, check none. For example, if no criteria under severe neglect are present in the call from the reporter, check none to indicate.

PHYSICAL ABUSE

Act committed by parent/caregiver.

Non-accidental injury (check all that apply)

The parent/caregiver deliberately caused, or allowed another person to cause, an injury to a child. If the reporter does not know how a reported injury was caused, consider the allegation to be a non-accidental injury. If the reporter does not know whether the parent/caregiver's behaviour resulted in a physical injury, consider whether criteria for threat of physical abuse are met. Include physical injuries that result from a domestic violence incident. Do not include injuries that result from sexual acts.

Select if the exact cause of the injury is unknown or the intent of the parent/caregiver is unknown, but there is a basis to be suspicious that a parent/caregiver caused it and it was non-accidental.

- Death of a child/another child at home (automatic immediate response). Current allegation is that a child has died due to suspected physical abuse, and there is another child in the home.

- Severe non-accidental injury (automatic immediate response). A severe injury (including bruising, burns or scalding, broken skin, broken bones, any internal injuries, any injury to a child under the age of 3 years, or chronic bruising or injuries to adolescents) is one that, if left untreated, would cause permanent physical disfigurement, permanent physical disability, or death. Include visible injuries and suspected injuries due to symptoms such as loss of consciousness, altered mental status, inability to use an arm, inability to bear weight, etc.

- Other injury. Any visible or suspected injury that is not severe. *A suspected injury may include a report by credible source of an injury that has not been seen, such as a child indicating that as a result of action by a parent/caregiver, there is a bruise, which is not visible to the reporter.*

Examples include but are not limited to:

- Physician reports injury is consistent with non-accidental;
- Explanation does not match injury or there are inconsistent explanations; or
- Injury is in the shape of an object (e.g., linear bruising, loop marks).

Cruel or excessive corporal punishment
The specific actions were cruel or excessive, meaning that they reasonably could have caused physical harm to a child. It is not necessary that there is evidence that an injury has occurred. If there is an injury as a result, mark 'non-accidental injury'.

Cruel punishment includes any type of discipline that could result in injury or physical harm, such as withholding food, water, or required care, or requiring a child to consume nonfood items or inappropriate amounts of food, water, or nonfood items; or a parent/caregiver's use of sadistic measures or weapons. Examples include but are not limited to:

- Direct physical contact with the child, such as hitting, biting, kicking, shaking, or use of an object;
- A pattern of withholding water or food (with the exception of desserts, snacks, or candy);
- Forcing a child to consume excessive amounts of food or water;
- Feeding/forcing the consumption of poisonous, corrosive, or unprescribed or mind-altering substances;
    - » Forcing a child to consume an extreme amount of hot sauce, salt, pepper, or nonfood items. Washing a child's mouth out with soap is not considered an extreme measure unless child ingests sufficient soap to result in illness, vomiting, or physical distress.
- Exposing the child to physical elements or the environment as punishment;
- Child is locked out of the home and it is reasonable to expect that the child may be harmed due to weather or injured due to environment;
- Requiring unreasonable physical activity as punishment. The level of physical activity required of the child exceeds the child's ability to perform, and the child has or is likely to experience extreme pain, dehydration, or exhaustion; or
- Forcible confinement such as locking the child in a room or closet or using physical restraints.

Threat of physical abuse (check all that apply)
No event has occurred; however, the parent/caregiver behaves in ways that create substantial likelihood that the child will be physically abused.

- Dangerous behaviour in immediate proximity of the child—non domestic violence. The parent/caregiver behaves in ways that are likely to result in injury to the child, including criminal incidents that occur while the child is present. Consider combination of child location, type of incident (e.g., pushing, throwing objects, use of weapons), and child vulnerability.

- Dangerous behaviour in immediate proximity of the child—domestic violence. There is domestic violence in the household that occurs while the child is present and is likely to result in injury to the child. Consider combination of child location, type of incident (e.g., pushing, throwing objects, use of weapons), and child vulnerability.

- Threats of physical harm. The parent/caregiver has made direct credible threats to cause physical harm to the child. If threats are clearly for the sole purpose of emotional abuse, mark as emotional abuse. If purpose cannot be discerned, mark both threats of physical harm and emotional abuse.

- Prior death of a child due to abuse or neglect and another child in the home. There is a prior substantiated abuse or neglect incident that resulted in a child's death, AND there is a new child now living in the home.

- Prior substantiated abuse, failed reunification, or failed services for abuse, and a new child in the household. There is credible information that a current parent/caregiver had one or more children for whom there was failed reunification as a result of child abuse or neglect, OR a current parent/caregiver was previously substantiated for abuse or failed services; AND there is a new child now living in the home.

EMOTIONAL ABUSE

Severe emotional abuse (check all that apply)
Parent/caregiver actions, such as bizarre or cruel behaviour toward the child, domestic violence or discord in the home, mental health concerns, or substance abuse by the parent/caregiver have led to the child's severe anxiety, depression, withdrawal, or aggressive behaviour toward self or others. A child:

- Has diagnosis by a qualified professional indicating severe anxiety or depression; OR

- Exhibits symptoms of severe anxiety, depression, withdrawal, or aggressive behaviour toward self or others.

See the definitions below for parent/caregiver actions.

Threat of emotional abuse (check all that apply)
Parent/caregiver actions in one or more of the areas below are so persistent and/or severe that they are likely to result in the child's severe anxiety, depression, withdrawal, or aggressive behaviour. The child may or may not be symptomatic. Note: The following four areas constitute a threat of emotional abuse ONLY if the main definition (this paragraph) is also met.

- Domestic/intimate partner discord. The child has witnessed or is otherwise aware of physical altercations between adults in the home on more than one occasion, or a single occasion that involved weapons or resulted in any injury to an adult.

- Bizarre or cruel behaviour. For example, the parent/caregiver harms or threatens to harm pets/animals or threatens suicide or harm to family members (other than the child); confines the child in places such as closets or animal cages; consistently scapegoats the child; or consistently berates, belittles, or shames the child. Includes extreme discord in custodial arrangements and alienation of one parent/caregiver by another, including continuous comments that the other parent/caregiver does not care for the child or will go to jail, where the intent is to sever the child from the parent/caregiver.

- Caregiver's mental health concerns. The parent/caregiver is exhibiting symptoms of mental illness.

- Caregiver's substance abuse concerns. The parent/caregiver is abusing alcohol or other drugs.

NEGLECT is an act of omission by a parent, guardian, caregiver, or legal custodian in failing to provide for the adequate care and attention of the child's needs, resulting in physical or mental harm to the child or substantial risk of physical or mental harm to the child.

Severe neglect (automatic immediate response required)

- Diagnosed malnutrition. The child has been diagnosed as being malnourished.

- Non-organic failure to thrive. The child has been diagnosed as having non-organic failure to thrive OR has indicators of failure to thrive.

- Child health/safety endangered. The parent/caregiver has willfully not provided adequate clothing, shelter, supervision, care, or medical care to the extent that the child has already suffered or is likely to suffer serious illness or injury. For example:

  » The child's clothing is so inappropriate for weather that the child suffered hypothermia or frostbite;

  » Housing conditions result in lead poisoning, severely exacerbated asthma due to smoke exposure, and/or multiple bites from pest infestations;

  » Housing is so unsafe that it is an acute fire hazard or has been condemned;

  » There is methamphetamine production in the home/residence;

  » Medical care has not been provided for a diagnosed acute or chronic condition and, as a result, the child has or is likely to require hospitalization/ essential medical intervention or surgery; AND the condition may worsen to the extent that unnecessary permanent disability, disfigurement, or death results as indicated by the opinion of a medical professional;

» The child is not supervised to the extent that he/she has been seriously injured or avoided serious injury only due to intervention by a third party;

» A young child is left in a motor vehicle during extreme temperature conditions;

» A parent/caregiver behaves recklessly in proximity of child (driving under the influence, using weapons, etc.); or

» Parent/caregiver is breastfeeding while using dangerous substances (type of substances and amount resulted in or is likely to result in serious injury/illness to child).

- Death of a child, neglect is suspected, and there are other children in the home. A child has died, and while the cause of death has not been determined, a medical or law enforcement professional or other reliable source is concerned that the death may have been the result of abuse or neglect AND there is at least one other child in the home.

General neglect (check all that apply)
Consider age/developmental status of children. Minor or no injury or illness has occurred.

- Inadequate food. The parent/caregiver does not provide sufficient food to meet minimal requirements for the child to maintain health and growth. The child experiences unmitigated hunger; lack of food has a negative impact on school performance. Parent/caregiver's use of food banks as sources of food should not be considered failure to provide food.

- Inadequate clothing. The parent/caregiver provides clothing that is inappropriate for weather and results in health or safety concerns for the child. Clothing is consistently so unclean or inappropriate to the situation that the child experiences shame and/or ridicule.

- Inadequate supervision. The child is or has been left unsupervised for a period of time inappropriate to the child's age or developmental status. The parent/caregiver may be present but does not attend to the child (e.g., the child is playing with dangerous objects, running into the street, etc.)

- Inadequate/hazardous shelter. The residence is unsanitary, such as a pervasive and/or chronic presence of rotting food, human/animal waste, or infestations. The residence is dangerous, such as items (e.g., poisons, guns, drugs) within reach of child. The residence lacks basic necessities, such as utilities, plumbing, and/or sleeping facilities, AND these are necessary based on current conditions and the age/developmental status or special needs of the child.

- Inadequate medical/mental health care or rehabilitation services.
The child has a mild to moderate condition and the parent/caregiver is not seeking or following medical/rehabilitative treatment and immediate harm may result or the

child's health/development is likely to be seriously impaired as determined by a qualified medical practitioner. OR

The child has a severe chronic condition and the parent/caregiver is not seeking or following medical treatment or care is partial and immediate harm may result or the child's health/development is likely to be seriously impaired as determined by a qualified medical practitioner. OR

A parent/caregiver fails to seek ongoing or emergency mental health services for a child who is suicidal, threatening harm to self or others, including animals.

- Child has no parent or guardian capable of providing appropriate care. The parent/caregiver is unable to provide care for the child or youth.

  » The parent/caregiver has been incarcerated or hospitalized, and there is inadequate or no provision for care for the duration of the parent/caregiver's absence. OR

  » The parent/caregiver's whereabouts are unknown, and it appears that the parent/caregiver has no intention of returning. (If parent/caregiver absence does not appear permanent, mark as inadequate supervision. Permanent absence may be indicated by taking clothing or other belongings, quitting jobs, establishing another residence, or an absence that has exceeded planned return.) OR

  » The parent/caregiver refuses to provide care for the child (e.g., parent kicks child out of the house or is threatening to do so) and as a result, the child has no parent/caregiver able to meet his/her needs for safety and well-being.

- Failure or inability to protect.

  » The child is left with an inappropriate parent/caregiver (another child too young or developmentally incapable of supervising; a person known to neglect or abuse children; a person known to be violent, use alcohol/drugs, or have serious mental health concerns to the extent that his/her ability to provide care is significantly impaired). OR

  » The parent/caregiver does not intervene despite knowledge (or reasonable expectation that the parent/caregiver should have knowledge) that the child is being harmed (includes physical, sexual, or emotional abuse or neglect) by another person.

- Involving child in criminal activity. The parent/caregiver causes the child to perform or participate in illegal acts that either:

  » Create danger of serious physical or emotional harm to the child;
  » Expose the child to being arrested; or
  » Force a child to act against his/her wishes.

- Child less than 12 years/criminal act/parents unable or unwilling to provide for needs. A child in the household is younger than 12 years of age and there are reasonable and probable grounds to believe that the child committed an act that, if the child were 12 years of age or more, would constitute an offence under the Criminal Code, the Narcotic Control Act (Canada);

  AND

  » Family services are necessary to prevent a recurrence,

  AND

  » The child's parent/caregiver is unable or unwilling to provide for the child's needs.

Threat of neglect (check all that apply)
No event has occurred; however, conditions exist that create a substantial likelihood that the child will be neglected.

- Prior severe neglect, failed reunification, or failed services for neglect, and new child in the household. There is credible information that a current parent/caregiver had one or more children for whom there was failed reunification or failed services as a result of neglect, OR a current parent/caregiver was previously substantiated for severe neglect; AND there is a new child now living in the home.

- Prior death of a child due to neglect, and new child in household.

- Prenatal substance use. There is a positive toxicology finding for a newborn infant or his/her mother OR other credible information that there was prenatal substance abuse by the mother (e.g., witnessed use, self-admission); AND there is indication that the mother will continue to use substances, rendering her unable to fulfill the basic needs of the infant upon discharge from the hospital AND may be unable or unwilling to meet the infant's basic needs.

- Allowing a child to use drugs/alcohol. The parent/caregiver provides (offers or knowingly allows the child to consume) alcohol, illegal drugs, or inappropriate prescription drugs to a child to the extent that it could endanger the child's physical health or emotional well-being, or result in exposure to danger because the child's thinking and/or behaviour are impaired. Consider the child's age and type of substance. For example:

  » Providing methamphetamine, heroin, cocaine, or similar drugs to a child of any age;

  » Providing enough alcohol to result in intoxication;

  » Providing alcohol over time so that the child is developing dependency;

» Providing medications (includes prescription and over-the-counter) that are not prescribed for the child for the purpose of altering the child's behaviour or mood; or

» Providing glue or other inhalants to a child of any age.

Examples of substance use that should not be included are:

» Use of small amounts of alcohol for religious ceremonies; or

» An older child is permitted to try a small amount of alcohol at a family occasion that did not result in intoxication.

- Other high-risk birth. No acts or omissions constituting neglect have yet occurred; however, conditions are present that suggest that only the external supports of the hospitalization or the limited time since birth are the reasons neglect has not occurred. Examples may include:

  » Sole parent/caregiver or both parents/caregivers have not attended to the newborn in the hospital;

  » Teen mother with no support system whose maturity level suggests she will be unable to meet the newborn's basic needs;

  » A mother of any age with apparent physical, mental, or cognitive limitations who has no support system and may be unable or unwilling to meet the newborn's basic needs; or

  » A child was born with medical complications, and sole parent/caregiver's or both parents'/caregivers' response suggest parent/caregiver will be unable to meet the child's exceptional needs (e.g., does not participate in medical education to learn necessary care, indicates denial of diagnosis, etc.).

SEXUAL ABUSE is defined in the following manner: the child has been or is likely to be exposed to harmful interaction for a sexual purpose, including sexual exploitation through the commercial sex trade and including conduct that may amount to an offence within the meaning of the Criminal Code.

Any sexual act on a child by an adult caregiver or other adult in the household, or unable to rule out household member as alleged perpetrator
If the legal guardian is not the perpetrator and there is a concern about his/her ability to protect, consider also 'failure or inability to protect'. *Note: Household is composed of all persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.*

Based on verbal or nonverbal disclosure, medical evidence, or credible witnessed act. If child knows that the perpetrator is not a household member, but does not know his/her identity, DO NOT MARK.

Examples include: sexual touching or posing, invitation of sexual touching, intercourse, bestiality, sexual assault, sexual assault with a weapon, aggravated sexual assault.

Sexual act(s) among siblings or other children living in the home
Children in a household engage in sexual behaviour that is outside of normal exploration or involves coercion or violence.

Sexual exploitation
The parent/caregiver involves the child in obscene acts or engages the child in sexual exploitation or pornography, or the child is involved in sexual exploitation regardless of parent/caregiver knowledge.

Threat of sexual abuse (check all that apply)
No sexual act or exploitation has occurred; however, the parent/caregiver behaves in ways that create substantial likelihood that the child will be sexually abused.

- Known or highly suspected sexual abuse perpetrator lives with the child. An individual with a known or suspected record for sexual crimes lives in the same residence as the child.

- Severely inappropriate sexual boundaries. Adults in the home allow children to see sexually explicit material, witness sexual acts, or hear sexual language that is inappropriate to their age/developmental status for the purpose of sexual gratification for the adult; AND/OR

- Caregiver possesses or is suspected of possessing/accessing child pornography. A person is suspected or known to view, access, or possess child pornography.

  » This has resulted in the child exhibiting age-inappropriate sexual behaviour; OR

  » Emotional distress; OR

  » The child exhibits neither reaction, but the behaviour of the adult is seen as grooming the child for future sexual abuse.

  Grooming refers to a deliberate and escalating pattern of actions taken to lower a child's inhibitions in preparation for sexual abuse (e.g., treating the child as 'more special' than another child, talking about sexual topics that are age-inappropriate, exposing the child to pornography, deliberate self-exposure).

B. SCREENING DECISION
If any of the above criteria are checked, the decision must be screen in. If no criteria are checked, the decision must be screen out. Mark the appropriate recommended decision and then consider whether any override conditions exist.

Screen in: One or more criteria are marked. Mark this decision if any criteria in Step 1A (Screening Criteria) are marked, which means that at least one reported allegation meets statutory requirements for an investigation.

Screen out. Mark this decision if no criteria in Step 1A (Screening Criteria) are marked, which means that the report does not meet statutory requirements for an investigation.

OVERRIDES
Consider both policy and discretionary overrides. If no policy or discretionary overrides are present, check the 'No overrides' box and record the final screening decision.

Policy Overrides

Screen in: No criteria are marked, but referral will be assigned. No further SDM assessments required.
Mark this decision if no criteria in Step 1A (Screening Criteria) are marked, which means that the report does not meet Section 11 requirements for an investigation. However, a referral will be opened for an investigation due to local protocol. When a report is screened in through a policy override, no further SDM assessments are required.

- Courtesy interview at law enforcement's request. A law enforcement agency has requested a worker to assist in interviews of children.

- Report does not require screening but does require a non-investigatory response by the agency. For example: Repatriation of a child to another jurisdiction pursuant to Section 7 of the Child and Family Services Act or a service request for another jurisdiction.

- Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories

- Response required by court order

Screen out: One or more criteria are marked, but referral will not be assigned.

- Insufficient information to locate child/family. Insufficient information to locate child/family. The caller was unable to provide enough information about the child's identity and/or location to enable an investigation. Do not mark this item if partial information is available. Screener should either follow up on information to establish child's identity/location or forward screened-in referral for investigation.

- Another community agency has jurisdiction. Local protocol determines that agencies such as a First Nations Agency, law enforcement, probation, or court will be the investigating entity(ies) for this issue AND a child welfare response is not required.

- Report of historical event and no current risk of harm described. (Record the time since alleged incident in months and years:) *Note: Do not use if referred incident is*

sexual abuse unless the reported perpetrator is deceased or incarcerated until the time the victim is an adult.

- Previously investigated incident and same allegation. The reported incident contains the same allegations as a prior referral that has been screened in and investigated, regardless of whether the investigation is complete. Do not apply this override if new perpetrators, victims, or allegations are involved, or if there has been a new incident subsequent to the assessment/investigation.

Discretionary override to screen in or screen out: Unique circumstances not captured by the screening criteria support a final screening decision different from the recommended screening decision. For example, the referral does not contain any current allegations of abuse or neglect, but significant prior history on the family suggests a response is warranted (e.g., third-party abuse—physical, emotional, or sexual—and parent/caregiver is requesting services on behalf of the child). Use of discretionary override requires consultation with a supervisor.

STEP 2: RESPONSE PRIORITY

A. DECISION TREES

Complete the decision trees based on the criteria marked in Step 1A unless the criterion checked requires an automatic immediate response. **If there is an automatic immediate response,** go directly to the override section. If a discretionary override is used to screen in a referral, do not complete any of the decision trees. Go to Step 2B and assign the response time based on the prospective safety of the child.

Physical Abuse

Is the child under 3 years of age or vulnerable due to disability or in need of immediate medical attention, or were parent/caregiver actions or threats brutal or extremely dangerous?

- The child has not reached his/her third birthday or has the equivalent vulnerability of a child under the age of 3 years due to developmental, physical, or emotional disability.

- The child requires immediate medical evaluation or treatment or is currently receiving emergency medical evaluation or treatment. Exclude evaluation solely for forensic purposes, medical evaluation, or treatment that has concluded.

- Regardless of whether an injury has occurred, the parent/caregiver acted in brutal or extremely dangerous ways; or the parent/caregiver has made threats (other than empty threats or threats made solely for intimidation) of brutal or extremely dangerous acts toward the child. Examples include the following.

  » Brutal: hitting with closed fist; hitting child's head, back, or abdomen with substantial force; choking, kicking, or hitting with belt buckle or other dangerous object; using restraints; poisoning. Consider age and vulnerability of the child. Include actions that could reasonably result in severe injury or death.

» Child is presently being threatened with a dangerous weapon by a parent/caregiver.

» Extremely dangerous: dangling the child from heights, exposing the child to dangerous extremes of temperature, or throwing objects at the child that could cause severe injury or death.

» Self-referrals from parents/caregivers who state that they are unable to cope or feel they will hurt or kill their child.

Does the alleged perpetrator have access to the child within the next five days?
Does the alleged perpetrator live in the home or have access to the child in the home, or has the alleged perpetrator physically contacted the child away from the home or threatened to physically contact the child away from the home?

Is there prior history of physical abuse, current domestic violence, parent/caregiver mental health concerns, or substance abuse concerns, OR is the child fearful or vulnerable?
There is credible information* that:

- There are one or more prior investigations for physical abuse; or
- There are physical altercations between the parent/caregiver and another adult living in the home within the past year, regardless of whether the child was present. Include situations where one of the adults does not live in the home but has substantial contact in the home, or has lived in the home but continues to behave in threatening ways.

*Credible information includes statements by the reporter, past investigation or case records, or police reports.

- A parent/caregiver has current mental health concerns based on diagnosis of a major mental illness (e.g., schizophrenia, bipolar disorder, depression) or exhibits symptoms that suggest a probability that such a diagnosis exists, such as hearing voices; paranoid thoughts; severe mood changes; suicidal thoughts or behaviour; or extremely depressed affect, thoughts, or behaviours that present danger to self or others.
- A parent/caregiver has a substance abuse problem.
  - » The parent/caregiver is diagnosed with chemical dependency or abuse AND is currently using. Current use does not require that parent/caregiver be under the influence at the moment of the call, but that the parent/caregiver has used within the past two weeks and has not entered into a formal or informal program to achieve abstinence; OR
  - » The parent/caregiver is using illegal drugs; OR

» The parent/caregiver's alcohol use suggests a probability that dependency or abuse exists, such as blackouts, secrecy, negative effects on job or relationships, rituals around drinking, etc.

OR

- Does the child express credible fear of going/remaining home?

- A child is vulnerable if, due to age, developmental status, or physical disability, he/she is unable to protect him/herself and/or will not be seen within the five days by other adults who would report concerns (e.g., school personnel).

Is there a protective adult in the home?
An adult is protective if:

- He/she is not the alleged perpetrator, and there is information that he/she is able and willing to prevent further physical abuse incidents. When assessing likelihood of prevention, consider whether he/she has successfully intervened against aggression toward the child in the past, has awareness of the current incident, or has a commitment to nonviolent parenting. An indicator of protectiveness may be that the alleged incident occurred more than 60 days ago with no subsequent incident. OR

- He/she may have been the alleged perpetrator, but he/she still can be considered currently protective if there is information that he/she has acknowledged the harm caused to the child and expressed remorse and commitment to future nonviolent parenting, and there has been an absence of physically abusive behaviour by the parent/caregiver for at least five days. Answer 'no' if there is a pattern of cyclical violence and remorse.

Neglect

Does the child need immediate medical/mental health evaluation, and care is not being provided?
Medical personnel indicate that the child needs immediate medical/mental health attention; or the presence of failure-to-thrive indicators, e.g., underweight, minor not fed, listlessness; or the refusal of the parent/caregiver to meet the child's medical/mental health needs or treat a serious or significant injury/condition; or the child is actively considering or planning suicidal act and parent/caregiver's not providing the necessary care.

Are the child's physical living conditions immediately hazardous to his/her health or safety?
Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening. Examples include the following.

- Leaking gas from stove or heating unit.

- Substances or objects accessible to the child that may endanger his/her health and/or safety.

- Lack of water or utilities (heat, plumbing, electricity) and no alternate or safe provisions are made.
- Open/broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens the child's health.
- The child has suffered serious illness or significant injury due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living areas.
- Guns and other weapons are not locked.
- Methamphetamine production in the home.

Is the child currently unsupervised?
Based upon local community standards, the child is not receiving appropriate supervision from his/her parent/caregiver, and there is no appropriate alternative plan for supervision pending commencement of a response within five days.

- The child is currently alone (time period varies with age and developmental stage).
- The parent/caregiver does not attend to the child to the extent that need for care goes unnoticed or unmet (e.g., the parent/caregiver is present, but the child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards; a child with some suicidal ideation is not closely monitored).
- The child is currently receiving inadequate and/or inappropriate child care arrangements.
- The child has been abandoned and has no parent/caregiver willing and able to provide care for a minimum of five days.

Is the child a drug-exposed newborn who will be discharged within five days AND no parent/caregiver appears willing and/or able to provide for the child upon discharge?
The hospital advises that the newborn will be discharged within five days OR there is reason to believe that the parent/caregiver will remove the child against medical advice; AND the sole parent/caregiver or both parents/caregivers do not appear willing and/or able to provide for the child. Indicators include the following.

- The parent/caregiver uses substances (such as methamphetamine, heroin, or cocaine) that typically result in severely impaired ability to function.

- The frequency and/or quantity of parent/caregiver substance use suggests a high probability that he/she will be unable to meet the needs of the newborn upon discharge.

- Prior failed reunification.

Sexual Abuse

Is there current abuse as evidenced by disclosure, credible witnessed account, or medical evidence?
Disclosure may be verbal or nonverbal (e.g., extreme sexual acting-out behaviour). Medical evidence includes medical findings related to sexual abuse, as well as suspicious findings such as sexually transmitted diseases in young children.

Is there a current physical injury as a result of the abuse, or is the child suffering severe emotional trauma?
Does the child have an injury that occurred as a result of the reported sexual abuse incident(s)? Is the child reported to be suffering severe emotional trauma as a result of the sexual abuse?

Is the non-offending parent/caregiver willing and able to protect and cooperate?
Is the non-offending parent/caregiver supporting the child's disclosure and demonstrating the ability/willingness to prevent the alleged perpetrator from having access to the child? Will the non-offending parent/caregiver not pressure the child to change his/her statement? Will the non-offending parent/caregiver cooperate with the investigation?

Does the perpetrator have access to the child within the next five days?
Does the suspected perpetrator have the ability to have physical, verbal, or written contact with the child?

Emotional Abuse

Does the child need mental health evaluation, and care is not being provided?
Is the child exhibiting behaviour that requires immediate mental health evaluation as evidenced by the following AND care is not being provided?

- Is the child threatening to commit suicide, behaving in suicidal ways, or harming him/herself (e.g., cutting)?

- Is the child currently acting out in extremely violent ways or threatening to act in violent ways? Examples include using guns, knives, explosives, fire-setting, and/or cruelty to animals.

- Is the child acutely depressed, anxious (e.g., unable to perform basic tasks of daily living), or withdrawn? For example, the child has an inability to engage in any social activity.

Is the parent/caregiver behaviour cruel, bizarre, or extremely dangerous?

Examples include the following.

