

Ministry of Children and Youth Services

# Ontario Child Protection Standards (2016)

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# Introduction

# Introduction

## Overview

The purpose of the Ontario Child Protection Standards (2016) is to promote consistently high quality, responsive service delivery to children and families receiving child protection services from Children’s Aid Societies (CASs) across the province. High quality and responsive child protection services are focused on producing positive outcomes in the areas of child safety, permanency and well-being, while simultaneously demonstrating accountability for decisions made and services provided in keeping with the expected level of performance set by the Ministry of Children and Youth Services (MCYS). The standards are the mandatory framework within which child protection services are to be delivered. They clarify expectations regarding the minimum level of performance for child protection workers, supervisors and CASs, and create a norm that reflects a desired level of achievement.

The 2016 Standards guide the child protection professional in his/her practice at each phase of service delivery, starting from the receipt of a referral and eligibility determination, through the investigative phase of service, case transfer, ongoing service case management, and finally, the closing of a child protection case. The Standards also include requirements with respect to supervision that occurs throughout the different phases of service. The first standard, new in 2016, outlines practice standards relevant to all the phases of child protection service that are described in this document.

The 2016 Standards replace the Child Protection Standards in Ontario (February 2007). They are consistent with the *Child and Family Services Act* (CFSA) and its regulations and should be applied in keeping with the paramount purpose and the other purposes of the CFSA (see CFSA s.1(1-2)). O. Reg 206/00, “Procedures, Practices and Standards of Service for Child Protection Cases” requires CASs to use the Standards, and the Standards are consistent with the legislated requirements in the regulation.

## Standards Revisions

In 2013, the Child Welfare Secretariat (CWS) of MCYS led a review of the Child Protection Standards in Ontario (February, 2007). At the time the Standards were reviewed, approximately 6 years had passed since their implementation and a review was timely to ensure that the Standards continued to provide optimal protection for children and consistency with current best practices and research.

The MCYS Strategy to Reduce Administrative Demands on CASs and the Ontario Government’s commitment to the “Open for Business Initiative” (OFB) were also key influencers for completing the review. The strategy balances the need for more effective

and integrated accountability processes to keep children and youth safe with more efficient and effective ways of doing business. The goal of the government's OFB initiative is to enhance government-to-business interactions by improving service delivery, increasing efficiencies and streamlining processes.

In their Working Paper *Reducing Administrative Burden in Child Welfare* (2010) as well as their Final Report *Realizing a Sustainable Child Welfare System in Ontario* (2012), the Ontario Commission to Promote Sustainable Child Welfare identified the previous Child Protection Standards in Ontario (February 2007) as a significant source of administrative burden for CASs. Key findings from the Commission's Final Report were that the Standards placed "unrealistic and ineffective compliance expectations" on CASs, and that there was inconsistent interpretation by CASs of the requirements. The Commission concluded that it is critical that workers are able to use their skills and competencies, and that checklists (e.g. standardized assessment forms) should not replace the role played by professional judgment.

A comprehensive review of the Child Protection Standards in Ontario (February 2007) was undertaken by a Working Group with representation from CASs, the Ontario Association of Children's Aid Societies (OACAS), the Association of Native Child and Family Services Agencies of Ontario (ANCFSAO) and MCYS including CWS, Regional Offices, Client Services Branch and the Child Protection Information Network (CPIN). CAS working group members included representation from both urban and rural CASs, small and large-sized CASs, multi-service agencies, and Aboriginal CASs. Additional feedback was also collected from CASs who were not members of the Working Group to inform the review.

The mandate of the Working Group was to undertake a review of the Standards with the primary objective of streamlining them to reduce administrative burden so that child protection workers are able to spend more time providing high quality direct services to children and families in order to improve child safety. The Working Group assessed the requirements in the Child Protection Standards in Ontario (February 2007) using a standardized review tool which ensured an analysis of whether the requirements:

- contributed to child safety;
- were clearly written and consistently interpreted/applied by the sector;
- were duplicative of other administrative requirements; and
- were consistent with best practices and research.

Consultations were also held with the Office of the Chief Coroner and the Violence Against Women sector on specific changes to the standards related to their relevant areas of expertise.

