SDM

The Structured Decision Making® System
for Child Protection

SDM® Policy and Procedures Manual

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Government of Northwest Territories / Gouvernement des Territoires du Nord-Ouest

NCCD | Children's Research Center

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

THE SDM® SYSTEM IN THE NORTHWEST TERRITORIES

As with all versions of the Structured Decision Making® (SDM) system, this one has been specifically adapted for the population it is intended to serve: the people of the Northwest Territories (NWT). The adaptation takes into account varying cultural and linguistic considerations and recognizes the historical context in which child protective services are delivered. NCCD Children's Research Center staff and NWT frontline staff familiar with NWT families and children worked together to customise the SDM® system for NWT.

The SDM system is central to achieving the overarching goal of NWT Child and Family Services (CFS): protecting the safety and well-being of children by focusing on the strengths and needs of their families. The SDM system is ideally suited to this task. It is evidence-based, having been developed through extensive research and proven in actual practice. The greatest challenges in child protection lay in making decisions about the right steps to take to keep children safe. The SDM system provides assessments that help child protection workers (CPWs) decide how best to address those challenges.

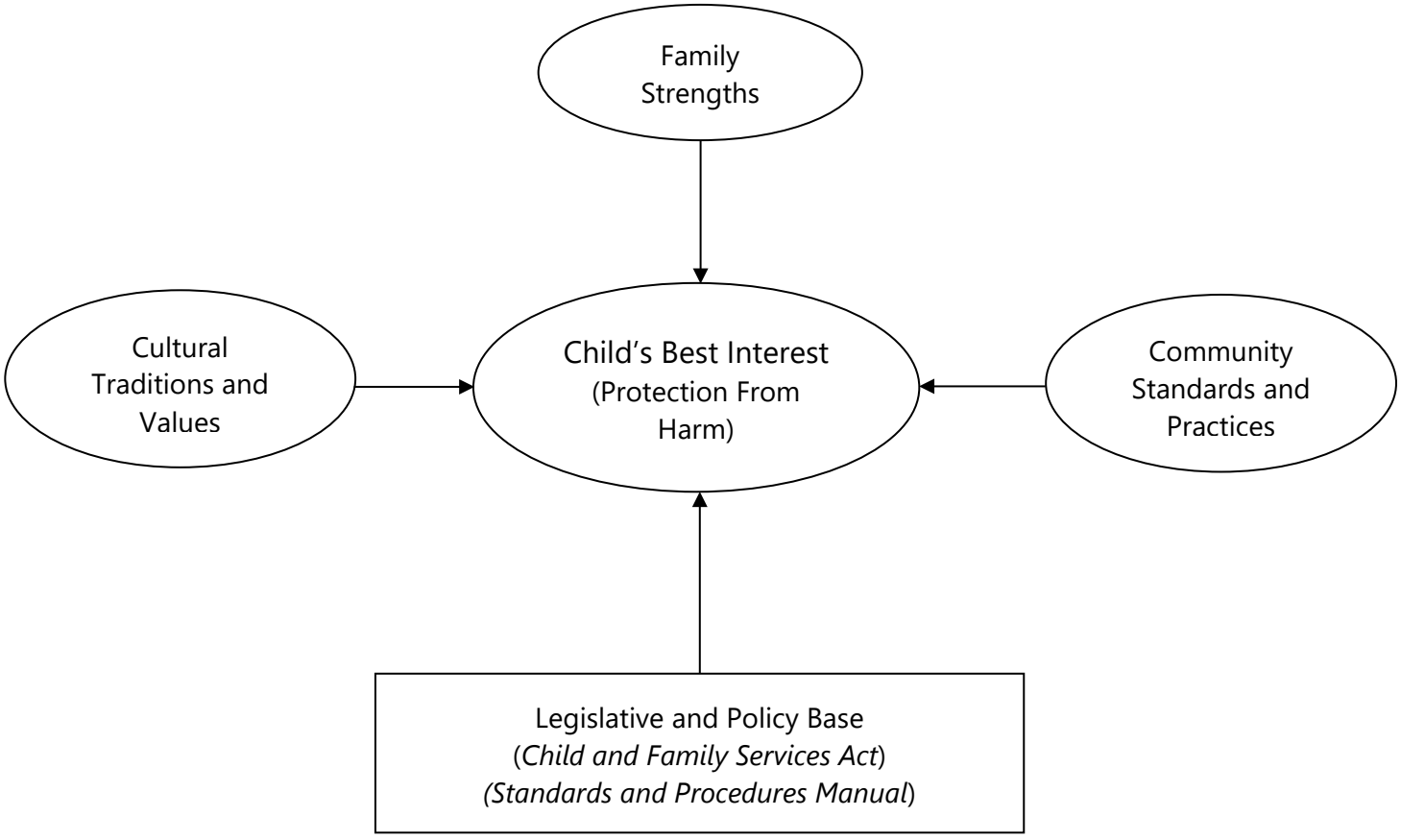
The paramount objective of the *Child and Family Services Act* is to promote the best interests, protection, and well-being of children. That said, the *Act* also states that the family's well-being should be supported and promoted. Achieving the right balance between these two, sometimes competing, objectives is at the centre of good child protection practices. The use of the SDM system is widely recognized as best practice in child protection.

In 2014, the Minister of Health and Social Services directed CFS to become more in line with the desires of those who live in the NWT. The resulting action plan, Building Stronger Families, is responsive to this directive and to the many recommendations made by standing committees of the NWT Legislative Assembly, the Auditor General of Canada, and CPWs themselves. Of all the initiatives within that action plan to transform how child and family services are delivered, the introduction of the SDM system is probably the most pivotal. Its assessments will support CPWs in answering the most difficult of questions: What can I do to help this family keep their child safe from harm?

In the NWT, more than 90% of the children and families involved with CPWs are of Aboriginal origin. It is important to acknowledge and recognize the pervasive, intergenerational impacts of colonization and, for many, residential school experiences on Aboriginal people. CPWs need to be constantly aware that the families they assist may suffer from long-standing trauma going back generations and apply this awareness to their assessment and support of families. CPWs also must be sensitive to and accepting of cultural variations in child rearing and family dynamics. Finally, differences in community standards may need to be taken into account.

In adapting the SDM assessments, NWT has tried to be responsive to these considerations. The assessments are intended to *assist* in making decisions, not to make decisions themselves. Decisions remain the responsibility of CPWs and their supervisors, using all of the tools at their disposal, including good and fair judgement.

PRINCIPLES FOR CHILD PROTECTION PRACTICE



The CFS program has at its foundation four core principles.

1. We have a legislated responsibility to ensure the best interest of children by protecting them from harm.

2. We work together with families and help them to use their strengths to keep their children safe from harm.

3. We recognize and respect the diversity of cultural traditions, spiritual beliefs, and family values in the people we serve.

4. We acknowledge the role of community in raising children and are accepting of variations in community standards and practices.

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 should not be used to assess substitute caregivers (i.e. foster parents, relative or non-relative caregivers, facility staff, shelter staff).

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. SDM assessments are completed on households. A child whose parents/caregivers do not live together may be a member of more than one household.

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

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

If a child is being apprehended from a custodial caregiver, *also assess any non-custodial caregiver identified* if he/she will receive reunification services.

Parent/Caregiver

Parents, persons with lawful custody, 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 parent/caregiver is the adult, parent, or caregiver 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 parents/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 an abuser or alleged abuser 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 abuser (or the alleged abuser), the mother is selected as primary. In circumstances where both parents/caregivers are in the household, sharing child care responsibilities equally, and both have been identified as abusers or alleged abusers, the parent/caregiver demonstrating the more severe behaviour is selected. Only one primary parent/caregiver can be identified.

Secondary: The secondary parent/caregiver is defined as an adult, parent, or caregiver living in the household who has routine responsibility for child care but less responsibility than the primary parent/caregiver. A partner may be a secondary parent/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.

Eyes on Contact

All who may be a victim of abuse or neglect must be seen and interviewed by a CPW. In situations where the child is nonverbal or has limited language skills, the CPW's eyes on contact with the child may require requesting the caregiver to remove the child from items such as blankets or an amauti.

Child Abuse and Neglect

Child abuse or neglect is described by the World Health Organization as abuse or neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill treatment, sexual abuse, neglect, negligence, and commercial or other exploitation that results in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power. Exposure to intimate partner violence is also sometimes included as a form of child abuse or neglect.

Child Abuse

The active infliction of harm to a child in a physical, emotional, or sexual manner.

Child Neglect

Failure to provide a child with the things that are necessary for healthy development and well-being.

Intimate Partner Violence

Intimate partner violence (IPV) is defined as a pattern of abusive behaviours by one partner against another in intimate relations such as marriage, dating, or cohabitation. IPV, 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.

NORTHWEST TERRITORIES
CHILD AND FAMILY SERVICES
SDM® SCREENING AND RESPONSE PRIORITY ASSESSMENT r: 5/16

Household Name: _____ **Screening #:** _____

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

Worker Receiving the Call: _____

SECTION 1: ABUSE OR NEGLECT TYPE

Part A: Screening Criteria

Select ALL that apply based on available intake information.

Physical Abuse

- ☐ Suspicious death of a child due to physical abuse and another child is in care of parent/caregiver.
- ☐ Non-accidental physical injury.
- ☐ Unexplained physical injury.
- ☐ Parent/caregiver has acted or threatened to act in a way that is likely to cause physical injury.

Sexual Abuse

- ☐ Parent/caregiver has engaged in or is attempting to engage in a sexual act with child.
- ☐ Sexual exploitation of child by a parent/caregiver.
- ☐ Exposure to sexually explicit conduct or sexually explicit materials.
- ☐ Physical, behavioural, or suspicious indicators consistent with sexual abuse.
- ☐ Threat of sexual abuse.

Emotional Abuse

- ☐ Parental action has or is likely to emotionally harm the child.
- ☐ Exposure to violence between parents/caregivers and/or other adult household members.

Neglect

- ☐ Suspicious death of a child due to neglect and another child is in care of parent/caregiver.
- ☐ Parent/caregiver permanent absence or abandonment.
- ☐ Failure to protect child against neglect, physical harm, emotional harm, and/or sexual abuse.
- ☐ Inadequate supervision.
- ☐ Non-organic failure to thrive.
- ☐ Inadequate medical, dental, and/or mental health care.
- ☐ Inadequate clothing or hygiene.
- ☐ Malnutrition.
- ☐ Exposure to unsafe home and immediate environment.
- ☐ Child younger than 12 years old committed a criminal act and parent/caregiver is unable or unwilling to provide for needs.
- ☐ Exposure to illegal drug commerce.
- ☐ Involving child in criminal activity.
- ☐ Parent/caregiver provides drugs or alcohol to child/youth or allows access.
- ☐ Newborn exposure to drugs or alcohol.
- ☐ Other high-risk birth.

Part B: Screening Recommendations and Overrides

Initial Screening Recommendation

- ○ Screen in: One or more criteria selected.
- ○ Screen out: No criteria selected.

OVERRIDES

Consider both policy and discretionary overrides. If no policy or discretionary overrides are present, select "No overrides apply" and record the final screening decision.