- Bizarre, extreme, or cruel behaviour. For example, the parent/caregiver harms or threatens to harm pets/animals or threatens suicide or harm to family members (other than the child); confines the child in places such as closets or animal cages; consistently scapegoats the child; consistently berates, belittles, or shames the child. There is extreme discord in custodial arrangements or alienation of one parent/caregiver by another.

- Unusual forms of discipline that rely on humiliation, fear, and intimidation, such as forcing a 10-year-old to wear diapers or forcing the child to stand in a corner on one leg.

- Extreme rejection of the child, such as not speaking to the child for extended periods, acting as if the child is not present for long periods, or misusing time-out technique by using time limits far beyond what would be appropriate for the child's age/developmental status. Domestic violence incidents that involve weapons resulting in serious injury to any adult, or during which the child attempts to intervene or is directly in the path of violence.

OVERRIDES

Increase to immediate whenever:

- Law enforcement is requesting immediate response. A law enforcement officer is requesting an immediate child protective services response.

- Forensic considerations would be compromised by slower response. Physical evidence necessary for the investigation would be compromised if the investigation does not begin immediately, OR there is reason to believe statements will be altered if interviews do not begin immediately.

- There is reason to believe that the family may flee. The family has stated an intent to flee or is acting in ways that suggest an intent to flee, OR there is a history of the family fleeing to avoid investigation.

Decrease to five days whenever:

- Child safety requires a strategically slower response. The child's current location is such that initiating contact may create a threat to the child's safety OR the value of coordinating a multiagency response outweighs the need for immediate response.

- The child is in an alternative safe environment. The child is no longer in the same place or is with the parent/caregiver who is the alleged perpetrator, and the child is not expected to return within the next five days.

- The alleged incident occurred more than six months ago AND no maltreatment is alleged to have occurred in the intervening time period. The incident being reported occurred at least six months prior to the report AND no other maltreatment is alleged to have occurred in the intervening time period.

SASKATCHEWAN
SDM® INTAKE ASSESSMENT
POLICY AND PROCEDURES

The purpose of the intake assessment is to assess the following:

- Whether a referral meets the legal criteria for an investigation; and
- If so, how quickly to respond.

	Screening	Response Priority
Which Cases	All referrals of alleged child maltreatment (excluding daycare services, facilities, and institutions).	All referrals accepted for investigation.
Who	The caseworker receiving the referral.	
When	Immediately upon receipt of the referral.	
Decisions	Is the criteria (reasonable and probable grounds) for a child abuse/neglect investigation met (yes or no)?	If yes, how quickly should the investigation be initiated by child protection?

Appropriate Completion

STEP 1. SCREENING

A. Screening Criteria

Caseworkers will make every effort to elicit information from the reporter to make the key intake decisions of whether to initiate an in-person response and how quickly to respond. Based on the caller's concerns and all available intake information, mark <u>all</u> allegation types that meet definition criteria, thus requiring an investigation; as if allegations are true, the reported concerns would be abuse or neglect within the meaning of Section 11 of the Child and Family Services Act. Do not mark items if the intake information does not reach the threshold of the definition for an item.

In all calls, intake workers will gather as much identifying information as the reporter has available, including information on the family's language, cultural identity, current location of the child and ability to locate, and issues that have an impact on the safety of responding workers (e.g., weapons, propensity to violence, dangerous animals).

Certain screening criteria result in an automatic immediate response priority assignment. Where a recommended automatic immediate response is indicated, the response priority guideline trees do not have to be completed. The intake worker will have an opportunity to review override considerations in the response priority section of the intake assessment.

B. Screening Decision

- Indicate the recommended screening decision. If one or more criteria are marked, the recommended decision is to screen in. If no criteria are marked, the recommended decision is to screen out. If a report does not meet the criteria, refer the caller to a community resource if relevant.

- Overrides. Determine if any of the policy overrides apply or if there is a need for a discretionary override. If no override will be used, mark the box labelled 'No override'. If a policy override is used to screen in a referral when no screening criteria are marked, no further SDM assessments are required.

- If a discretionary override is used, a reason must be provided and requires supervisor approval. Use of a discretionary override requires supervisory consultation. Supervisor approval of the discretionary override is indicated when the supervisor reviews and approves the intake assessment. SDM assessments are required if a discretionary override is used to screen in and assign for investigation.

- Indicate the final screening decision after consideration of any overrides.

STEP 2. RESPONSE PRIORITY

Select the response priority decision tree that corresponds with the allegation type (physical abuse, neglect, sexual abuse, or emotional abuse) unless an automatic immediate response is recommended by the type of maltreatment. If a discretionary override is used to screen in a referral, do not complete any of the trees. Go to Step 2B and assign the response time based on the prospective safety of the child.

If more than one maltreatment type is indicated, begin with the most serious. Start with the first question, and gather information from the caller that will lead to an answer of yes or no. Be sure to consult definitions. The response will lead to either a decision regarding response time or to another question. Continue to ask as many questions as are required to arrive at a recommended response time.

- Additional allegations. Once an immediate response time is reached, it is not necessary to complete additional decision trees even if there are other allegations. If the first tree leads to five days, complete additional decision trees until all allegations are completed or an immediate response time has been determined, whichever comes first. If the recommended response level is immediate based on screening criteria (e.g., severe physical abuse, etc.), go directly to the override section. If an override is used to modify the response time to five days and there were multiple allegations, any additional decision trees related to other allegation types must then be completed to ensure that none of the allegations would lead to a recommended immediate response.

- Unknown answers. If the reporter's information cannot clearly distinguish between a 'yes' or 'no' response to a question, try asking additional questions or asking questions in different ways. If it remains unclear, *answer in the most protective way*.

RESPONSE TIMES

- Immediate calls for a response in the same working day as receipt of the referral.

- All others have a response time of within five calendar days of the receipt of the referral.

Response time is considered met if a worker has had an actual or attempted face-to-face contact with the child victim within the required response time assigned by the priority response assessment. If the report was made and screened in by an on-call or Mobile Crisis worker and the worker made an actual face-to-face contact, response time will be considered to have been met. If no contact has been made or attempted by an on-call or Mobile Crisis worker the contact time will not be considered to have been met.

SASKATCHEWAN
SDM® SAFETY ASSESSMENT **r: 9/13**

Case Name: _____ **Investigation Case Reference #:** _____

Assessment Completed With Family Date: _____/_____/_____ **Assessment Recorded Date:** _____/_____/_____

Caseworker Name: _____

Household Assessed: _____ **Removal Household:** O Yes O No

Type of Assessment: O Initial O Review or Update O Closing

Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages 0 through 5 cannot protect themselves. For older children, an inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Factors Influencing Child Vulnerability *(conditions resulting in child's inability to protect self; mark all that apply to any child)*

☐ Age 0 to 5 years
☐ Significant diagnosed medical or mental disorder
☐ Not readily accessible to community oversight
☐ Diminished developmental/cognitive capacity (e.g., developmental delay, nonverbal)
☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

SECTION 1: SAFETY THREATS

Items 1 through 10 are conditions that may place a child in immediate danger of serious harm if present. Identify the presence of each safety threat by checking yes or no.

Yes	No		
O	O	1.	Parent/caregiver caused serious physical harm to a child or made a credible threat to cause serious physical harm in the current investigation, as indicated by any of the following. ☐ Serious injury or abuse to the child other than accidental ☐ Parent/caregiver fears he/she will maltreat the child ☐ Direct threat to cause harm or retaliate against the child ☐ Excessive discipline or physical force ☐ Domestic violence likely to injure child ☐ Death of a child due to child abuse/neglect ☐ Alcohol/drug-exposed infant
O	O	2.	Child sexual abuse, including sexual exploitation, is suspected and circumstances suggest that the child's safety may be of immediate concern.
O	O	3.	Parent/caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
O	O	4.	Parent/caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
O	O	5.	The household environmental conditions are hazardous and immediately threatening to the health and/or safety of the child.
O	O	6.	Parent/caregiver describes the child in predominantly negative terms or acts toward the child in negative ways and/or has extremely unrealistic expectations of the child that suggest the child may be in immediate danger of serious harm.
O	O	7.	Parent/caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
O	O	8.	The family refuses or limits access to the child, or there is reason to believe that the family is about to flee.
O	O	9.	There is a pattern of prior incidents or behaviour AND current circumstances are near (no other safety threat is present) but do not meet the threshold for any other safety threat.
O	O	10.	Other (specify): _____

IF NO SAFETY THREATS ARE PRESENT, PROCEED TO SECTION 3.

If any safety threat is marked yes, identify any of the following parent/caregiver behaviours present that are of concern. If present, these behaviours may be scored on a subsequent risk assessment or strength and needs assessment.

Parent/Caregiver Behaviours

☐ Substance Abuse ☐ Mental Health ☐ Developmental/Cognitive ☐ Domestic Violence

Provide facts that support identification of each threat and any parent/caregiver behaviours identified.

SECTION 2: PROTECTIVE CAPACITIES AND SAFETY INTERVENTIONS

(If no safety threats are present, skip to Section 3 and indicate that the child is safe.)

PROTECTIVE CAPACITIES: Document child and parent/caregiver capacities if present for any child or parent/caregiver based on information gathered (mark all that apply).

Child

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

Parent/Caregiver

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

☐ **3. Parent/caregiver has a willingness to recognize problems and threats placing the child in imminent danger.**

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

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

☐ 6. At least one parent/caregiver in the home is willing and able to take action to protect the child, including asking the offending parent/caregiver to leave.

☐ **7. Parent/caregiver is willing to accept temporary interventions offered by caseworker and/or other community agencies, including cooperation with continuing investigation/assessment.**

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

☐ 9. Parent/caregiver is aware of and committed to meeting the needs of the child.

☐ 10. Parent/caregiver has a history of effective problem solving.

Other

☐ 11. _____

For all protective capacities marked, provide facts that demonstrate presence of protective capacity.

SAFETY INTERVENTIONS: Considering each identified safety threat and available protective capacities, determine which of the following interventions will be implemented to control the safety threat. Safety interventions 1–9 will allow the child to remain in the home for the present time. A safety plan is required to systematically describe interventions and facilitate follow-through. **If protective capacities 2, 3, and/or 7 are not marked, carefully consider whether *any* of safety interventions 1–9 are appropriate to immediately protect the child.** If there are no available safety interventions that would allow the child to remain in the home, indicate by marking item 10 or 11, and follow procedures for initiating a voluntary agreement or apprehension.

Interventions that will enable the child to remain in the home for the present time:

☐ 1. Intervention or direct services by caseworker.

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

☐ 3. Use of community agencies or services as safety resources.

☐ 4. The parent/caregiver makes or requests that arrangements be made for the child to stay with an appropriate non-resident parent or substitute caregiver.

☐ 5. Have the parent/caregiver appropriately protect the child from the alleged perpetrator.

☐ 6. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

☐ 7. Have the non-offending parent/caregiver move to a safe environment with the child.

☐ 8. Legal action planned or initiated; the child remains in the home.

☐ 9. Other (specify): _____

Interventions to remove a child from the home:

☐ 10. Parent/caregiver voluntarily places the child outside the home.

☐ 11. The child has been apprehended because no interventions are available to adequately ensure the child's safety.

SECTION 3: SAFETY DECISION

Identify the safety decision by marking the appropriate circle. This decision should be based on the assessment of all safety factors, safety interventions, and any other information known about the case. Check one decision only.

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

○ 2. **Safe with services.** One or more safety threats are present, and protective safety interventions have been planned or taken. Based on protective interventions, the child will remain in the home at this time. A SAFETY PLAN SIGNED BY THE PARENT/CAREGIVER IS REQUIRED FOR THE CHILD TO REMAIN IN THE HOME. If a safety plan is being completed, a parental services agreement is not required.

○ 3. **Unsafe.** One or more safety threats are present, and placement is the only safety intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. IF ANY CHILD REMAINS IN THE HOME, A SAFETY PLAN IS REQUIRED.

SECTION 4: LOCATION OF CHILD'S PLACEMENT

This section is only completed if the safety decision is *unsafe*.

Record the name and status of each child assessed.

Last Name	First Name	Case Number	Birth Date	Removed	Remain in Home
				○	○
				○	○
				○	○
				○	○

Caseworker Signature: _____ **Date:** _____/_____/_____

Supervisor Review/Approval Signature: _____ **Date:** _____/_____/_____

SECTION 5: SAFETY PLAN

An agreement between _____ **and Saskatchewan Ministry of Social Services**
Parent/caregiver

SAFETY PLAN: For each safety threat identified, describe the immediate protective intervention(s) that will be implemented to specifically address the issue.

Safety Threat *(Provide a brief description of the threat.)*
Plan/Services to Be Implemented to Mitigate the Safety Threats *(What will be done and who will do it?)*
Monitoring and Verification of Plan and Services (*What is the monitoring plan and who is responsible?*)

Safety Threat *(Provide a brief description of the threat.)*
Plan/Services to Be Implemented to Mitigate the Safety Threats *(What will be done and who will do it?)*
Monitoring and Verification of Plan and Services *(What is the monitoring plan and who is responsible?)*

Safety Threat *(Provide a brief description of the threat.)*
Plan/Services to Be Implemented to Mitigate the Safety Threats *(What will be done and who will do it?)*
Monitoring and Verification of Plan and Services (*What is the monitoring plan and who is responsible?*)

This agreement shall be in effect: FROM ____/____/____ TO ____/____/____

Parent/Caregiver: _____ **Date:** ____/____/____
Parent/Caregiver: _____ **Date:** ____/____/____
Caseworker: _____ **Date:** ____/____/____
Supervisor: _____ **Date:** ____/____/____

SASKATCHEWAN
SDM® SAFETY ASSESSMENT
DEFINITIONS

Factors influencing child vulnerability (conditions resulting in child's inability to protect self; mark all that apply to any child):

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

- Significant diagnosed medical or mental disorder. Any child in the household has a diagnosed medical or mental disorder that significantly impairs ability to protect self from harm; or diagnosis may not yet be confirmed but preliminary indications are present and testing/evaluation is in process. Examples may include but are not limited to severe asthma, severe depression, medically fragile (e.g., requires assistive devices to sustain life), etc.

- Not readily accessible to community oversight. The child is isolated or less visible within the community (e.g., the family lives in an isolated community, the child may not attend a public or private school and is not routinely involved in other activities within the community, etc.).

- Diminished developmental/cognitive capacity. Any child in the household has diminished developmental/cognitive capacity, which impacts ability to communicate verbally or to care for and protect self from harm.

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

SECTION 1: SAFETY THREATS

1. Parent/caregiver caused serious physical harm to a child or made a credible threat to cause serious physical harm in the current investigation, as indicated by any of the following.

- Serious injury or abuse to the child other than accidental. Parent/caregiver caused serious injury, defined as brain injury, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the child (e.g., suffocating, shooting, bruises/welts, bite marks, choke marks) *and requires medical treatment*.

- Parent/caregiver fears he/she will maltreat the child and/or requests placement.

- Direct threat to cause harm or retaliate against the child. Threat of action that would result in serious harm, or household member plans to retaliate against the child for allegation/investigation.

- Excessive discipline or physical force. Parent/caregiver has used torture or physical force (e.g., shaking or choking) that has resulted in injury. If the child sustained a serious injury, mark 'serious injury or abuse to the child other than accidental'. Include use of confinement or restraints that results in physical trauma to the child and actions by the parent/caregiver intended for disciplinary purposes that are likely to result in serious injury to child, or the parent/caregiver has punished the child beyond the child's physical endurance. Examples include but are not limited to:

  » Direct physical contact with the child such as hitting, biting, kicking, shaking, or use of an object;

  » Feeding/forcing the consumption of poisonous, corrosive, or unprescribed or mind-altering substances;

  » Exposing the child to physical elements or the environment as punishment;

  » Child is locked out of the home and it is reasonable to expect that the child may be harmed due to weather or injured due to environment;

  » Requiring unreasonable physical activity as punishment. The level of physical activity required of the child exceeds the child's ability to perform, and the child has or is likely to experience extreme pain, dehydration, or exhaustion; or

  » Forcible confinement such as locking the child in a room or closet or using physical restraints.

- Domestic violence likely to injure child. There has been a serious incident (or incidents) of domestic violence that created danger of serious physical injury to the child. For example, child was in the arms of one person during the violent episode; an object or weapon was involved; child attempted to intervene or child was near enough to violent altercation that he/she was in harm's way.

- Death of a child due to child abuse/neglect. Parent/caregiver caused or is suspected of causing death of a child due to child abuse/neglect.

- Alcohol/drug-exposed infant. For example, alcohol and/or drugs are found in the child's system; the infant is medically fragile as result of alcohol and/or drug exposure; or the infant suffers adverse effects from introduction of alcohol and/or drugs during pregnancy.

  » Indicators of alcohol and/or drug use during pregnancy include drugs found in the mother's or child's system; mother's self-report; diagnosed as high-risk

pregnancy due to alcohol and/or drug use; efforts on mother's part to avoid toxicology testing; withdrawal symptoms in mother or child; or pre-term labour due to alcohol and/or drug use.

» Indicators of imminent danger include the level of toxicity and/or type of alcohol and/or drug present; the infant is diagnosed as medically fragile as a result of alcohol and/or drug exposure; or the infant suffers adverse effects from introduction of alcohol and/or drugs during pregnancy.

2. Child sexual abuse, including sexual exploitation, is suspected and circumstances suggest that the child's safety may be of immediate concern.

Suspicion of sexual abuse or exploitation may be based on indicators such as the following.

- The child discloses sexual abuse or exploitation either verbally or behaviourally (e.g., age-inappropriate sexualized behaviour toward self or others).
- Medical findings are consistent with sexual abuse.
- Parent/caregiver or another household member has been convicted, investigated, or accused of sexual offences against a child or adult, or he/she has had other sexual contact with the child.
- Parent/caregiver or another household member has forced or encouraged the child to engage in or observe sexual performances or activities.
- A possible or confirmed sexual abuse perpetrator has access to a child.

AND

Circumstances are present that suggest the child's safety may be of immediate concern, including the following:

- A possible or confirmed sexual abuse perpetrator has continuing access to a child.
- Parent/caregiver blames child for the sexual abuse or the results of the investigation.
- Parent/caregiver does not believe that the sexual abuse occurred.

3. Parent/caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

Factors to consider include age of the child, location of injury, exceptional needs of the child, and chronicity of injuries.

- The injury requires medical attention.
- Medical evaluation indicates that the injury is a result of abuse; however, parent/caregiver denies, or attributes injury to accidental causes.

- Parent/caregiver's explanation for the observed injury is inconsistent with the type of injury.

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

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

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

- The child is ingesting alcohol and/or drugs or has access to dangerous drug paraphernalia or alcohol/drugs.

- Parent/caregiver leaves the child alone (time period varies with age and developmental stage and location).

- Parent/caregiver is unavailable (incarceration, hospitalization, abandonment, whereabouts unknown).

- Parent/caregiver makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates very poor planning for the child's care.

- Minimum nutritional needs of the child are not met, resulting in danger to the child's health and/or safety.

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

- The child appears malnourished.

- The child is without minimally warm clothing in cold weather and/or shows signs of exposure (e.g., frostnip, frostbite, mild or serious hypothermia).

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

- The child is suicidal and parent/caregiver will not/cannot take protective action.

- The child shows effects of maltreatment, such as serious emotional symptoms, lack of behavioural control, or serious physical symptoms.

5. The household environmental conditions are hazardous and immediately threatening to the health and/or safety of the child.

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

- Leaking gas from stove or heating unit, inappropriate ventilation of wood stove, or use of open fires in the home.
- Substances or objects are accessible to the child that may endanger his/her health and/or safety.
- Illegal drug manufacture in the home.
- Lack of adequate water or utilities (heat, plumbing, electricity, adequate ventilation or cooling), and no safe, alternate provisions have been made.
- Exposed electrical wires.
- Excessive garbage or rotting or spoiled food that threatens health.
- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal feces throughout living areas.
- Guns and other weapons are not locked up.
- Unrestricted access to pools or bodies of water; consider age and developmental status of child.
- Lack of safe access to doors, stairways or fire escape.

6. Parent/caregiver describes the child in predominantly negative terms or acts toward the child in negative ways and/or has extremely unrealistic expectations of the child that suggest the child may be in immediate danger of serious harm.

Examples of parent/caregiver actions include the following.

- Parent/caregiver describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- Parent/caregiver curses and/or repeatedly puts the child down.
- Parent/caregiver scapegoats a particular child in the family.
- Parent/caregiver blames the child for a particular incident or family problems.
- Parent/caregiver expects the child to perform or act in a way that is impossible or improbable for the child's age and/or developmental status.

7. Parent/caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.

- Parent/caregiver fails to protect the child from serious harm or threatened harm of physical abuse, neglect, or sexual abuse by other family members; other household members; or others having regular access to the child. Include access by known sexual offenders if prior sexual abuse history is confirmed and parent/caregiver knew about history but allowed access to child, OR parent/caregiver did not know history previously, but upon learning information indicates that he/she is unwilling OR unable to prevent future access.

- Parent/caregiver does not provide supervision necessary to protect the child from potentially serious harm by others, based on the child's age or developmental stage.

- An individual with known violent and/or criminal behaviour/history resides in the home, or parent/caregiver allows access to the child.

8. The family refuses or limits access to the child, or there is reason to believe that the family is about to flee.

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

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

- Family has previously fled in response to a child protection investigation or ongoing service case.

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

- Parent/caregiver intentionally coaches or coerces the child or allows others to coach or coerce the child in an effort to hinder the investigation.

9. There is a pattern of prior incidents or behaviour AND current circumstances are near (no other safety threat is present) but do not meet the threshold for any other safety threat.

There must be both current conditions that are approaching the level of one or more safety threats (no other safety threat is marked 'Yes') AND related previous maltreatment that was severe and/or represents an unresolved pattern of maltreatment such as the following:

- Prior death of a child as a result of parent/caregiver or other household member's maltreatment;

- Prior serious injury or abuse to child(ren) other than accidental: The parent/caregiver caused serious injury, defined as brain injury, skull or bone fracture, subdural hemorrhage or hematoma, serious bruising or soft tissue damage, dislocations,

sprains, internal injuries, poisoning, burns, scalds, severe cuts, impairment of any organ, or fatality;

- Prior failed reunification: The parent/caregiver had reunification efforts terminated in connection with a child protection determination;

- Prior removal of a child: Removal/placement of a child was necessary for the safety of child(ren) due to parent/caregiver maltreatment or neglect;

- Prior child protection investigations, substantiated or not: Factors to be considered include maltreatment by the parent/caregiver or household member, seriousness, chronicity, and/or patterns of abuse/neglect allegations;

- Prior service failure: Failure to successfully complete court-ordered or voluntary services provided as a result of a report of suspected child abuse or neglect.

10. Other.

If, after careful review of the definitions for the preceding nine safety threats, a caseworker feels there is something unique in this family that was not captured in any other safety threat, then he/she should select 'Other' and document the identified unique safety threat that, if not resolved immediately, would lead to removal of a child from this home.

Parent/Caregiver Behaviours

Substance Abuse: Parent/caregiver has abused legal or illegal substances or alcoholic beverages in this incident to the extent that control of his/her actions is significantly impaired, or information is available that there has been past abuse of legal or illegal substances.

Mental Health: One or both parents/caregivers appear to be mentally ill at the time of this incident or have a known history of mental health issues. May have a past diagnosis, hospitalization(s), or referrals for observation that may be known as a result of self-report, other credible report by family member or friend, other collateral contacts, or police reports.

Developmental/Cognitive: One or both parent/caregivers may have diminished capacity as a result of developmental delays or cognitive issues.

Domestic Violence: There are indications of a recent history of one or more physical assaults between intimate members of the household, or threats/intimidation harassment that are known by self-report, credible report by a family or other household member, credible collateral contacts, and/or police reports.

SECTION 2: PROTECTIVE CAPACITIES AND SAFETY INTERVENTIONS

PROTECTIVE CAPACITIES

Child

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

- The child has an understanding of his/her family environment in relation to any real or perceived threats to safety and is able to communicate at least two options for obtaining immediate assistance if needed (e.g., calling 911, running to neighbour, telling teacher).

- The child is emotionally capable of acting to protect his/her own safety despite allegiance to his/her parent/caregiver or other barriers.

- The child has sufficient physical capability to defend him/herself and/or escape if necessary.

Parent/Caregiver

2. Parent/caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
The parent/caregiver has the ability to understand that the current situation poses a threat to the safety of the child. He/she is able to follow through with any actions required to protect the child. He/she is willing to put the emotional and physical needs of the child ahead of his/her own. He/she possesses the capacity to physically protect the child.

3. Parent/caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
The parent/caregiver understands the problems that have required intervention to protect the child. The parent/caregiver is able and willing to verbalize what is required to mitigate the threats that have contributed to the threat of harm to the child and accepts feedback and recommendations from the caseworker. The parent/caregiver expresses a willingness to participate in problem resolution to ensure that the child is safe.

4. Parent/caregiver has the ability to access resources to provide necessary safety interventions.
The parent/caregiver has the ability to access resources to contribute toward safety planning, or community resources are available to meet any identified needs in safety planning (e.g., able to obtain food, provide safe shelter, provide medical care/supplies).

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

The parent/caregiver has a supportive relationship with another family member, neighbour, or friend who may be able to assist in safety planning. Assistance includes but is not limited to the provision of child care or securing appropriate resources and services in the community.

6. At least one parent/caregiver in the home is willing and able to take action to protect the child, including asking the offending parent/caregiver to leave.

The non-offending parent/caregiver understands that continued exposure between the child and the offending parent/caregiver poses a threat to the safety of the child, and the non-offending parent/caregiver is able and willing to protect the child by ensuring that the child is in an environment in which the offending parent/caregiver will not be present. If necessary, the non-offending parent/caregiver is willing to ask the offending parent/caregiver to leave the residence. As the situation requires, the non-offending parent/caregiver will not allow the offending parent/caregiver to have other forms of contact (telephone calls, electronic correspondence, mail or correspondence through third-party individuals, etc.) with the child.

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

The parent/caregiver accepts the involvement, recommendations, and services of the caseworker or other individuals working through referred community agencies. The parent/caregiver cooperates with the continuing investigation/assessment, allows the caseworker and intervening agency to have contact with the child and supports the child, in all aspects of the investigation or ongoing interventions.

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

The parent/caregiver displays appropriate behaviour toward the child, demonstrating that a healthy relationship with the child has been formed. There are clear indications through both verbal and nonverbal communication that the parent/caregiver is concerned about the emotional well-being and development of the child. The child interacts with the parent/caregiver in a manner evidencing that an appropriate relationship exists and that the child feels nurtured and safe.

9. Parent/caregiver is aware of and committed to meeting the needs of the child.

The parent/caregiver is able to express the ways in which he/she has historically met the needs of the child for supervision, stability, basic necessities, mental/medical health care, and development/education. The parent/caregiver is able to express his/her commitment to the continued well-being of the child.

10. Parent/caregiver has a history of effective problem solving.

The parent/caregiver has historically sought to solve problems and resolve conflict using a variety of methods and resources, including assistance offered by friends, neighbours, and community members. The parent/caregiver has shown an ability to identify a problem, outline possible solutions, and select the best means to resolution in a timely manner.