During the drafting process, additional consultations were held with key child welfare sector and Ministry stakeholders. Additional jurisdictional research and reviews of the

literature were also undertaken to inform the revisions. The revisions are aimed at achieving the following objectives:

- that the safety, permanency and well-being of children remain the priority outcomes to be achieved during the provision of child protection services;
- that workers will spend less time completing administrative tasks that do not contribute to child safety and more of their time engaging with children and their families;
- that more flexible work flows will allow workers to better prioritize their time providing direct services to children and families;
- that greater coherence and clarity about requirements will reduce the likelihood that CASs will complete administrative tasks that are not mandated by MCYS; and
- that a streamlined set of standards with less repetition and additional clarity will assist child welfare professionals to be clear about what is required of them to deliver child protection services in accordance with legislative and policy requirements.

A revised draft of the Standards was reviewed by the Working Group members, as well as a number of second level readers who had not been part of the original Working Group. The second level readers were from both Aboriginal and non-Aboriginal CASs from across Ontario, and were representative of front line child protection workers, supervisors and Directors of Service. The feedback provided on the revised draft was incorporated into the final version where appropriate.

## Format of the Standards

Each standard includes the following sections:

- *Introduction*: provides a general overview of the content and intent of each standard.
- *Standard*: outlines the specific activities that are performed by the child welfare professional. The standards provide the baseline for demonstrating the expected level of performance for CASs in the delivery of the child protection services described in this document.
- *Practice Notes*: focus on how the standard is achieved by explaining in more detail the activities and/or concepts required by the standard. The practice notes include factors that are considered in the clinical analysis that takes place when making case decisions specific to each standard. **It is not intended that the practice notes are used for measuring the expected level of performance for CASs.**

The 2016 Standards also includes the following sections:

- *Appendices*: contain additional practice information, guidance and diagrams to assist in understanding specific topics in the standards.
- *Glossary*: contains definitions of major concepts contained in the Standards.
- *References*: to relevant legislation and policy, as well as to key research/literature that has informed the standards or the practice notes.

# Differential Response Model

The Differential Response Model of Child Protection Service in Ontario (the DR Model) continues to be the MCYS mandated practice approach for delivering child protection services in Ontario. Used in combination with the Child Protection Tools Manual<sup>1</sup> and the Ontario Child Welfare Eligibility Spectrum<sup>2</sup>, the DR Model offers differential approaches to service delivery which are based on the type and severity of child maltreatment, and are customized to provide what each child and family requires.

The DR Model promotes a strengths-based approach to service delivery and encourages engagement of the child, family and their support system in decision making and service planning. Client engagement is a means of effectively assessing and securing the safety of the child.

The goals of the DR Model are as follows:

- to maintain a strong focus on child safety, well-being and permanence;
- to provide more case-sensitive, customized responses for referrals of non-severe situations;
- to strengthen assessment and decision-making by implementing:
  - o a family-centred team decision making model,
  - o “next generation” clinical tools;
- to integrate the use of clinical tools with a broader clinical focus;
- to increase the emphasis on engaging children and families in service;
- to build on existing strengths and increase families’ capacity; and
- to involve a wider range of informal and formal supports in service planning and provision.

## History of the Ontario DR Model

In 2003, the Ministry of Children’s Services Child Welfare Program Evaluation Report was released. The report, which resulted from an extensive evaluation of child welfare services in Ontario, made a number of recommendations for improvements to the child welfare system that would result in better outcomes for children, and be fiscally sustainable over time. In 2004, the CWS was created to develop or revise policy and amend legislation in order to bring the evaluation recommendations to life, and to transform child welfare service delivery in Ontario. The implementation of the DR Model was one component of this overall child welfare transformation.

The Ontario DR Model was initially developed following a comprehensive review of existing DR models from other jurisdictions across North America and Australia, and the child protection policies and procedures of those jurisdictions. The CWS reviewed the

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

<sup>2</sup> As it may be amended from time to time and implemented by policy directive.

evaluations of a large number of existing models and selected components of the models that appeared to be most effective and that were suitable within the Ontario context. A focus group of Service Directors from several CASs provided feedback throughout the development of the Standards. The DR Model and the Child Protection Standards in Ontario (February 2007) also underwent an extensive province-wide consultation process with CASs prior to implementation.

The previous standards, the Child Protection Standards in Ontario (February 2007), were the primary vehicle through which the DR Model was first implemented in Ontario.