Policy

- ○ Screen in for investigation: No abuse or neglect type is present, but report will be screened in and assigned for investigation.
  - ☐ Response required by court order.
- ○ Screen for non-investigatory response: No abuse or neglect type is present. 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 CFS.
  - ☐ Provincial/territorial protocol on children and families moving between provinces and territories.
  - ☐ Other (specify):

- ○ Screen out: One or more abuse or neglect types are selected, but report will be screened out. (Select all that apply.)
  - ☐ Insufficient information to locate child/family.
  - ☐ Another community agency has jurisdiction.
  - ☐ Duplicate report; information will be included with report assigned for investigation.
  - ☐ Historical information only. (Record the time since alleged incident in ____years and _____months)
  - ☐ Report already investigated; no new allegations.
  - ☐ Other (specify):

Discretionary

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

Reason:

- ○ **No overrides apply.**

Final Screening Decision

Record the final screening decision after consideration of overrides. If there are no overrides, the final decision will be the same as the initial recommended decision.

- ○ **Screen out:** No abuse or neglect type selected and no screen-in overrides apply; OR report was screened out based on an override.
- ○ **Screen for non-investigatory response:** No abuse or neglect type is present, but report requires a non-investigatory response. No further SDM assessments required.
- ○ **Screen in:** At least one abuse or neglect type selected and no screen-out overrides are selected; OR the report was screened in based on an override. Complete Section 2, Response Priority Decision.

Report Description:

Reason for Screening Decision (harm statement):

Worker Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

SECTION 2: RESPONSE PRIORITY DECISION

Part A: Response Priority

Completed for all screened-in reports.

- ○ Same-day response required based on one or more criteria below. (Select all that apply.)
  - ☐ Child death is suspicious or unexplained, and another child is in the home.
  - ☐ Child requires same-day medical or mental health attention, AND either abuse/neglect is suspected or parent/caregiver is unwilling/refusing to obtain needed treatment.
  - ☐ Child is demonstrating suicidal behaviours, and parent/caregiver is not providing an adequate or appropriate response.
  - ☐ Child age 12 or younger killed or seriously injured another person.
  - ☐ Child has an injury that is suspicious, unexplained, or consistent with abuse, **AND** the parent/caregiver who is alleged to have either caused the injury or failed to protect will have access to the child ***within the next five days***.
  - ☐ Child is unsupervised and requires immediate care.
  - ☐ Child is inadequately supervised and likely to be exposed to harm or unsafe conditions within the next five days.
  - ☐ Child is likely to be exposed to sexual abuse within the next five days.
  - ☐ Failure to protect child from serious harm.
  - ☐ Physical conditions of the living environment are immediately unsafe, and the child will be in that environment within the next five days.
  - ☐ A child has been or likely will be exposed to violence within the next five days, AND no parent/caregiver is demonstrating protection of the child.
  - ☐ Other (specify):

- ○ No same-day response criteria; response within five days is required.

Part B: Response Priority Recommendations and Overrides

OVERRIDES

Consider policy and discretionary overrides to the recommended response priority. If there are no overrides, select "No overrides apply." If policy or discretionary overrides are appropriate, select the appropriate reason and record the final response priority.

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 abuse or neglect is alleged to have occurred in the intervening time period.

Discretionary

- ○ Increase; OR
- ○ Decrease response level (requires supervisory approval).

Reason:

- ○ **No overrides apply.**

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

Reason for Response Priority Decision (one day or within five):

Worker Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

NORTHWEST TERRITORIES
SDM® SCREENING AND RESPONSE PRIORITY ASSESSMENT
DEFINITIONS

SECTION 1. ABUSE OR NEGLECT TYPE

Part A: Screening Criteria

Abuse or neglect is an action or lack of action by a parent, caregiver, or custodian resulting in the abuse and/or neglect of a child. A worker will consider child's age, developmental status, and other vulnerabilities when assessing reports of allegations of abuse or neglect.

Using the definitions, indicate the type of abuse or neglect that meets the criteria in the definitions. If no criteria are met, select "Screen out" as the initial screening recommendation.

Physical Abuse

Physical abuse is action by the parent/caregiver that caused or is likely to cause a child to sustain a physical injury.

Suspicious death of a child due to physical abuse and another child is in care of parent/caregiver.
There is a report of child death and concern that physical abuse contributed to or caused the child's death, and another child(ren) is in the parent/caregiver's care.

Examples include but are not limited to:

- Death of a child due to head trauma or internal injuries that appear suspicious and there is another child(ren) in the care of parent/caregiver; and/or
- Death of a child due to suffocation or physical restraint that prevented adequate respiration and there is another child(ren) in the care of parent/caregiver.

Non-accidental physical injury.

The child has an injury deliberately inflicted by a parent/caregiver. Injury or injuries may be current or in different stages of healing. Include physical injuries to a child that resulted from an IPV incident or excessive physical discipline, including but not limited to spanking a child under 2 years or older than 12 years of age, or spanking using belts or paddles. *If the reporter does not know how a reported injury was caused, refer to "Unexplained physical injury*." Do not include injuries that result from sexual acts—refer to the sexual abuse maltreatment type to see if the report meets criteria. (Reference the most recent Criminal Code of Canada.)

Examples of non-accidental injuries may include but are not limited to:

- Bruises, lacerations, broken skin, or scrapes;
- Burns, scalding, or bites;
- Injuries to bone, teeth, muscle, cartilage, or ligaments;
- Head injuries; and/or
- Internal injuries.

Unexplained physical injury.
Injury to the child for which the parent/caregiver and/or child can give no plausible explanation or the explanation is inconsistent with the injury.

Examples include but are not limited to situations in which the child has an injury and:

- Parent/caregiver or child provides details of the causes of the injury that are inconsistent with the injury;

- Parent/caregiver has no explanation for the injury;

- The injury appears non-accidental, BUT the reporter has no information about circumstances that caused injury;

- The injury is uncommon for a child of his/her age or development;

- There are many injuries in different stages of healing; and/or

- Injury is in the shape of an object (e.g. linear bruising, loop marks).

Parent/caregiver has acted or threatened to act in a way that is likely to cause physical injury.
It is not necessary for a reporter to determine that an injury occurred. *NOTE: If the child has been injured, also select the applicable physical abuse item above.*

Parent/caregiver actions that could cause injury include but are not limited to the following:

- Repeated withholding of water or food (with the exception of desserts, snacks, or candy);

- Forcing a child to consume excessive amounts of water or food, including hot sauce, salt, or pepper;

- Feeding/forcing the consumption of poisonous, corrosive, unprescribed, or mind-altering substances and/or non-food items;

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

- Forcible confinement, such as locking the child in a room or closet or using physical restraints;

- Other parent/caregiver actions that have not yet caused injury to child, but there is reasonable likelihood that the child will be harmed without intervention. Examples include:

    » Threat of harm that, if carried out, is likely to cause injury to child, and it is likely the parent/caregiver will carry out the threat;

    » Escalating parent/caregiver action/behaviour toward child with a history of parent/caregiver causing physical injury when this occurs; and

    » Dangerous behaviour toward the child or in immediate proximity of the child, including incidents of violence that occur while the child is present. Consider a combination of child location, type of incident (e.g. pushing, throwing objects, use of a weapon), and child vulnerability.

Sexual Abuse

Sexual abuse is any sexual act on a child by a parent/caregiver, adult in the household, or intimate partner of a parent/caregiver, or a household member is unable to be ruled out as an alleged abuser. Sexual acts include sexual penetration, touching, invitation to sexual touching, harassment, sexual interference, exposure, voyeurism, incest, procuring, child pornography, bestiality, luring a child, sexual exploitation, and child sex tourism (reference most recent Canadian Criminal Code). Child sex tourism is when an adult procures, attempts to procure, or solicits a child 18 years old or younger, whether in or out of Canada, to have illicit sexual intercourse with another person (whether in or out of Canada) **OR** procures a child to enter or leave Canada for the purpose of prostitution.

If the legal guardian is not the abuser and concern exists about his/her ability to protect, also consider "Failure to protect child against neglect, physical harm, emotional harm, and/or sexual abuse" under the neglect maltreatment type.

The report may be based on verbal or nonverbal disclosure (e.g. writing letters, re-enacting abuse type situations, drawing pictures), medical evidence, or credible witnessed act.

<u>Parent/caregiver has engaged or is attempting to engage in a sexual act with child</u>.
The parent/caregiver made or attempted to make sexual advances toward a child and/or asked a child to perform sexual acts.

Sexual exploitation of child by a parent/caregiver.
The parent/caregiver involves the child 17 years old or younger in prostitution or allows, permits, encourages, or engages in obscene or pornographic display, photographing, filming, or depiction of the child as prohibited by law.

Exposure to sexually explicit conduct or sexually explicit materials.
The parent/caregiver has intentionally or recklessly exposed the child or allowed the child to be exposed to actual or simulated sex acts; sexually explicit materials; sexual contact; bestiality; masturbation; purposeful exhibition of the genitals, anus, or pubic area; or other sexually explicit conduct.

Physical, behavioural, or suspicious indicators consistent with sexual abuse.
Basis exists for concern; the parent/caregiver is suspected to have sexually harmed the child, or at this time the abuser is unknown and the parent/caregiver cannot be ruled out. Examples include but are not limited to the following.

- A child 15 years old or younger has a sexually transmitted infection, symptoms of a sexually transmitted infection, or otherwise unexplained injuries to his/her genital or anal area.

- A child has initiated sexual acts or activities that are outside age-appropriate exploration or development, and this has led to concern that he/she is a victim of sexual abuse, including a toddler or elementary school–aged child displaying highly sexualized, aggressive behaviours.

  This does NOT include:

  » A child 14 or 15 years old consenting and engaging in sexual activity with a partner less than *five* years older **AND** there is no relationship of trust, authority, dependency, or exploitation of a young person.

  » A child 12 or 13 years old consenting and engaging in sexual activity with a partner less than *two* years older **AND** there is no relationship of trust, authority, dependency, or exploitation of a young person.

- Child complains of pain in the genital or anal area **AND** other indications of sexual abuse exist as referenced in preceding bullets.

Threat of sexual abuse.
There is new information that a parent/caregiver sexually abused any child at any time.

OR

There is existing knowledge that the parent/caregiver was confirmed or suspected to have sexually abused any child at any time **AND** there are concerning parent/caregiver behaviours or concerning indicators in child that would not, in and of themselves, be enough to screen in, but in combination warrant assessment.

Examples of concerning parent/caregiver behaviours include but are not limited to the following.

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

  AND

  The behaviour of the adult is seen as grooming the child for future sexual abuse.

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

Examples of concerning child indicators include but are not limited to the following.

- The child is exhibiting age-inappropriate sexual behaviour and/or emotional distress.

Emotional Abuse
Emotional abuse is a pattern of negative behaviour; repeated destructive interpersonal interactions; or a single, significant destructive interaction by the parent/caregiver toward the child. The impact on the child of being exposed to these emotionally harmful behaviours may include depression, significant anxiety or withdrawal, self-destructive or aggressive behaviour, or delayed development.

<u>Parental action has or is likely to emotionally harm the child</u>.
Parent/caregiver has a pattern of negative behaviour; repeated destructive interpersonal interaction; **OR** a single, significant destructive interaction toward the child that has or likely will have an impact on the child's emotional well-being. The child may exhibit harm through symptoms of depression, significant anxiety or withdrawal, self-destructive or outwardly aggressive behaviour toward others, delayed development, or other behaviour that is consistent with the child having suffered emotional harm. Parental behaviour that constitutes emotional abuse or neglect may include but is not limited to repeated and/or extreme episodes of the following actions.

- Rejecting, which refers to the parent/caregiver's refusal to acknowledge the child's worth and the legitimacy for the child's needs. This may include singling one child out to criticize or punish, belittling the child, or shaming the child for expressing normal emotions such as affection or grief.