11. Other.

SAFETY INTERVENTIONS

1. **Intervention or direct services by caseworker.**
   Actions taken or planned by the caseworker that specifically address one or more safety threats (e.g., providing emergency aid such as food, transportation, or mentoring; planning return visits to the home to check on progress; providing information and/or assistance in obtaining restraining orders; and providing information/definitions of child abuse and neglect and informing involved parties of consequences under the Child and Family Services Act (CFSA).

2. **Use of family, neighbours, or other individuals in the community as safety resources.**
   Applying the family's own strengths as resources to mitigate safety threats, or using extended family members, neighbours, or other individuals to mitigate safety threats. Examples include family's agreement to use nonviolent means of discipline; engaging a grandparent to assist with child care; elder support; agreement by a neighbour to serve as a safety net for an older child; commitment by 12-step sponsor/support person to meet with parent/caregiver daily and call caseworker if parent/caregiver has used.

3. **Use of community agencies or services as safety resources.**
   Community resources used as a safety intervention should be immediately available to the family and be able to reduce the threat of immediate serious harm. This may include intensive in-home intervention services that are provided as an alternative to apprehension. DOES NOT INCLUDE long-term therapy or treatment, being put on a waiting list for services, or delays in contact and initiation of services to the family.

4. **The parent/caregiver makes or requests that arrangements be made for the child to stay with an appropriate non-resident parent or substitute parent/caregiver.**
   The parent/caregiver chooses to have child temporarily stay with a relative or other suitable person, or in a hospital or treatment facility. This may include a non-resident parent or other appropriate parent/caregiver.

5. **Have the parent/caregiver appropriately protect the child from the alleged perpetrator.**
   A non-offending parent/caregiver has acknowledged the safety concerns and is able and willing to protect the child from alleged perpetrator. Examples include agreeing that the child will not be left alone with the alleged perpetrator or preventing the alleged perpetrator from physically disciplining the child.

6. **Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.**
   Temporary or permanent removal of the alleged perpetrator. Examples include arresting alleged perpetrator, non-perpetrating parent/caregiver 'kicking out' alleged perpetrator who has no legal right to residence or perpetrator agreeing to leave.

7. **Have the non-offending parent/caregiver move to a safe environment with the child.**
   A parent/caregiver not suspected of harming the child has taken or plans to take the child to an alternate location where the alleged perpetrator will not have access to the child. Examples include a domestic violence shelter, the home of a friend or relative, or a hotel.

8. Legal action planned or initiated; the child remains in the home.
A legal action has already commenced or will be commenced that will effectively mitigate identified safety factors. This includes family-initiated (e.g., restraining orders, mental health commitments, change in custody/visitation/guardianship) and caseworker-initiated (apply for a protective intervention order, emergency intervention order and the child remains in the home) actions. *May only be used in conjunction with other safety interventions.*

9. Other.
The family or caseworker identified a unique intervention for an identified safety concern that does not fit within items 1–8.

10. Parent/caregiver voluntarily places the child outside the home.
A voluntary agreement is signed between the parent/caregiver and the Ministry/First Nations Child and Family Services. This voluntary agreement is pursuant to Section 9 of the CFSA.

11. The child has been apprehended because no interventions are available to adequately ensure the child's safety.
One or more children are placed in care pursuant to Section 17 of the CFSA. Parents are served notice of apprehension and an application to the court is made within seven days.

SECTION 3: SAFETY DECISION

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

2. Safe with services. One or more safety threats are present, and protective safety interventions have been planned or taken. Based on protective interventions, the child will remain in the home at this time. A SAFETY PLAN SIGNED BY THE PARENT/CAREGIVER IS REQUIRED FOR THE CHILD TO REMAIN IN THE HOME.

3. Unsafe. One or more safety threats are present, and placement is the only safety intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. IF ANY CHILD REMAINS IN THE HOME, A SAFETY PLAN IS REQUIRED.

SASKATCHEWAN
SDM® SAFETY ASSESSMENT
POLICY AND PROCEDURES

The purpose of the safety assessment is (1) to help assess whether any children are currently in *immediate* danger of serious physical harm that may require a protective intervention, and (2) to determine what interventions should be maintained or initiated to provide appropriate protection.

Safety versus risk assessment: It is important to keep in mind the difference between safety and risk when completing this assessment. Safety assessment differs from risk assessment in that it assesses the child's **present** danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of *future* maltreatment.

Which Cases: All referrals that are assigned for a child protection investigation, including indefinite-term persons of sufficient interest. Exclude referrals on abuse and neglect by third-party perpetrators unless there are concurrent allegations of failure to protect by the parent, including licensed daycare facilities. Also exclude investigations where the perpetrator is a foster parent, alternate care provider, definite-term person of sufficient interest, or residential facility care providers.

Any open investigations or cases in which changing circumstances require safety assessment due to the following:

- Change in family circumstances;
- Change in information known about the family;
- Change in ability of safety interventions to mitigate safety threats; or
- A risk reassessment that results in a low or moderate final risk level.

Who: The caseworker assigned to the investigation.

When: For a new referral, the safety assessment *process* is completed, using the safety assessment policy and procedures, before leaving a child in the home or returning a child to the home during the investigation. Circumstances may warrant postponing the completion of the safety assessment *form*. The form should be completed as soon as possible but no later than three working days from the first face-to-face contact.

- For a child who has already been apprehended by law enforcement or other means, and for whom no safety assessment has been completed, the caseworker will complete a safety assessment within three working days of the referral.

- For open cases and/or ongoing investigations in which changing circumstances prompt a new safety assessment, the safety assessment *process* is completed immediately. The safety assessment *form* is completed within three working days.

- If a safety plan was initiated, a safety assessment must be completed before closing the investigation, if no ongoing case will be opened. If safety threats remain unresolved, a case should be opened.

- Prior to closure of an open case.

Decisions: The safety assessment provides structured information concerning the danger of immediate harm/maltreatment to a child. This information guides the decision about whether the child may remain in the home with or without safety interventions, may remain in the home with safety interventions in place, or must be placed.

A safety plan is required for all children when any safety threat has been identified and the child will remain in the home. The safety plan is a written document completed with, and signed by, the family and is written in family-friendly language. The plan identifies the specific threat(s) identified by the caseworker, the intervention(s) for each, and the plan to monitor the interventions. The safety plan remains in effect until all threats have been resolved, the child is subsequently placed due to failure of the plan, or the child is incorporated into the family case plan.

Appropriate Completion
The safety threats should be reviewed/referenced during the safety assessment process and the assessment should be completed **immediately**. The safety assessment has five sections.

Section 1: Safety Threats
Section 2: Protective Capacities and Safety Interventions
Section 3: Safety Decision
Section 4: Location of Child's Placement
Section 5: Safety Plan

The vulnerability of each child is considered throughout the assessment. Young children cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization. Indicate (mark) whether any child vulnerabilities are present. Consider these vulnerabilities when reviewing safety items. Note that these vulnerability issues provide a context for safety assessment. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe.

SECTION 1: SAFETY THREATS
The caseworker considers each of the 10 behaviours and/or conditions listed (including #10, other) and identifies the presence or absence of each safety threat for any child in the household by checking the item 'Yes' or 'No'.

Caseworkers should familiarize themselves with the items that are included on the safety assessment and the accompanying definitions. Caseworkers will notice that the items on the assessment are items they are probably already assessing. What distinguishes the SDM system is that it ensures that every caseworker is assessing the same items in each case and that the responses to these items lead to specific decisions. Once a caseworker is familiar with the items that must be assessed, the caseworker should conduct his/her initial contact as he/she normally would—using family engagement skills to collect information from the child, parent/caregiver, and/or collateral sources. The SDM system

ensures that the specific items that compose the safety assessment are assessed at some time during the initial contact.

This is a list of critical threats that must be assessed by every caseworker in every case. These threats cover the kinds of conditions that, if they exist, would render a child in danger of immediate harm. Because not every conceivable safety threat can be anticipated or listed on a form, an 'other' category permits a caseworker to indicate that some other circumstance creates a safety threat; that is, there is something other than the listed categories causing the caseworker to believe that the child is in immediate danger of being harmed.

For this section, rely on information available at the time of the assessment. Caseworkers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is expected that not all facts about a case can be known immediately. Some information is inaccessible, and some may be deliberately hidden from the caseworker. Based on reasonable efforts to obtain information necessary to respond to each item, review each of the nine safety threats and accompanying definitions. For each item, consider the most vulnerable child. If the safety threat is present, based on available information, mark that item 'Yes'. If the safety threat is not present, mark that item 'No'.

If there are circumstances that the caseworker determines to be a safety threat, and these circumstances are not described by one of the existing items, the caseworker should mark 'Other' and briefly describe the threat.

Parent/Caregiver Behaviours: If any safety threat has been identified, use this section to identify whether there are any behaviours known that may impact involvement and decision making later in the investigation. If any are checked, please be aware while scoring the risk assessment and family strengths and needs assessment.

SECTION 2: PROTECTIVE CAPACITIES

This section is completed only if one or more safety threats were identified as present in the family. Mark any of the listed protective capacities that are present for any child or parent/caregiver. Consider information from the referral; caseworker observations; interviews with children, parents/caregivers, and collaterals; and review of records. For 'Other', consider any existing condition that does not fit within one of the listed categories but may support protective interventions for the safety threats identified in Section 2.

SAFETY INTERVENTIONS

The caseworker completes this section whenever one or more safety threats have been identified in Section 1. For each safety threat identified, the caseworker considers the resources available within the family and community that might help to keep the child safe. This section is intended to assist the caseworker in exploring alternatives to removing the child and, upon completion, to document, per policy requirements, that reasonable efforts were made to safely maintain a child at home whenever possible.

This section is completed only if one or more safety threats are identified. If one or more safety threats are present, it does not automatically follow that a child must be placed. In many cases, it will be possible to initiate a temporary plan that will mitigate the safety threat(s) sufficiently so that the child

may remain in the home while the investigation continues. Consider the relative severity of the safety threat(s), the parent/caregiver's protective capacities, and the vulnerability of the child.
The safety intervention list contains general categories of interventions rather than specific programs. The caseworker should consider each potential category of interventions and determine whether that intervention is available and sufficient to mitigate the safety threat(s), and whether there is reason to believe the parent/caregiver will follow through with a planned intervention. Simply because an intervention exists in the community does not mean it should be used in a particular case. The caseworker may determine that even with an intervention, the child would be unsafe; or the caseworker may determine that an intervention would be satisfactory, but have reason to believe the parent/caregiver would not follow through. The caseworker should keep in mind that any single intervention may be insufficient to mitigate the safety threat(s), but a combination of interventions may provide adequate safety. Also keep in mind that the safety intervention is not the case plan—it is not intended to 'solve' the household's problems or provide long-term answers. A safety plan permits a child to remain home during the course of the investigation.

If one or more safety threats are identified and the caseworker determines that interventions are unavailable, insufficient, or may not be used, the final option is to indicate that the child will be placed. If one or more interventions will be implemented, mark each category that will be used.

If an intervention will be implemented that does not fit in one of the categories, mark line 9 and briefly describe the intervention. Safety interventions 10 and 11 are used only when a child is unsafe and only a placement can ensure safety.

SECTION 3: SAFETY DECISION

The safety decision is the result of careful consideration of the safety threats present and any available safety interventions taken or immediately planned by the agency, family, or community partners to protect the child.

Consideration of these factors will affect any decision regarding removal or return of the child. When safety threats are present, the caseworker may put in place safety interventions designed to protect the child in the home, or he/she may seek temporary placement.

If a child is removed from his/her home during the investigation, the safety assessment is used to guide decision making on return of the child if the child is considered for return prior to completion of the investigation or transfer. A child must be safe or safe with services prior to return home.

The caseworker makes a determination of safe, safe with services, or unsafe based on whether safety interventions can mitigate any identified safety threat(s). Answer 'unsafe' if <u>any</u> child was removed from the home. If one or more children are placed but others remain in the home, record the status of each child (removed or not removed). Answer 'safe with services' if all children remain in the family home while services are provided by the caseworker or community resources. Answer 'safe' only if <u>no</u> safety threats were identified in Section 1.

The safety assessment is reviewed and approved by the caseworker's supervisor.

SECTION 5: SAFETY PLAN

Whenever any safety threat has been identified and any child will remain in the home, a safety plan should be completed. The safety plan must document the specific interventions that will be taken immediately to ensure child safety in the home while the investigation continues, who is responsible for monitoring compliance with the safety plan, and the anticipated completion date. The caseworker will complete the safety plan form with the family before leaving the home and outline the specifics of that safety plan. In all but exceptional circumstances, the family will sign the safety plan that was developed in conjunction with them and a copy will be left with the family. Instructions on exceptional circumstances can be found below. Regardless of signatures, the caseworker's supervisor will review and approve the safety plan form.

Signature on Safety Plan—Exceptional Circumstances

A safety plan, signed by the parent/caregiver, is required for a child to remain in the home when the safety decision is 'safe with services'. There may be exceptional circumstances where a parent/caregiver provides verbal agreement to a safety intervention but is unable or unwilling to sign at the time the safety plan is developed. If the caseworker determines that the explicit verbal agreement by the parent/caregiver to implement safety plan activities for each identified threat will be sufficient to safeguard the child for a limited period until the parent/caregiver is able or willing to sign, removal of the child may not be necessary. In these circumstances, there will be:

- A written safety plan specifying the threats, interventions, and monitoring activities of the caseworker and others that the parent/caregiver has verbally agreed to until the signature is obtained as required above;
- Verbal agreement by the parent/caregiver to the safety plan;
- Supervisory approval;
- A copy of the safety plan left with the parent/caregiver; and
- A signature obtained as soon as possible thereafter.

If the parent/caregiver's signature is not obtained as soon as possible thereafter, a safety reassessment must be completed.

Reassessing Safety

Assessing child safety is a critical consideration throughout the involvement with the family. Consideration of safety threats should be incorporated as part of each contact with the family, whether an investigation or continuing case. After the initial safety assessment is completed, subsequent safety assessments should be completed whenever a change in the family's circumstances poses a safety concern and the need for possible protective interventions.

If the investigation will be closed without ongoing services, and the most recent safety assessment identified safety threats that have not been resolved with a new safety assessment, case documentation should specify how all identified safety threats were resolved.

If the investigation will be opened for ongoing services, case documentation should indicate whether the safety plan and interventions are still applicable at the time the current safety plan expires.

- If safety threats still exist or new threats have emerged, a new safety plan is required.
- If protective interventions successfully resolved initial safety threats and no current safety threats exist, case documentation should specify how they were resolved.

If the risk reassessment results in low or moderate risk, a safety assessment is completed prior to recommending case closure. If a safety threat is identified on the safety assessment, the case should not be closed.

SASKATCHEWAN
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT r: 10/13

Case Name: _____ **Investigation Case Reference #:** _____
Caseworker Name: _____ **Assessment Date:** _____/_____/_____
Household Assessed: _____ **Were there allegations in this household?** ○ Yes ○ No

SECTION 1: NEGLECT/ABUSE INDEX		Neglect Score	Abuse Score
R1.	**Current complaint is for**		
	○ a. Neglect	1	0
	○ b. Abuse	0	1
	○ c. Both	1	1
R2.	**Prior investigations**		
	○ a. No	0	0
	○ b. Yes	1	0
R2a.	**Prior neglect**		
	○ a. None	0	0
	○ b. One	1	0
	○ c. Two	1	0
	○ d. Three or more	2	0
R2b.	**Prior abuse**		
	○ a. None	0	0
	○ b. One	0	1
	○ c. Two or more	0	2
R3.	**Household has previously received ongoing child protective services**		
	○ a. No	0	0
	○ b. Yes	1	1
R4.	**Number of children involved in the child abuse/neglect incident**		
	○ a. One, two, or three	0	0
	○ b. Four or more	1	0
R5.	**Prior injury to a child resulting from child abuse/neglect**		
	○ a. No	0	0
	○ b. Yes	0	1
R6.	**Age of youngest child in the home**		
	○ a. Two or older	0	0
	○ b. Under two	1	0

R7.	**Characteristics of children in household**		
	Neglect (check all that apply)		
	☐ a. Medically fragile or failure to thrive	1	0
	☐ b. Positive toxicology screen at birth	1	0
	☐ c. Developmental, physical, or learning disability	1	0
	Abuse (check all that apply)		
	☐ a. Developmental or learning disability	0	1
	☐ b. Child or youth in conflict with law	0	1
	☐ c. Mental health or behavioural problem	0	1
	☐ None of the above	0	0
R8.	**Primary parent/caregiver's assessment of incident (check all that apply)**		
	☐ a. Blames child for maltreatment	0	1
	☐ b. Justifies maltreatment	0	2
	☐ c. None of the above	0	0
R9.	**Primary parent/caregiver provides physical care consistent with child needs**		
	○ a. No	1	0
	○ b. Yes	0	0
R10.	**Primary parent/caregiver characteristics (check all that apply)**		
	☐ a. Provides insufficient emotional/psychological support	0	1
	☐ b. Employs excessive/inappropriate discipline	0	1
	☐ c. Domineering	0	1
	☐ d. None of the above	0	0
R11.	**Primary parent/caregiver has a historic or current mental health problem**		
	○ a. No	0	0
	○ b. Yes (check all that apply)	1	0
	☐ Current (within the last 12 months)		
	☐ Historic (prior to the last 12 months)		
R12.	**Primary parent/caregiver has a historic or current alcohol or drug problem**		
	☐ a. No	0	0
	☐ b. Alcohol (check all that apply)	1	0
	☐ Current (within the last 12 months)		
	☐ Historic (prior to the last 12 months)		
	☐ c. Drugs (check all that apply)	1	0
	☐ Current (within the last 12 months)		
	☐ Historic (prior to the last 12 months)		
R13.	**Secondary parent/caregiver has historic or current alcohol or drug problem**		
	☐ a. No secondary parent/caregiver	0	0
	☐ b. No	0	0
	☐ c. Yes	0	1
	☐ Alcohol (check all that apply)		
	☐ Current (within the last 12 months)		
	☐ Historic (prior to the last 12 months)		
	☐ Drugs (check all that apply)		
	☐ Current (within the last 12 months)		
	☐ Historic (prior to the last 12 months)		

R14.	**Primary parent/caregiver has a history of abuse or neglect as a child**		
○	a. No	0	0
○	b. Yes	0	1
R15.	**Domestic violence in the household in the past year**		
○	a. No	0	0
○	b. Yes	0	2
R16.	**Housing (check all that apply)**		
☐	a. Current housing is physically unsafe	1	0
☐	b. Homeless	2	0
☐	c. None of the above	0	0
	TOTAL RISK SCORE		

SECTION 2: SCORING

SCORED RISK LEVEL

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

SECTION 3: SUPPLEMENTAL RISK QUESTIONS

S1. Does the parent(s)/caregiver(s) have a criminal arrest or conviction history as an adult or young person?

Primary	Secondary
☐ No	☐ No
☐ Yes	☐ Yes
	☐ No secondary parent/caregiver

S1a. If S1 is yes, does any arrest involve actual or threatened violence or use of a weapon?

Primary	Secondary
☐ No	☐ No
☐ Yes	☐ Yes
	☐ No secondary parent/caregiver

S2. Does the primary or secondary parent/caregiver have a cognitive impairment that limits parental functioning?

Primary	Secondary
☐ No	☐ No
☐ Yes	☐ Yes
	☐ No secondary parent/caregiver

S3. Is the secondary parent/caregiver the biological parent of

○ a. All child victims
○ b. One or more but not all child victims
○ c. None of the child victims
○ d. No secondary parent/caregiver

S4. Does the secondary parent/caregiver have a history of abuse or neglect as a child?

○ a. No
○ b. Yes
○ c. No secondary parent/caregiver

S5. Is the household support system limited and/or negative?

- ○ a. No
- ○ b. Yes

S6. Has the household experienced frequent moves/transiency?

- ○ a. No
- ○ b. Yes

S7. Has the family experienced severe financial stressors?

- ○ a. No
- ○ b. Yes

OVERRIDES

Please select an override code. If there are no overrides, select 'No Overrides'; risk level will remain the same. If there is a Policy Override, select the appropriate override; the risk level will become very high. If you select a Discretionary Override, the risk level will increase one level, and a reason must be entered in the box provided.

No Overrides

○ No overrides apply

Policy Overrides

- ☐ Non-accidental injury to a child under age 3.
- ☐ Sexual abuse case AND the perpetrator is likely to have access to the child.
- ☐ Severe non-accidental injury to any child under age 16.
- ☐ Parent(s)/caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current).

Discretionary Override

- ○ Discretionary override

Select override level: ○ Low ○ Moderate ○ High ○ Very High

Discretionary override reason: _____

_____

FINAL RISK LEVEL

Final risk level: ○ Low ○ Moderate ○ High ○ Very High

Risk Classification	Investigation Finding		Check Recommended Action
	Substantiated	Unsubstantiated	
Very High	Open for ongoing services	Open for ongoing services	☐
High	Open for ongoing services	Open for ongoing services	☐
Moderate	Close*	Close*	☐
Low	Close*	Close*	☐

*Low and moderate risk cases should be opened if the most recent SDM safety assessment finding was safe with services or unsafe.

ACTION. Enter the action taken (opened as a case or not opened as a case). If the recommended action differs from the action taken, provide an explanation.

○ Open
○ Do not open (for continuing services)

If recommended action and action taken do not match, explain why: _____

_____

SASKATCHEWAN
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT
DEFINITIONS

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

In applying the definitions, consider conditions that existed AT THE BEGINNING of the assessment/investigation. Also, mark any risk items that emerged or occurred DURING the assessment/investigation unless otherwise stated in the definition.

SECTION 1: NEGLECT/ABUSE INDEX

R1. Current complaint is for

Determine if the current report is for abuse, neglect, or both. Abuse includes physical abuse, emotional abuse, or sexual abuse/sexual exploitation. Include all allegations indicated in the complaint as well as allegations added during the course of the investigation.

R2. Prior investigations

Identify if there are prior investigations involving any adult members of the current household with caregiving responsibilities who were alleged perpetrators of abuse (physical, emotional, or sexual abuse) or neglect, regardless of the findings (substantiated or unsubstantiated).

Answer 'Yes' if there are any prior investigations.

When there is information received that a family previously resided out of province, region, or other jurisdiction, history from the other jurisdictions must be checked.

- Do not count the following types of prior investigations:
  - » Allegations that were perpetrated by an adult who does not currently live in the household;
  - » Investigations in which children in the home were identified as perpetrators of abuse/neglect; or
  - » Referrals that were screened out/not accepted for investigation.

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

R2a. Prior neglect

a. <u>None</u>. No investigations for neglect prior to the current investigation.

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

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

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

R2b. Prior abuse

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

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

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

R3. Household has previously received ongoing child protective services

Answer 'Yes' if the household has previously received or is currently receiving ongoing child protective services as a result of a prior investigation. Service history includes voluntary or court-ordered family services or ongoing family services, but does not include young offender services.

- Include the following services:
  - » Court-ordered services where the court's jurisdiction is on the basis of abuse or neglect;
  - » Voluntary services in response to a substantiated abuse or neglect report; and
  - » Voluntary services in response to a determination of high/very high risk and/or safety threats.
- Exclude those services or referrals provided for reasons other than abuse/neglect.

R4. Number of children involved in the child abuse/neglect incident

Determine the number of children under 16 years of age alleged to have been abused or neglected in the current investigation. This includes any children not identified at the time of report for whom allegations of abuse or neglect were observed during the course of the investigation.

R5. Prior injury to a child resulting from child abuse/neglect

Answer 'Yes' if any of the following circumstances are present.

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

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

R6. Age of youngest child in the home

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

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

R7. Characteristics of children in household

Assess each child in the household and determine the presence of any of the characteristics below. Check all that apply.

Neglect

a. Medically fragile or failure to thrive. Medically fragile describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation; and that requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents/caregivers or other family members; and that requires the routine use of a medical device or assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living; and the child lives with ongoing threat to his/her continued well-being. Examples include a child who requires a tracheostomy vent for breathing or a gastronomy tube for eating.

b. Positive toxicology screen at birth. Any child had a positive toxicology report for alcohol or another drug at birth and the primary or secondary parent/caregiver is the birthing parent. Score if there was not a positive test but there is other credible information that there was prenatal substance abuse by the mother (e.g., witnessed use, self-admission) or the child is showing or showed signs of withdrawal.

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

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

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

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

Abuse

a. Developmental or learning disability.

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

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

b. Child or youth in conflict with law. Any child in the household has been referred to youth court for criminal acts or behaviour. Antisocial behaviours not brought to court attention but which create stress within the household should also be scored, such as youth who run away, are habitually truant, or are abusing drugs or alcohol. Children under age 12 who would otherwise be charged under the Criminal Code but because of their age are defined as a 'child in need of protection' should be considered a child 'in conflict with the law' for the purposes of this assessment.

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

- Diagnostic and Statistical Manual (DSM) condition that impacts daily functioning, other than substance-related disorders, diagnosed by a mental health clinician;

- Receiving mental health treatment;

- Attendance in a special classroom because of behavioural problems; or

- Currently taking psychoactive medication.

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

R8. Primary parent/caregiver's assessment of incident
Assess for each characteristic and check all that apply.

a. Blames child for maltreatment. An incident of abuse or neglect has occurred (whether substantiated or not), and the primary parent/caregiver blames the child for the abuse or neglect. Blaming refers to the following:

- Parent/caregiver's statement/belief that his/her action or inaction was the result of something that the child did or did not do (e.g., the child was hit by her stepfather because she talked back to him);
- Parent/caregiver claims that the child seduced him/her; or
- Parent/caregiver says the child deserved to be hit because he/she misbehaved.

b. Justifies maltreatment. An incident of abuse or neglect has occurred (whether substantiated or not), and the primary parent/caregiver justifies the abuse or neglect. Justifying refers to the parent/caregiver's statement/belief that his/her action or inaction was appropriate and constitutes good parenting, e.g., any of the following:

- Claims that this form of discipline was how he/she was raised;
- States that the reason children these days are always in trouble is because parents are too lenient; or
- States that disciplinary practices are supported by religious beliefs.

c. None of the above. The parent/caregiver neither blames the child nor justifies the current maltreatment or alleged maltreatment.

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

Score this item 'No' when the following is true:

- The current report of neglect relates to physical care AND is substantiated during the investigation (do not include failure to protect, inadequate supervision, or other neglect allegations unrelated to physical care); OR
- Regardless of whether there is a current neglect substantiation, the child has been harmed or his/her well-being has been threatened because of unmet physical needs. Needs may be considered unmet regardless of whether the cause is neglectful or due to situations outside of the parent/caregiver's control. Examples include the following.
  - » Any condition that is equivalent to substantiated neglect of physical care, but the allegation was not substantiated in the current investigation.

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

» Child does not have clothing that is appropriate for weather conditions.

» Living environment lacks adequate plumbing or heating, has potentially dangerous conditions (e.g., unlocked poisons, dangerous objects in reach of small child), is unsanitary, or is infested. If living environment concerns are present to the degree that the environment is unsafe, score R16, 'Housing'.

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

» The child is not being bathed regularly, resulting in dirt-caked skin and hair and a strong odour, and/or has clothing that is persistently unwashed.