## Acknowledgements

The revised content of the 2016 Standards has been informed by the hard work and dedication of the members of the Working Group to Streamline the Child Protection Standards in Ontario, which was comprised of representatives from the following organizations:

- The Ontario Association of Children's Aid Societies
- The Association of Native Child and Family Service Agencies of Ontario
- Anishinaabe Abinoojii Family Services
- The Children's Aid Society of the District of Thunder Bay
- Tikinagan Child and Family Services
- The Children's Aid Society of the District of Nipissing and Parry Sound
- Chatham-Kent Children's Services
- Brant Family and Children's Services
- Family and Children's Services of Frontenac, Lennox and Addington
- The Children's Aid Society of Simcoe County
- Native Child and Family Services of Toronto
- MCYS (including Service Delivery Division, and The Child Protection Information Network Project Group and The Child Welfare Secretariat)

This process would not have been possible without the commitment of the members of the Working Group from the above organizations as well as the many second level readers who provided their time to review and provide input into the final document. The questions raised and recommendations made by them and the many other representatives from the child welfare sector throughout the review process have contributed to a document which better reflects current best practices and research. Their breadth and depth of experiences serving some of the most vulnerable children and youth in Ontario were integral to the review process.

This collaborative review process has culminated in a set of renewed standards which support the ultimate goal that children and their families will experience high-quality, responsive services from CASs, that are focused on improved outcomes in the areas of child safety, permanency and well-being.



# **Standards for All Phases of Child Protection Service Delivery**

# Introduction

## Overview

This standard sets out requirements which are relevant to all the phases of child protection services described in this document. In other words, they are not specific to any one particular phase of service described in standards 1-8 (e.g. from the receipt of the referral to the closure of a case). In particular, this standard includes requirements with respect to the following:

- A. Consultation with First Nations
- B. French Language Services
- C. Cultural, Religious and Regional Differences
- D. Alternative Dispute Resolution (ADR)
- E. Permanency Planning
- F. Supervisory consultation: Departures from the standards, placement decisions and ADR
- G. Contemporaneous case notes

## Intent

The intent of this standard is to highlight key requirements CASs are expected to adhere to throughout the delivery of child protection services. Some of these requirements relate to the objectives of the Child Welfare Transformation Agenda (MCYS, 2005) including alternatives to court, permanency planning, and accountability. Others relate to legislated requirements regarding the provision of services to Indian and Native children and Francophone families in Ontario.

\*For the purposes of this document, the term First Nations refers to an Indian Band or Native community under the CFSA; “Indian” and “Native” are terms used in the CFSA. Where the term “Aboriginal” is used in this document it refers to:

[A] collective name for the original peoples of North America and their descendants. The Canadian constitution recognizes three groups of Aboriginal people: Indians (commonly referred to as First Nations), Métis and Inuit. These are three distinct peoples with unique histories, languages, cultural practices and spiritual beliefs (Indigenous and Northern Affairs Canada, 2015).

Standards for All Phases of Child Protection Service Delivery	
<b>Standard</b>	<b>A. Consultation with First Nations</b> In accordance with the <i>Child and Family Services Act</i> (CFSA), there are a number of legislated requirements with respect to consulting with or

## Standards for All Phases of Child Protection Service Delivery

<p><b><u>Standard</u></b> (continued)</p>	<p>providing notification to a child’s Band or a representative chosen by the child’s Band or Native community in the case of a child who is an Indian or Native person. In particular, the following are matters affecting Indian or Native children for which a CAS is required to consult with or notify the Band or Native community<sup>3</sup>:</p> <ul style="list-style-type: none"> <li>- *at the completion of a full child protection investigation, if after the investigation there is a determination that a child is in need of protection and the investigation disposition is to provide ongoing child protection services;</li> <li>- if a child is or may be found to be in need of protection under the CFSA, to determine whether an ADR process will assist in resolving the issue;</li> <li>- if a CAS makes or receives a proposal that a prescribed method of ADR be undertaken;</li> <li>- applications to the court to determine whether a child is in need of protection;</li> <li>- *apprehensions or placements of children in residential care or foster homes;</li> <li>- status reviews of child protection court applications; and/or</li> <li>- if a CAS intends to begin planning for the adoption of a child.</li> </ul> <p>*If a CAS exercises these two noted powers, the CAS is required to provide notice to a representative chosen by the child’s Band or Native community by the end of the next day after exercising the power to request that a case consultation occur as soon as practicable but no later than:</p> <ul style="list-style-type: none"> <li>- five (5) days after receipt of the notice if the child is a member of a Band or Native community that is within the territorial jurisdiction of the CAS; or</li> <li>- thirty (30) days if the child is a member of a Band or Native community that is not within the territorial jurisdiction of the CAS.</li> </ul>
<p><b><u>Practice Notes</u></b></p>	<p><b>Consultation with First Nations</b></p> <p>Consultation with First Nations in the case of Indian and Native children during various points of child protection service is consistent with the following additional purpose of the CFSA:</p>

<sup>3</sup> Note that this is not an exhaustive list of requirements to consult with or notify First Nations Bands contained in the CFSA but rather represents those that a particular case may involve during the phases of service described in standards 1-8. Section 213 of the CFSA includes additional requirements for CASs to regularly consult with Bands or Native communities with respect to certain matters affecting Indian and Native children. Please see the CFSA and regulations for additional information.