- Withholding, which refers to limiting affection or cognitive stimulation, failing to express care and love for the child, and/or using affection as a reward.

- Terrorizing, which refers to the parent/caregiver verbally assaulting the child, creating a climate of fear, and/or bullying and frightening the child so that the child believes the world is unpredictable and hostile. This may include threatening harm or actually harming self or a child's loved ones, including pets; intentionally placing the child in dangerous situations; or otherwise intentionally causing the child to experience extreme fear.

- Ignoring, which refers to the parent/caregiver depriving the child of essential stimulation and responses, which stifles emotional growth and intellectual development.

- Isolating, which refers to the parent/caregiver cutting the child off from normal opportunities for social or cultural interaction, preventing the child from forming friendships, and making the child believe that he/she is alone in the world. This may include intentionally denying the child opportunities for interacting with peers or other adults.

- Corrupting, which refers to the parent/caregiver "mis-socializing" the child, stimulating the child to engage in destructive antisocial behaviour that reinforces deviance and makes the child unfit for normal social experiences. Parental actions encourage the child to develop self-destructive, antisocial, criminal, or deviant behaviours.

- Exploiting, which refers to the parent/caregiver using the child for his/her own gain, such as talking negatively about the other parent/caregiver in an effort to sabotage the child's relationship with that parent/caregiver.

<u>Exposure to violence between parents/caregivers and/or other adult household members</u>. Child is exposed to one or more incidents of violence between parents/caregivers and/or other adult household members as indicated by the *child seeing, hearing, or trying to intervene* in the incident of violence **OR** the child displays signs of being impacted by the violence although they have not directly witnessed it (e.g. buildup of tension, aftermath of the assault, observing victim's injuries). Incidents of violence include but are not limited to *physical conflict; sexual assault; verbal altercations* that include coercion, intimidation, or threats; manipulation or control of children; isolation; or unreasonable control of the adult victim.

When assessing reports of exposure to violence, consider that some conflict between parents/caregivers or partners is a normal part of a relationship, it may occur during and following a parental separation, and it is **not necessarily** a child protection concern.

Exposure to violence includes all circumstances in which:

- A child is living in a situation where there is violence between parents/caregivers, partners living together, or others living in the home; or
- Parents/caregivers are separated but continue to share parenting responsibilities and directly expose their child to violence as described above.

Neglect

Neglect is the lack of action by a parent/caregiver in providing for the adequate care and attention of the child's needs, resulting in harm or substantial risk of harm to the child.

Suspicious death of a child due to neglect and another child is in care of parent/caregiver.
Report of child death and while the circumstances have not been determined, a medical or law enforcement professional or other reliable source is concerned that the death may have resulted from parental neglect **AND** other children are in the home.

Examples include:

- Unattended drowning; or
- Death of an infant in an unsafe sleeping arrangement, such as sleeping with an intoxicated adult.

Parent/caregiver permanent absence or abandonment.
A parent/caregiver is absent or unable to provide care and supervision to the child. Examples include but are not limited to the following.

- Parent/caregiver voluntarily surrendered or relinquished the child and his/her rights as a parent/caregiver.
- Parent/caregiver has abandoned the child with no apparent plans for return **OR** parent/caregiver's whereabouts are unknown and it appears that he/she has no intention of returning.
- Parent/caregiver is unable to care for the child due to death, incarceration, hospitalization, or unavoidable absence **AND** there is no safe adult to care for the child. *If the parent/caregiver is incarcerated, hospitalized, or absent and has made a plan of care for the child with a safe adult, do not select this item*.

- Parent/caregiver blatantly refuses to provide care, such as the permanent or indefinite expulsion of a child from the home, without adequately arranging for the child to be cared for by others. Examples include kicking a child out of the home, refusing to accept custody of a returned runaway, refusing to participate in discharge planning, refusing to accept a child back into home upon discharge from a facility.

- Parent/caregiver left child with family or friends who state an intention to discontinue care **OR** parent/caregiver is shuttling (repeatedly leaves the child in the custody of others for days or weeks) and others are not able to provide adequate care of the child. Parent/caregiver refuses to accept child back or cannot be located.

If the absence of a parent/caregiver does not appear permanent, consider selecting the "Inadequate supervision" item. Permanent absence may be indicated by taking clothing or other belongings, quitting jobs, establishing another residence, or an absence that has exceeded planned return.

Failure to protect child against neglect, physical harm, emotional harm, and/or sexual abuse. The child is being harmed or likely would be harmed by a person **other than the parent/caregiver** (including siblings), **AND** the parent/caregiver is aware of this or reasonably should have this knowledge, **AND** there is no indication that the parent/caregiver has acted to protect the child. Examples include but are not limited to the following.

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

- Parent/caregiver is aware or reasonably should be aware of a third party exploiting his/her child by encouraging or demanding that the child participate in criminal acts, and the parent/caregiver does not intervene to protect child.

- Parent/caregiver is aware that children in the household(s) engage in sexual behaviour that is outside of normal exploration or involves coercion, violence, or exploitation, and parent/caregiver does not intervene despite this knowledge. Sexual acts among children can be considered exploitative based on the nature and circumstances of the relationship; how the relationship developed; or whether the relationship involves trust, authority, or dependency.

- Parent/caregiver expresses disbelief and/or demonstrates lack of support for a child who has disclosed sexual, emotional, or physical abuse by the other parent/caregiver, a family member, or another person.

- Parent/caregiver allows individual(s) with known history of sexual or physical abuse or neglect to have unsupervised access to child.

- Parent/caregiver witnesses a third party abusing his/her child (e.g. striking, shaking, shoving, threatening, intimidating, berating, exposing to sexually explicit acts or pornography) and does not intervene to protect the child.

- Child is left with an inappropriate caregiver (a person known by the parent/caregiver to neglect or abuse children, or known to be violent, use alcohol/drugs, or have serious mental health concerns to the extent that his/her ability to provide care is significantly impaired).

Inadequate supervision
Parent/caregiver is present but inattentive to actions or needs of the child, or the parent/caregiver has made inadequate care arrangements for the child. Injury has occurred due to lack of supervision or has been avoided only due to third-party intervention. Examples include but are not limited to the following.

- Child has been left unsupervised with responsibilities beyond his/her capabilities and/or without a support system. Consider length of time unsupervised, time of day, and age/ability of child.

- Child plays with dangerous objects (e.g. sharp knife, matches, guns).

- Child ingests alcohol, drugs, or solvents while parent/caregiver is caring for child.

- Parent/caregiver is unable to care for child due to substance use, mental illness, or developmental disability.

Non-organic failure to thrive.
The child has been diagnosed with non-organic failure to thrive or allegedly has symptoms suggestive of non-organic failure to thrive, such as being dehydrated, emaciated, underweight, or physically underdeveloped, and it is suspected that the child's diagnosis or symptoms are related to a parent/caregiver's actions or lack of action to care for the child.

Inadequate medical, dental, and/or mental health care.
Parent/caregiver unreasonably delays; refuses; or does not seek, obtain, and/or maintain necessary medical, dental, or mental health care for the child when parent/caregiver knows, should reasonably be expected to know, or has been informed that such actions may cause serious harm or suffering without intervention. Such actions may include but are not limited to:

- Withholding or failing to obtain/maintain medically necessary treatment for a child with life-threatening, acute, or chronic medical conditions;

- Withholding or failing to obtain/maintain necessary mental health treatment or rehabilitative services for a child with suicidal or self-harming behaviours or threats, psychosis, severe depression or anxiety, or other severe mental health conditions; and/or

- Failing or refusing to obtain dental care for a child with dental problems that cause chronic pain or interfere with routine eating.

Inadequate clothing or hygiene.
Parent/caregiver has failed to meet a child's basic needs for clothing and/or hygiene to the extent that the child's daily activities have been **OR** will be adversely impacted without CFS intervention. Examples include but are not limited to the following.

- Child experiences hypothermia or frostbite due to inadequate clothing.

- Child develops or suffers worsening of an injury or illness (e.g. sores, infection, severe diaper rash) due to poor hygiene.

Malnutrition.
Parent/caregiver knows, should reasonably be expected to know, or has been informed about minimal requirements for the child's food and hydration **AND** has not and/or does not provide sufficient food or hydration to the child. For example, the child experiences significant lack of food and complains of unmitigated hunger due to lack of food.

Exclude fasting for religious reasons that does not compromise health or growth.

Parent/caregiver's use of food banks as sources of food should *not* be considered failure to provide food. For malnutrition **due to lack of financial resources,** select the policy override "Screen in for voluntary support services." For circumstances where the parent/caregiver has not provided and/or does not provide appropriate diet to the extent that it endangers the child's health and well-being, select "Inadequate medical, dental, and/or mental health care" instead.

Exposure to unsafe home and immediate environment.
The child's living conditions are significantly unsanitary and/or contain hazards that have led or could lead to a child's injury or illness if not addressed. Consider child's age and developmental stage when assessing the chances of injury or illness: Infants/toddlers are more vulnerable due to lack of understanding about avoiding physical hazards in the home. Examples may include but are not limited to:

- Gas fumes;
- Exposed electrical wiring;
- Broken windows or stairs;
- Vermin, human, or animal excrement uncontained in the home;
- Unsecured weapons; and/or

- Accessible hazardous chemicals.

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

- Family services are necessary to prevent a recurrence; **AND**

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

Exposure to illegal drug commerce.
Illegal drugs or drug paraphernalia are sold, distributed, or manufactured in the child's home, or parent/caregiver knowingly exposes the child to this drug activity in another setting, such as taking the child to a home where drugs are manufactured or where people congregate for the purpose of drug use (i.e. known drug house).

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

- Create danger of serious physical or emotional harm to the child; **OR**
- Expose the child to being arrested.

Parent/caregiver provides drugs or alcohol to child/youth or allows access.
The parent/caregiver provides (offers or knowingly allows the child to consume) alcohol, illegal drugs, or inappropriate prescription drugs. Consider the child's age and type of substance. Examples include the following.

- Providing or allowing methamphetamine, heroin, cocaine, or similar drugs to a child of any age.

- Providing or allowing enough alcohol to result in intoxication.

- Providing or allowing alcohol over time so that the child is developing dependency.

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

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

Do not include:

- Small amounts of alcohol for religious ceremonies; and/or
- Permitting an older child to try a small amount of alcohol that does not result in intoxication at a family occasion.

Newborn exposure to drugs or alcohol.
Newborn or birth mother has a positive toxicology screen at birth; **OR** newborn is displaying signs of withdrawal; **OR** mother or reliable source acknowledges that the mother used drugs, alcohol, or solvents during pregnancy.

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

Examples may include but are not limited to the following.

- Parent/caregiver has refused to provide care for the newborn in the hospital.
- Behaviour of parent/caregiver with an inadequate support system suggests parent/caregiver will be unable to meet the newborn's basic needs.
- Parent/caregiver with apparent physical, emotional, or cognitive limitations has an inadequate support system and may be unable or unwilling to meet the newborn's basic needs.
- Child was born with medical complications, and the parent/caregiver's response suggests the parent/caregiver will be unable to meet the child's exceptional needs (e.g. parent/caregiver does not participate in medical education to learn necessary care or indicates denial of the diagnosis) and has an inadequate support system.
- Parent/caregiver's prior history of abusive or neglectful behaviour with other child(ren) suggests a high-risk birth.

Part B: Screening Recommendations and Overrides

Initial Screening Recommendation

Screen in: One or more criteria selected.
Select this decision if any abuse or neglect type in Section 1 is selected, which means that at least one reported allegation meets statutory requirements for an investigation.