R10. Primary parent/caregiver characteristics

Assess the primary parent/caregiver for each characteristic below and check all that apply.

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

b. Employs excessive/inappropriate discipline. The primary parent/caregiver's disciplinary practices caused or threatened harm to a child because they were excessively harsh physically, excessively harsh emotionally, and/or inappropriate to the child's age or development. Examples may include the following:

- Locking the child in closet or basement;
- Holding the child's hand over fire;
- Hitting the child with dangerous instruments; or
- Depriving a young child of physical and/or social activity for extended periods.

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

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

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

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

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

Do not score based on referrals motivated solely by efforts to undermine the credibility of the primary parent/caregiver or by other ulterior motives.

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

Assess whether the primary parent/caregiver has a historic or current alcohol/drug abuse problem that interferes with his/her or the family's functioning. Legal, non-abusive prescription drug use and/or alcohol use should not be scored. Any of the following may be true of the primary parent/caregiver.

- Has been assessed as having an alcohol- or drug-related problem by an addiction counsellor or mental health clinician.

- If primary parent/caregiver has never been assessed as having but appears to have (or have had) an alcohol or drug problem, consider obtaining a copy of a prior assessment prior to scoring. Score if the primary parent/caregiver is unwilling to participate in an assessment, or if, for other reasons, an assessment cannot be completed, if any of the following apply to the primary parent/caregiver.

  » Self-identifies as an alcoholic or addict.

  » Uses substances in ways that have negatively affected his/her:

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

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

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

  » Has been treated for substance abuse.

  » Has had multiple positive urine/blood samples.

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

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

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

Assess whether the secondary parent/caregiver has a historic or current alcohol/drug problem that interferes with his/her or the family's functioning. Legal, non-abusive prescription drug use should not be scored. Any of the following may be true of the secondary parent/caregiver.

- Has been assessed as having an alcohol- or drug-related problem by an addiction counsellor or mental health clinician.

- If secondary parent/caregiver has never been assessed as having but appears to have (or have had) an alcohol or drug problem, consider obtaining a copy of a prior assessment prior to scoring. Score if the secondary parent/caregiver is unwilling to participate in an assessment, or if, for other reasons, an assessment cannot be completed, if any of the following apply to the secondary parent/caregiver.

  » Self-identifies as an alcoholic or addict.

  » Uses substances in ways that have negatively affected his/her:

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

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

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

  » Has been treated for substance abuse.

  » Has had multiple positive urine/blood samples.

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

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

R14. Primary parent/caregiver has a history of abuse or neglect as a child
Based on credible statements by the primary parent/caregiver or others, or any maltreatment history known to the agency, the primary parent/caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or emotional abuse).

R15. Domestic violence in the household in the past year
In the previous year, there have been the following:

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

Incidents may be identified by self-report, credible report by a family or other household member, credible collateral contacts, and/or police reports.

R16. Housing
Assess and determine the presence of any of the characteristics below. Check all that apply.

a. Current housing is physically unsafe. The family has housing, but the housing situation is physically unsafe to the extent that it does not meet the health or safety needs of the child (e.g., exposed wiring, inoperable heating or plumbing, rodent infestations, human/animal feces on floors, toxic black mould, rotting food, and/or unsafe drinking water).

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

c. None of the above. The family has housing that is physically safe.

SECTION 3: SUPPLEMENTAL RISK QUESTIONS

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

S1. Does the parent/caregiver(s) have a criminal arrest or conviction history as an adult or young person?

Identify if the primary and/or the secondary parent/caregiver has been arrested or convicted prior to the current complaint as an adult or young person. This includes DUI but excludes all other traffic offenses. Information may be located in the narrative material, reports from other agencies, or through collateral contacts with the Royal Canadian Mounted Police/city police. If there is no secondary caregiver, indicate.

S1a. If S1 is yes, does any arrest involve actual or threatened violence or use of a weapon?

If S1 is yes for the primary, secondary, or both parents/caregivers, indicate whether the prior arrest/conviction includes actual or threatened violence or use of a weapon by either or both parents/caregivers. This includes use of any type of weapon or object to inflict or attempt to inflict injury on the victim or injuries inflicted on a victim by any means.

S2. Does the primary or secondary parent/caregiver have a cognitive impairment that limits parental functioning?

Identify if the primary and/or the secondary parent/caregiver has any diagnosed or suspected impairment of cognitive functioning, including but not limited to developmental disabilities, FASD, or acquired brain injury that impact the parent/caregiver's ability to adequately parent and protect the child.

Impact includes but is not limited to inability to meet the child's basic needs for food, clothing, medical care, and/or supervision.

S3. Is the secondary parent/caregiver the biological parent of

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

S4. Does the secondary parent/caregiver have a history of abuse or neglect as a child?

Based on credible statements by the secondary parent/caregiver or others, or any maltreatment history known to the agency, the secondary parent/caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or emotional abuse).

S5. Is the household support system limited and/or negative?

Identify whether the parent/caregiver has a limited support system, is isolated, or is reluctant to or does not use available support. Parent/caregiver sometimes needs help/support and does not have anyone to turn to who can help. Parent/caregiver may struggle to develop or maintain relationships OR the parent/caregiver may have a social system that encourages behaviours that are destructive to family life (e.g., encourages the parent/caregiver to drink to excess/use drugs, to continue in relationships characterized by domestic violence).

S6. Has the household experienced frequent moves/transiency?

Indicate whether the household has had three or more changes of primary residence in the past year. Do not include changes due to natural disaster, marriage, purchase of a new home, or temporary absences where the parent/caregiver returns to the primary residence.

S7. Has the family experienced severe financial stressors?
Identify whether the family is experiencing severe financial stress that impacts parent/caregiver ability to effectively parent and provide for the children. Includes but is not limited to recent job loss, change in family marital status, inadequate income to meet basic needs, and loss of other income sources.

OVERRIDES

Policy overrides. Indicate if a policy override condition exists. Presence of one or more listed conditions increases risk to very high.

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

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

3. Severe non-accidental injury to any child under age 16.
Any child in the household has a serious physical injury resulting from the action or inaction of the parent/caregiver. The parent/caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, or severe cuts; and the child requires medical treatment.

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

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

SASKATCHEWAN
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT
POLICY AND PROCEDURES

Risk assessment identifies families who have very high, high, moderate, or low probabilities of abusing or neglecting their children in the future. By completing the risk assessment, the caseworker obtains an objective appraisal of the likelihood that a family will maltreat their child in the next 12 to 18 months. The difference between the risk levels is substantial. High-risk families have significantly higher rates of subsequent referral and substantiation than low-risk families, and they are more often involved in serious abuse or neglect incidents.

When risk is clearly defined, the choice between serving one family and another family is simplified: agency resources are targeted to higher-risk families because of the greater potential to reduce subsequent maltreatment.

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

The scored risk level is determined by answering all questions on the assessment, regardless of the type of allegations, totalling the score in the neglect and abuse columns and taking the highest score from the abuse and neglect scores. The final risk level is determined after considering whether any policy override is present or a discretionary override is applied.

Which Cases: All initial child protection investigations, including new investigations on existing cases. This includes cases where there has been a removal and a noncustodial parent/caregiver is participating in reunification cases and indefinite-term persons of sufficient interest. All referrals assigned for a child protection investigation, including indefinite-term persons of sufficient interest. Exclude referrals on abuse and neglect by third-party perpetrators unless there are concurrent allegations of failure to protect by the parent, including licensed daycare facilities. Also exclude investigations where the perpetrator is a foster parent, alternate care provider, definite-term person of sufficient interest, or residential facility care providers.

Who: The caseworker assigned the investigation.

When: During the course of the investigation, after the safety assessment has been completed and the caseworker has reached a conclusion regarding allegation. No later than 15 calendar days from the date the intake is assigned and prior to any decision to open a case for post-investigation services or closure of the referral with no additional services.

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

Risk Classification	Investigation Finding	
	Substantiated	Unsubstantiated
Very High	Open for ongoing services	Open for ongoing services
High	Open for ongoing services	Open for ongoing services
Moderate	Close*	Close*
Low	Close*	Close*

*When unresolved safety threats are still present at the end of the investigation, the referral should be promoted to a case regardless of risk level.

There will be situations in which low- and moderate-risk cases will be opened for ongoing services. Specifically, if there are any unresolved safety threats at the end of the investigation/assessment, an ongoing case should be opened to provide services that address child safety and assess needs that may contribute to the parent/caregiver's ability to care for and protect his/her child. If this occurs, documentation of the reasons for closure must be provided and supervisor approval obtained. These guidelines ensure that as risk level increases, more cases are opened and served with the goal of reducing maltreatment recurrence.

For cases opened for ongoing services following the investigation, the risk level is used to determine the contact requirements for the case (service level). See the section on case contact guidelines for the specific frequency of contact associated with each risk classification.

Appropriate Completion

1. Answer all questions on the assessment and determine the risk level based on the highest score in either the neglect or abuse column.

2. Review policy overrides to see if any apply. Check 'Yes' or 'No' for each override reason. Policy overrides automatically result in a risk level of very high.

3. Consider discretionary overrides. Check 'Yes' or 'No'. Risk level may be increased one level from the scored risk level with a discretionary override.

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

5. Description of identified risk items. Please provide narrative that describes the reason for the identification of all risk items on the neglect and abuse indices.

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

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

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

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

Using the chart in the initial risk level section, identify the corresponding risk level for neglect and abuse. Indicate the overall risk level by marking the higher of the two levels.

Supplemental Items: There are seven supplemental risk questions that do not contribute to the scored or final risk level. These items are being reviewed for future validation of risk assessment. Answer all supplemental items.

POLICY OVERRIDES

After completing the risk indices, the caseworker then determines if any of the policy override reasons exist by checking each override reason 'Yes' or 'No'. Policy overrides reflect incident seriousness and child vulnerability concerns and have been determined to be cases that warrant the highest level of service regardless of the overall risk score. If any policy override reasons exist, mark the appropriate policy override reason. The risk level is then increased to very high.

DISCRETIONARY OVERRIDE

A discretionary override is applied by the caseworker to **increase** the risk level in any case where the caseworker believes the scored risk level is too low. Discretionary overrides may only increase the risk level by one unit (e.g., from low to moderate, or moderate to high, but NOT low to very high). Use of a discretionary override means there is a clinical judgment that the likelihood of future harm is higher than scored, and requires a reason. Indicate the override reason.

Discretionary overrides must be approved by the supervisor. Approval is indicated when the supervisor signs and dates the form. A discretionary override means the caseworker's professional judgment is that the likelihood of future harm is higher than scored. A discretionary override is not used simply to provide continuing services to a case. The reasons for all overrides must be explained in the narrative for the referral. Reasons must be specific, based on the facts, and not include items already scored on the assessment.

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

SASKATCHEWAN
SDM® MINIMUM SERVICE LEVELS AND CONTACT GUIDELINES

SDM® Minimum Service Levels and Contact Guidelines for In-Home Families			
Risk Level	**Overall Contact Guidelines**	**Contact Descriptions**	**Additional Guidelines**
Low	**One** face-to-face visit per month **One** collateral contact per month	Should have face-to-face contact with each parent/caregiver and child at least once per month. If parent/caregiver and the child are seen together in one visit, one face-to-face contact is satisfied.	
Moderate	**Two** face-to-face visits per month **Two** collateral contacts per month	Should have face-to-face contact with all parents/caregivers and children together at least once per month. If seen together, one contact is satisfied. Remaining face-to-face contact requirement (one) may be with the parent/caregiver or the child.	
High	**Three** face-to-face visits per month **Three** collateral contacts per month	Should have face-to-face contact with all parents/caregivers and children together at least once per month. If seen together, one contact is satisfied. Based on age and development of the child, a worker should visit with each child outside the immediate presence of the parent, each month. Remaining one face-to-face contact requirement may be with the parent/caregiver or the child.	At least one visit in the home each month should be unannounced.
Very High	**Four** face-to-face visits per month **Four** collateral contacts per month	Should have face-to-face contact with all parents/caregivers and children together at least once per month. If seen together, one contact is satisfied. Based on age and development of the child, a worker should visit with each child outside the immediate presence of the parent, each month. Remaining two face-to-face contact requirements may be with the parent/caregiver or the child.	At least one visit in the home each month should be unannounced.

**Required worker contacts may be delegated to another service provider or individual. One moderate-risk contact may be delegated and up to two high- and very high-risk contacts may be delegated. The worker always maintains at least one face-to-face contact for low-, moderate-, and high-risk cases and two for very high-risk cases. The delegated contact provider must:*

1. *Be identified on the case plan as a support to the parent or family;*
2. *Be willing to communicate with caseworker on a weekly basis;*
3. *Be willing to describe contact with families (when, how long, how did the family member behave, what was discussed)*

A collateral contact is defined as face-to-face or phone contact with individuals other than the primary and secondary parents/caregivers and children, and should be limited to those who have relevant and current knowledge about the family's participation and progress in services and the general safety of the child(ren).

Contact Content:

1. Assess for any change in safety (vulnerability, safety threats, protective capacities, interventions).
2. Assess progress toward case plan objectives:
   - Participation in services;
   - Demonstration of skills; and
   - Assess visitation quality.
3. Assess change in needs (identification of new needs/needs reduction).

SDM® Minimum Service Levels and Contact Guidelines for Parents/Caregivers of Children in Placement With a Goal of Reunification		
Risk Level	**Overall Visitation Requirement**	**Worker Minimum Visitation Requirement**
Low	**One** face-to-face visit per month	One face-to-face visit per month
Moderate	**One** face-to-face visit per month	The worker must have a face-to-face visit with all parents/caregivers at least once per month in the home.
High	**Two** face-to-face visits per month	The worker must have a face-to-face visit with all parents/caregivers at least once per month in the home.
Very High	**Three** face-to-face visits per month	The worker must have a face-to-face visit with all parents/caregivers at least twice per month in the home.

**Required worker contacts may be delegated to another service provider or individual. One high- and very high-risk contact may be delegated. The worker always maintains at least one face-to-face contact for low-, moderate-, and high-risk cases and two for very high-risk cases. All visits by a service provider must be documented in the case record. The delegated contact provider must:*

1. *Be identified on the case plan as a support to the parent/caregiver or family;*
2. *Be willing to communicate with caseworker on a weekly basis; and*
3. *Be willing to describe contact with families (when, how long, how did the family member behave, what was discussed).*

SDM® Minimum Service Levels and Contact Guidelines for Children in Placement With a Goal of Reunification and Their Placement Parent/Caregiver			
Placement Type	**Minimum Visitation Requirement With the Child**	**Minimum Visitation Requirement With the Placement Parent/Caregiver**	**Additional Guidelines**
All Placement Types	**One** face-to-face visit per month with the child	**One** face-to-face visit per month **One** collateral contact per month	The visit with the child must occur where the child is placed. If the assigned caseworker is not present when the child is placed, the child must have a face-to-face visit within two working days.

*For child in placement where the goal is **not** reunification, current standards as outlined in Chapter 2, Section 6 of the Children's Services Manual will apply.

A collateral contact is defined as face-to-face or phone contact with individuals other than the primary and secondary parents/caregivers and children, and should be limited to those who have relevant and current knowledge about the family's participation and progress in services and the general safety of the child(ren).

Contact Content

1. Assess for any change in safety (vulnerability, safety threats, protective capacities, interventions).
2. Assess progress toward case plan objectives:
   - Participation in services;
   - Demonstration of skills; and
   - Assess visitation quality.
3. Assess change in needs (identification of new needs/needs reduction).

SASKATCHEWAN
SDM® MINIMUM SERVICE LEVELS AND CONTACT GUIDELINES
POLICY AND PROCEDURES

The risk assessment provides reliable, valid information on the risk to children of continued abuse or neglect. Appropriate use of these assessment data is key to ensuring better protection of children. Therefore, for cases that have been transferred for ongoing services, the risk level is used to set the *minimum* amount of contact required with the family each month. These guidelines are considered best practice and help focus staff resources on the highest-risk cases.

There are two sets of guidelines—one for in-home care and one for children in placement. The guidelines reflect policy regarding the **minimum** number of **face-to-face** contacts with the parent/caregiver and **each** child each month. Workers should use judgment in each case to best determine whether more contacts are needed. The definition and purpose of a face-to-face contact is to monitor developments in the case, to observe interaction between the parent/caregiver and the child, to facilitate implementation of the case plan, and to assess progress with the plan.

Which Cases: All cases open for ongoing services.

Who: The ongoing caseworker.

When: At the conclusion of the investigation and at each reassessment as the risk level changes.

Decision: Determines the minimum number of contacts the worker must have with the family.

Appropriate Use

In-Home Families
For in-home cases, find the column that corresponds to the assessed risk level, and follow the matrix across to determine the minimum number of contacts required with the family each month. For families receiving in-home services, guidelines are established for overall contact with the family, the minimum proportion of professional contact that must be performed by the ongoing caseworker, and additional requirements for family contact.

Parents/Caregivers of Children in Placement With a Goal of Reunification
This table describes the minimum contact guidelines for parents/caregivers of children who are in placement. Frequency of contact is based on the family's assessed risk level.

Children in Placement With a Goal of Reunification and Their Placement Parent/Caregiver
Guidelines for children in placement are described according to placement type.

Note: If one or more children are in placement and the long-term goal is reunification, in-home care contact standards describe activity that the caseworker has with the family; children-in-placement contact standards describe activity that the caseworker has with the children.

SASKATCHEWAN r: 10/13

SDM® FAMILY STRENGTHS AND NEEDS ASSESSMENT/REASSESSMENT

Primary Client Name: _____ **Ongoing Case #** _____

Office: _____ **Caseworker:** _____

Assessment/Reassessment Date: _____/_____/_____ **Type:** ☐ Initial ☐ Reassessment #: ☐ 1 ☐ 2 ☐ 3 ☐ 4

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

List all children in the family, oldest to youngest.

1. Child Name: _____ **4. Child Name:** _____

2. Child Name: _____ **5. Child Name:** _____

3. Child Name: _____ **6. Child Name:** _____

A. PARENT/CAREGIVER STRENGTHS AND NEEDS

		Parent/Caregiver Score Primary	Secondary
SN1.	**Substance Use**		
	(Substances: alcohol, illegal drugs, inhalants, and prescription or over-the-counter drugs)		
	a. Teaches and demonstrates healthy understanding of substance use ..... +3		
	b. No use or limited alcohol use 0		
	c. Minor substance misuse or recent engagement in treatment ..... -3		
	d. Severe substance misuse ..... -5	_____	_____
	If c or d, indicate which substance(s) parent/caregiver uses: _____		
	_____		
SN2.	**Household Relationships/Domestic Violence**		
	a. Supportive ..... +2		
	b. Minor or occasional discord 0		
	c. Frequent discord or some domestic violence ..... -2		
	d. Chronic discord or severe domestic violence ..... -3	_____	_____
SN3.	**Social/Community/Cultural Support System**		
	a. Strong support system ..... +1		
	b. Adequate support system 0		
	c. Limited or somewhat negative support system ..... -1		
	d. No support system or negative support system ..... -3	_____	_____
SN4.	**Parenting**		
	a. Strong skills ..... +2		
	b. Adequately gives care and protects child 0		
	c. Inadequately gives care and protects child ..... -2		
	d. Destructive or abusive parenting ..... -4	_____	_____
SN5.	**Emotional Stability**		
	a. Positive emotional stability ..... +3		
	b. No evidence or symptoms of emotional instability 0		
	c. Moderate emotional instability ..... -3		
	d. Chronic or severe emotional instability ..... -5	_____	_____
SN6.	**Financial/Resource Management and Basic Needs**		
	a. Resources are sufficient to meet basic needs and are adequately managed ..... +2		
	b. Resources may be limited but are adequately managed 0		
	c. Resources are insufficient or not well-managed ..... -2		
	d. No resources, or resources are severely limited and/or mismanaged ..... -4	_____	_____

		Parent/Caregiver Score Primary	Secondary
SN7.	**Parent/Caregiver Abuse or Neglect History**		
	☐ Non-Institutional Abuse ☐ Institutional Abuse (check if either or both apply to the primary and secondary parents/caregivers)		
	a. Abuse or neglect as a child, demonstrates good coping ability +2		
	b. No abuse or neglect as a child 0		
	c. Minor problems related to abuse or neglect as a child -2		
	d. Serious problems related to abuse or neglect as a child -3	_____	_____
SN8.	**Physical Health and Disability**		
	a. Preventive health care is practiced +1		
	b. Health or disability issues do not affect family functioning 0		
	c. Health problems or disabilities affect family functioning -1		
	d. Serious health problems or disabilities result in inability to care for child -2	_____	_____
SN9.	**Other Identified Parent/Caregiver Strength/Need (not assessed in SN1–SN8)**		
	☐ Not applicable. Mark this box if there are no additional strengths/needs identified.		
	a. Significant strength +1		
	b. Strength 0		
	c. Minor need -1		
	d. Significant need -2	_____	_____

B. CHILD STRENGTHS AND NEEDS—Rate each child according to the current level of functioning. Record in the same order as listed in the FSNA header.

		Child 1 Score	Child 2 Score	Child 3 Score	Child 4 Score	Child 5 Score	Child 6 Score
CSN1.	**Emotional/Behavioural**						
	a. Strong emotional adjustment, positive behaviour +3						
	b. Normal emotional adjustment and reasonable behaviour 0						
	c. Significant and/or frequent problems -3						
	d. Severe emotional/behavioural problems -5	____	____	____	____	____	____
CSN2.	**Medical/Physical Health**						
	a. Preventive health care is practiced +2						
	b. Medical needs met 0						
	c. Medical needs impair functioning -2						
	d. Medical needs are unmet or severely impair functioning -4	____	____	____	____	____	____
CSN3.	**Education/Employment**						
	a. Exceptional performance +1						
	b. Satisfactory performance 0						
	c. Some academic/employment problems -1						
	d. Severe academic/employment problems -3	____	____	____	____	____	____
	e. Child is too young to assess for education	☐	☐	☐	☐	☐	☐
	Child has a Special Education Plan	☐	☐	☐	☐	☐	☐
CSN4.	**Family of Origin Relationships**						
	a. Nurturing/supportive relationships +3						
	b. Adequate relationships 0						
	c. Strained relationships -3						
	d. Harmful relationships -5	____	____	____	____	____	____
CSN5.	**Physical and Cognitive Development**						
	a. Advanced development +2						
	b. Age-appropriate development 0						
	c. Limited development -2						
	d. Severely limited development -4	____	____	____	____	____	____

	Child 1 Score	Child 2 Score	Child 3 Score	Child 4 Score	Child 5 Score	Child 6 Score

CSN6. Substance Abuse

a. Chooses drug-free lifestyle ..... +2
b. No use/experimentation 0
c. Alcohol or other drug use ..... -2
d. Chronic alcohol or other drug use ..... -4
e. Child is too young to assess ☐ ☐ ☐ ☐ ☐ ☐

CSN7. Cultural Identity

a. Identity is a source of strength ..... +1
b. No cultural identity issues 0
c. Conflicted cultural identity ..... -1
d. Disconnected ..... -2 ____ ____ ____ ____ ____ ____

CSN8. Social Relationships and Skills

a. Strong social relationships and skills ..... +1
b. Adequate social relationships and skills 0
c. Limited social relationships or skills ..... -1
d. Poor or primarily negative social relationships ..... -2 ____ ____ ____ ____ ____ ____

CSN9. Life Skills (for young people age 14 years and older)

a. Advanced life skills ..... +1
b. Age-appropriate life skills 0
c. Lacks some necessary life skills ..... -1
d. Severely limited/poor life skills ..... -2 ____ ____ ____ ____ ____ ____
e. Not applicable; child under 14 years of age. ☐ ☐ ☐ ☐ ☐ ☐

CSN10. Other Identified Child Need/Strength (not assessed in CSN1–CSN9)

a. Exceptional strength ..... +1
b. Good/adequate functioning 0
c. Some need ..... -1
d. Significant need ..... -2 ____ ____ ____ ____ ____ ____
e. Not applicable. Mark for each child if no additional strengths/needs identified. ☐ ☐ ☐ ☐ ☐ ☐

CSN11. Relationships With Substitute Caregiver Family

(Assess only for children in placement)

a. Nurturing relationships with some or all substitute parent/caregiver family members ..... +1
b. Adequate relationships with some or all substitute parent/caregiver family members 0
c. Limited relationships with some or all substitute parent/caregiver family members ..... -1
d. Significant problems/conflict ..... -2 ____ ____ ____ ____ ____ ____
e. Not applicable; child is not in out-of-home placement. ☐ ☐ ☐ ☐ ☐ ☐

C. PRIORITY NEEDS AND STRENGTHS

Enter a brief description of the three most serious needs and priority strengths for the parent/caregivers and the priority needs for each child. For the parent/caregivers, indicate whether the need is the primary parent/caregiver's (P), secondary parent/caregiver's (S), or both (B).

Parent/Caregiver's Priority Needs (c or d responses)		Parent/Caregiver's Priority Strengths (a or b responses)	
	P, S, or B?		P, S, or B?
1.		1.	
2.		2.	
3.		3.	

Children's Priority Needs			
Child #1	1. _____	2. _____	3. _____
Child #2	1. _____	2. _____	3. _____
Child #3	1. _____	2. _____	3. _____
Child #4	1. _____	2. _____	3. _____
Child #5	1. _____	2. _____	3. _____
Child #6	1. _____	2. _____	3. _____

Rationale for selecting parent/caregiver priority needs:

_____

_____

_____

_____

_____

_____

Rationale for selecting children's priority needs:

_____

_____

_____

_____

_____

_____

Caseworker: _____ **Date:** _____/_____/_____

Supervisor: _____ **Date:** _____/_____/_____

SASKATCHEWAN
SDM® FAMILY STRENGTHS AND NEEDS ASSESSMENT/REASSESSMENT
DEFINITIONS

PARENT/CAREGIVER STRENGTHS AND NEEDS

SN1. Substance Use

(Substances: alcohol, illegal drugs, inhalants, and prescription or over-the-counter drugs.)

a. Teaches and demonstrates healthy understanding of substance use. The parent/caregiver may use alcohol or prescribed drugs; however, his/her use does not negatively affect parenting skills and functioning, and the parent/caregiver teaches and models an understanding of the choices made about use or abstinence and the effects of alcohol and drugs on behaviour and society.

b. No use or limited alcohol use. The parent/caregiver does not use any illegal drugs; parent/caregiver may have a history of substance use and/or may currently use alcohol; however, such use does not currently have a negative effect on parenting skills and functioning.

c. Minor substance misuse or recent engagement in treatment. The parent/caregiver uses alcohol and/or drugs, resulting in some negative impact on his/her daily functioning or ability to meet the child's basic needs. Examples of 'some' impact from substance use include occasionally missing work, no more than one arrest or one allegation of abuse/neglect within the past six months, sporadic failure to meet household responsibilities or to provide adequate care and supervision of children (any of which must be directly related to substance use), a formal diagnosis indicating substance abuse and/or a recommendation for treatment, OR parent/caregiver is currently in treatment or recently completed treatment and is in need of ongoing support/intervention.

d. Severe substance misuse. The parent/caregiver uses alcohol and/or drugs to the extent that there is a significant negative impact on multiple areas of functioning or his/her ability to meet the child's basic needs, and/or the parent/caregiver needs (or continues to need) intensive structure and support to manage his/her substance use. Examples of 'significant' negative impact on functioning include the following.