## Standards for All Phases of Child Protection Service Delivery

**Practice Notes**  
(continued)

- To recognize that Indian and Native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and Native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family (s.1(2)(5)).

Involving the Band or a representative chosen by the Band at key case decision making points identified in the CFSA reinforces the importance of First Nation involvement in child welfare matters affecting Indian and Native children.

Wherever possible, it is best practice to make direct contact with the Band or a representative chosen by the Band when consultation is required (e.g. via telephone or in person). First Nations people in Ontario may live on or off-Reserve (e.g. they may reside in urban centres). The majority of the First Nations population in Ontario lives off-Reserve (Government of Canada, 2011); however this does not negate the importance of engaging the Band in service planning. The worker may also need to seek out culturally appropriate services for families from Aboriginal agencies operating in neighbouring jurisdictions if none are available in the home community.

When a child who is eligible for membership with a First Nation, or is a member of a First Nation, is believed to be in need of protection and in need of a placement with an alternative caregiver, Formal Customary Care is a placement option which should be considered. It is an alternative to court-related processes and court-ordered care for Indian and Native children that enables them to remain connected to their culture and communities. For further information please see:

Formal Customary Care: A Practice Guide to Principles, Processes and Best Practices, Ministry of Children and Youth Services (2013).

Developing and adhering to local protocols between CASs and local First Nations can encourage collaboration and positive working relationships with First Nations communities, and clarify processes and procedures with respect to consultation and notification in matters affecting Indian and Native children. Protocols are also helpful in providing a clear understanding of roles and responsibilities of both CASs and First Nations staff in supporting First Nations children and their families. Additional best practices can involve encouraging the family to work with the Band, engaging the Band early on in a CAS's involvement with the family, and linking the family with culturally appropriate services. The Band and community representatives are well positioned in regards to planning for the care of First Nations children and in identifying culturally appropriate

<b>Standards for All Phases of Child Protection Service Delivery</b>	
<b><u>Practice Notes</u></b> (continued)	<p>supports for the child and his/her family.</p> <p><b>Culturally Respectful Services</b></p> <p>It is important for child protection workers to engage with and support Aboriginal communities (including First Nations, Métis and Inuit communities) in a culturally respectful manner. This includes both having appropriate knowledge of the unique cultures of which families are a part, the history of Aboriginal peoples in Ontario and respect for diversity within Aboriginal populations. It also involves having an understanding of one's own world view and potential biases, and continually reflecting on how this can impact interactions with clients.</p>
<b><u>Standard</u></b>	<p><b>B. French Language Services</b></p> <p>In accordance with the CFSA, there is a legislated requirement for CASs to, where appropriate, make services to children and their families available in the French language.</p> <p>In addition, the <i>French Language Services Act</i> (FLSA) requires that some designated CASs provide services in French to Francophone clients.</p>
<b><u>Practice Notes</u></b>	<p>It is important for CASs to offer French services to Francophone clients as per the legislated requirements and also because it is good practice for meeting the needs of vulnerable Francophone children and families. Some important factors to consider are that:</p> <ul style="list-style-type: none"> <li>- Child protection services often require that sensitive, personal matters be discussed and CAS clients are sometimes in crisis. These factors can make it additionally challenging for children and families to tell their stories in a language other than their first language.</li> <li>- Clients may also be uncomfortable asking for services in French given the legislative authority that CASs may exercise, and their perception of the powers that CASs might have.</li> </ul> <p>It is a best practice for CASs to actively offer services in both official languages from the moment they begin interacting with the public/clients, and throughout the provision of child protection services.</p>
<b><u>Standard</u></b>	<p><b>C. Cultural, Religious and Regional Differences</b></p> <p>In accordance with the CFSA, an additional purpose of the Act, so long as it is consistent with the best interests, protection and well-being of children, is:</p> <ul style="list-style-type: none"> <li>- To recognize that, wherever possible, services to children and their families should be provided in a manner that respects cultural, religious and regional differences.</li> </ul>