Screen out: No criteria selected.
Select this decision if no abuse or neglect type in Section 1 is selected, which means that the report does not meet statutory requirements for an investigation.

OVERRIDES
Two types of overrides are available: policy and discretionary. If, after considering both, no overrides will be applied, select the box "No overrides apply" and go to the final screening decision.

Policy Overrides

Screen in for investigation: No abuse or neglect type is present, but report will be screened in and assigned for investigation. (Select all that apply.)
Select this decision if no abuse or neglect types in Section 1 are selected, which means that the report does not meet statutory requirements for an investigation. However, a report will be opened and assigned for investigation for one of the following.

- *Response required by court order*.

Screen for non-investigatory response: No abuse or neglect type is present, but report will be assigned to voluntary support services. No further SDM assessments required.

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

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

- *Provincial/territorial protocol on children and families moving between provinces and territories*.

- *Other (specify)*.

Screen out: One or more abuse or neglect types are selected, but report will be screened out. (Select all that apply.)
Indicate the reason.

- *Insufficient information to locate child/family*. The caller was unable to provide enough information about the child's identity and/or location to enable an investigation. Do not select this item if enough partial information is available to potentially locate family.

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

- *Duplicate report; information will be included with report assigned for investigation*. The information provided was reported previously and is being investigated currently. No new facts have been provided that constitute a new allegation. **A duplicate report involves the same child and the same event**.

- *Historical information only*. (*Record the time since alleged incident in years and months*.) **Do not use** if referred incident is sexual abuse. **Use** if the alleged maltreatment occurred more than one year ago **AND** there were no reports of abuse or neglect since the alleged incident **AND** the conditions that contributed to the alleged incident are no longer present. For example, out of a mandate to refer, a therapist reports that her 14-year-old client disclosed being physically struck two years ago by his father, who no longer lives in the home, and there are no current concerns.

- *Report already investigated; no new allegations.* A report was previously received, investigated, and closed. The information reported matches the prior allegations in all respects.

- *Other (specify)*.

Discretionary Overrides

Discretionary override to screen in or screen out (for screen in, complete all required assessments).
Unique circumstances not captured by the screening criteria support a final screening decision different from the recommended screening decision. Use of a discretionary override requires consultation with a supervisor.

No overrides apply.

Final Screening Decision (after consideration of policy and discretionary overrides)

Screen out: No abuse or neglect type selected and no screen-in overrides apply; **OR** report was screened out based on an override.
Select this decision if no abuse or neglect type in Section 1 is selected, which means that the report does not meet statutory requirements for an investigation, **AND** no screen-in overrides in Section 2 are selected.

Screen for non-investigatory response: No abuse or neglect type is present, but report requires a non-investigatory response. No further SDM assessments required.

Screen in: At least one abuse or neglect type selected and no screen-out overrides are selected; **OR** the report was screened in based on an override. Complete Section 2, Response Priority Decision.
Select this decision if any criteria in Section 1 are selected, which means that at least one reported allegation meets statutory requirements for an investigation, or at least one screen-in criterion was identified **AND** no screen-out criteria were selected. For all reports in which the final screening decision is to screen in, a response time must be identified.

SECTION 2. RESPONSE PRIORITY DECISION

Part A: Response Priority

Same-day response required based on one or more criteria below. (Select all that apply.)

Child death is suspicious or unexplained, and another child is in the home.
Report of child death, which a medical or law enforcement professional or other reliable source is concerned may have resulted from or was caused by a parent/caregiver's action or lack of action to protect the child, **AND** another child currently is in the care of the parent/caregiver.

Child requires same-day medical or mental health attention, **AND** either abuse/neglect is suspected or parent/caregiver is unwilling/refusing to obtain needed treatment.
This includes situations where injuries or illnesses pose a danger of death/near fatality, physical impairment, disfigurement, or disability. Examples include but are not limited to the following.

- A child has symptoms associated with a failure to thrive diagnosis and no medical attention is being provided currently, or the child's appearance and symptoms suggest that he/she should receive medical attention today.

- The parent/caregiver is unwilling or refusing to obtain medical treatment; without such medical treatment, the child's condition may become life threatening or may result in permanent impairment (e.g. blood transfusions, insulin required at regular intervals for diabetes treatment).

- A child is experiencing extreme mental health behaviours, such as psychosis, as part of escalating pattern of behaviours **AND** parent/caregiver is unwilling or unable to keep the child safe.

- A child has a serious illness or injury that has not been medically assessed and the child's condition is worsening (e.g. young child experiencing prolonged vomiting or diarrhea, evidence of a worsening infection or chronic medical condition that affects child's breathing or ability to eat or drink).

Child is demonstrating suicidal behaviours, and parent/caregiver is not providing an adequate or appropriate response.
Child has attempted or is threatening suicide and the parent/caregiver does not respond appropriately (e.g. does not seek urgent medical or psychiatric attention or follow recommendations of a mental health professional currently involved with the child's care).

Child age 12 or younger killed or seriously injured another person.
Child age 12 or younger either killed or seriously injured another person, regardless of whether the parent/caregiver has responded appropriately, cooperated with the investigation, hindered the investigation, or provided supervision to the child.

Child has an injury that is suspicious, unexplained, or consistent with abuse, **AND** the parent/caregiver who is alleged to have either caused the injury or failed to protect will have access to the child ***within the next five days***.

- Any of the following physical indicators of injury resulting from a parent/caregiver's action or lack of action are currently present: internal injuries; bruising; broken bones; burns; fractures; injuries alleged to have been caused by an object (e.g. imprint of a belt buckle); or superficial injuries such as cuts, welts, abrasions, etc.

- Include situations in which the exact cause of an injury may be unknown, but it is suspected that a parent/caregiver caused the injury, **OR** the intent of the parent/caregiver is unknown but there is a basis to suspect the injury was non-accidental.

Child is unsupervised and requires immediate care.
The likelihood of the child being physically injured or becoming ill is high if a same-day response does not occur. The weather, age of child, clothing child is wearing, and immediate environment all should be considered when determining whether a same-day response is required. Examples may include but are not limited to the following.

- Parent/caregiver is unable to care for child due to arrest, illness, or hospitalization or incapacitation, or the parent/caregiver left the child unsupervised for some other reason, **AND** either appropriate arrangements for the child's care were not made or CFS is unsure if appropriate arrangements were made.

- Parent/caregiver died and adequate arrangements for the child's care have not been made.

- Parent/caregiver stated that the child cannot remain in the home today or is forcing the child to leave the home today and is not making appropriate alternative arrangements for the child's care.

- Parent/caregiver abandoned or has immediate plans to abandon a child, meaning the parent/caregiver voluntarily surrendered the child and relinquished his/her rights as a parent/caregiver.

Child is inadequately supervised and likely to be exposed to harm or unsafe conditions within the **next five days**.
The likelihood of the child being physically injured or becoming ill is high if a same-day response does not occur. The weather, age of child, clothing child is wearing, and the immediate environment are factors that should be considered when determining whether a same-day response is required. Examples may include but are not limited to the following.

- Child is currently locked out of the home and has no safe alternate arrangements.

- Child was inadequately supervised and was injured, or the child avoided injury only due to intervention by a third party (e.g. a parent/caregiver was sleeping and the young child turned on the stove and burned his/her hand). The probability of another injury is high if no response occurs today because the circumstances that led to the inadequate supervision have not changed.

- Parent/caregiver is currently caring for a child and is under the influence of drugs or alcohol or is experiencing symptoms suggestive of suicidal, homicidal, or psychotic behaviour or an intellectual impairment (e.g. hearing commands to hurt the child, is incoherent or passed out with a child in his/her care), **AND** as a result, the child is at immediate risk of injury.

Child is likely to be exposed to sexual abuse within the **next five days**.
The likelihood that the child will be sexually abused is high if a same-day response does not occur. This is due to any of the following.

- Allegations include current concerns of sexual abuse, and parent/caregiver of concern will have access to the child within the next five days.
- Parent/caregiver allegedly views or possesses child pornography and has/will have unsupervised access to the child within the next five days.
- Household member is a registered sex offender and has access to the child within the next five days.

Failure to protect child from serious harm.
There is concern that because of the parent/caregiver's inability to protect the child from dangerous behaviours of others, the child may be injured within the next five days. Examples may include but are not limited to the following.

- Parent/caregiver left child with a third party and knew or reasonably should have known that the third party was physically or sexually abusing the child.
- Parent/caregiver allows access to the child by a person who is known to CFS as having seriously harmed a child or as having a significant history of violence to adults or children.

Physical conditions of the living environment are immediately unsafe, and the child will be in that environment within the **next five days**.
Examples of an unsafe living environment may include the following.

- Objects accessible by child present a concern for child's safety due to child's age, behaviour, or developmental ability (e.g. power tools, weapons, etc.).
- Electrical wires in the home are exposed.
- Drug manufacturing/production takes place in the home.
- Uncontained feces are present in the home and accessible by child.

A child has been or likely will be exposed to violence **within the next five days, AND** no parent/caregiver is demonstrating protection of the child.
Due to the nature of the violence, a same-day response is required both to assess and ensure the physical safety of the child. Examples of exposure to violence that require a same-day response may include but are not limited to circumstances described below.

- Child has been physically harmed during an incident of violence in the home (e.g. child intervened in a dispute or one parent/caregiver was holding child during the dispute).

- An adult required medical attention as a result of a violent incident, and the child was present in the home when the assault occurred.

- Evidence shows that weapons or objects were used to physically assault or threaten the victim in the home, and the child was present.

- Police called CFS during or immediately after their response to report a violent incident in the home and the children were present, and police requested an immediate response from CFS.

- Information is received that a parent/caregiver and his/her child are planning to return to a partner who has a history of abusing him/her. No information suggests that circumstances have changed, and CFS:

    » Has previously responded on the same day to a report involving violence;

    » Has new information to suggest that the partner was seriously injured (required hospitalization) during a violent dispute; or

    » Has information that a child was previously injured during a violent dispute.

Other (specify).
This includes circumstances that require a same-day response to assess the safety of the child and are not captured in any of the above items. This may include child expressing extreme fear of parent/caregiver, including symptoms of fear/anxiety.

No same-day response criteria; response within five days is required.

Part B: Response Priority Recommendation and Overrides

OVERRIDES

Policy

Increase to immediate whenever:

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

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

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

Decrease to five days whenever:

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

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

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

Discretionary

Increase or decrease response level (decrease requires supervisory approval).
Unique circumstances not captured by the response priority support a final response priority decision different from the recommended response priority decision. Use of a discretionary override requires consultation with a supervisor, and decreasing the response priority requires supervisory approval.

No overrides apply.

NORTHWEST TERRITORIES
SDM® SCREENING AND RESPONSE PRIORITY ASSESSMENT
POLICY AND PROCEDURES

WHICH CASES

The screening and response priority assessment is completed on all child protection reports. This includes new reports of child abuse and neglect on ongoing protection cases.

WHO

The worker who receives the information completes the assessment, and the supervisor reviews and approves the screening and response priority decision.

WHEN

The screening and response priority assessment is completed upon receipt of a child protection report. This generally occurs while the screener is speaking with the reporter making a report (either over the phone or in person). Occasionally, the screener may need to gather information from additional sources as part of the screening process. For these reports, the screening assessment is completed as soon as all necessary information is gathered and within 24 hours. In exceptional circumstances, the screener may need additional time to obtain the information to make a screening decision. In this case, the decision is made within 72 hours of receipt of report.