- Frequently missing work or appointments; terminated employment due to substance use.
- Frequent inability or unwillingness to carry out daily household responsibilities due to substance use.
- Multiple arrests associated with substance use.
- Repeatedly leaving children unsupervised or with an inappropriate parent/caregiver while using.

- Fractured relationships with partners, family, or friends as a result of substance use.

- A formal diagnosis indicating dependency and/or a recommendation for treatment.

Examples of significant negative impact on meeting the basic needs of the child include the following.

- Parent/caregiver spends money on drugs while child does not have adequate food, clothing, or shelter.

- Child is routinely exposed to drug use, drug paraphernalia, users, or dealers.

- Parent/caregiver has erratic/aggressive behaviour toward the child whilst under the influence.

- Multiple allegations of abuse/neglect associated with substance use.

SN2. Household Relationships/Domestic Violence

a. Supportive. Internal or external stressors (e.g., illness, financial problems, divorce, special needs) may be present but the household maintains positive interactions (e.g., mutual affection, respect, open communication, empathy), and shares responsibilities that are mutually agreed upon by the household members. Household members mediate disputes and promote nonviolence in the home. Individuals are safe from threats, intimidation, or assaults by other household members. The parent/caregiver may have past history of domestic violence and demonstrates an effective or adequate coping ability regarding any past abuse.

b. Minor or occasional discord. Internal or external stressors are present but the household is coping despite some disruption of positive interactions. Conflicts may be resolved through less adaptive strategies, such as avoidance; however, household members do not control each other or threaten physical or sexual assault within the household, and there is no current domestic violence.

c. Frequent discord or some domestic violence. Internal or external stressors are present and the household frequently experiences conflict. Examples may include but are not limited to the following:

- Emotional or verbal abuse;
- Occasional physical conflict between adults, but no serious injuries; and/or
- Attempts to inappropriately control, isolate, or restrict activities of other adults.

d. Chronic discord or severe domestic violence. Internal or external stressors are present and the household experiences chronic conflict and discord; custody and visitation issues are characterized by harassment and/or severe conflict, such as multiple reports

to police and/or social services; the parent/caregiver's pattern of adult relationships places the child at risk for maltreatment and/or contributes to severe emotional distress; one or more household members repeatedly engages in physically assaultive behaviours toward other household members; and/or violent behaviour has resulted in a serious injury to a household member.

SN3. Social/Community/Cultural Support System

a. Strong support system. The parent/caregiver regularly engages with a strong, constructive, mutual support system. The parent/caregiver interacts with extended family, friends, cultural, religious, and/or community support or services that provide a wide range of resources AND/OR the family experiences a high level of connectedness with family, community, and their culture.

b. Adequate support system. As needs arise, the parent/caregiver uses extended family, friends, cultural, religious, and community resources to provide support and/or services such as child care, transportation, supervision, role modelling for parent/caregiver and child, caregiving and emotional support, guidance, etc. The family is not experiencing conflict related to cultural/community identity.

c. Limited or somewhat negative support system.

- The parent/caregiver has a limited support system, is isolated, or is reluctant to use available support; the parent/caregiver perceives services and supports as unavailable or inaccessible.

- The informal resources used for support by parent/caregiver (e.g., friends, relatives, neighbours) may have a negative impact on the family by supporting inappropriate parent/caregiver practices/behaviours or by introducing negative influences.

- The current social/cultural support network contributes to social isolation or family conflict.

d. No support system or negative support system.

- The parent/caregiver has no support system and/or does not utilize extended family and community resources.

- The current social/cultural resources used as a support system have a significant negative impact on the parent/caregiver and/or on family members (e.g., boyfriend who encourages substance use).

- The family is ostracized due to cultural conflict (identity, values, or lifestyles are in conflict with community, family, or support system norms).

SN4. Parenting

a. Strong skills. The parent/caregiver displays good knowledge and understanding of age-appropriate parenting skills and uses these skills on a daily basis. The parent/caregiver expresses hope for and recognizes the child's abilities and strengths and encourages participation in the family and the community. The parent/caregiver advocates for the family and responds to changing needs.

b. Adequately gives care and protects child. The parent/caregiver displays adequate caregiving patterns that are age-appropriate for the child in areas of basic care; ensuring safety and stability; provision of guidance, boundaries, emotional warmth, and stimulation; communication; and nurturing. The parent/caregiver has basic knowledge and parenting skills in these areas.

c. Inadequately gives care and protects child. Improvement of basic parenting skills is needed. The parent/caregiver has some unrealistic expectations and/or gaps in parenting skills, demonstrates poor knowledge of age-appropriate disciplinary methods, fails to provide emotional warmth and stimulation, and/or lacks knowledge of child development that interferes with effective caregiving (includes issues regarding sexuality and unclear sexual boundaries).

d. Destructive or abusive parenting. The parent/caregiver displays destructive or abusive parenting patterns. Examples include the following.

- Parent/caregiver sexually abused the child or failed to protect the child from sexual abuse.
- Repeated use of severe or excessive discipline that caused or was likely to cause serious injury.
- Any use of torture, suffocation, immersion in scalding water, or other examples of unusual/extreme or cruel discipline.
- Chronic rejection, hostility, blaming, isolating, terrorizing, or profound inattention to or neglect of the child's physical and emotional needs.
- Chronic, serious neglect that threatens the child's safety and/or health.

SN5. Emotional Stability

a. Positive emotional stability. The parent/caregiver demonstrates the ability to deal with adversity, crises, and conflicts in a positive, proactive, and/or constructive manner; demonstrates realistic, logical thinking; displays resiliency; and has a positive, hopeful attitude.

b. No evidence or symptoms of emotional instability. Based on available evidence, it appears that the parent/caregiver's emotional stability has no/minimal negative impact on his/her or the family's functioning. The parent/caregiver demonstrates

emotional responses that are usually consistent with his/her circumstances and/or displays no apparent inability to cope with adversity, crises, or long-term problems; and/or the parent/caregiver may have a diagnosed mental health condition, but the condition is adequately managed and does not impair his/her ability to safely give care.

c. Moderate emotional instability. Based on available evidence, the parent/caregiver's emotional stability has some negative impact on family functioning, caregiving, employment, or other aspects of daily living. Examples include the following.

- Multiple observations or reliable reports of low self-esteem, apathy, withdrawal from social contact, flat affect, somatic complaints (headaches, shortness of breath, stomach pain, etc. with no medical cause), changes in sleeping or eating patterns, difficulty in concentrating or making decisions, low frustration tolerance, or hostile behaviour.
- Frequent conflicts with co-workers, neighbours, or friends.
- Speech is sometimes illogical or irrelevant.
- Disproportionate responses to crisis situations.
- Parent/caregiver is currently in mental health treatment or recently completed treatment and is in need of ongoing support/intervention.

d. Chronic or severe emotional instability. The parent/caregiver appears to have chronic or severe problems that seriously disrupt or immobilize family functioning. Examples include the following.

- Observed, reported, or diagnosed chronic depression; paranoia; excessive mood swings; impulsive or obsessive/compulsive behaviour; or other severe mental, emotional, or psychological disorders.
- Inability to keep a job or friends.
- Suicidal ideation or suicide attempts.
- Recurrent violence.
- Stays in bed all day; completely neglects personal hygiene.
- Grossly impaired communication (i.e., incoherent).
- Reports hearing voices or seeing things.

SN6. Financial/Resource Management and Basic Needs

a. Resources are sufficient to meet basic needs and are adequately managed. The parent/caregiver has a history of consistently providing safe, healthy, and stable housing; nutritious food; appropriate clothing; health care; and transportation.

b. Resources may be limited but are adequately managed. The parent/caregiver provides adequate housing, food, clothing, health care, and transportation.

c. Resources are insufficient or not well-managed. The parent/caregiver provides housing, but it does not meet the basic needs of the child (e.g., disrupted provision of utilities); food and/or clothing do not meet basic needs of the child; and/or periodic lack of access to transportation negatively affects parent/caregiver's ability to meet the child's needs. The family may be transient; however, there is no evidence of harm or threat of harm to the child as a result.

d. No resources, or resources are severely limited and/or mismanaged. Family chronically relies on emergency assistance, or conditions exist in the household that have caused illness or injury to family members (e.g., persistent disruption of utilities); there is no food, food is spoiled or family members are malnourished; child chronically presents with clothing that is unclean, not appropriate for weather conditions, or in poor condition; and/or lack of access to transportation severely hinders/prevents parent/caregiver's ability to meet the child's basic needs. The family is transient or homeless, which results in harm or threat of harm to the child.

SN7. Parent/Caregiver Abuse or Neglect History

a. Abuse or neglect as a child, demonstrates good coping ability. The parent/caregiver experienced physical or sexual abuse or neglect as a child (including residential school or other institutional abuse), and demonstrates effective or adequate coping ability regarding his/her abuse or neglect history.

b. No abuse or neglect as a child. No parent/caregiver experienced physical or sexual abuse or neglect as a child (including residential school or other institutional abuse).

c. Minor problems related to abuse or neglect as a child (including residential school or other institutional abuse). The parent/caregiver was abused and/or neglected as a child and this history results in behaviours/attitudes that affect family functioning or impair positive familial relationships.

d. Serious problems related to abuse or neglect as a child (including residential school or other institutional abuse). The parent/caregiver was abused or neglected as a child and this history results in behaviours/attitudes that severely interfere with family functioning, seriously impede positive familial relationships, or are related to destructive caregiving patterns.

SN8. Physical Health and Disability

a. Preventive health care is practiced. The parent/caregiver manages health concerns and teaches and promotes good health.

b. Health or disability issues do not affect family functioning. The parent/caregiver has no current health concerns or disabilities that affect family functioning. The parent/caregiver accesses regular health resources for himself or herself (e.g., medical or dental care).

c. Health problems or disabilities affect family functioning. The parent/caregiver has health problems or conditions that have some negative impact on family functioning and/or family resources. For example, the parent/caregiver's condition or disability results in him/her missing work frequently, which in turn affects family income, or the parent/caregiver's illness/disability curtails his/her ability to maintain a clean household, prepare regular meals, etc.

d. Serious health problems or disabilities result in inability to care for child. The parent/caregiver has serious/chronic health problems or conditions that have a significant negative impact on his/her ability to care for and/or protect the child.

SN9. Other Identified Parent/Caregiver Strength/Need (not assessed in SN1–SN8)

☐ Not applicable. Mark this box if there are no additional strengths/needs identified.

a. Significant strength. A parent/caregiver has identified an exceptional strength and/or skill not already assessed in SN1–SN8 that has a positive impact on family functioning. The family perceives this strength as something they can build on to achieve progress in identified need areas.

b. Strength. The parent/caregiver has an area of strength relevant for case planning that is not already assessed in SN1–SN8.

c. Minor need. A parent/caregiver has a need, not already assessed in SN1–SN8 that has a moderate impact on family functioning. The family perceives that they would benefit from services and support that address the need.

d. Significant need. A parent/caregiver has a serious need not already assessed in SN1–SN8, that has a significant impact on family functioning. The family perceives that they would benefit from services and support that address the need.

CHILD STRENGTHS AND NEEDS

For each item, if not applicable due to child's age, score as '0'.

CSN1. Emotional/Behavioural

a. Strong emotional adjustment, positive behaviour. The child demonstrates positive social behaviour, strong internal control, and age-appropriate protective behaviours. Child displays strong coping skills in dealing with crises and trauma, disappointment, and daily challenges. Child is able to develop and maintain trusting relationships and to identify the need for, seek, and accept guidance. A baby or young child exhibits mostly settled behaviour, routine feedings, and sleeping patterns and demonstrates strong attachment. For adolescents, youth has developed a strong sense of self. Note: Children with overly compliant behaviour that is secondary to trauma do not fit into this category.

b. Normal emotional adjustment and reasonable behaviour. Child displays developmentally appropriate emotional/coping responses that do not interfere with school, family, or community functioning. Child may demonstrate some short-term depression, anxiety, anger, or withdrawal symptoms related to current or recent events, and is accepting of help to address these. Child maintains appropriate emotional control. The child has developed some internal control and protective behaviours and behaves in an age-appropriate manner in social situations. A baby or young child's behaviour is within the wide range of normal behaviours for sleep patterns; eating patterns; engagement/response to peers, adults, and new situations; and separation from parent/caregiver/siblings.

c. Significant and/or frequent problems. The child exhibits frequent or severe behaviour problems (e.g., disobeying rules, lying, inappropriate sexual behaviour) and these problems have some impact in his/her life (e.g., loss of a friend, not invited to activities, minor school problems, difficulties in the home). Child displays periodic mental health symptoms including, but not limited to, depression, somatic complaints (headaches, shortness of breath, stomach pain, etc. with no medical cause), hostile behaviour, withdrawal, or apathy. Baby or young child, more often than not, cannot be settled or soothed.

d. Severe emotional/behavioural problems. Child's ability to participate in one or more settings (school/daycare; peer social groups, teams, clubs; home; foster home) is severely impaired due to chronic/severe behaviours such as fire-setting, suicidal behaviour, and aggressive or violent behaviour toward people and/or animals. The child displays significant problematic and/or aggressive sexual behaviours (e.g., sexual offending/grooming, prostitution, coercive/harmful sexual behaviour toward other children). Baby or young child is consistently unsettled, lacks self-soothing behaviour and/or demonstrates harmful self-soothing behaviours (e.g., head banging); regularly demonstrates other severe behaviour such as little or no eye contact, apathy, or limited interest in activities or play.

CSN2. Medical/Physical Health

a. Preventive health care is practiced. Child is physically fit; participates daily in active play, athletics. Older youth have an understanding of and demonstrate an interest in healthy food choices. Child has no known health care needs. Child receives routine preventive and medical/dental/vision care and immunizations.

b. Medical needs met. Child is within wide range of normal health and has no unmet health care needs. Child may have temporary and/or chronic medical conditions, but they are currently managed without frequent medical appointments and have no impact on child's daily functioning.

c. Medical needs impair functioning. Child has a medical condition(s) that impacts his/her functioning in one or more settings (school/daycare, peer group, teams, clubs; home; foster home, etc.). Special conditions exist that require frequent medical/dental/vision care and/or are not adequately addressed.

d. Medical needs are unmet or severely impair functioning. Child has obvious medical/dental/vision needs that are currently unmet AND/OR child has serious, chronic, or acute medical condition(s) that severely impairs functioning or requires routine and frequent medical care.

CSN3. Education/Employment

a. Exceptional performance. Child regularly attends school, employment, or other programs; is demonstrating exceptional progress in most academic subjects; and/or is working above age-expected literacy and numeracy levels. Young person not enrolled in school is engaged in fulfilling employment with potential for advancement/career development.

b. Satisfactory performance. Child is performing at a satisfactory level in education, employment, or other programs and continues to demonstrate progress/learning/improved skills. Child achieves age-expected literacy and numeracy levels. Young person in school may or may not have part-time employment. Young person not attending school is gainfully employed in a job or industry that will support economic independence.

c. Some academic/employment problems.

- Below age-expected literacy or numeracy levels. Child has the support and services to make progress/close the gap.
- Lack of continued progress/learning/improved skills, regardless of current level.
- Child struggles with rules/behavioural expectations/authority in school or employment setting and needs some intervention/support to achieve education/vocational or employment goals.

d. Severe academic/employment problems.

- Child is not engaged in education, employment, or other programs.
- Significantly below age-expected literacy or numeracy levels and no or limited progress has been made in the past 120 days.
- Child's academic functioning or behaviour in school indicated a need for special education testing or services that are not yet identified or available for the child.
- Child requires intensive support to achieve education/vocation/employment goals.

e. Child is too young to assess for education.

Child has a Special Education Plan. A child whose capacity to learn is compromised by a cognitive, social-emotional, behavioural, or physical condition and has or requires a Personal Program Plan to address intensive needs.

CSN4. Family of Origin Relationships

a. Nurturing/supportive relationships. Child experiences positive interactions with family members. Child has sense of belonging within the family. Family defines roles, has clear boundaries, and supports child's growth and development.

b. Adequate relationships. Child experiences positive interactions with family members and feels safe and secure in the family despite some unresolved family conflicts.

c. Strained relationships. Stress/discord within the family interferes with child's sense of safety and security. Family has difficulty identifying and resolving conflict and/or obtaining support and assistance on their own.

d. Harmful relationships.

- Chronic family stress, conflict, or violence severely distorts child's sense of safety and security.
- Child experiences severe family dysfunction as normal (including inappropriate/inadequate boundaries), which impairs the child's ability to develop appropriate family relationships and significantly impacts child development.
- Parent-child roles are reversed or severely distorted.

CSN5. Physical and Cognitive Development

For this item, base assessment in part on the developmental milestones guide found in Appendix A.

a. Advanced development. The child demonstrates indicators of physical and cognitive development that are above chronological age level and/or demonstrates functioning that is assessed as above average or higher.

b. Age-appropriate development. Child's physical and cognitive skills are consistent with chronological age level (per the developmental milestones guide in Appendix A) and/or child has been assessed as functioning within the normal range.

c. Limited development. The child has been diagnosed with a mild to moderate physical or cognitive delay and/or is one level below chronological age expectations (per the developmental milestones guide in Appendix A).

d. Severely limited development. The child has been diagnosed with a severe physical or cognitive delay and/or is two or more levels below chronological age expectations (per the developmental milestones guide in Appendix A).

CSN6. Substance Abuse

a. Chooses drug-free lifestyle. The child does not use alcohol, other drugs, or solvents and is aware of consequences of use. The child avoids peer relations/social activities involving alcohol and other drugs, and/or chooses not to use substances despite peer pressure/opportunities to do so.

b. No use/experimentation. The child does not use alcohol, other drugs, or solvents. The child may have experimented with alcohol or other drugs, but there is no indication of sustained use. The child has no demonstrated history or current problems related to substance use.

c. Alcohol or other drug use. The child's use of alcohol, other drugs, or solvents results in disruptive behaviour and discord in school/community/family/work relationships. Use may have broadened to include multiple drugs.

d. Chronic alcohol or other drug use. The child's chronic use of alcohol, other drugs, or solvents results in severe disruption of functioning, such as loss of relationships or job, school suspension/expulsion/drop-out, problems with the law, and/or physical harm to self or others. The child may require medical intervention to detoxify.

e. Child is too young to assess.

CSN7. Cultural Identity

Culture may be race/ethnicity/nationality/religion/sexual orientation/sexuality or any other group that provides a set of beliefs/principles about core life issues.

a. Identity is a source of strength. Child has a strong sense of belonging to a culture; actively participates in cultural activities; AND/OR culture is a source of comfort, guidance, and identity.

b. No cultural identity issues. Child may have some knowledge of his/her cultural heritage, but this knowledge plays a neutral role in child's life, AND/OR the child has expressed some interest in learning more about his/her cultural heritage. Also include child with no strong cultural identity and has not expressed any distress as a result and has alternative resources for learning core life lessons.

c. Conflicted cultural identity. Child's cultural identity is a source of conflict for the child, such as conflict between child and parent/caregiver regarding culture or conflict between cultural identity and community; AND/OR child may experience some difficulty communicating due to cultural/language issues, which contributes to the child's feelings of cultural conflict. **For an Aboriginal or First Nations child not registered with his/her band, this item must be identified as a need.**

d. Disconnected. Child has little or no awareness of cultural identity and experiences this as a profound loss; AND/OR child may experience some difficulty communicating due to cultural/language issues resulting in impaired functioning and/or isolation. Also include child who may be unaware of impact of loss of culture, but has no current resources or access to learn and grow within his/her culture.

CSN8. Social Relationships and Skills

a. Strong social relationships and skills. Child participates in and enjoys a variety of constructive, age-appropriate social activities; enjoys reciprocal, positive relationships with others; and has a strong support network. Demonstrates empathy/altruistic behaviour. Youth avoids peer relations/social activities involving alcohol and other drugs, gangs, or criminal behaviour. Youth chooses not to use drugs/alcohol despite peer pressure/opportunities to use.

b. Adequate social relationships and skills. Child maintains stable relationships with others, has friends to play with, has a basic support network; occasional conflicts are minor and easily resolved. Youth behaves acceptably in the community. Youth may have experimented with alcohol or other drugs, but there is no indication of sustained use.

c. Limited social relationships or skills. Child interacts with others but demonstrates inconsistent social skills; conflicts may be more frequent or serious and the child may be unable to resolve them; child has a limited support network and/or may be periodically victimized by peers. Child/youth periodically displays antisocial or illegal behaviour (bullying, petty theft, curfew violations). Child/youth is using drugs or alcohol with some regularity, regardless of impact on functioning.

d. Poor or primarily negative social relationships. Child has poor social skills as demonstrated by frequent conflictual relationships or isolation from peers; primarily interacts with negative or exploitive peers; or child is isolated and lacks a support system. Victim or perpetrator of intense harassment or bullying. Involved in gang activity, current criminal behaviour (any crimes against people or involving controlled substances; multiple crimes against property). Chronic truancy or runaway behaviour. Alcohol or drug use results in dysfunction in one or more settings (school, job, home, foster home, community, etc.).

CSN9. Life Skills (for young people age 14 years and older)

a. Advanced life skills. The young person demonstrates all age-appropriate life skills and is competent or demonstrates some skills normally acquired at a later age.

b. Age-appropriate life skills. The young person demonstrates age-appropriate life skills.

c. Lacks some necessary life skills. The young person does not routinely demonstrate some life skills that would be expected for his/her age, but other self-care areas are within age-appropriate limits.

d. Severely limited/poor life skills. The young person does not demonstrate any age-appropriate life skills and this severely impacts ability to function independently.

e. Not applicable; child under 14 years of age.

NOTE: Link identified service needs to the transition from care plan.

CSN10. Other Identified Child Strength/Need (not assessed in CSN1–CSN9)

☐ Not applicable. Mark this box for each child if no additional strengths/needs identified.

a. Exceptional strength. A child has an exceptional strength and/or skill not already assessed in CSN1–CSN9 that has a positive impact on family functioning. The family perceives this strength as something they can build on to achieve progress in identified need areas.

b. Good/adequate functioning. A child has an area of strength relevant for case planning that was not already assessed in CSN1–CSN8.

c. Some need. A child has a minor need not already assessed in CSN1–CSN8 that has a moderate impact on family functioning. The family perceives that they would benefit from services and support that address the need.

d. Significant need. A child has a serious need not already assessed in CSN1–CSN8 that has a significant impact on family functioning. The family perceives that they would benefit from services and support that address the need.

e. Not applicable. Mark for each child if no additional strengths/needs identified.

CSN11. Relationships With Substitute Caregiver Family (assess only for children in placement)

a. Nurturing relationships with some or all substitute parent/caregiver family members. Positive interaction between the child and parent/caregiver; the child is supported and has a sense of belonging; child feels secure in placement. Attachment is developing or has developed, depending on length of stay. Child and parent/caregiver express desire for permanent placement should child not reunify with family of origin.

b. Adequate relationships with some or all substitute parent/caregiver family members. Parent/caregiver and child have generally positive interactions. Child asks for and accepts concrete support from parent/caregiver. Child describes current situation as acceptable and temporary. Strong attachment/nurturing relationship has not developed. No discussion of permanency in current placement by child, regardless of parent/caregiver's position.

c. Limited relationships with some or all substitute parent/caregiver family members. Problems limit positive interactions and appropriate attachments.

d. Significant problems/conflict. Chronic problems severely interfere with interactions and attachments.

e. Not applicable; child is not in out-of-home placement.

SASKATCHEWAN
SDM® FAMILY STRENGTHS AND NEEDS ASSESSMENT/REASSESSMENT
POLICY AND PROCEDURES

The family strengths and needs assessment (FSNA) is used to systematically identify critical family problems and help develop effective case plans. The strengths and needs assessment serves several purposes.

- It ensures that all caseworkers consistently consider each parent/caregiver's and each child's strengths and needs in an objective format when assessing need for services.
- It provides a foundation for the case plan.
- It serves as a mechanism for monitoring service referrals made to address identified parent/caregiver and child needs.
- The initial assessment, when followed by periodic reassessments, allows caseworkers and supervisors to easily assess changes in parent/caregiver and child functioning and thus determine the impact of services.

Which Cases: All cases open for ongoing services (in-home, foster care, or alternate care). The child strengths and needs assessment is completed for all permanent wards and children in long-term care.

Who: The ongoing caseworker with supervisor review and approval.

When: Initial FSNA:
For children in placement, within 45 days of the date of investigation assignment, prior to developing the Child Assessment and Development Plan.

For children remaining in the home for services, within 45 days of the date of investigation assignment, prior to developing the case plan and the Parental Services Agreement (PSA).

Note: For offices that transfer cases upon completion of investigation, the FSNA is not required for investigation closing.

Reassessments:
FSNA reassessments are required at every assessment and case plan review (within 120 days of investigation assignment and every 120 days thereafter) when the decision is expected to be case continuation.

When reviewing in-home cases, complete the risk reassessment first. If, based on risk and safety, the case will be closed, it is not necessary to complete the FSNA.

Decisions: The strengths and needs assessment is used to identify up to three priority parent/caregiver needs and all child needs identified that must be addressed

in the family case plan. It also identifies strengths that the family can use to achieve case plan goals.

Appropriate Completion
Only one household can be assessed on the FSNA. The FSNA must be completed on the household for which the risk assessment was completed. An additional FSNA must also be completed on the household of any other parent/caregiver who will receive family support or reunification services.

For each item, there are four possible responses.

a. This is an exceptional strength response. Parents/caregivers and children with a response of 'a' have exceptional skills or resources in this area.

b. This is an 'adequate functioning' response. Parents/caregivers and children with a response of 'b' have not achieved the exceptional skills or resources reflected by a response of 'a' and may experience a degree of stress or struggle common to daily functioning, but are managing well in the area represented by the domain. Items with 'b' responses will be identified as family or child strengths.

c. This is a parent/caregiver or child who is experiencing moderate need in the area represented by the domain.

d. This is a parent/caregiver or child who is experiencing extraordinary need in the area represented by the domain.

The caseworker identifies the needs areas by scoring the primary and, if present, the secondary parent/caregiver. Each child in the household is scored separately in the child section of the assessment. **The FSNA scoring must be done in accordance with the item definitions provided. Using the definitions provides increased consistency in the assessment process.**

After scoring the strengths and needs items for the parent/caregivers and children, the caseworker will identify (in Section C of the assessment) up to three parent/caregiver priority needs and strengths that will be incorporated into the case plan. Priority needs areas are those with the highest negative point value for **either** the primary or secondary parent/caregiver. Priority strengths are those items that have been scored as either a zero or positive score and that can be used to help address the identified needs. For each priority need and strength, identify whether it applies to the primary parent/caregiver, secondary parent/caregiver, or both.

Section C is also used to highlight the priority needs for each child. While all identified needs ('c' and 'd') must be addressed in the case plan, priority needs must be addressed first in the PSA or CADP. There is no requirement to identify the child's strengths in this section.