**Standards for All Phases of Child Protection Service Delivery**

<p><b><u>Practice Notes</u></b></p>	<p><b>Diversity</b>  Ontario has significant diversity with respect to cultures and religions and also contains vast regional differences. It is important for child welfare professionals to have an overall awareness of the diverse backgrounds of the families served in each community and in particular, to engage families in dialogue about their backgrounds. Families’ lived experiences can have an impact on their world views and in particular how they raise their children.</p> <p>Working and developing partnerships with community agencies serving specific cultural or religious groups can also enhance understanding and awareness of the backgrounds of the client populations CASs serve in their communities. It can also assist CASs in providing culturally appropriate supports to families.</p> <p><b>Anti-Oppression Approach</b>  An Anti-oppression (AO) approach includes an analysis of power imbalances based on race, ethnicity, gender, sexual orientation and identity, ability, age, class, geographic location and other social factors. These factors can affect one’s social location, and in particular their access to power, privilege and resources. Those from marginalized social locations may not have the same access to power and resources as more dominant groups, and they can often be overrepresented in child welfare and other social service systems (OACAS, August 2010).</p> <p>In order to address power imbalances, child welfare professionals should continuously reflect on their own social location so as to not inadvertently act in ways that recreate patterns of systemic oppression during their interactions with families. Some key strategies for working from an AO approach are to take into consideration the impact of historical and systemic oppression on marginalized groups, authentically listen to families’ identified needs, and to not take the position of “expert” when working with families (ibid.). Furthermore, “AO work also involves those who have privilege becoming allies of those who do not, by sharing power and creating authentic collaboration” (ibid, p.9).</p>
<p><b><u>Standard</u></b></p>	<p><b>D. Alternative Dispute Resolution</b>  If at any time during the provision of child protection services, it appears that a child is or may be in need of protection under the CFSA a CAS shall consider whether a prescribed method of Alternative Dispute Resolution (ADR) could assist in resolving any issue related to the child or a plan for the child’s care.</p>

<b>Standards for All Phases of Child Protection Service Delivery</b>	
<b><u>Practice Notes</u></b>	ADR is a strategy to streamline court processes and encourage alternatives to court. It focuses on a more strengths-based, inclusive and collaborative approach to resolving child protection disputes, and encourages the involvement and support of the family, and may include extended family, and the community, in planning and decision-making for children. Although a CAS is required to consider the use of ADR (CFSA s.20.2), the use of ADR is voluntary and must be undertaken with consent of all participants (please see MCYS policy directive on ADR for further information).
<b><u>Standard</u></b>	<b>E. Permanency Planning</b> Throughout the provision of child protection services, the CAS actively attempts to involve all interested relatives or members of the child's extended family or community, including a representative chosen by the Band (where the child is Indian or Native) in planning for the child where appropriate. The CAS continually searches for persons who may commit to participation in planning for, and supporting the child and makes attempts to engage them in the service delivery process as appropriate.
<b><u>Practice Notes</u></b>	<p><b>Permanency Planning</b></p> <p>This approach to permanency planning is consistent with the following additional purposes of the CFSA to recognize that children's services should be provided in a manner that:</p> <ul style="list-style-type: none"> <li>- respects a child's need for continuity of care and for stable relationships within a family and cultural environment;</li> <li>- recognizes that children's services should be provided in a manner that provides early assessment, planning and decision-making to achieve permanent plans for children in accordance with their best interests; and</li> <li>- includes the participation of a child, his or her parents and relatives and the members of the child's extended family and community, where appropriate.</li> </ul> <p>Some of the benefits of engaging in early permanency planning are:</p> <ul style="list-style-type: none"> <li>- To engage the child's support network to mitigate risks of future maltreatment to the child early in the intervention process. For example, the child's support network may be able to provide helpful supports to the child and his/her family that may assist the child to remain safely in their home;</li> <li>- To establish meaningful relationships that may provide a source of stability and permanency for the child;</li> <li>- To maintain the integrity of the child's connection to Aboriginal and other cultural groups;</li> </ul>