DECISION

The screening and response priority assessment determines whether a report requires an investigation and determines the required response time. If an investigation is required, the same-day response criteria identify whether a same-day response is required. All other reports assigned for investigation require a response within five days.

APPROPRIATE COMPLETION

Section 1: Abuse or Neglect Type

If the report meets all elements of a report of child abuse or neglect (the alleged victim is a child as defined by the *Child and Family Services Act*, the family is located within the region's jurisdiction, and the alleged abuser is the parent/caregiver of the child victim), proceed with review of Part A. Screening Criteria and select all applicable abuse or neglect types, using the definitions to ensure that the report information meets criteria.

In Part B: Screening Recommendations and Overrides, if any screening criteria in Part A are present, select "Screen in: One or more criteria are selected." If no abuse or neglect is present, select "Screen out: No criteria are selected."

If the initial screening recommendation is "Screen in," the worker should review only the override reasons for "Screen out" to see if any apply. Likewise, if the initial screening recommendation is "Screen out," the worker should review only the override reasons for "Screen in." Select any override reasons that apply.

Record the final screening decision based on the impact of any overrides.

Section 2: Response Priority Decision

For all reports in which the final screening decision is to screen in, the same-day response criteria must be reviewed under Part A: Response Priority. If any of the same-day response criteria are present in a given report, the response time for the report is same day.

Reports that do not include criteria that meet the need for same-day response will be assigned a response time of within five days.

Consider both policy and discretionary overrides in Part B: Response Priority Recommendations and Overrides before making the final response priority decision.

Response Times

- "Immediate" calls for a response in the same working day as receipt of the report.
- All others have a response time of within five calendar days of the receipt of the report.

Response time is considered met when a worker has had an actual face-to-face contact with the child victim within the required response time assigned by the priority response assessment.

NORTHWEST TERRITORIES
SDM® SAFETY ASSESSMENT

r: 4–16

Household Name: _____ **Report #:** _____ **File #:** _____

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

Region: _____ **Child Protection Worker:** _____

Date of Assessment:_____ **Assessment Type:** ○Initial ○ Review ○ Case Closing

Were there allegations on this household? ○ Yes ○ No

Select whether the child was observed, was interviewed, or was not available for an observation or interview.

	Child Name	Observed	Interviewed	Unavailable	Date
1.		☐	☐	☐	
2.		☐	☐	☐	
3.		☐	☐	☐	
4.		☐	☐	☐	_

For each child unavailable, describe the reason(s) and the plan to see the child:

Child Vulnerability

Select all conditions resulting in child's inability to protect self that apply to <u>any</u> child living in the household.

☐ Age 0–5 years
☐ Developmental delay; medical or mental health disorder
☐ Not visible in the community
☐ Diminished physical capacity (e.g. non-ambulatory, limited use of limbs)
☐ Addiction and/or other high-risk behaviour
☐ Homeless or highly transient

SECTION 1: SAFETY THREATS

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe one or more safety threats are present.

Yes	No	Safety Threat	Safety Threat Description (Parent/caregiver action/inaction and impact on child)
1. ○	○	Parent/caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by *(select all that apply)*: ☐ Serious injury to the child other than accidental ☐ Parent/caregiver fears he/she will maltreat the child ☐ Threat to cause serious harm or retaliate against the child ☐ Excessive discipline or physical force ☐ Propensity to violence ☐ Drug-exposed infant	
2. ○	○	Child sexual abuse or exploitation is suspected, AND circumstances suggest that the child's safety may be of IMMEDIATE concern.	
3. ○	○	Parent/caregiver does not protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, emotional abuse, and/or neglect.	
4. ○	○	Parent/caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.	
5. ○	○	The physical living conditions are hazardous and immediately threatening to the child's health and/or safety.	
6. ○	○	Parent/caregiver's current use of substances seriously impairs his/her ability to supervise, protect, or care for the child.	
7. ○	○	Intimate partner violence or violence between two or more adults in the household exists and poses an immediate danger of serious physical and/or emotional harm to the child.	
8. ○	○	Parent/caregiver's mental health, developmental, or cognitive functioning or physical condition/disability seriously impairs his/her current ability to supervise, protect, or care for the child.	
9. ○	○	Parent/caregiver describes the child in predominantly negative terms or acts toward the child in negative ways AND the child is a danger to self or others, acts out aggressively, or is severely withdrawn and/or suicidal.	
10. ○	○	Parent/caregiver's explanation for the child's injury is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.	

Yes	No	Safety Threat	Safety Threat Description (Parent/caregiver action/inaction and impact on child)
11. ○	○	Parent/caregiver refuses access to the child or hinders the investigation, or there is reason to believe that the family is about to flee.	
12. ○	○	Other (specify).	

SECTION 1A: PROTECTIVE CAPACITIES

(If no safety threats are present, skip to Section 3 and select "Safe.")

Select all that apply to at least one child or parent/caregiver in the household.

Child

☐ 1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.
☐ 2. Child has, on more than one occasion, successfully acted in a way to protect self from the safety threat.

Parent/Caregiver

☐ 3. Parent/caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
☐ 4. Parent/caregiver recognizes problems and safety threats that place the child in imminent danger and is willing and able to participate in safety planning.
☐ 5. Parent/caregiver is willing to accept temporary interventions offered by the CPW and/or other community agencies, including cooperation with continuing investigation/assessment.
☐ 6. Parent/caregiver is aware of AND committed to meeting the needs of the child.
☐ 7. There is evidence of a healthy relationship between parent/caregiver and child.
☐ 8. At least one parent/caregiver in the home is willing and able to take action to protect the child.
☐ 9. Parent/caregiver has the ability to access resources to provide necessary safety interventions.
☐ 10. Parent/caregiver has supportive relationships with one or more people who may be willing to participate in safety planning, AND parent/caregiver is willing and able to accept their assistance.
☐ 11. Parent/caregiver can articulate strategies that, in the past, have been successful in mitigating the identified threats to child safety.
☐ 12. Other (specify): _____

SECTION 2: SAFETY INTERVENTIONS

(If no safety threats are present, skip to Section 3 and select "Safe.")

Select all that apply.

In-Home Interventions

☐ 1. Intervention or direct services by the CPW. (Do NOT include the investigation itself.)
☐ 2. Use of family, neighbours, community elders, traditional healers, or other individuals in the community as safety resources.
☐ 3. Use of community agencies or services as safety resources.
☐ 4. Parent/caregiver appropriately protects the victim from the alleged abuser.
☐ 5. Alleged abuser leaves the home, either voluntarily or in response to legal action.
☐ 6. Non-offending parent/caregiver moves to a safe environment with the child.
☐ 7. Legal action planned or initiated—child remains in the home. (May ONLY be used in conjunction with other safety interventions.)
☐ 8. Parent/caregiver makes arrangements for the child to stay with identified extended family, a friend, or a community member.

☐ 9. Other (specify): _____

Placement Interventions

☐ 10. Child apprehended because interventions 1–9 do not adequately ensure the child's safety.

SECTION 3: SAFETY DECISION
Identify the **household** safety decision by selecting the appropriate item below. Select one response only.

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

○ 2. **Safe with plan.** One or more safety threats are present. Protective in-home safety interventions have been initiated and the child will either remain in the home or will temporarily stay with a relative or the parent/caregiver's significant other with consent of the parent/caregiver. **A SAFETY PLAN IS REQUIRED.**

○ 3. **Unsafe.** One or more safety threats are present, and apprehension is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in immediate danger of serious harm.

SECTION 4: LOCATION OF CHILD'S PLACEMENT (Only complete this section if the household safety decision is UNSAFE and any child will remain in the home.)
Record the name and status of each child in the household. For any child who will remain in the household, CPWs must provide an explanation documenting the child vulnerabilities, protective capacities, and safety interventions to support this decision. **A SAFETY PLAN MUST BE COMPLETED IF ANY CHILD(REN) WILL REMAIN IN THE HOME.**

Last Name	First Name	Case Number	Birth Date	Apprehended	Will Remain in the Home
				○	○
				○	○
				○	○
				○	○

Summary
Document any information used to support the safety decision.

Child Protection Worker Name: _____ **Date Safety Assessment Form Completed:** _____

Child Protection Worker Signature: _____

Supervisor Name: _____ **Date of Supervisory Approval:** _____

Supervisor Signature: _____

NORTHWEST TERRITORIES
SDM® SAFETY ASSESSMENT
DEFINITIONS

CHILD VULNERABILITY

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

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

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

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

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

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

SECTION 1: SAFETY THREATS

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

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

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

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

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

  Examples include:

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

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

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

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

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

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

- Medical findings are consistent with child sexual abuse.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AND

One of the following is true:

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

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

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

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

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

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

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

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

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

SECTION 1A: PROTECTIVE CAPACITIES

Child

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

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

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

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

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

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

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

This includes but is not limited to:

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

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

Parent/Caregiver

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12. Other (specify).

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

SECTION 2: SAFETY INTERVENTIONS

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

In-Home Interventions

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

The CPW provides services accepted by the parent/caregiver that specifically address one or more safety threats. Examples include:

- Providing information about nonviolent disciplinary methods, child development needs, or parenting practices;
- Providing emergency support, such as money, food, and infant formula;
- Planning additional return visits to the home to check on progress;
- Providing information on obtaining peace bonds and/or emergency protection orders; and
- Providing information on child abuse and neglect and discussing the legal implications of abusive and neglectful behaviour.

Intervention **DOES NOT INCLUDE** the investigation itself or services provided to respond to family needs that do not directly affect safety.

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

This can include the family's own strengths as resources to mitigate safety concerns. Examples include:

- Engaging community resources (e.g. elders and/or traditional healers) to assist with safety planning, such as agreeing to serve as a safety net or meet with the parent/caregiver in crisis;
- Engaging an extended family member to assist with child care or supervised visits; and
- Agreement by a neighbour or a friend to serve as a safety net for an older child.

3. **Use of community agencies or services as safety resources.**
Involving community-based organizations (friendship or wellness centres), faith-related organizations, or other community services in activities to address safety concerns (e.g. Community Counselling Program, family preservation, Healthy Families, using a local food bank). **DOES NOT INCLUDE** long-term therapy or treatment or placement on a waiting list for services.

4. **Parent/caregiver appropriately protects the victim from the alleged abuser.**
A non-offending parent/caregiver has acknowledged the safety concerns and is willing and able to protect the child from the alleged abuser. Examples include:

- Agreement that the child will not be alone with the alleged abuser; and
- Agreement that the parent/caregiver will prevent the alleged abuser from physically disciplining the child.

5. **Alleged abuser leaves the home, either voluntarily or in response to legal action.**
Examples include:

- Arrest of alleged abuser;
- Non-perpetrating parent/caregiver requires alleged abuser to leave; or
- Alleged abuser agrees to leave.

6. **Non-offending parent/caregiver moves to a safe environment with the child.**
Parent/caregiver who is not suspected of harming the child has taken, or plans to take, the child to an alternate location where the alleged abuser will not have access. Examples include:

- Family violence shelter, transition house, or safe home;
- Home of a friend or relative; or
- Hotel.

7. **Legal action planned or initiated—child remains in the home. (May ONLY be used in conjunction with other safety interventions.)**
A legal action has commenced, or will be commenced, that will effectively mitigate identified safety factors. This includes:

- Family-initiated actions (e.g. emergency protection orders, non-contact order, mental health commitments, changes in custody/visitation/guardianship);
- CPW initiated court orders (e.g. application for supervision order); or
- Royal Canadian Mounted Police–initiated actions (e.g. arrest, remand).