Narrative support: The last section of the assessment is used to briefly describe the specific rationale for selecting the parent/caregiver's and the children's priority needs (e.g., substance use, -5: 'Mrs Jones routinely uses methamphetamines and has been diagnosed as dependent on them').

PRACTICE CONSIDERATIONS

- The FSNA is based on client-centred practice, which aims to support and strengthen families. This requires the involvement and input of the family, including children where developmentally appropriate. This does not mean that the assessment should be scored in the family's presence. The domains should be discussed sensitively with the family and their views sought for incorporation into the overall assessment.

- The strengths and needs assessment is not intended to replace specialized assessments such as psychological, medical, or substance use assessments. If specialist assessments have been done prior to completion of the FSNA, results of these assessments should be considered in rating relevant items. When the FSNA identifies priority areas of need, consideration should be given to arranging a formal specialist assessment within that area to add deeper understanding of case-planning needs within that area. Finally, if the caseworker experiences great difficulty distinguishing between responses within an area, obtaining a specialist assessment may be useful to clarify rating.

SASKATCHEWAN
SDM® FAMILY RISK REASSESSMENT

Primary Client Name: _____ **Ongoing Case #:** _____
Caseworker Name: _____ **Assessment Date:** ____/____/____
Household Assessed: _____ **Were there allegations in this household?** ○Yes ○ No

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R1. Number of neglect or abuse child protection investigations prior to current involvement **Score**
a. None....0
b. One....1
c. Two or more....2 _____

R2. Household has received child protective services (voluntary/court-ordered) prior to current involvement
a. No....0
b. Yes....1 _____

R3. Primary parent/caregiver has a history of abuse or neglect as a child
a. No....0
b. Yes....1 _____

R4. Child characteristics (*mark applicable items and add for score*)
a. ☐ No child has any of the characteristics below....0
b. ☐ Developmental, physical, or learning disability....1
c. ☐ Medically fragile or diagnosed failure to thrive....1 _____

The following case observations pertain to the period since the initial risk assessment or last reassessment.

R5. New investigation of abuse or neglect since the initial risk assessment or the last reassessment
a. No....0
b. Yes....2 _____

R6. Parent/caregiver has addressed alcohol or drug abuse problem during this review period *(Rate this item for both parents/caregivers [P for primary or S for secondary], but enter one overall score based on the parent/caregiver with the least demonstrated progress*)

P **S**
☐ No secondary parent/caregiver
☐ ☐ a. No history of alcohol or drug abuse problem....0
☐ ☐ b. No current alcohol or drug abuse problem; no intervention needed....0
☐ ☐ c. Yes, alcohol or drug abuse problem; problem is being addressed....0
☐ ☐ d. Yes, alcohol or drug abuse problem; problem is <u>not</u> being addressed....1 _____

R7. Adult relationships during this review period
a. No or not applicable....0
b. Harmful/disruptive relationships with adults....1
c. Domestic violence....2 _____

R8. Primary parent/caregiver provides physical care that is:
a. Consistent with child needs....0
b. Inconsistent with child needs....1 _____

R9. Parent/caregiver progress with the case plan (*rate this item for both parents/caregivers [P for primary or S for secondary], but enter one overall score based on the parent/caregiver with the least demonstrated progress*)

P **S**
☐ No secondary parent/caregiver
☐ ☐ a. The parent/caregiver sufficiently demonstrates skills consistent with case plan objectives OR is actively engaged in services and activities to gain skills consistent with case plan objectives....0
☐ ☐ b. Some demonstration of skills consistent with case plan objectives, but additional progress is needed; OR minimal or sporadic engagement in services and activities consistent with case plan objectives....2
☐ ☐ c. Does not demonstrate skills consistent with case plan objectives AND/OR is not engaged in services and activities consistent with case plan objectives....4 _____

TOTAL SCORE _____

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

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

POLICY OVERRIDES. Mark <u>yes</u> if condition is applicable in the current review period. If <u>any</u> condition is applicable, override final risk level to very high.

☐ Yes ☐ No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.
☐ Yes ☐ No 2. Non-accidental injury to a child younger than 3 years old.
☐ Yes ☐ No 3. Severe non-accidental injury to any child younger than 16 years old.
☐ Yes ☐ No 4. Parent(s)/caregiver(s) action or inaction resulted in death of a child due to abuse or neglect.

DISCRETIONARY OVERRIDE. If a discretionary override is made, mark yes, mark override risk level, and indicate reason. Risk level may be overridden one level higher or lower.

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

Discretionary override reason: _____

Supervisor's review/approval of discretionary override: _____ Date: _____/_____/_____

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

Risk Classification	Substantiated	Check Recommended Action
Very High	Case remains open	☐
High	Case remains open	☐
Moderate	Close unless there are unresolved safety threats	☐
Low	Close unless there are unresolved safety threats	☐

ACTION. Enter the action taken (opened as a case or not opened as a case). If the recommended action differs from the action taken, provide an explanation.

○ Case to remain open

○ Close

If recommended action and action taken do not match, explain why: _____

Description of identified risk items

Caseworker: _____ **Date:** _____/_____/_____

Supervisor Approval: _____ **Date:** _____/_____/_____

SASKATCHEWAN
SDM® FAMILY RISK REASSESSMENT
DEFINITIONS

R1. Number of neglect or abuse child protection investigations prior to current involvement

- Count prior child protection investigations involving any adult members with any caregiving responsibilities in the current household who were alleged perpetrators, and which occurred prior to the investigation resulting in the current case.

- Do not count:

  » Investigations of allegations that were perpetrated by an adult who does not currently live in the household;

  » Investigations in which children in the home were identified as perpetrators of abuse/neglect;

  » Referrals that were not accepted for investigation;

  » Referrals that were assigned for a response for reasons other than child protection, for example, voluntary requests for service or family support services; or

  » Investigations that occurred after the investigation that led to this case.

Where possible, history from another province or jurisdiction should be checked.

a. None. The investigation that led to this case opening was the first for this family.

b. One. There was one prior investigation before the investigation that led to this case.

c. Two or more. There were at least two prior child protection investigations before the investigation that led to this case.

R2. Household has received child protective services (voluntary/court-ordered) prior to current involvement

Score 1 if household has **received** child protection services **prior** to the investigation resulting in the current case. Service history includes voluntary or court-ordered family services. Include any adult member of the household with child-care responsibilities at the time of the initiating referral.

R3. Primary parent/caregiver has a history of abuse or neglect as a child

Based on credible statements by the primary parent/caregiver or others, or any maltreatment history known to the agency, the primary parent/caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or emotional abuse).

R4. Child characteristics

a. No child has any of the characteristics below. No child in the household exhibits characteristics listed below.

b. Developmental, physical, or learning disability. Any child in the household has a developmental, physical, or learning disability that has been diagnosed by a professional as evidenced by parent/caregiver's or other person's credible statement of such a diagnosis, medical/school records and/or professional's statement.

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

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

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

b. Medically fragile or diagnosed failure to thrive.

- Medically fragile: Medically fragile describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation; and that requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents/caregivers or other family members; and that requires the routine use of a medical device or assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living; and the child lives with ongoing threat to his/her continued well-being. Examples include a child who requires a tracheostomy vent for breathing or a gastronomy tube for eating.

- Failure to thrive: A diagnosis of failure to thrive by a physician.

The following case observations pertain to the period since the initial risk assessment or last reassessment.

R5. New investigation of abuse or neglect since the initial risk assessment or the last reassessment

Score 2 if at least one investigation has been initiated since the initial risk assessment or last reassessment. This includes open or completed investigations, regardless of investigation conclusion, that have been initiated since the initial assessment or last reassessment.

R6. Parent/caregiver has addressed alcohol or drug abuse problem during this review period

Indicate whether or not the primary and/or secondary parent/caregiver has a current alcohol/drug abuse problem that interferes with the parent/caregiver's or the family's functioning, and he/she is not addressing the problem. If both parent/caregivers have a substance abuse problem, rate the more negative behaviour of the two parents/caregivers. If there is not a secondary parent/caregiver, mark 'No secondary parent/caregiver' and rate the primary parent/caregiver. Not addressing the problem is evidenced by the following:

- Substance use that affects or affected the parent/caregiver's employment; criminal involvement; marital or family relationships; or his/her ability to provide protection, supervision, and care for the child;
- An arrest since the last assessment/reassessment for driving under the influence or refusing breathalyzer testing;
- Self-report of a problem;
- Multiple positive urine samples;
- Health/medical problems resulting from substance use; and/or
- A child has been born into the household and is diagnosed with fetal alcohol syndrome disorder, or the child had a positive toxicology screen at birth **and** the primary or secondary parent/caregiver was the birth parent.

Score the following.

a. Score 0 if there is no history of an alcohol or drug abuse problem.

b. Score 0 if there is no current alcohol or drug abuse problem that requires intervention.

c. Score 0 if there is an alcohol or drug abuse problem, and the problem is being addressed.

d. Score 1 if there is an alcohol or drug abuse problem, and the problem is **not** being addressed.

Legal, non-abusive prescription drug use should not be scored.

R7. Adult relationships during this review period

Score this item based upon current status of adult relationships in the household:

a. Score 0 if not applicable (i.e., primary parent/caregiver has no significant adult relationships) or no problems are observed.

b. Score 1 if adult relationships in the household are harmful/disruptive. Such relationships do not yet reach the threshold of domestic violence; however, there is evidence of the following:

- Child needs are going unmet due to conflict among parents/caregivers or between the parent/caregiver and another member of the household;
- The frequency and severity of arguments are increasing; or
- Adult relationships are becoming progressively more unstable.

c. Score 2 if domestic violence is present. The household has had, since the most recent assessment, physical assault(s) or periods of intimidation/threats/harassment between parents/caregivers or between a parent/caregiver and another adult.

R8. Primary parent/caregiver provides physical care that is:

Physical care of the child includes feeding, clothing, shelter, hygiene, and medical care of the child. Consider the child's age/developmental status.

a. Score 0 if the primary parent/caregiver provided physical care that was consistent with child needs.

b. Score 1 if the primary parent/caregiver provided physical care that was inconsistent with child needs. This includes the following.

- There was a substantiated report of neglect related to physical care during the review period. (Do not include failure to protect, inadequate supervision, or other neglect allegations that are unrelated to physical care.)

  OR

- Regardless of whether there was a neglect substantiation during the review period, the child has been harmed or his/her well-being has been threatened because of unmet physical needs. Needs may be considered unmet regardless of whether the cause is neglectful or due to situations outside of the parent/caregiver's control. For example:
  - » Any condition that is equivalent to a substantiated neglect of physical care and the report is not receiving a determination;
  - » Child has a significant medical/dental/vision condition that requires care and care is not being provided;

» Child does not have clothing that is appropriate for weather conditions;

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

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

» The child is not being bathed regularly, resulting in dirt-caked skin and hair and a strong odour, OR clothing is persistently unwashed.

R9. Parent/caregiver progress with the case plan

Score this item based on parent/caregiver demonstration of skills consistent with case plan objectives. If there are two parents/caregivers, rate progress for each. If progress differs between parents/caregivers, score based on the parent/caregiver demonstrating the least amount of participation/progress.

a. The parent/caregiver sufficiently demonstrates skills consistent with case plan objectives OR is actively engaged in services and activities to gain skills consistent with case plan objectives. The parent/caregiver is demonstrating behavioural change consistent with the objectives in the case plan (e.g., does not abuse alcohol, controls anger/negative behaviour, does not use physical punishment, refrains from family violence, provides emotional support for the child, etc.). This may include participation in activities identified on the case plan toward achievement of new skills and parents/caregivers who successfully achieve desired behaviour change through activities not specifically identified on the plan. Engagement in services and activities means that the parent/caregiver's participation suggests acquisition and application of skills, not just compliance with attendance. Compliance with services and activities without demonstration of acquisition of new skills consistent with case plan objectives is not sufficient for scoring.

b. Some demonstration of skills consistent with case plan objectives, but additional progress is needed; OR minimal or sporadic engagement in services and activities consistent with case plan objectives. The parent/caregiver may have made some progress with some case plan objectives, but is not yet demonstrating sufficient behavioural change to address needs related to safety and protection of child. There was minimal or sporadic participation in pursuing outcomes in the case plan. Parents/caregivers who are demonstrating some progress toward case plan objectives, but insufficient progress overall, should be scored here.

c. Does not demonstrate skills consistent with case plan objectives AND/OR is not engaged in services and activities consistent with case plan objectives. This may include complete refusal to participate in services or activities, or participation that has failed to result in behaviour change.

Policy overrides. Indicate if a policy override condition exists. Presence of one or more listed conditions increases risk to very high.

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

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

3. **Serious non-accidental injury to any child younger than 16 years old.**
   Any child in the household has a serious physical injury resulting from the action or inaction of the parent/caregiver. The parent/caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts; and the child requires medical treatment.

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

Discretionary override. A discretionary override is used by the ongoing caseworker whenever he/she believes that the risk score does not accurately portray the family's actual risk level. Unlike the initial risk assessment, in which the caseworker could only *increase* the risk level, the risk reassessment permits the caseworker to increase or *decrease* the risk level by one step. This is allowed because after a minimum of four months' time, a caseworker has acquired significant knowledge of the family. If a discretionary override applies, mark 'Yes', indicate the reason, and mark the override risk level. Discretionary overrides require supervisory approval. The caseworker then indicates the final risk level.

SASKATCHEWAN
SDM® FAMILY RISK REASSESSMENT
POLICY AND PROCEDURES

The family risk reassessment combines items from the original risk assessment with additional items that evaluate a family's progress toward case plan goals. The purpose of the risk reassessment is to assist the caseworker in determining if, following identification of needs and strengths, the development of a plan with the family and participation in services, the household has either maintained a low or moderate risk of subsequent harm or reduced the risk level to low or moderate risk.

Research has demonstrated that for the reassessment, a single index best categorizes risk for future maltreatment. Therefore, the risk reassessment is composed of a single index, as opposed to the initial risk assessment, which has separate indices for abuse and neglect.

Which Cases: All open cases in which all children remain in the home, or cases in which all children have been returned home and in-home services will be provided.

Who: The ongoing caseworker.

When: One hundred twenty days from the date the intake is assigned for investigation and every 120 days thereafter in conjunction with the Assessment and Case Plan, and the Parental Services Agreement.

A risk reassessment should be completed sooner if there are new circumstances or new information that would affect risk.

If a new referral is received while a case is open, an initial risk assessment (not a risk reassessment) will be completed during the investigation, according to risk assessment policy and procedures in this manual.

The original reassessment schedule will remain in effect.

Decision: The risk reassessment guides the decision to keep a case open or to close a case.

Risk-Based Case Open/Close Guide	
Risk Level	**Recommendation**
Low	Close if there are no unresolved safety threats
Moderate	Close if there are no unresolved safety threats
High	Case remains open
Very High	Case remains open

For cases that remain open following reassessment, the NEW risk level guides minimum contact standards that will be in effect until the next reassessment is completed. Use the contact guidelines in Section 4 of this manual.

Appropriate Completion

Items R1–R4

Using the definitions, determine the appropriate response for each item and enter the corresponding score. Items R1 and R2 refer to the time period PRIOR to the investigation that led to the opening of the current case. Scores for these items should be identical to corresponding items on the initial risk assessment unless additional information has become available.

Item R3 may change if new information is available or if there has been a change in who is the primary parent/caregiver.

Item R4 may change if a child's condition has changed, or if a child with a described condition is no longer part of the household (children in out-of-home placement with a plan to return home are considered part of the household, and the family should be reassessed using the reunification assessment).

Items R5–R9

These items are scored based ONLY on observations since the most recent assessment or reassessment. Using the definitions, determine the appropriate response for each item and enter the corresponding score. After entering the score for each individual item, enter the total score and indicate the corresponding risk level.

Description of identified risk items: Please provide narrative that describes the reason for the identification of all risk items on the neglect and abuse indices.

POLICY OVERRIDES

As on the initial risk assessment, it has been determined that there are certain conditions so serious that a risk level of very high should be assigned regardless of the risk reassessment score. The policy overrides refer to incidents or conditions that occurred since the initial risk assessment or last reassessment. If one or more policy override conditions exist, mark 'Yes' for each reason for the override and mark 'Very High' for the final risk level. Policy overrides require supervisory review.

DISCRETIONARY OVERRIDE

A discretionary override is used by the ongoing worker whenever he/she believes that the risk score does not accurately portray the family's actual risk level. Unlike the initial risk assessment, in which the caseworker could only increase the risk level, the risk reassessment permits the caseworker to increase or decrease the risk level by one step. This is allowed because after a minimum of six months' time, a caseworker has acquired significant knowledge of the family. If a discretionary override applies, mark 'Yes', indicate the reason, and mark the override risk level. Discretionary overrides require supervisory approval. The caseworker then indicates the final risk level.

SASKATCHEWAN
SDM® FAMILY REUNIFICATION ASSESSMENT r: 10/13

Primary Client Name: _____ **Ongoing Case #:** _____

Office: _____ **Caseworker:** _____

Assessment/Reassessment Date: _____/_____/_____ **Type:** ☐ Initial ☐ Reassessment #: ☐ 1 ☐ 2 ☐ 3 ☐ 4

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

List all children in the family, oldest to youngest.
Child 1: _____ **Child 2:** _____ **Child 3:** _____
Child 4: _____ **Child 5:** _____ **Child 6:** _____

Using the definitions, determine the appropriate response for each item and enter the corresponding score. After entering the score for each individual item, enter the total score and indicate the corresponding risk level.

SECTION 1: FAMILY REUNIFICATION RISK REASSESSMENT **Score**

R1. Initial SDM risk level (after overrides)
- ○ a. Low 0
- ○ b. Moderate 3
- ○ c. High 4
- ○ d. Very high 5
- ○ e. No initial risk level ..... 4 _____

R2. Has there been a new substantiated investigation (in this household) since the last assessment/reassessment?
- ○ a. No 0
- ○ b. Yes ..... 2 _____

R3. Parent(s)/caregiver(s) progress with the case plan *(rate this item for both parents/caregivers; score based on the parent/caregiver demonstrating least progress)*

☐ No secondary parent/caregiver

Primary	Secondary		
☐	☐	a.	The parent/caregiver consistently demonstrates skills and behaviours consistent with case plan objectives and has been engaged in services ..... -2
☐	☐	b.	The parent/caregiver frequently demonstrates skills and behaviours consistent with case plan objectives and/or is actively engaged in services ..... -1
☐	☐	c.	The parent/caregiver occasionally demonstrates skills and behaviours consistent with case plan objectives and/or has been inconsistently engaged in services 0
☐	☐	d.	The parent/caregiver rarely or never demonstrates skills and behaviours consistent with case plan objectives and/or refuses involvement in programs ..... 4 _____

Total Score _____

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

Score	Risk Level
○ -2–1	○ Low
○ 2–3	○ Moderate
○ 4–5	○ High
○ 6 +	○ Very High

POLICY OVERRIDES. Mark yes if condition is applicable in the current review period. If any condition is applicable, override final risk level to very high.

- ○ Yes ○ No 1. Sexual abuse case AND perpetrator is likely to have access to child.
- ○ Yes ○ No 2. Non-accidental injury to a child younger than 3 years old.
- ○ Yes ○ No 3. Severe non-accidental/physical injury requiring hospital or medical treatment.
- ○ Yes ○ No 4. Parent(s)/caregiver(s) action or inaction resulted in death of a child due to abuse or neglect.

DISCRETIONARY OVERRIDE. Override up or down one risk level.

○ Yes ○ No. 5. If yes, override risk level: ○ Low ○ Moderate ○ High ○ Very High

Discretionary override reason: _____

FINAL RISK LEVEL (mark final level assigned): ○ Low ○ Moderate ○ High ○ Very High

Description of final risk items

SECTION 2: VISITATION PLAN EVALUATION

For each child in the household assessed (listed in the same order as in the form header), using the definitions, determine whether visitation is excellent, good, fair, poor, none, or whether there was no visitation. Evaluate visitation based on the parent/caregiver with the least acceptable visitation during the period.

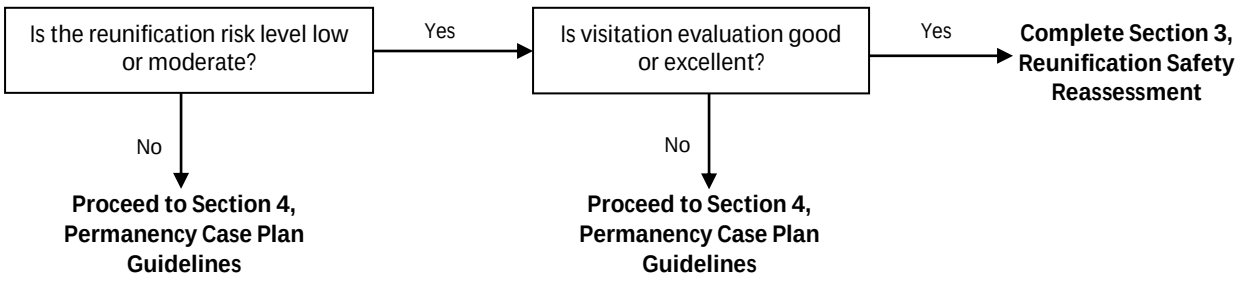
Child	VISITATION PLAN					NO VISITATION	
	Excellent	Good	Fair	Poor	None	No Visitation	Reason*
Child 1	○	○	○	○	○	○	○ COP ○ CR ○ UTL ○ Other
Child 2	○	○	○	○	○	○	○ COP ○ CR ○ UTL ○ Other
Child 3	○	○	○	○	○	○	○ COP ○ CR ○ UTL ○ Other
Child 4	○	○	○	○	○	○	○ COP ○ CR ○ UTL ○ Other
Child 5	○	○	○	○	○	○	○ COP ○ CR ○ UTL ○ Other
Child 6	○	○	○	○	○	○	○ COP ○ CR ○ UTL ○ Other

*COP = Court order prohibits; CR = Child refuses visitation; UTL = Unable to locate; O = Other

Reason for no visitation (if 'Other' or 'Child refuses visitation'): _____

Descriptions of reasons for visitation evaluation

If risk level is low or moderate AND parent/caregiver-child visitation for any child has been evaluated as good or excellent, complete a reunification safety reassessment; otherwise, go to Section 4, Permanency Case Plan Guidelines.



SECTION 3: REUNIFICATION SAFETY REASSESSMENT

A. Safety Threat Assessment

The following factors are behaviours or conditions that may place a child in immediate danger of serious harm if he/she is returned home. Identify the presence of each factor by checking the item. **Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages 0 through 5 cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.**

Yes	No		
○	○	1.	Parent/caregiver expresses fear or concern that he/she will maltreat child if child is returned home and/or requests that placement continue.
○	○	2.	The severity of previous maltreatment AND current circumstances suggest that the child's safety may be of immediate concern. **To endorse this item, there must be both a previous incident or pattern of incidents AND concern about current circumstances.**
○	○	3.	Current circumstances suggest that the parent/caregiver would likely be unable to protect child from serious harm by others if the child were returned home.
○	○	4.	Current circumstances suggest that the parent/caregiver would likely be unable to meet child's needs for food, clothing, shelter, medical care, or mental health care if the child were returned home.
○	○	5.	Physical living conditions in the household are hazardous and immediately threatening, based on the child's age and developmental status.
○	○	6.	Other (specify): _____

B. Interventions that will enable the child to remain in the home for the present time:

☐ 1. Intervention or direct services by caseworker.

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

☐ 3. Use of community agencies or services as safety resources.

☐ 4. Have the parent/caregiver appropriately protect the child from the alleged perpetrator.

☐ 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

☐ 6. Have the non-offending parent/caregiver move to a safe environment with the child.

☐ 7. Legal action planned or initiated; the child remains in the home.

☐ 8. Other (specify): _____

Interventions to continue placement of a child from the home:

☐ 9. The child remains in placement because no interventions are available to adequately ensure the child's safety.

C. Safety Decision and Documentation

○ **1. Safe.** No safety threats are present. **Safety threats that resulted in the child's removal** (as documented on the safety assessment leading to the removal) **are no longer present**, and no additional safety threats were identified. **Document how safety threats were resolved.**

_____

_____

_____

_____

○ **2. Safe with services.** One or more safety **threats** are present. **Briefly describe the specific safety plan** and/or service interventions **that will be incorporated into the case plan** to address the safety **threat(s)**.

_____

_____

_____

_____

○ **3. Unsafe.** One or more safety **threats** are present. **The only intervention to ensure safety is continued out-of-home placement.** Document why other interventions could not be implemented to reunify the child at the present time.

_____

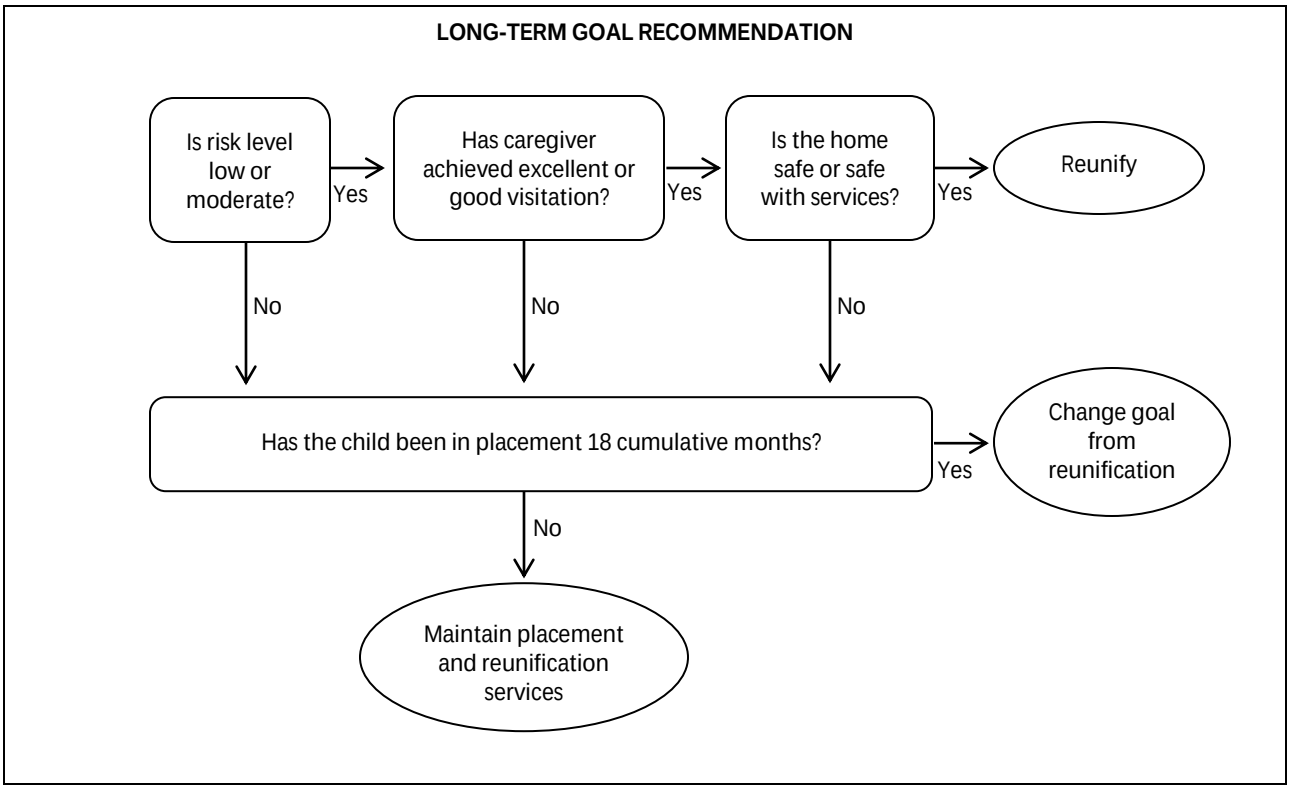
_____

_____

_____

SECTION 4: PERMANENCY CASE PLAN GUIDELINES

Permanency may be a return to the home of removal, return to non-removal parent/caregiver, or other stable long-term alternate living arrangement for the child such as placement with a person of sufficient interest, long-term care order, or adoption.