<b>Standards for All Phases of Child Protection Service Delivery</b>	
<b><u>Practice Notes</u></b> (continued)	<ul style="list-style-type: none"> <li>- To assess the willingness of individuals who may have a meaningful relationship with the child to become the child's permanent family in the event that the child can no longer remain safely in his/her home; and</li> <li>- To encourage and empower parental and child involvement in decision making and planning for the child.</li> </ul>
<b><u>Standard</u></b>	<p><b>F. Supervisory Consultation: Departures, Placement Decisions and ADR</b></p> <p>Supervisors must approve any departures from the Child Protection Standards for which worker discretion is not provided for in standards 1-8.</p> <p>If at any time during the provision of child protection services, the placement of a child in out-of-home care with extended family or community members (in or out of society care) or in a CAS placement is contemplated, the worker consults with a supervisor in regards to the situation. Similarly, a worker should consult with a supervisor when considering the use of ADR in a particular case.</p>
<b><u>Practice Notes</u></b>	<p>Supervisors play an important role in ensuring that any departures from the standards are linked to increased safety for the child and/or to better meeting the unique needs of the child and family. The primary focus of child protection service is always the safety and well-being of the child. It should be recognized however, that standards cannot anticipate all of the unique and often complex needs of every child in Ontario. The standards should always be applied in a manner that protects each child receiving service from a CAS, even if a departure from a standard is required to achieve that outcome. Departures from the standards for reasons beyond the control of the worker (e.g. the child and family are unavailable for interviews) are also acceptable if reviewed and approved by a supervisor.</p> <p>The involvement of supervisors in key decisions affecting the safety and permanency of children contributes to enhancing the objectivity of child protection casework decisions, and the quality of the services delivered to children and their families.</p>
<b><u>Standard</u></b>	<p><b>G. Contemporaneous Case Notes</b></p> <p>The child protection worker documents detailed information about the child and his or her family that is relevant to the delivery of child protection services and which is obtained through any contact, either internal or external to the CAS in contemporaneous case notes. At minimum, contemporaneous case notes must contain:</p> <ul style="list-style-type: none"> <li>- the date and time of contact, method of contact, and the names of the</li> </ul>



**Standards for All Phases of Child Protection Service Delivery**

<p><b><u>Standard</u></b> (continued)</p>	<p>individuals involved in the contact;</p> <ul style="list-style-type: none"> <li>- significant events, discussions and observations related to the particular contact; and</li> <li>- the name of the author and date of the case note.</li> </ul> <p>Furthermore, all significant case-specific content discussed with a supervisor is documented in contemporaneous case notes (by the worker or the supervisor).</p>
<p><b><u>Practice Notes</u></b></p>	<p>It is intended that detailed information about contacts with children, their families and other collaterals that take place during the provision of child protection services is contained in contemporaneous case notes in the case record. Case notes are to be completed in a timely manner (e.g. within 24 hours) after the contact takes place to ensure their accuracy given the impact that the length of time that has elapsed may have on the child welfare professional's independent recollection of significant events.</p>



## **Standard 1**

# **Intake: Receiving a Referral and Determining the Appropriate Response**

**1**

# Introduction

## Overview

This standard outlines the expectations for CASs when they receive new referrals, reports or information that a child may be in need of protection. In particular, it includes requirements with respect to the following:

- the information that is to be collected from, and provided to the referral source;
- information that is collected from other sources in light of a referral (e.g. case records, electronic databases) and associated timeframes for these activities;
- the assessment of the information to determine the appropriate response to a referral;
- response times for initiating an investigation; and
- supervisory approvals and documentation related to this standard.

## Intent

The focus of this standard is to ensure that CASs are thorough in their collection of relevant information to inform their initial assessment of the referral, and that the actions taken in response to the referral are appropriate based on the unique needs of children (for safety) and their families (for support). The standard also promotes engagement with the community so that community members understand their ongoing duty to report, and the role of CASs in responding to referrals received from the community.

<b>Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response</b>	
<b><u>Standard</u></b>	<p>This Standard applies to all new referrals about child protection concerns received by a CAS on both cases which are, and which are not currently receiving child protection services.</p> <p><b>Receiving a Referral</b>            All information received by a CAS regarding concerns about a child is considered to be a potential referral. A referral that a child may be in need of protection is given an immediate initial assessment by a child protection worker authorized under section 37(1) of the CFSA and is documented in the case record within 24 hours of its receipt.</p> <p>The following criteria are considered first:</p> <ul style="list-style-type: none"> <li>- whether the subject of the information is a child as defined in Part III of the <i>Child and Family Services Act</i> (CFSA);</li> <li>- whether the child currently resides within the CAS’s territorial</li> </ul>

## Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response

**Standard**  
(continued)

jurisdiction.