8. Parent/caregiver makes arrangements for the child to stay with identified extended family, a friend, or a community member.

The parent/caregiver agrees to have the child temporarily stay with a relative or other suitable person while safety threats are being addressed. This should **ONLY** include agreements made between the parent/caregiver and the relative, significant other, or community member (family arrangement). Examples include but are not limited to:

- Child stays with a relative or the parent/caregiver's significant other while environmental hazards are addressed;
- Child stays with a relative or the parent/caregiver's significant other while the offending parent/caregiver moves to another location; or
- Child stays with a relative or the parent/caregiver's significant other to deescalate parent/caregiver-child conflict.

9. Other (specify).

The family or CPW identified a unique intervention for an identified safety threat that does not fit within items 1–8.

Placement Interventions

10. Child apprehended because interventions 1–9 do not adequately ensure the child's safety.

One or more children are placed in the care of the Director pursuant to the *Child and Family Services Act*.

SECTION 3: SAFETY DECISION

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

2. Safe With Plan. One or more safety threats are present. Protective in-home safety interventions have been initiated and the child will either remain in the home or will temporarily stay with a relative or the parent/caregiver's significant other with consent of the parent/caregiver. **A SAFETY PLAN IS REQUIRED.**

3. Unsafe. One or more safety threats are present, and apprehension is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

NORTHWEST TERRITORIES
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
SDM® SAFETY ASSESSMENT
POLICY AND PROCEDURES

The purpose of the safety assessment is to:

1. Help assess whether any child is likely to be in immediate danger of serious harm/abuse or neglect that requires intervention; and

2. Determine what interventions should be initiated or maintained to protect the child.

SAFETY VERSUS RISK ASSESSMENT

Safety assessment differs from risk assessment in that it assesses the child's **present** danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of any **future** abuse or neglect. It is important to keep these differences in mind when completing this form.

WHICH CASES

All child protection reports that are assigned for investigation, including a screened-in report of an ongoing protection case.

Any investigation or ongoing protection case in which circumstances require a safety assessment due to changes in:

- Family circumstances (e.g. birth of a baby, unknown adult moves into home, person leaves the household);
- Information that is known about the family; and/or
- Ability of safety interventions to mitigate safety threats.

WHO

A CPW.

WHEN

For new reports, including ongoing child protection cases, the child's safety is assessed before leaving the child in the home or returning the child to the home during the investigation.

The safety assessment form must be completed by the end of the next business day following the first face-to-face contact with the child/family.

If, during the course of investigation, any safety assessment identified a safety threat and led to a safety plan, an updated safety assessment must be completed prior to closing the file (including the safety assessment form). If safety threats remain unresolved, an ongoing protection case should be opened.

DECISION

The safety assessment provides structured information concerning the threat of immediate harm to a child. This information guides the decision about whether the child may remain in the home with no intervention, may remain in the home with safety interventions in place, or must be protectively placed.

APPROPRIATE COMPLETION

CPWs should familiarize themselves with the items included on the safety assessment and the accompanying definitions. SDM assessments ensure that every CPW is assessing the same items in each case and that the responses to these items lead to specific decisions. Once a CPW is familiar with the items that must be assessed to complete the assessment, the CPW should conduct the initial interviews/contact as normal, using good social work practice to collect information from the child, parent/caregiver, and collateral sources (if applicable). The specific items on the safety assessment must be completed during the initial child/family contact. Subsequent review assessments may need to be completed, as described below. A closing assessment must also be completed.

Header Information

Enter the name of the household assessed. This is typically the last name of the primary parent/caregiver in the household.

Some reports may involve more than one household with a safety assessment. If two such households have the same last name, also include the first name. Record the name of the primary parent/caregiver and, if present, the secondary parent/caregiver.

Also select whether allegations exist in the household being assessed. If at least one alleged abuser resides in the household, there are allegations in that household.

Enter the type of safety assessment.

- Initial. Each household in the report should have **one, and only one**, initial assessment. This should be completed during the first face-to-face contact with the child and parent/caregiver when there are allegations in that household.

- Review. After the initial assessment, any additional safety assessment is most likely a review, unless it is completed at the point of closing a report or ongoing protection case.

- Closing. This review is completed prior to closing a case.

Record the date of the safety assessment. This should be the date that the CPW made face-to-face contact with the child to assess safety, which may be different from the date on which the form is being completed.

The safety assessment consists of four sections plus subsections.

CHILD VULNERABILITY

Each child's vulnerability is considered throughout the assessment and safety planning. Typically, young children cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization. Indicate whether any child vulnerabilities are present for any child in the household who may be in need of protection. Note that these vulnerability issues provide a context for safety assessment. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe or that a safety threat is present.

Section 1: Safety Threats

This is a list of 11 critical threats that must be assessed by every CPW in every case. These threats cover conditions that would place a child in danger of immediate, serious harm. Because not every conceivable safety threat can be anticipated or listed on a form, a 12th option ("other") is included.

For each item, consider the most vulnerable child. Rely on information available at the time of the assessment. CPWs should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, not all facts about a case can be known immediately. Some information is inaccessible, and some might be deliberately hidden from the CPW. Based on reasonable efforts to obtain the information necessary to respond to each item, respond to each safety threat based on the accompanying definitions.

Section 1A: Protective Capacities

This section is completed **only if one or more safety threats were identified**. Select any of the listed protective capacities that are present for any child or parent/caregiver. Consider information from the report; from CPW observations; interviews with children, parent/caregivers, and collaterals; and review of records. For "Other," consider any existing condition that does not fit within one of the listed categories but may support safety interventions for the safety threats identified. Actions taken by the child should not be the basis for the safety plan but may be incorporated as part of the plan.

Section 2: Safety Interventions
This section is completed only if one or more safety threats are identified and after a CPW has determined whether or not protective capacities are present. The presence of one or more safety threats does not automatically mean that a child must be apprehended. In many cases, the child may remain in the home while the investigation continues if a short-term plan that sufficiently mitigates the safety threat(s) is initiated. Consider the relative severity of the safety threat(s), the parent/caregiver's protective capacities, and the vulnerability of the child.

The safety intervention list contains general categories of interventions rather than specific programs. The CPW should consider each potential category of interventions and determine whether that intervention is available and sufficient to mitigate the safety threat(s) and the parent/caregiver's ability and willingness to follow through with a planned intervention. An intervention's presence in the community does not necessitate its use in a case.

The CPW may determine that even with an intervention, the child would be unsafe, or the CPW may determine that an intervention would be satisfactory but may have reason to believe the parent/caregiver would not follow through. The CPW should keep in mind that any single intervention may be insufficient to mitigate the safety threat(s), but a combination of interventions may provide adequate safety. The safety intervention is not the case plan—it is not intended to "solve" the household's problems or provide long-term answers. A safety plan permits a child to remain home (including family arrangements) during the course of the investigation.

For each identified safety threat, review the current protective capacities. Given these protective capacities, can in-home safety plan interventions adequately mitigate the threat? When assessing the appropriateness of safety interventions, it is critical to review the assessed protective capacities in Section 1A. If capacities 3, 4, and/or 5 are not present, the rationale for implementing any in-home safety interventions must be carefully considered and clearly documented.

Safety interventions 1–9 are considered to be in-home interventions and are incorporated into a safety plan where a threat has been identified and protective capacities, in combination with one of these interventions, will allow the child(ren) to remain in the home while the investigation continues.

If one or more safety threats are identified and the CPW determines that in-home interventions are unavailable, insufficient, or may not be used, the final option is to indicate that the child will be placed in care via an apprehension process. If safety intervention 10 is used, the safety decision must be unsafe. Safety intervention 10 is used when only a placement can ensure safety.

If one or more interventions will be implemented, select each category that will be used. If an intervention will be implemented that does not fit into one of the categories, select 9 ("other") and briefly describe the intervention.

Section 3: Safety Decision
Record the result of the safety assessment. Select safe, safe with plan, or unsafe based on identification of safety threats, protective capacities, and safety interventions. "Safe" guides the CPW to leave the child in the home for the present time. "Safe with plan" requires that a safety plan be developed with and signed by the parent/caregiver. "Unsafe" guides the CPW to place the child in care to protect the child from harm.

Any safety plan must include:

- Each safety threat identified in Section 1, written in a family-friendly manner that also describes the threat and impact on the child;
- Detailed information for each planned safety intervention;
- Information that describes how the safety plan will be monitored (e.g. who is responsible for each intervention action); and
- Signature lines for family members, the CPW, and the CPW's supervisor.

The safety plan MUST be completed with the family, and a copy should be left with the family. If safety threats have not been resolved by the end of the investigation, all remaining interventions will be incorporated into the ongoing case plan.

Section 4: Location of Child's Placement
The name and safety decision for each child assessed should be recorded in this section in the same order as the information appears on page 1 of the assessment instrument. **If the safety decision for the household (Section 3) is "Unsafe" and any child will remain in the home, provide an explanation in the summary section.**

PRACTICE CONSIDERATIONS
While safety is the prevailing concern for the first face-to-face contact, the manner of engaging the family will depend upon clinical social work skills. Whenever possible, the CPW should use a strengths-based approach to initiate the contact, while remaining observant for the presence or absence of safety threats. Most safety threats are salient and can be discerned without invasive questioning. The first face-to-face contact may be limited to assessing safety if there are significant safety issues. At other times, the CPW will also begin to gather information regarding risk and/or strengths and needs items, as well as additional clinical information.

NORTHWEST TERRITORIES
SDM® RISK ASSESSMENT

R: 4/16

Case Name: _____ **Report #:** _____

Child Protection Worker Name: _____ **Assessment Date:** _____

Household Assessed: _____ **Were there allegations in this household?** ○ Yes ○ No

SECTION 1: NEGLECT/ABUSE INDEX

		Neglect Score	Abuse Score
R1.	**Current report 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 child protection services**		
	○ a. No	0	0
	○ b. Yes	1	1
R4.	**Number of children involved in the child abuse and/or 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 and/or 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 2	1	0

		Neglect Score	Abuse Score
R7.	**Characteristics of children in household (select 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
	☐ i. Developmental or learning disability	0	1
	☐ ii. Physical disability	0	0
	☐ d. Child or youth in conflict with law	0	1
	☐ e. Mental health or behavioural problem	0	1
	☐ f. None of the above	0	0
R8.	**Primary parent/caregiver's assessment of incident (select all that apply)**		
	☐ a. Blames child for abuse and/or neglect	0	1
	☐ b. Justifies abuse and/or neglect	0	2
	☐ c. None of the above	0	0
R9.	**Primary parent/caregiver provides physical care consistent with child needs**		
	○ a. Yes	0	0
	○ b. No	1	0
R10.	**Primary parent/caregiver characteristics (select all that apply)**		
	☐ a. Provides insufficient emotional/psychological support	0	1
	☐ b. Employs excessive/inappropriate discipline	0	1
	☐ c. Overcontrolling/bullying	0	1
	☐ d. None of the above	0	0
R11.	**Primary parent/caregiver has a historic or current mental health issue**		
	○ a. No	0	0
	○ b. Yes (select 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 issue**		
	☐ a. No	0	0
	☐ b. Alcohol (select all that apply)	1	0
	☐ Current (within the last 12 months)		
	☐ Historic (prior to the last 12 months)		
	☐ c. Drugs (select all that apply)	1	0
	☐ Current (within the last 12 months)		
	☐ Historic (prior to the last 12 months)		
R13.	**Secondary parent/caregiver has a historic or current alcohol or drug issue**		
	○ a. No secondary parent/caregiver	0	0
	○ b. No	0	0
	○ c. Yes	0	1
	Alcohol (select all that apply)		
	☐ Current (within the last 12 months)		
	☐ Historic (prior to the last 12 months)		
	Drugs (select all that apply)		
	☐ Current (within the last 12 months)		
	☐ Historic (prior to the last 12 months)		

		Neglect Score	Abuse Score
R14.	**Primary parent/caregiver has a history of abuse and/or neglect as a child**		
	○ a. No	0	0
	○ b. Yes	0	1
R15.	**Violence between two or more adults in the household in the past year**		
	○ a. No	0	0
	○ b. Yes (select all that apply)	0	2
	☐ Intimate partner violence		
	☐ Other violence between household adults		
R16.	**Housing (select 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/caregiver have supportive social connections?