SECTION 5: PERMANENCY CASE PLAN RECOMMENDATION

Record the recommendation by completing the table below for each child in placement with a goal of reunification. If a discretionary override is used to change the goal from 'Maintain placement with reunification goal' or 'Change goal from reunification' to 'Reunify', a safety assessment must be completed and, if necessary, a safety plan developed with the child and family.

Recommendation same for all children: If yes, complete for Child 1 only. If no, complete for each child in the household.
☐ Yes ☐ No

	Child 1	**Child 2**	**Child 3**	**Child 4**	**Child 5**	**Child 6**
Guideline Recommendation *(from Section 4: Permanency Case Plan Guidelines above.)*	☐ Reunify ☐ Maintain placement with reunification goal ☐ Change goal from reunification	☐ Reunify ☐ Maintain placement with reunification goal ☐ Change goal from reunification	☐ Reunify ☐ Maintain placement with reunification goal ☐ Change goal from reunification	☐ Reunify ☐ Maintain placement with reunification goal ☐ Change goal from reunification	☐ Reunify ☐ Maintain placement with reunification goal ☐ Change goal from reunification	☐ Reunify ☐ Maintain placement with reunification goal ☐ Change goal from reunification
No Override: *Check if you will not use a discretionary override and skip to Final Recommendation.*	☐	☐	☐	☐	☐	☐
Discretionary Override: *Check if you will use a discretionary override.*	☐	☐	☐	☐	☐	☐
Final Recommendation: *If no discretionary override is used, guideline recommendation and final recommendation will be the same.*	☐ Reunify ☐ Maintain placement with reunification goal ☐ Change goal from reunification	☐ Reunify ☐ Maintain placement with reunification goal ☐ Change goal from reunification	☐ Reunify ☐ Maintain placement with reunification goal ☐ Change goal from reunification	☐ Reunify ☐ Maintain placement with reunification goal ☐ Change goal from reunification	☐ Reunify ☐ Maintain placement with reunification goal ☐ Change goal from reunification	☐ Reunify ☐ Maintain placement with reunification goal ☐ Change goal from reunification
Discretionary Override Reason: *Record the reason for the discretionary override, identifying the reason for each child, if different.*						

Caseworker: _____ **Date:** _____/_____/_____

Supervisor Approval: _____ **Date:** _____/_____/_____

SASKATCHEWAN
SDM® FAMILY REUNIFICATION ASSESSMENT
DEFINITIONS

SECTION 1: FAMILY REUNIFICATION RISK REASSESSMENT

R1. Initial SDM risk level (after overrides)
The initial SDM risk level is used to score this item. If there has been a new investigation since the investigation that led to placement, use the risk level from the initial risk assessment completed during that investigation. If there is no initial SDM risk assessment for this household, mark 'e' and score as 4.

R2. Has there been a new substantiation (in this household) since the last assessment/reassessment?
Rate this item based on whether complaints have been received (for this household) **during the period under review**.

a. Score 0 if 'no'. A referral may have been investigated, but it was not substantiated.

b. Score 2 if 'yes'. A referral was received, investigated, and substantiated during this review period.

R3. Parent(s)/caregiver(s) progress with the case plan
Rate both parents/caregivers. If no secondary parent/caregiver is present, mark the box labeled 'No secondary parent/caregiver'. Score the item based on the parent/caregiver demonstrating the least progress.

a. The parent/caregiver consistently demonstrates skills and behaviours consistent with case plan objectives and has been engaged in services. The parent/caregiver is consistently demonstrating behavioural change consistent with the objectives in the case plan (e.g., following substance abuse recovery plan, uses age-appropriate and acceptable parenting activities, provides a safe and healthy home, provides emotional support for the child, etc.). Includes parents/caregivers who successfully achieve desired behaviour change through activities not specifically identified in the plan. Engagement in services and activities means that the parent/caregiver's participation suggests acquisition and application of new skills, not just compliance with attendance. Compliance with services and activities without demonstration of acquisition of new skills consistent with case plan objectives is not sufficient for scoring.

b. The parent/caregiver frequently demonstrates skills and behaviours consistent with case plan objectives and/or is actively engaged in services. The parent/caregiver is frequently, but not yet consistently, demonstrating behavioural change consistent with the objectives in the case plan (e.g., following a substance abuse recovery plan, uses age-appropriate and acceptable parenting and discipline activities, provides a safe and healthy home, provides emotional support for the child, etc.). This may include routine participation in activities identified in the case plan toward achievement of new skills, and parents/caregivers who achieve desired behaviour

change through activities not specifically identified in the plan. Engagement in services and activities means that the parent/caregiver's participation suggests acquisition and application of new skills, not just compliance with attendance. Compliance with services and activities without demonstration of acquisition of new skills consistent with case plan objectives is not sufficient for scoring.

c. The parent/caregiver occasionally demonstrates skills and behaviours consistent with case plan objectives and/or has been inconsistently engaged in services. The parent/caregiver may have made some progress on case plan objectives but is not yet demonstrating sufficient behavioural change to address needs related to safety and protection of the children. There was minimal or sporadic participation in pursuing outcomes in the case plan. Parents/caregivers who are demonstrating some progress toward case plan objectives, but insufficient progress overall, should be scored here.

d. The parent/caregiver rarely or never demonstrates skills and behaviours consistent with case plan objectives and/or refuses involvement in programs. This includes complete refusal to participate in services or activities, or participation that has failed to result in behaviour change.

Overrides

After determining the scored risk level, assess whether any override conditions are present. Consider only the most recent review period. If this is the first reunification assessment, consider the period since the initial risk assessment. If this is *not* the initial reunification assessment, consider the period since the last reunification assessment. Overrides require supervisory approval.

Policy overrides. Indicate if a policy override condition exists. Presence of one or more listed conditions increases risk to very high.

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

2. **Non-accidental injury to a child younger than 3 years old.**
   Any child in the household younger than the age of 3 has a physical injury resulting from the action or inaction of a parent/caregiver.

3. **Serious non-accidental physical injury requiring hospital or medical treatment.**
   Any child in the household has a serious physical injury resulting from the action or inaction of the parent/caregiver. The parent/caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts; and the child requires medical treatment.

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

Discretionary override. A discretionary override is used by the ongoing caseworker whenever the caseworker believes that the risk score does not accurately portray the household's actual risk level. Unlike the initial risk assessment, in which the caseworker could only increase the risk level, the reunification assessment permits the caseworker to increase or decrease the risk level by one level. The reason a caseworker may now decrease the risk level is that after a minimum of six months, the caseworker has acquired significant knowledge of the household. If the caseworker applies a discretionary override, the reason should be specified in item 5, and the final reunification risk level should be marked.

SECTION 2: VISITATION PLAN EVALUATION. Assess visits and parent/caregiver-child interaction during the period under review. Assessment of visits is based on the parent/caregiver with the most concerning behaviour and includes both frequency and quality. Activities specified in the visitation plan may include activities other than in-person visits, such as telephone calls, texting, video calls, email, etc.

In Linkin, the visitation plan is the frequency of visitation (generally the days visits will occur) and the proposed duration. Objectives for the visits are identified in the Parental Services Agreement and/or the Assessment and Case Plan. Workers will record the outcomes of each visit, including whether the visit occurred and whether the visit met behavioural objectives, in the visitation log in Linkin.

Assessment of Visitation Quality

The following guide is for the evaluation of both individual visits and overall visitation quality, based on the objectives established for the visits.

- Indicate whether visit objectives were met by the parent/caregiver, including:
  - » The caregiver is ensuring child safety; and
  - » The nature of the parent/caregiver-child interaction, including:
    - Demonstration of appropriate roles and boundaries for the child (e.g., preserves parent/caregiver-child relationship; takes on adult roles and responsibilities); and
    - Demonstration of ability to recognize and respond appropriately to child's behaviors and cues.
- Indicate whether parent/caregiver demonstrates focus on the child during visits; shows empathy to child; and demonstrates appropriate parenting skills, including:
  - » Identification of the child's physical and emotional needs and appropriate response to these needs;
  - » Demonstration of effective limit setting and discipline strategies; and
  - » Demonstration of interest in school, other child activities, medical appointments, etc.

Quality of Individual Visits

Excellent—Parent/caregiver has met **all** objectives for the visit.

Good—Parent/caregiver met **most** objectives for the visit.

Fair—Parent/caregiver has met **some** objectives for the visit. Parent/caregiver behavior and child-parent/caregiver interaction still requires improvement, although child safety is ensured

Poor—Parent/caregiver has not met objectives for the visit. Interaction between parent/caregiver and child was negative OR parent/caregiver demonstrated disregard for the emotional and physical needs of the child OR caregiver behavior threatens safety of the child OR the visit was shortened by the supervising worker due to negative parental behaviour.

Failed Visit—The scheduled visit did not occur. Regardless of the reason, this is considered a failed visit.

Failed visits will be reviewed by the supervisor and rescheduled as soon as possible, if deemed to be in the best interests of the child. The visit quality for failed visits will be recorded as "failed for the cancelled visit" in the LINKIN visit log. The following will be documented in the LINKIN visit log narrative:

- Reason for the cancellation
- Plan to reschedule
- If not rescheduled, the reason
- Date of the supervisor review

See the Family Centred Services manual, Chapter 7.7, Family Contact and Visitation.

Overall Visitation Evaluation

Taking into account individual visits and whether visits are supervised for safety of the child, evaluate the overall visitation for each child for the period under review.

- Visits may be in a structured setting such as an office, placement home, or other facility due to convenience but not for supervision of safety.

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

- Do not count visits that are missed because the child refuses to attend.

- Do not count visits as missed that are due to natural causes such as weather emergencies or medical emergencies.

Excellent. Visits between parent/caregiver and child are not supervised for safety and 90–100% of visits were kept.

- Parent/caregiver has met all objectives outlined in the visitation plan related to child safety, parent/caregiver-child interactions, and parenting skills.

- All parent/caregiver-child interactions appear to be positive and appropriate during visits.

Good. Visits between parent/caregiver and child are not supervised for safety and 70–89% of visits were kept. Visitation may have changed from supervised to unsupervised during the period of assessment due to positive parental behaviour.

- Parent/caregiver has met most objectives of plan related to child safety, interaction between parent/caregiver and child, and parenting skills.
- Parent/caregiver-child interaction is positive throughout all visits.

Fair. Visits between parent/caregiver and child may be formally or informally supervised or unsupervised and/or fewer than 70% of visits were kept.

- Parent/caregiver has met some objectives of plan related to child safety, interaction between parent/caregiver and child, and parenting skills.

- Parent/caregiver-child interaction is appropriate or improving during visits, but continued improvement is required.

- No more than one visit has been missed without legitimate explanation or advance notice. Visits are required to be in a structured setting such as an office, counsellor's office, or alternate care setting, although parent/caregiver may be allowed unsupervised time with child during visits.

Poor. Visits between parent/caregiver and child may be formally or informally supervised or unsupervised and/or fewer than 70% of visits were kept.

- Parent/caregiver has met few objectives of plan related to child safety, interaction between parent/caregiver and child, and parenting skills.

- Visitation has been changed from unsupervised to supervised due to parental behaviour.

- Parent/caregiver has demonstrated poor parenting techniques or parent/caregiver-child interaction during visitation.

None. Parent/caregiver has failed to visit or visits have been suspended due to parental behaviour.

No Visitation. There is no visitation plan because the parent/caregiver is unable to visit the child. Check the reason: court order prohibits in-person visits, unable to locate, child refuses visitation due to fear of the parent/caregiver, or other reasons.

SECTION 3: REUNIFICATION SAFETY REASSESSMENT

A. Safety Threat Assessment

The following factors are behaviours or conditions that may place a child in immediate danger of serious harm if he/she is returned home. Identify the presence of each factor by checking the item. **Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages 0 through 5 cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.**

1. Parent/caregiver expresses fear or concern that he/she will maltreat child if child is returned home and/or requests that placement continue.

2. The severity of previous maltreatment AND current circumstances suggest that the child's safety may be of immediate concern. To endorse this item, there must be both a previous incident or pattern of incidents AND concern about current circumstances.

Previous maltreatment includes any of the following.

- Prior death of a child as a result of parent/caregiver or other household member's maltreatment.
- Prior serious injury or abuse to child(ren) other than accidental: The parent/caregiver caused serious injury, defined as brain injury, skull or bone fracture, subdural hemorrhage or hematoma, serious bruising or soft tissue damage, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, impairment of any organ, or fatality.
- Prior failed reunification: The parent/caregiver had reunification efforts terminated in connection with a child protection determination.
- Prior removal of a child: Removal/placement of a child was necessary for the safety of the child due to parent/caregiver maltreatment or neglect.
- Prior child protection investigations, substantiated or not. Factors to be considered include maltreatment by the parent/caregiver or household member and seriousness, chronicity, and/or patterns of abuse/neglect allegations.
- Prior service failure: Failure to successfully complete court-ordered or voluntary services provided as a result of a report of suspected child abuse or neglect.

Current concerns may include but are not limited to the following.

- Parent/caregiver has limited resources for parenting support.
- Parent/caregiver has had limited opportunity to demonstrate improved parenting for more than 48 hours at a time and/or under significant stress.

- Caseworker or others involved in the case have credible concerns regarding safety of the child if returned home.

- Parent/caregiver continues to show no remorse or responsibility for previous behaviour that resulted in harm to a child.

3. Current circumstances suggest that the parent/caregiver would likely be unable to protect child from serious harm by others if the child were returned home.

Current circumstances may include but are not limited to the following.

- An individual with recent, chronic, or severe violent behaviour (including perpetrator of domestic violence) resides in home or would have access to child if child were returned.

- Others in the home or who would have access to the child have made threats of harm or retaliation against the child, and parent/caregiver would not be able to protect child. Harm includes physical abuse, sexual abuse, emotional abuse, and neglect.

- Parent/caregiver has expressed fear or concern that he/she will be unable to protect child from harm by others if child is returned home.

- Others involved in the case have provided credible information that suggests parent/caregiver will be unable to provide supervision necessary to protect the child from potentially serious harm by others, based on the child's age or developmental stage.

4. Current circumstances suggest that the parent/caregiver would likely be unable to meet child's needs for food, clothing, shelter, medical care, or mental health care if the child were returned home.

Current conditions may include but are not limited to the following.

- The parent/caregiver has no housing or is currently residing in an emergency shelter AND if the child were returned to the parent/caregiver, the child's needs for minimally safe conditions (water, structurally safe environment, protection from severe weather elements) would not be met.

- Parent/caregiver cannot ensure safe sleeping arrangements for infant or toddler.

- Parent/caregiver does not have the ability to provide or the capacity to keep (refrigeration or heating) food or drink for the child.

- Parent/caregiver does not have the means to provide the child with clothing that would protect him/her from severe weather.

- Parent/caregiver does not have the resources to safely transport child to necessary medical or mental health appointments due to lack of transportation (public or private vehicle) or lack of nearby facilities.

- Child has significant medical or mental health needs, and credible concerns exist regarding parent/caregiver's ability to maintain child's safety.

5. Physical living conditions in the household are hazardous and immediately threatening, based on the child's age and developmental status.

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

- Leaking gas from stove or heating unit or inappropriate ventilation of wood stove or use of open fires in the home;

- Substances or objects are accessible to the child that may endanger his/her health and/or safety;

- Illegal drug manufacture in the home;

- Lack of adequate water or utilities (heat, plumbing, electricity, adequate ventilation or cooling), and no safe, alternate provisions have been made;

- Exposed electrical wires;

- Excessive garbage or rotten or spoiled food that threatens health;

- Toxic black mould;

- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites);

- Evidence of human or animal feces throughout living areas;

- Guns and other weapons are not locked up;

- Unrestricted access to pools or bodies of water; consider age and developmental status of child; and/or

- Lack of safe access to doors, stairways, and/or fire escape.

6. Other (specify).

B. Interventions that will enable the child to remain in the home for the present time:

1. Intervention or direct services by caseworker.
Actions taken or planned by the caseworker that specifically address one or more safety threats (e.g., providing emergency aid such as food, transportation, or mentoring; planning return visits to the home to check on progress; providing information and/or assistance in obtaining restraining orders; and providing information/definitions of child abuse and neglect and informing involved parties of consequences under The Child and Family Services Act [CFSA]).

2. Use of family, neighbours, or other individuals in the community as safety resources.
Applying the family's own strengths as resources to mitigate safety threats, or using extended family members, neighbours, or other individuals to mitigate safety threats. Examples include family's agreement to use nonviolent means of discipline; engaging a grandparent to assist with child care; elder support; agreement by a neighbour to serve as a safety net for an older child; commitment by 12-step sponsor/support person to meet with parent/caregiver daily and call caseworker if parent/caregiver has used; or parent/caregiver's decision that the child be able to spend a night or a few days with a friend or relative.

3. Use of community agencies or services as safety resources.
Community resources used as a safety intervention should be immediately available to the family and be able to reduce the threat of immediate serious harm. DOES NOT INCLUDE long-term therapy or treatment, being put on a waiting list for services, or delays in contact and initiation of services to the family.

4. Have the parent/caregiver appropriately protect the child from the alleged perpetrator.
A non-offending parent/caregiver has acknowledged the safety concerns and is able and willing to protect the child from alleged perpetrator. Examples include agreeing that the child will not be left alone with the alleged perpetrator or preventing the alleged perpetrator from physically disciplining the child.

5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
Temporary or permanent removal of the alleged perpetrator. Examples include arresting alleged perpetrator, non-perpetrating parent/caregiver 'kicking out' alleged perpetrator who has no legal right to residence, or perpetrator agreeing to leave.

6. Have the non-offending parent/caregiver move to a safe environment with the child.
A parent/caregiver not suspected of harming the child has taken or plans to take the child to an alternate location where the alleged perpetrator will not have access to the child. Examples include a domestic violence shelter, the home of a friend or relative, or a hotel.

7. Legal action planned or initiated; the child remains in the home.
A legal action has already commenced or will be commenced that will effectively mitigate identified safety factors. This includes family-initiated (e.g., restraining orders, mental health commitments, change in custody/visitation/guardianship) and caseworker-initiated (apply for a protective intervention order or emergency intervention order and the child remains in the home) actions. *May only be used in conjunction with other safety interventions.*

8. Other (specify).
The family or caseworker identified a unique intervention for an identified safety concern that does not fit within items 1–7.

9. The child remains in placement in protective custody because no interventions are available to adequately ensure the child's safety.

One or more children are continued in care pursuant to Section 17 of CFSA.

SECTION 4: PERMANENCY CASE PLAN GUIDELINES. Permanency may be a return to the removal home, return to non-removal parent/caregiver, or other stable long-term alternate living arrangement for the child such as placement with a person of sufficient interest, long-term care order, or adoption.

Maintain placement and reunification services
Do not place the child in the removal home. Continue reunification efforts with the household.

Change goal from reunification
Change the permanency plan goal from return home to adoption, guardianship, permanent placement with appropriate relative, or other planned permanent living arrangement. Stop efforts to place the child in the home under assessment.

Reunify (return to removal or other parental home)
The child is eligible to return to the removal home.

SECTION 5: PERMANENCY CASE PLAN RECOMMENDATION

Record the recommendation by completing the table below for each child in placement with a goal of reunification.

Recommendation same for all children: If yes, complete for Child 1 only. If no, complete for each child in the household.

Guideline Recommendation: Record the results from the Permanency Case Plan Guidelines in Section 4.

Reunify (return to removal or other parental home)
Based on the reunification assessment results, the child is eligible to return to the assessed home.

Maintain placement and reunification services
Based on the reunification assessment results, the child will remain in out-of-home care and reunification efforts continue with the household under assessment.

Change goal from reunification
Change the child's permanency plan from reunification to persons of sufficient interest long-term care order, residential care, adoption, or assisted adoption. (Indicate the new goal.)

No Override: Check if a discretionary override will not be used to change the recommendation from the recommendation in the Permanency Case Plan Guidelines

Discretionary Override: Indicate whether the caseworker is overriding the permanency plan recommendation guided by the decision tree for each child as appropriate. Explain any overrides used for each child in the space below.

Final Recommendation: Record the final permanency recommendation for the children in the family. If an override is not used, the final will be the same as the guideline recommendation in the first row. If a discretionary override is used, the guideline recommendation in the first row will be different from the final recommendation.

Documentation
Narrative documentation of the conditions observed and the reasons for scoring of each risk item, visitation item, safety threat, and progress in case planning should be completed in either the assessment of risk, progress, or closure (if applicable) sections of the Assessment and Case Plan For Child Protection Files (2096 Rev 08/08). Recommendations for next steps of the case should be clearly documented in these sections based on the caseworker's completion of the reunification assessment.

SASKATCHEWAN
SDM® FAMILY REUNIFICATION ASSESSMENT
POLICY AND PROCEDURES

The purpose of the reunification assessment is to structure critical case management decisions for children in placement who have a reunification goal by:

1. Routinely monitoring critical case factors that affect goal achievement;
2. Helping to structure the case review process; and
3. Expediting permanency for children in substitute care.

The reunification assessment consists of three tools used to evaluate risk, visitation, and safety. Results of the tools and the length of time the child has been in care are used to reach a permanency plan recommendation and to guide decisions about whether to return a child home, maintain a child in care with continued reunification services, or change the goal from return home to another permanency plan.

If household risk is low or moderate, visitation is acceptable, and the safety decision is safe or conditionally safe, a child is recommended to be returned home. If any of these findings are not achieved, return home is not recommended. If return home is not recommended, reunification services may be continued or a change of goal from return home recommended based on the length of time in care.

The family reunification assessment is completed in conjunction with the family strengths and needs assessment and individual child strengths and needs assessment.

Which Cases: All cases where the Ministry has temporary wardship including those placed in care under Section 9 and in which at least **one child** is in placement with a goal of return home.

If more than one household is receiving reunification services, complete one tool on each household.

**Do not use for permanent wards to determine if a return to the parent/caregiver(s) should be considered unless the permanency goal has been changed to return home and a case plan has been established.*

**In new placement cases where a child has been in care for less than 45 days, a case plan has not been established, and there is consideration of a return to the removal home, use the initial SDM safety assessment to assess whether the child can safely be returned home. Use policy for the safety assessment to guide decision making.*

Who: The ongoing worker.

When: The SDM family reunification assessment is used to assess progress on case plan goals, visitation, and safety, and to inform recommendations made concerning continued placement out of home and extensions of wardship.

Complete the assessment prior to any recommendations to the court to return a child or request an extension of the order. This is:

- In conjunction with each review of the assessment and case plan;
- No more than **15 calendar** days prior to completing each review of the assessment and case plan or recommending reunification or a change in permanency planning goal; and
- Should be completed **sooner** if there are new circumstances or new information that would affect risk.

Decision: The reunification assessment guides decision making to:

1. Return a child to the removal household or to another household with a legal right to placement (non-removal household);[1]
2. Continue reunification services while maintaining the child in placement; and/or
3. Conclude reunification services and implement an alternate permanency goal.

AND

Contact standards: The reunification risk level determines the minimum contacts required that will be in effect until the next reunification risk reassessment is completed or the permanency goal changes.

Appropriate Completion

For each household participating in reunification services, using the definitions and instructions, complete the following.

1. The reunification risk reassessment
2. The visitation plan evaluation
3. The reunification safety assessment, if required by the reunification risk and visitation evaluation results
4. The permanency case plan guidelines and summary
5. Narrative supporting the evaluation of risk, visitation, safety, and permanency decision should be provided in the comment boxes on the form, incorporated into the assessment and case plan, and shared with family

[1] Removal household is that household from which the child was removed, or, if due to joint custody that designation is unclear, then the household where the most serious maltreatment occurred. Non-removal households are those with legal rights to the child (father's home, mother's home).

Practice Considerations

The reunification assessment should be shared with and explained to the household at the beginning of the case so that the household may understand how the worker will evaluate risk of subsequent harm, visitation and child safety, and the role of each in coming to a recommendation for reunification, maintenance of placement, and the permanency goal. Specifically:

- Discuss their original risk level, explaining that services in the case plan are intended to reduce risk, and how risk and progress are evaluated. Explain that a new substantiation or failure to progress toward case plan goals increases risk and that progress toward case plan goals will reduce their risk level.

- Explain that both the quantity and quality of their visitation are evaluated and how that is done. Explain that acceptable visitation may allow consideration of a return home and that unacceptable visitation may block consideration of a return home.

- Explain that if risk and visitation suggest that reunification should be considered, safety is assessed to determine if the threats leading to placement have been resolved and that no other threats are present; or if present, can be controlled with in-home services.

Appendix A

Physical and Cognitive Developmental Milestones

Physical and Cognitive Developmental Milestones[2]		
Age Level	**Physical Skills**	**Cognitive Skills**
0–1 Year		
0–4 weeks	Lifts head when on abdomen. Head momentarily to midline when on back. Equal extremity movements. Sucking reflex. Grasp reflex (no reaching, and hand usually closed). Increasing body tone and stabilization of basic body functions, growing capacity to stay awake.	Looks at face transiently. By 3–4 weeks, smiles selectively to mother's voice and human voice leads to quieting of cries. Cries if uncomfortable or in state of tension—undifferentiated initially, but gradually varies with cause (e.g., hungry, tired, pain).
1–3 months	Head to 45 degrees when on abdomen, erect when sitting. Bears fraction of weight when held in standing position. Uses vocalizations. By 2–3 months, grasps rattle briefly. Puts hands together. By 3–4 months, may reach for objects, suck hand or fingers. Head is more frequently to midline, and comes to 90 degrees when on abdomen. Rolls side to back.	Increased babbles and coos. Most laugh out loud, squeal, and giggle. Smiles responsively to human face. Increased attention span.
3–6 months	Rolls from abdomen to back, then from back to abdomen. Bears increasing weight when held upright. No head lag when pulled to sitting. Head, eyes, and hands work well together to reach for toys or human face. Inspects objects with hands, eyes, and mouth. Takes solid food well.	Spontaneously vocalizes vowels, consonants, and a few syllables. Responds to tone and inflection of voice. Smiles at image in mirror.
6–9 months	Sits without support. Increasingly mobile. Stands whilst holding on. Pushes self to sitting. Grasps objects, transfers objects. Feeds self finger foods, puts feet to mouth, may hold own bottle. Approaching 9 months, pulls self to standing.	Says mama/dada randomly. Begins to imitate speech sounds. Many syllable sounds (ma, ba, da). Responds to own name, beginning responsiveness to 'no, no'.
9–12 months	Crawls with left-right alternation. Walks with support, stands momentarily and takes a few uneasy steps. Most have neat pincer grasp. Bangs together objects held in each hand. Plays pat-a-cake. Fifty percent drink from cup by themselves.	Imitates speech sounds. Correctly uses mama/dada. Understands simple command ('give it to me'). Beginning sense of humour.