When receiving a referral that a child may be in need of protection, the child protection worker engages the person reporting in order to:

- obtain a full and detailed report of the incident or condition that causes the person reporting to be concerned that a child may be in need of protection;
- obtain information about the identities of all adults living in the home who may have access to or charge of the child, all children believed to be in need of protection, and the person alleged to have caused the need for protection;
- obtain information about the functioning of the family and its individual members, particularly the child who is the subject of the concern;
- obtain information about the child and family's support network including relatives, extended family, or community members who may be potential supports for the child and the family;
- inquire about whether there may be any worker safety issues;
- inquire about the family's ethnic origin, first language, religion and whether the child may have or be eligible for Indian status\*;
- inquire about the current location of the child and the parent/caregiver and the accessibility of the alleged perpetrator to the alleged victim;
- inquire about names and contact information for any other witnesses;
- provide information about the reporter's ongoing duty to report; and/or
- provide information about how the CAS may respond to the referral.

\*Note that for referrals about cases currently receiving child protection services, this step is not required if the information is already known by the CAS.

For cases not currently receiving child protection services, the child protection worker considers whether it may be more appropriate to refer the case to another CAS (e.g. cultural or faith based) in that jurisdiction (if one exists) in accordance with local protocols.

Where there is more than one CAS in a particular territorial jurisdiction, the CASs within that jurisdiction are required to have protocols between them which address processes, timelines, roles and responsibilities for

## Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response

<p><b>Standard</b> (continued)</p>	<p>inter-agency transfers of new referrals.</p> <p>All referrals are universally screened for the presence of domestic violence.</p> <p>For referrals about community caregivers, the child protection worker engages the person reporting in order to obtain the following additional information:</p> <ul style="list-style-type: none"> <li>- name, address and role or relationship of the person reporting, to the alleged victim and the institutional setting or family-based setting</li> <li>- information about the community caregiver’s own children (if applicable);</li> <li>- whether the manager/supervisor of the setting has been notified of the incident/condition and any action that has been taken; and</li> <li>- identifying information about the alleged victim and other children being cared for in the setting, including names and contact information for:             <ul style="list-style-type: none"> <li>o the parent/caregiver/guardian of the child(ren),</li> <li>o where applicable, the CAS having custody of the child,</li> <li>o other children who are alleged victims who no longer reside in the setting, and</li> <li>o the facility director/administrator or the CAS supervising the setting.</li> </ul> </li> </ul> <p>Information is also gathered from all sources of information that are immediately available, including:</p> <ul style="list-style-type: none"> <li>- the records of the CAS receiving the report;</li> <li>- the provincial database<sup>4</sup>; and</li> <li>- if the reporter has alleged that a child may have suffered or be suffering abuse, the Ontario Child Abuse Register.</li> </ul> <p>The provincial database is searched for information that may be relevant in determining whether or not there are reasonable and probable grounds to believe that a child is in need of protection. It is searched for information about prior contact between any CAS and:</p> <ul style="list-style-type: none"> <li>- the child(ren);</li> <li>- any member of the child’s family (where relevant in determining child protection concerns);</li> </ul>
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<sup>4</sup> The provincial database means the Fast Track Information System, or any other provincial database identified by way of statute or regulation.

**Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response**

**Standard**  
(continued)

- the alleged perpetrator; and
- any other person having access to or charge of the child (where relevant in determining child protection concerns).

Where the provincial database indicates there has been previous contact by a CAS, the relevant information from the database concerning the contact is included in the case record. The child protection worker also obtains<sup>5</sup> the relevant detailed case information from the other CAS prior to initiating contact with the subject family, or as soon as possible thereafter. The other CAS uses clinical judgment to determine which records are relevant in determining child protection concerns. Those records which are relevant must be shared with the CAS requesting the records.

The results of any search of the Ontario Child Abuse Register are documented on the case record within 3 days of the receipt of the referral.

When there is an open child protection case and a new referral is received, the information is provided to the responsible worker on the same working day (or next working day by an after-hours worker).

**Determining the Appropriate Response**

The child protection worker uses the Eligibility Spectrum in combination with other available information about the child's vulnerability, child/family/community protective factors, safety threats and risks, and patterns of previous child welfare involvement, to determine the most appropriate referral disposition that meets the unique needs of children (for safety) and their families (for support).

Where information about a child and his/her family is limited to the reported incident or condition, the Eligibility Spectrum is the primary decision making aide in determining the most appropriate referral disposition. In this these situations, cases that are rated above the intervention line are opened for investigation.