○ a. Yes
○ b. No

S2. Does the parent/caregiver have knowledge of parenting and child development?

○ a. Yes
○ b. No

S3. Primary and secondary parent/caregiver characteristics

Primary	Secondary	No Secondary Parent/Caregiver
○ Yes ○ No	○ Yes ○ No	○ a. Cognitive impairment that limits parental functioning
○ Yes ○ No	○ Yes ○ No	○ b. Prior arrest/conviction
○ Yes ○ No	○ Yes ○ No	○ c. Prior arrest/conviction that involved actual or threatened violence

S4. 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

S5. Does the secondary parent/caregiver have a history of abuse and/or neglect as a child?

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

SECTION 4: OVERRIDES AND FINAL RISK LEVEL

OVERRIDES

Select an override or, if there are no overrides, select "No overrides;" the risk level will remain the same. If there is a policy override, select the appropriate override; the risk level will become very high. If there is a discretionary override, the risk level will increase one level, and a reason must be entered in the box provided.

○ **No overrides**

○ **Policy overrides**

- ☐ 1. Non-accidental injury to a child younger than 3.
- ☐ 2. Sexual abuse case AND the abuser is likely to have access to the child.
- ☐ 3. Severe non-accidental injury to any child.
- ☐ 4. Parent/caregiver's action or inaction resulted in death of a child (previous or current).

○ **Discretionary override**

Select override level: ○ Moderate ○ High ○ Very high

Discretionary override reason:

FINAL RISK LEVEL

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

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

*Low- and moderate-risk cases should be opened if the most recent 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 (note whether ☐ new or ☐ continuing services offered)
- ○ Do not open

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

Child Protection Worker Name: _____ **Date Risk Assessment Form Completed:** _____

Child Protection Worker Signature: _____

Supervisor Name: _____ **Date of Supervisory Approval:** _____

Supervisor Signature: _____

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

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

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

SECTION 1: NEGLECT/ABUSE INDEX

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

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

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

Answer "Yes" if there were any prior investigations.

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

Do not count the following types of prior investigations:

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

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

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

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

R2a. Prior neglect

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

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

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

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

R2b. Prior abuse

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

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

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

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

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

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

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

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

R6. Age of youngest child in the home

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Score this item "No" if:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

  » Has been treated for substance abuse.

  » Has had multiple positive urine/blood samples.

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

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

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

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

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

- Self-identifies as an alcoholic or addict.

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

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

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

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

» Has been treated for substance abuse.

» Has had multiple positive urine/blood samples.

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

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

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

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

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

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

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

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

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

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

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

SECTION 3: SUPPLEMENTAL RISK QUESTIONS

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

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

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

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

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

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

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

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

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

SECTION 4: OVERRIDES AND FINAL RISK LEVEL

Policy Overrides

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

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

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

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

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

Discretionary Override

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

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

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

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

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

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

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

WHO
The CPW assigned to the investigation.

WHEN

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

DECISION

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

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

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

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

APPROPRIATE COMPLETION

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

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

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

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

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

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

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

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

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

OVERRIDES

Policy Overrides

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

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

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

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

NORTHWEST TERRITORIES
SDM® HOUSEHOLD STRENGTHS AND NEEDS ASSESSMENT/REASSESSMENT r: 1–17

Case Name: (Last)_____(First)_____ **Assessment Date:** _____

Case Number: _____

Primary Caregiver: (Last)_____(First)_____ **Primary Caregiver DOB:** _____

Secondary Caregiver: (Last)_____(First)_____ **Secondary Caregiver DOB:** _____

Assessment Type: ○ Initial ○ Reassessment #: ☐ 1 ☐ 2 ☐ 3 ☐ ____

Child 1: (Last)_____(First)_____ **Child 1 DOB:** _____

Child 2: (Last)_____(First)_____ **Child 2 DOB:** _____

Child 3: (Last)_____(First)_____ **Child 3 DOB:** _____

Child 4: (Last)_____(First)_____ **Child 4 DOB:** _____

Child 5: (Last)_____(First)_____ **Child 5 DOB:** _____

Child 6: (Last)_____(First)_____ **Child 6 DOB:** _____

Office: _____

Score each item taking into account the family's perspective, child's perspective (where appropriate), CPW observations, collateral contacts, and available records. Refer to accompanying definitions to determine the most appropriate response. Enter the score for each item.

A. ASSESSMENT OF STRENGTHS AND NEEDS		**CAREGIVER SCORE**	
		Primary	**Secondary**
SN1.	**Substance Abuse/Sobriety**		
	○ a. Demonstrates a healthy understanding of alcohol and drugs +3		
	○ b. Alcohol or prescribed drug use/no use 0		
	○ c. Alcohol or drug misuse/abuse -3	_____	_____
SN2.	**Household Relationships/Domestic Violence**		
	○ a. Supportive +3		
	○ b. Minor or occasional household conflict 0		
	○ c. Significant household conflict or domestic violence -3	_____	_____
SN3.	**Social Support System**		
	○ a. Strong support system +3		
	○ b. Adequate support system 0		
	○ c. Limited or no support system -3	_____	_____
SN4.	**Parenting Approach**		
	○ a. Strong parenting approach +2		
	○ b. Adequate parenting approach 0		
	○ c. Inadequate or harmful parenting approach -2	_____	_____

		CAREGIVER SCORE Primary	Secondary
SN5.	**Coping Skills**		
	○ a. Strong coping skills ..... +2		
	○ b. Adequate coping skills 0		
	○ c. Inadequate coping skills ..... -2	_____	_____
SN6.	**Basic Needs**		
	○ a. Strong ability to meet basic needs ..... +1		
	○ b. Adequate ability to meet basic needs 0		
	○ c. Insufficient ability to meet basic needs ..... -1	_____	_____
SN7.	**Cultural Support**		
	○ a. Strong cultural support ..... +2		
	○ b. Culture neither supports nor causes conflict 0		
	○ c. Culture causes conflict ..... -2	_____	_____
SN8.	**Health and Wellness**		
	○ a. Strong health and wellness practices ..... +1		
	○ b. Adequate health and wellness practices 0		
	○ c. Inadequate health and wellness practices ..... -1	_____	_____
SN9.	**Other Identified Family Strength/Need (not addressed in SN1 – SN8)**		
	○ a. A family member has a significant strength not addressed in SN1 – SN8 ..... +1		
	○ b. Not applicable—no additional strength/need other than identified in SN1 – SN8 ... 0		
	○ c. A family member has a need not addressed in SN1 – SN8 ..... -1	_____	_____

Description

B. PRIORITY NEEDS AND STRENGTHS

Enter item number and description of up to three most serious needs (lowest scores) and greatest strengths (highest scores) from Section A (items SN1 – SN9) and indicate to whom each need/strength applies.

Priority Areas of Need		Need Applies to:	Priority Areas of Strength		Strength Applies to:

C. CHILD CHARACTERISTICS

Child Functioning	Confirmed	Suspected	No/Unknown
ADD/ADHD	○	○	○
Alcohol abuse	○	○	○
Criminal behaviour	○	○	○
Depression/anxiety	○	○	○
Developmental delay	○	○	○
Drug/solvent abuse	○	○	○
Frequently unresponsive to caregiver discipline and direction	○	○	○
Inappropriate sexual behaviour	○	○	○
Irregular school attendance/suspension	○	○	○
Learning disability	○	○	○
Negative peer involvement	○	○	○
Physical disability	○	○	○
Positive toxicology at birth	○	○	○
Psychiatric disorder	○	○	○
Running (one or more incidents)	○	○	○
Self-harming behaviour	○	○	○
Special education services	○	○	○
Substance abuse–related birth defect	○	○	○
Violence toward others	○	○	○
Other: _____	○	○	○

NORTHWEST TERRITORIES
SDM® HOUSEHOLD STRENGTHS AND NEEDS ASSESSMENT/REASSESSMENT
DEFINITIONS

A. ASSESSMENT OF STRENGTHS AND NEEDS

SN1. Substance Abuse/Sobriety

a. Demonstrates a healthy understanding of alcohol and drugs. Due to personal experiences, the caregiver demonstrates an understanding about the effects of alcohol and drugs on behaviour and society. For example, the caregiver demonstrates a continued commitment to his/her recovery, which has been ongoing for a number of years.

b. Alcohol or drug use/no use. The caregiver may have a history of substance abuse or may currently use alcohol or drugs; however, the caregiver's use does not negatively affect parenting skills and overall life functioning (e.g. home, community, employment). This may include abstinence.

c. Alcohol or drug misuse/abuse. The caregiver misuses alcohol, prescription drugs, or illicit drugs with a negative impact on parenting or other life functions (e.g. relationships, employment, health, legal, financial). The caregiver needs support to understand the impact of substance use and how to better manage his/her alcohol or drug use.

SN2. Household Relationships/Domestic Violence

a. Supportive. Household members mediate disputes and promote nonviolence in the home. Individuals are safe from threats, intimidation, or assaults by other household members. The caregiver may have a history of domestic violence but demonstrates an effective or adequate coping ability regarding any past abuse.

b. Minor or occasional household conflict. 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, and there is no current domestic violence.

c. Significant household conflict or domestic violence. The household is experiencing significant conflict and/or domestic violence. Examples include but are not limited to the following.

- Custody and visitation issues that are characterized by frequent conflict and/or harassment (e.g. reports to law enforcement and/or CFS).

- Adult relationships that are characterized by verbal outbursts and/or controlling behaviour that results in isolation or restriction of activities.

- One or more household members engage in physically and/or sexually assaultive behaviour toward other household members. Violent or controlling behaviour has resulted or may result in injury.

- Conflict within the home is causing household members to feel unsafe.

SN3. Social Support System

a. Strong support system. The caregiver regularly engages with a strong, constructive, mutual support system. Individuals have ongoing positive interactions with extended family, friends, or elders. The caregiver actively participates in cultural, spiritual, religious, and/or community support/events and accesses services that provide a wide range of resources.

b. Adequate support system. As needs arise, the caregiver uses extended family; friends; elders; and cultural, spiritual, religious, and community resources to provide support and/or services.

c. Limited or no support system. The caregiver has a limited or inconsistent support system or is refusing to use available support and/or services (e.g. extended family, community resources, and local traditional supports).

SN4. Parenting Approach

a. Strong parenting approach. The caregiver consistently demonstrates exceptional parenting approaches by providing a nurturing and positive relationship with the child. Examples include but are not limited to the following.

- Displaying positive reinforcement practices.

- Providing traditional teaching through observation and hands-on experience.

- Being in tune with the child's stage of development and actively involved in the child's care.

- Demonstrating a positive and meaningful relationship with the child.