[2] Adapted from 'Developmental Milestones Summary', Institute for Human Services, (1990); developmental charts provided by Jeffery Lusko, Orchards Children's Service, Southfield, Michigan; 'Early Childhood Development from two to six years of age', Cassie Landers, UNICEF HOUSE, New York.

Physical and Cognitive Developmental Milestones		
Age Level	**Physical Skills**	**Cognitive Skills**
1–2 Years		
12–15 months	Stands well alone, walks well, stoops and recovers. Neat pincer grasp. Can put a ball in a box and a raisin in a bottle. Can build a tower of two cubes. Spontaneous scribbling with palmar grasp of crayon. Fifty percent use spoon with minimal spilling. Most drink from cup unassisted.	Three to five word vocabulary. Uses gestures to communicate. Vocalizing replaces crying for attention. Understands 'no'. Shakes head for no. Sense of me and mine. Fifty percent imitate household tasks.
15–18 months	Runs stiffly. Walks backwards. Attempts to kick. Climbs on furniture. Crude page turning. Most use spoon well. Fifty percent can help in little household tasks. Most can take off pieces of clothing.	Vocabulary of about 10 words. Uses words with gestures. Fifty percent begin to point to body parts. Vocalizes 'no'. Points to pictures of common objects (e.g., dog). Knows when something is complete, such as waving bye-bye. Knows where things are or belong. More claiming of mine. Beginning distinction of you and me, but does not perceive others as individuals like self. Resistant to change in routine. Autonomy expressed as defiance. Words are not important discipline techniques.
18–24 months	Whilst holding on, walks up stairs, then walks down stairs. Turns single pages. Builds tower of four to six cubes. Most copy vertical line. Strings beads or places rings on spindles. Helps dress and undress self. Can wash and dry hands. Most can do simple household tasks.	Markedly increased vocabulary (mostly nouns). Consistently points to body parts. Combines two to three words. Names pictures of common objects. Follows simple directions. Matches colours frequently, but uses colour names randomly. Uses number words randomly. May indicate wet or soiled diapers. Asks for food or drink. Understands and asks for 'another'. Mimics real-life situations during play. Self-centred, but distinguishes between self and others. Conscious of family group.
2 Years	Jumps in place with both feet. Most throw ball overhead. Can put on clothing—most can dress self with supervision. Can use zippers, buckles, and buttons. Most are toilet trained. Good steering on push toys. Can carry a breakable object. Can pour from one container to another. By 30 months, alternates feet on stair climbing, pedals tricycle, briefly stands on one foot, builds eight-cube tower, proper pencil grasp, imitates horizontal line.	Learns to avoid simple hazards (stairs, stoves, etc.). By 30 months, vocabulary reaches 300 words. Identity in terms of names, gender, and place in family are well established. Uses 'I', but often refers to self by first name. Phrases and three- to four-word sentences. By 36 months, vocabulary reaches 1,000 words, including more verbs and some adjectives. Understands big versus little. Interest in learning, often asking 'What's that'?

Physical and Cognitive Developmental Milestones		
Age Level	**Physical Skills**	**Cognitive Skills**
3 Years	Most stand on one foot for five seconds. Most hop on one foot. Most broad-jump. Toilets self during daytime. By 38 months, draws picture and names it. Draws two-part person.	Counts to three. Tells age by holding up fingers. Tells first and last name (foster children may not know last name). Most answer simple questions. Repeats three or four digits or nonsense syllables. Readiness to conform to spoken word. Understands turn-taking. Uses language to resist. Can bargain with peers. Understands long versus short. By end of third year, vocabulary is 1,500 words.
4–5 Years	Most hop on one foot, skip alternating feet, balance on one foot for 10 seconds, catch bounced ball, do forward heel-toe walk. Draws three-part person. Copies triangles, linear figures (may have continued difficulty with diagonals, and may have rare reversals). Most dress independently other than back buttons and shoe tying. Washes face and brushes teeth. Laces shoes.	By end of fifth year, vocabulary is over 2,000 words, including adverbs and prepositions. Understands opposites (day/night). Understands consecutive concepts (big, bigger, biggest). Lots of why and how questions. Correctly counts 5 to 10 objects. Correctly identifies colours. Dogmatic and dramatic. May argue about parent/caregiver requests. Good imagination. Likes silly rhymes, sounds, names, etc. Beginning sense of time in terms of yesterday, tomorrow, sense of how long an hour is, etc. Increasingly elaborate answers to questions.
6–11 Years	Practises, refines, and masters complex gross and fine motor and perceptual skills.	Concrete operational thinking replaces egocentric cognition. Thinking becomes more logical and rational. Develops ability to understand others' perspectives.
12–17 Years	Physiological changes at puberty promote rapid growth, maturity of sexual organs, and development of secondary sex characteristics.	In early adolescence, precursors to formal operational thinking appear, including limited ability to think hypothetically and to take multiple perspectives.
		During middle and late adolescence, formal operational thinking becomes well developed and integrated in a significant percentage of adolescents.

Appendix B

Original SDM® Family Risk Assessment of Child Abuse/Neglect

SASKATCHEWAN
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT

r: 10/11

Case Name: _____ **Intake #:** _____

Caseworker Name: _____ **Assessment Date:** _____/_____/_____

Household Assessed: _____ **Case Reference #:** _____

Were there allegations in this household? ○ Yes ○ No

NEGLECT

Score

N1. Current complaint is for neglect
- ○ a. No 0
- ○ b. Yes ..... 1 _____

N2. Prior investigations (*assign highest score that applies*)
- ○ a. None 0
- ○ b. One or more, abuse only 1
- ○ c. One or two for neglect 2
- ○ d. Three or more for neglect ..... 3 _____

N3. Household has previously received ongoing child protective services
- ○ a. No 0
- ○ b. Yes ..... 1 _____

N4. Number of children involved in the child abuse/neglect incident
- ○ a. One, two, or three 0
- ○ b. Four or more ..... 1 _____

N5. Age of youngest child in the home
- ○ a. 2 or older 0
- ○ b. Under 2 ..... 1 _____

N6. Primary caregiver provides physical care consistent with child needs
- ○ a. Yes 0
- ○ b. No ..... 1 _____

N7. Primary caregiver has a historic or current mental health problem
- ○ a. No 0
- ○ b. Yes ..... 1 _____

N8. Primary caregiver has historic or current alcohol or drug problem
- ○ a. Not applicable 0
- ○ b. One or more apply (*mark applicable items and add for score*):
  - ☐ Alcohol 1
    - ☐ Current (within the last 12 months)
    - ☐ Historic (prior to last 12 months)
  - ☐ Drug ..... 1 _____
    - ☐ Current (within the last 12 months)
    - ☐ Historic (prior to last 12 months)

N9. Characteristics of children in household
- ○ a. Not applicable 0
- ○ b. One or more present (*mark applicable items and add for score*):
  - ☐ Medically fragile or failure to thrive 1
  - ☐ Developmental, physical or learning disability 1
  - ☐ Positive toxicology screen at birth ..... 1 _____

N10. Housing
- ○ a. Not applicable 0
- ○ b. One or more apply (*mark applicable items and add for score*):
  - ☐ Current housing is physically unsafe 1
  - ☐ Homeless ..... 2 _____

TOTAL NEGLECT RISK SCORE _____

ABUSE

Score

A1. Current complaint is for abuse
- ○ a. No 0
- ○ b. Yes ..... 1 _____

A2. Number of prior abuse investigations
- ○ a. None 0
- ○ b. One 1
- ○ c. Two or more ..... 2 _____
  (actual number:)

A3. Household has previously received ongoing child protective services
- ○ a. No 0
- ○ b. Yes ..... 1 _____

A4. Prior injury to a child resulting from child abuse/neglect
- ○ a. No 0
- ○ b. Yes ..... 1 _____

A5. Primary caregiver's assessment of incident
- ○ a. Not applicable 0
- ○ b. One or more apply (*mark applicable items and add for score*):
  - ☐ Blames child for maltreatment 1
  - ☐ Justifies maltreatment ..... 2 _____

A6. Domestic violence in the household in the past year
- ○ a. No 0
- ○ b. Yes ..... 2 _____

A7. Primary caregiver characteristics
- ○ a. Not applicable 0
- ○ b. One or more apply (*mark applicable items and add for score*):
  - ☐ Provides insufficient emotional/psychological support 1
  - ☐ Employs excessive/inappropriate discipline 1
  - ☐ Domineering ..... 1 _____

A8. Primary caregiver has a history of abuse or neglect as a child
- ○ a. No 0
- ○ b. Yes ..... 1 _____

A9. Secondary caregiver has historic or current alcohol or drug problem
- ○ a. No 0
- ○ b. Yes, one or more apply ..... 1 _____
  - ☐ Alcohol
    - ☐ Current (within the last 12 months)
    - ☐ Historic (prior to last 12 months)
  - ☐ Drug
    - ☐ Current (within the last 12 months)
    - ☐ Historic (prior to last 12 months)

A10. Characteristics of children in household
- ○ a. Not applicable 0
- ○ b. One or more apply (*mark applicable items and add for score*):
  - ☐ Child or youth in conflict with law 1
  - ☐ Developmental or learning disability 1
  - ☐ Mental health or behavioural problem ..... 1 _____

TOTAL ABUSE RISK SCORE _____

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

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

POLICY OVERRIDES. Mark yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to very high.

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

○ Yes ○ No 2. Non-accidental injury to a child younger than 3 years old.

○ Yes ○ No 3. Severe non-accidental injury to any child under the age of 16.

○ Yes ○ No 4. Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made, mark yes, mark override risk level and indicate reason. Risk level may be overridden one level higher.

○ Yes ○ No 5. If yes, override risk level (mark one): ○ Moderate ○ High ○ Very High

Discretionary override reason: _____

FINAL RISK LEVEL (mark final level assigned): ○ Low ○ Moderate ○ High ○ Very High

Risk Classification	**Investigation Finding**		Check Recommended Action
	Substantiated	**Unsubstantiated**	
Very High	Open for ongoing services	Open for ongoing services	□
High	Open for ongoing services	Open for ongoing services	□
Moderate	Close*	Close*	□
Low	Close*	Close*	□

*Low and moderate risk cases should be opened if the most recent SDM safety assessment finding was safe with services or unsafe.

ACTION. Enter the action taken (opened as a case or not opened as a case). If the recommended action differs from the action taken, provide an explanation.

○ Open

○ Do not open (for continuing services)

If recommended action and action taken do not match, explain why: _____

Description of identified risk items

Caseworker Signature: _____ **Date:** ____/____/____

Supervisor Review/Approval Signature: _____ **Date:** ____/____/____

SASKATCHEWAN
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT
DEFINITIONS

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

In applying the definitions, consider conditions that existed AT THE BEGINNING of the assessment/investigation. Also, mark any risk items that emerged or occurred DURING the assessment/investigation unless otherwise stated in the definition.

NEGLECT

N1. Current complaint is for neglect

The current complaint includes any type of neglect allegation. Include all referred neglect allegations as well as neglect allegations made or discovered during the course of the investigation.

N2. Prior investigations

- Count prior investigations involving any adult members with caregiving responsibilities in the current household who were alleged perpetrators.
- Do not count the following types of prior investigations:
  - » Allegations that were perpetrated by an adult who does not currently live in the household;
  - » Investigations in which children in the home were identified as perpetrators of abuse/neglect;
  - » Referrals that were not accepted for investigation.

When there is information received that a family previously resided out of province, region or other jurisdiction, history from the other jurisdictions must be checked.

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

b. One or more, abuse only. One or more investigations, substantiated or not, for any type of abuse prior to the current investigation AND no prior neglect investigations. Abuse includes physical, emotional or sexual abuse/exploitation.

c. One or two for neglect. One or two investigations, substantiated or not, for any type of neglect prior to the current investigation, with or without abuse investigations.

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

N3. Household has previously received ongoing child protective services

The household has previously received or is currently receiving ongoing CPS as a result of a prior investigation. Service history includes voluntary or court-ordered family services or ongoing family services, but does not include young offender services.

N4. Number of children involved in the child abuse/neglect incident

Number of children under 16 years of age alleged to have been abused or neglected in the current investigation. This includes any children not identified at the time of report for whom allegations of abuse or neglect were observed during the course of the investigation.

N5. Age of youngest child in the home

Age of the youngest child currently residing in the household where maltreatment allegedly occurred. If a child is removed as a result of the current investigation or is otherwise temporarily placed/residing outside of the household, count the child as residing in the household.

(Note: If assessing a non-custodial caregiver household who will be receiving reunification services, score this item as if the child were residing in that household.)

N6. Primary caregiver provides physical care consistent with child needs

Physical care of the child includes feeding, clothing, shelter, hygiene and medical care of the child. Consider the child's age/developmental status when scoring this item.

Score this item 'No' when the following is true:

- The current report of neglect relates to physical care AND is substantiated during the investigation (do not include failure to protect, inadequate supervision or other neglect allegations unrelated to physical care); OR
- Regardless of whether there is a current neglect substantiation, the child has been harmed or his/her well-being has been threatened because of unmet physical needs. Needs may be considered unmet regardless of whether the cause is neglectful or due to situations outside of the parent's control. For example:
  - » Any condition that is equivalent to substantiated neglect of physical care, but the allegation was not substantiated in the current investigation.
  - » Child has a significant medical/dental/vision condition that requires care and care is not being provided.
  - » Child does not have clothing that is appropriate for weather conditions.
  - » Living environment lacks adequate plumbing or heating, has potentially dangerous conditions (e.g., unlocked poisons, dangerous objects in reach of small child), is unsanitary or is infested. If living environment concerns are present to the degree that the environment is unsafe, score N10.
  - » Child frequently goes hungry, has lost weight or has failed to gain weight.

» The child is not being bathed regularly, resulting in dirt-caked skin and hair and a strong odour, and/or has clothing that is persistently unwashed.

N7. Primary caregiver has a historic or current mental health problem

Credible and/or verifiable statements by the primary caregiver or others indicate that the primary caregiver has been diagnosed with a Diagnostic and Statistical Manual (DSM-IV) Axis I condition, other than substance-related disorders, by a mental health clinician.

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

Do not score based on referrals motivated solely by efforts to undermine the credibility of the primary caregiver or by other ulterior motives.

N8. Primary caregiver has historic or current alcohol or drug problem

The primary caregiver has a historic or current alcohol/drug abuse problem that interferes with his/her or the family's functioning. Any of the following may be true of the primary caregiver.

- Has been assessed as having an alcohol- or drug-related problem by an addiction counsellor or mental health clinician.

- If primary caregiver has never been assessed as having but appears to have (or have had) an alcohol or drug problem, consider obtaining a copy of a prior assessment prior to scoring. Score if the primary caregiver is unwilling to participate in an assessment, or if, for other reasons, an assessment cannot be completed, if the primary caregiver:

  » Self-identifies as an alcoholic or addict.

  » Uses substances in ways that have negatively affected his/her:

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

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

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

» Has had multiple positive urine/blood samples.

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

» Has given birth to a child diagnosed with foetal alcohol spectrum disorder (FASD), or a child had a positive toxicology screen at birth.

Legal, non-abusive prescription drug use and/or alcohol use should not be scored.

N9. Characteristics of children in household

a. Not applicable. No child in the household exhibits characteristics listed below.

b. One or more present.

- Medically fragile or failure to thrive. Any child in the household *has a diagnosis* of medically fragile or failure to thrive, as evidenced by caregiver's statement of such a diagnosis, medical records and/or physician's statement.

- Developmental, physical or learning disability. Any child in the household has a developmental, physical or learning disability *that has been diagnosed by a professional* as evidenced by caregiver's statement of such a diagnosis, medical/school records, and/or professional's statement.

- Positive toxicology screen at birth. Any child had a positive toxicology report for alcohol or another drug at birth and the primary or secondary caregiver is the birthing parent.

N10. Housing

a. Not applicable. The family has housing that is physically safe.

b. One or more apply.

- Current housing is physically unsafe. The family has housing, but the housing situation is physically unsafe to the extent that it does not meet the health or safety needs of the child (for example, exposed wiring, inoperable heating or plumbing, rodent infestations, human/animal faeces on floors, toxic black mould, rotting food and/or unsafe drinking water).

- Homeless. The family was homeless or was about to be evicted at the time of the alleged incident.

ABUSE

A1. Current complaint is for abuse

The current complaint includes any type of abuse allegation. This includes the following:

- Physical abuse;
- Emotional abuse; or
- Sexual abuse.

This includes referred abuse allegations as well as abuse allegations made during the course of the investigation.

A2. Number of prior abuse investigations

- Count prior investigations involving any adult members of the current household with caregiving responsibilities who were alleged perpetrators of abuse (physical, emotional or sexual abuse).

- Do not count the following:

  » Prior abuse investigations in which allegations were perpetrated by an adult who does not currently live in the household;

  » Prior abuse investigations in which children in the home were identified as perpetrators of abuse/neglect;

  » Referrals that were screened out.

When there is information received that a family previously resided out of province, region or jurisdiction, history from other jurisdictions must be checked.

b. None. No abuse investigations prior to the current investigation/assessment.

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

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

A3. Household has previously received ongoing child protective services

The household has previously received ongoing child protective services or is currently receiving services as a result of a prior investigation. Service history includes voluntary or court-ordered family services, but does not include young offender services.

- Include the following services:

  » Court-ordered services where the court's jurisdiction is on the basis of abuse or neglect;

  » Voluntary services in response to a substantiated abuse or neglect report;

» Voluntary services in response to a determination of high/very high risk and/or safety threats.

- Exclude those services or referrals provided for reasons other than abuse/neglect.

A4. Prior injury to a child resulting from child abuse/neglect

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

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

A5. Primary caregiver's assessment of incident

a. Not applicable. The caregiver neither blames the child nor justifies the current maltreatment or alleged maltreatment.

b. One or more apply.

- Blames child for maltreatment. An incident of abuse or neglect has occurred (whether substantiated or not), and the primary caregiver blames the child for the abuse or neglect. Blaming refers to the following:

  » Caregiver's statement/belief that his/her action or inaction was the result of something that the child did or did not do (e.g., the child was hit by her stepfather because she talked back to him);

  » Caregiver claims that the child seduced him/her; or

  » Caregiver says the child deserved to be hit because he/she misbehaved.

- Justifies maltreatment. An incident of abuse or neglect has occurred (whether substantiated or not), and the primary caregiver justifies the abuse or neglect. Justifying refers to the caregiver's statement/belief that his/her action or inaction was appropriate and constitutes good parenting, e.g., any of the following:

  » Claims that this form of discipline was how he/she was raised;

  » States the reason kids these days are always in trouble is because parents are too lenient; or

  » States that disciplinary practices are supported by religious beliefs.

A6. Domestic violence in the household in the past year

In the previous year, there have been the following:

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

Incidents may be identified by self-report, credible report by a family or other household member, credible collateral contacts and/or police reports.

A7. Primary caregiver characteristics

a. Not applicable. The primary caregiver does not exhibit characteristics listed below.

b. One or more apply.

- Provides insufficient emotional/psychological support. The primary caregiver provides insufficient emotional support to the child, such as persistently berating/belittling/demeaning the child or depriving the child of affection or emotional support.
- Employs excessive/inappropriate discipline. The primary caregiver's disciplinary practices caused or threatened harm to a child because they were excessively harsh physically, excessively harsh emotionally and/or inappropriate to the child's age or development. Examples may include the following:
  - » Locking the child in closet or basement;
  - » Holding the child's hand over fire;
  - » Hitting the child with dangerous instruments;
  - » Depriving a young child of physical and/or social activity for extended periods.
- Domineering. The primary caregiver over-controls the child and/or expects immediate compliance. This may be characterized by a caregiver seeing his/her own way as the only way or by little two-way communication between the caregiver and child.

A8. Primary caregiver has a history of abuse or neglect as a child

Based on credible statements by the primary caregiver or others, or any maltreatment history known to the agency, the primary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual or other abuse).

A9. Secondary caregiver has historic or current alcohol or drug problem

The secondary caregiver has a historic or current alcohol/drug problem that interferes with his/her or the family's functioning.

- The secondary caregiver has been assessed as having an alcohol- or drug-related problem by an addiction counsellor or mental health clinician.

- If secondary caregiver has never been assessed as having an alcohol- or drug-related problem but appears to have (or have had) an alcohol- or drug-problem, consider obtaining an assessment prior to scoring. Score if the secondary caregiver is unwilling to participate in an assessment, or if, for other reasons, an assessment cannot be completed, if the secondary caregiver:

  » Self-identifies as an alcoholic or addict.

  » Uses substances in ways that have negatively affected his/her:

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

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

  » Has been treated for substance abuse.

  » Has had multiple positive urine/blood samples.

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

  » Has given birth to a child diagnosed with Foetal Alcohol Syndrome Disorder (FASD), or a child had a positive toxicology screen at birth.

Legal, non-abusive prescription drug use should not be scored.

A10. Characteristics of children in household

a. Not applicable. No child in the household exhibits characteristics listed below.

b. One or more apply.

- Child or youth in conflict with law. Any child in the household has been referred to youth court for criminal acts or behaviour. Antisocial behaviours not brought to court attention but which create stress within the household should also be scored, such as youth who run away, are habitually truant or are abusing drugs or alcohol. Children under the age of 12 years who would otherwise be charged under the Criminal Code but because of their age are defined as a 'child in need of protection' should be considered a child or youth 'in conflict with the law' for the purposes of this assessment.

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

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

  » DSM-IV Axis I condition, other than substance-related disorders, diagnosed by a mental health clinician;

  » Receiving mental health treatment;

  » Attendance in a special classroom because of behavioural problems; or

  » Currently taking psychoactive medication.

Policy overrides. Indicate if a policy override condition exists. Presence of one or more listed conditions increases risk to very high.

1. Sexual abuse case AND perpetrator is likely to have access to child.
One or more of the children in this household are victims of sexual abuse and actions by the caregivers indicate that the perpetrator is likely to have access to the child, resulting in danger to the child.

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

3. Serious non-accidental physical injury requiring hospital or medical treatment.
Any child in the household has a serious physical injury resulting from the action or inaction of

the caregiver. The caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts; and the child requires medical treatment.

4. Death of a sibling as a result of abuse or neglect in the household.
Any child in the household has died as a result of actions or inactions by the caregiver.

Discretionary override. A discretionary override is used whenever the worker believes that the risk score does not accurately portray the household's actual risk level. The worker may increase the risk level by one level. If the worker applies a discretionary override, the reason should be specified in #5, and the final risk level should be marked.

SASKATCHEWAN
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT
POLICY AND PROCEDURES

Risk assessment identifies families who have very high, high, moderate or low probabilities of abusing or neglecting their children in the future. By completing the risk assessment, the caseworker obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 12 to 18 months. The difference between the risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and they are more often involved in serious abuse or neglect incidents.

When risk is clearly defined, the choice between serving one family and another family is simplified: agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

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

The scored risk level is determined by scoring each of the indices, totalling the score and taking the highest score from the abuse and neglect indices. The final risk level is determined after considering whether any policy override is present or a discretionary override is applied.

Which Cases: All initial Child Protection investigations, including new investigations on existing cases.

Who: The caseworker assigned the investigation.

When: During the course of the investigation, after the safety assessment has been completed and the caseworker has reached a conclusion regarding allegation. No later than 15 calendar days from the date the intake is assigned and prior to any decision to open a case for post-investigation services or closure of the referral with no additional services.

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

Risk Classification	Investigation Finding	
	Substantiated	Unsubstantiated
Very High	Open for ongoing services	Open for ongoing services
High	Open for ongoing services	Open for ongoing services
Moderate	Close*	Close*
Low	Close*	Close*

*When unresolved safety threats are still present at the end of the investigation, the referral should be promoted to a case regardless of risk level.

There will be situations in which low and moderate risk cases will be opened for ongoing services. Specifically, if there are any unresolved safety threats at the end of the investigation/assessment, an ongoing case should be opened to provide services that address child safety and assess needs that may contribute to the caregiver's ability to care for and protect his/her child/children. There will also be situations when high and very high risk cases may be closed following the investigation/assessment. If this occurs, documentation of the reasons for closure must be provided and supervisor approval obtained.

This may include situations in which the allegations were unsubstantiated and there is no legal basis to require services, and the family refuses services. These guidelines ensure that as risk level increases, more cases are opened and served with the goal of reducing maltreatment recurrence.

For cases opened for ongoing services following the investigation, the risk level is used to determine the contact requirements for the case (service level). See the section on case contact guidelines for the specific frequency of contact associated with each risk classification.

Appropriate Completion:

1. Complete both the neglect and abuse indices and determine the risk level based on the highest score on either index.

2. Review policy overrides to see if any apply. Check 'Yes' or 'No' for each override reason. Policy overrides automatically result in a risk level of very high.

3. Consider discretionary overrides. Check 'Yes' or 'No'. Risk level may be increased one level from the scored risk level with a discretionary override.

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

5. Description of identified risk items. Please provide narrative that describes the reason for the identification of all risk items on the neglect and abuse indices.

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

The risk assessment is completed based on conditions that existed at the time the investigation was initiated, prior history of the family and information gathered during the course of the investigation. For example, some items ask about prior history (e.g., prior investigations, primary caregiver history of

abuse or neglect as a child). Other items ask about current conditions. Refer to the item definitions for additional guidance.

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

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

Score all items on each index and total the score. Using the chart in the initial risk level section, identify the corresponding risk level for neglect and abuse. Indicate the overall risk level by marking the higher of the two levels.

Note that items N8, N9, N10, A5, A7 and A10 require that the caseworker check all applicable and **add** for the score.

Item A9 requires that the caseworker indicate the type of problem, but if more than one answer is applicable, the items are not added for the score.

POLICY OVERRIDES

After completing the risk indices, the caseworker then determines if any of the policy override reasons exist by checking each override reason 'Yes' or 'No'. Policy overrides reflect incident seriousness and child vulnerability concerns and have been determined to be cases that warrant the highest level of service regardless of the overall risk score. If any policy override reasons exist, mark the appropriate policy override reason. The risk level is then increased to very high.

DISCRETIONARY OVERRIDE

A discretionary override is applied by the caseworker to **increase** the risk level in any case where the caseworker believes the scored risk level is too low. Discretionary overrides may only increase the risk level by one unit (e.g., from low to moderate, or moderate to high, but NOT low to very high). Use of a discretionary override means there is a clinical judgment that the likelihood of future harm is higher than scored, and requires a reason. Indicate the override reason.

Discretionary overrides must be approved by the supervisor. Approval is indicated when the supervisor signs and dates the form. A discretionary override means the caseworker's professional judgment is that the likelihood of future harm is higher than scored. A discretionary override is not used simply to provide continuing services to a case. The reasons for all overrides must be explained in the narrative for the referral. Reasons must be specific, based on the facts and not include items already scored on the assessment.

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