- Demonstrating respect for the child and his/her sacredness; caregiver has a holistic view of the child.

b. Adequate parenting approach. The caregiver displays an adequate parenting approach with fair, developmentally based expectations and non-harmful disciplinary practices. There are no observed or expressed concerns about the child's basic care and protection.

c. Inadequate or harmful parenting approach. Caregiver demonstrates challenges in one or more areas of parenting, including but not limited to:

- Isolates child from extended family, friends, and/or community;
- Has unrealistic developmental expectations of the child;
- Is not actively involved in or is indifferent toward the child's care;
- Uses harmful or inappropriate disciplinary practices; or
- Has a negative and/or unhealthy relationship with the child.

SN5. Coping Skills

a. Strong coping skills. The caregiver consistently demonstrates strong coping skills and has the ability to deal with and adapt to unexpected adversity and crises in a productive and/or proactive manner.

b. Adequate coping skills. The caregiver demonstrates emotional responses that are consistent with current life circumstances. The caregiver may experience occasional challenges in coping with adversity, crises, or long-term problems, but these do not have a significant impact on functioning.

c. Inadequate coping skills. The caregiver has significant or chronic difficulty dealing with situational stress, crises, or problems, which impact or impair functioning in areas such as parenting or meeting basic needs.

SN6. Basic Needs

a. Strong ability to meet basic needs. The caregiver has a demonstrated history of consistently providing for the child's basic needs and well-being (food, clothing, and shelter). The caregiver proactively seeks out and maintains resources necessary to provide for the child in case of hardship.

b. Adequate ability to meet basic needs. The caregiver has demonstrated an ability to meet the child's basic needs. There may be occasional financial/economic stress, but there is no indication that the child's basic needs (food, clothing, and shelter) are of concern.

c. Insufficient ability to meet basic needs. The caregiver has not demonstrated an ability to meet the child's basic needs. There are ongoing financial/economic stressors, and there is no indication that the child's basic needs (food, clothing, and shelter) are being met.

SN7. Cultural Support

It is important to acknowledge and understand the pervasive and traumatic intergenerational impacts of colonialization, residential school experiences, and/or child welfare experiences on many Indigenous people. CPWs need to be aware constantly that the families they assist may suffer from longstanding intergenerational trauma and apply this awareness to their assessment and support of families. At the same time, Indigenous people understand that culture and traditional healing practices can be sources of strength, happiness, resilience, identity, and confidence for themselves and their communities, and this in turn can have a positive impact on families' overall health and well-being.

a. Strong cultural support. The caregiver embraces his/her cultural identity and consistently engages in strong cultural and traditional practices and embodies this as a way of life. The caregiver reinforces traditional knowledge, practices, and ways of being for his/her family and community. As a part of this resilience, the caregiver is able to use his/her culture as a source of strength in the face of adversity. The family experiences a high level of connectedness with their culture, which has a positive impact on family functioning.

b. Culture neither supports nor causes conflict. The caregiver may access cultural traditions and customs; however, these are not consistently used for the well-being of the family and neither enrich nor cause conflict.

c. Culture causes conflict. The caregiver perceives his/her cultural support system as unavailable or inaccessible, and/or the caregiver perceives his/her current cultural connection as conflictual and it has a negative impact on the family. The family may be facing challenges due to cultural conflict (identity, values, beliefs, or lifestyles are in conflict with community, family, or support system norms).

SN8. Health and Wellness

Health and wellness encompasses a holistic view of health, including physical, mental, emotional, and spiritual health. If a medical/mental health diagnosis is present, there should be consideration of how the diagnosis is managed and the resulting effect on the family, not just the diagnosis itself.

a. Strong health and wellness practices. Preventive health care and wellness are consistently practised for all family members. The caregiver proactively accesses

available resources (formal and informal) to meet physical, mental/emotional, and spiritual health and wellness needs such as, but not limited to:

- Well baby clinics, prenatal care, and regular check-ups;
- Counselling, discussion with elders, recreational activities, or on-the-land initiatives; or
- Meditation, religious activities, and spiritual ceremonies.

b. Adequate health and wellness practices. The family may experience minor health/wellness concerns, but these do not significantly impact family functioning and/or the child's health and well-being. The caregiver is willing to access available resources (formal and informal) for the family as needed.

c. Inadequate health and wellness practices. Health and wellness concerns are present, and the caregiver is not willing to address or acknowledge them, resulting in a significant impact on family functioning and/or the child's health and well-being.

SN9. Other Identified Family Strength/Need (not addressed in SN1 – SN8)

a. A family member has a significant strength not addressed in SN1 – SN8. The family has an exceptional strength and/or skill that has a positive impact on the caregiver's ability to care for him/herself, the child(ren), and/or the family. This strength is something the family can build on to achieve progress in identified need areas. Provide a description.

b. Not applicable—no additional strength/need other than identified in SN1 – SN8. The family has no other area of strength or need relevant for prevention service planning that impacts the caregiver's ability to care for him/herself, the child(ren), and/or the family that is not already addressed in SN1 – SN8.

c. A family member has a need not addressed in SN1 – SN8. The family has a need that impacts the caregiver's ability to care for him/herself, the child(ren), and/or the family. The family would benefit from services and support to address the need. Provide a description.

C. CHILD CHARACTERISTICS

Select all that apply to *any* child in the household. Indicate whether the characteristic is confirmed, suspected, does not exist, or the answer is unknown. Select "Confirmed" if the characteristic has been diagnosed, observed by you or another CPW, or disclosed by the caregiver or child. Suspected means that, in your clinical opinion, there is reason to suspect that

the condition may be present, but it has not been diagnosed, observed, or disclosed. Select "No/Unknown" if you do not believe a characteristic is present or if you are unsure or have not attempted to determine if there was such a child functioning issue. Where appropriate, use the past six months as a reference point. Not all children in the household need to have the condition in order for it to be selected.

- **ADD/ADHD.** ADD/ADHD is a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically seen in children of comparable levels of development. The child's symptoms are frequent and severe enough to have a negative impact on his/her life at home, at school, or in the community.

- **Alcohol abuse.** Problematic consumption of alcohol is present. Consider the child's age, as well as frequency and severity of use.

- **Criminal behaviour.** The child engages in unlawful behaviour that has resulted in or may result in consequences such as arrests, incarcerations, or probation.

- **Depression/anxiety.** The child has feelings of depression or anxiety that persist for most of every day for two weeks or longer and interfere with the child's ability to manage at home and at school.

- **Developmental delay.** Characterized by delayed intellectual development, a developmental delay is typically diagnosed when a child does not reach his/her developmental milestones at expected times. This includes speech and language, fine/gross motor skills, and/or personal and social skills, e.g. Down syndrome, autism, and Asperger's syndrome

- **Drug/solvent abuse.** Include prescription drugs, illegal drugs, and solvents. Consider the child's age, as well as frequency and severity of use.

- **Frequently unresponsive to caregiver discipline and direction.** The child is often unresponsive to the caregiver's efforts to manage or redirect behaviour.

- **Inappropriate sexual behaviour.** The child displays inappropriate sexual behaviour, including age-inappropriate play with toys, him/herself, or others; displaying explicit sexual acts; age-inappropriate sexually explicit drawing and/or descriptions; sophisticated or unusual sexual knowledge; or prostitution or seductive behaviour.

- **Irregular school attendance/suspension.** The child is not attending school even though it is required, his/her school attendance is sporadic, or he/she has been suspended from school.

- **Learning disability.** The child has normal or above-normal intelligence but displays deficits in one or more areas of mental functioning (e.g. language usage, numbers, reading, work comprehension).

- **Negative peer involvement.** The child has poor or inconsistent social skills; the child has limited or no positive interactions with peers. Conflicts may be frequent and serious, and the child may be unable to resolve them.

- **Physical disability.** Physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities, e.g. walking, climbing stairs, reaching, lifting, or carrying. This includes sensory disability conditions such as blindness, deafness, or a severe vision or hearing impairment that noticeably affects activities of daily living.

- **Positive toxicology at birth.** A newborn's toxicology screen was positive for the presence of drugs or alcohol.

- **Psychiatric disorder.** The child has a serious, chronic, or acute psychiatric condition that impairs functioning and/or requires care beyond regular maintenance.

- **Running (one or more incidents).** The child has run away from home (or other residence) for at least one overnight period.

- **Self-harming behaviour.** Includes high-risk or life-threatening behaviour, suicide attempts, and physical mutilation or cutting.

- **Special education services.** Include any special education programming in use to address the child's special needs or behavioural issues.

- **Substance abuse–related birth defect.** The child has a birth defect, ranging from mild intellectual and behavioural difficulties to more profound issues in these areas related to in-utero exposure to substance abuse by the biological mother.

- **Violence toward others.** Behaviour directed at other children or adults that includes hitting, kicking, biting, fighting, bullying others, or violence to property. This may occur at home, at school, or in the community.

- **Other.** Specify any other conditions related to child functioning.

NORTHWEST TERRITORIES
SDM® HOUSEHOLD STRENGTHS AND NEEDS ASSESSMENT/REASSESSMENT
POLICY AND PROCEDURES

The SDM household strengths and needs assessment (HSNA) is used with caregivers to identify crucial household strengths and needs to help plan effective interventions when developing a household service plan with a family. The HSNA ensures that CPWs assess strengths and needs in an objective format, provides an opportunity to assess progress toward household service plan goals, and identifies needs.

WHICH CASES
Every report that is opened for protective services.

WHO
The CPW responsible for developing the household service plan in conjunction with the family.

WHEN

Initial: Prior to initial household service plan.

Reassessment: Prior to case review.

DECISION
Identifies the priority needs and strengths of caregivers and potential focus areas for children that should be considered in the development of a household service plan. Goals, objectives, and interventions in a household service plan should relate to one or more of the priority needs. To address identified needs, priority areas of strength should be incorporated into the household service plan to the greatest extent possible.

APPROPRIATE COMPLETION

A. Assessment of Strengths and Needs
For each domain in Section A, there are three possible responses.

a. This is an exceptional strength and should be considered when developing household service plan objectives.

b. This is neither a strength nor a need. It is an "average" or adequate functioning response. A caregiver with a response of "b" has not demonstrated the exceptional skills or behaviours reflected by a response of "a."

c. This response indicates a need. Any needs identified should be considered for prioritization and inclusion in a household service plan.

NOTE: A domain may be a priority need for one caregiver and a priority strength for another caregiver.

B. Priority Needs and Strengths

Each domain has been assigned a weighted value so that areas having the most substantial impact on future child abuse or neglect are more heavily weighted. As a result, the assessment leads to a prioritization of areas in Section B where services are most essential.

C. Child Characteristics

The intention of Section C is to identify potential focus areas, as they relate to the child, that should be considered in developing a household service plan. This is intended not to identify deficits in the child or family but to guide household service planning as it relates to the child protection concern. These focus areas can provide an opportunity for a supportive approach and relationship building with caregivers. The presence of one or more child characteristics does not justify its inclusion as a goal on a household service plan—it is also important to consider the impact on family functioning and the child's well-being.

HOUSEHOLD SERVICE PLAN (I.E. PLAN OF CARE AGREEMENT)

A household service plan should be written with behaviourally specific goals and objectives that consider and incorporate the caregiver's priority strengths in addressing the caregiver's priority needs. It also includes consideration of child characteristics and how they impact family functioning. Once completed, the initial assessment and the household service plan can be used as a foundation for ongoing conversations. This ongoing assessment process, documented in case notes, informs case reviews and helps measure progress toward achieving household service plan objectives.