<sup>5</sup> Explanatory Note: It is appropriate for other staff (e.g. administrative staff) to assist in coordinating the transmittal of the records (e.g. between agencies) while maintaining the confidentiality of the information. However the responsibility for obtaining and assessing the information lies with the child protection worker.

## Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response

**Standard**  
(continued)

The **referral dispositions** include:

- **open for child protection or open for other child welfare service;**
- **“community link”** for families in the community; and
- **no direct client contact/information only**

When a child protection investigation is the most appropriate response, a decision about when the investigation is to be initiated is made by the worker receiving the referral. The response time is determined by the level of urgency or the assessed level of present or imminent threat to the safety of a child. An investigation is initiated:

- within twelve (12) hours for families in the community, as well as family-based and institutional caregiver investigations if there is an imminent threat to the safety of a child or when physical evidence is at risk of being lost due to a delay;
- within seven (7) days for family-based investigations where no immediate safety threats are identified; or
- within forty-eight (48) hours for community caregiver institutional investigations where no immediate safety threats are identified.

It is within the supervisor’s discretion whether they will review the referral disposition and response time decision based on the level of knowledge and skill of the worker and the risk/complexity of the referral.

The referral rating, disposition and response time decision for investigations and the supporting reasons are documented within 24 hours.

If a community link or no direct client contact/information only referral disposition is chosen, the rationale, and any details about the community link or information provided (if applicable), are documented within 14 days.

If factual information is received after the response decision has been made (in the case of an investigation) but prior to the first face-to-face contact with the child, and that information indicates that there are no longer any reasonable and probable grounds to suspect that the child may be in need of protection, the investigation may be discontinued. The decision not to proceed with the investigation is approved by the supervisor and documented in the case record.



**Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response**

<p><b><u>Practice Notes</u></b></p> <p><b>Receiving a Referral</b></p> <p><b><i>Obtaining Information from the Person Making the Report</i></b></p>	<p>A referral includes any report or information received from any source (e.g. a child, a community member, the police, etc.), and through any method (e.g. by phone, in person, in writing) that a child may be in need of protection.</p> <p>When obtaining a full and detailed report of the incident or condition that causes the person reporting to be concerned that a child may be in need of protection, the child protection worker makes attempts to understand the reason that the reporter believes that the child may be in need of protection, including the incident or situation that caused the person to make a report, the location and timing of the incident or the duration of the situation, and any physical evidence of abuse.</p> <p>When obtaining information about the identities of all adults living in the home who may have access to or charge of the child, all children believed to be in need of protection, and the person alleged to have caused the need for protection, the child protection worker inquires about the full names and ages of the individuals, and the relationships of the adults to the child(ren) alleged to be in need of protection.</p> <p>When obtaining information about the functioning of the family and its individual members, particularly the child who is the subject of the concern the child protection worker inquires about:</p> <ul style="list-style-type: none"> <li>- the child’s vulnerability /strengths / resiliency / protective factors; and</li> <li>- family risk factors and strengths.</li> </ul> <p>When obtaining information about the child and family’s support network the child protection worker inquires about:</p> <ul style="list-style-type: none"> <li>- third party/collateral contact information;</li> <li>- availability of and involvement with extended family or community resources; and</li> <li>- neighbourhood/community strengths (resources).</li> </ul> <p>When inquiring about whether there may be any worker safety issues, the worker makes attempts to determine through discussion with the referent whether:</p> <ul style="list-style-type: none"> <li>- the client may be violent/hostile;</li> <li>- the situation involves violence or a fatality;</li> </ul>
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**Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response**

**Practice Notes**  
(continued)

- family members exhibit behaviours that indicate mental illness;
- family members are presently using or selling substances;
- the family's geographic location is potentially dangerous;
- someone in the home has a previous history of violence or possesses a firearm or other weapon;
- the family is known to have a dangerous pet; and/or
- family members have a gang affiliation.

When inquiring about the family's ethnic origin, first language, religion and whether the child may have or be eligible for Indian status it is important to be clear that it is voluntary for the referent to provide this information. It is recognized that in some cases the person making the report may not be able to provide this information in which case the worker should revisit the question with the child and/or the child's caregiver(s) when appropriate (if not obtained).

***Informing the Person Making the Report***

As part of the conversation with the person making the referral, the child protection worker:

- discusses with the person reporting the critical role that concerned community members have in protecting children;
- asks if the reporter is open to being identified;
- asks how the reporter has been or might be helpful to the family;
- discusses the reporter's ongoing duty to report;
- describes to the reporter generally how the CAS may respond to his/her report, including options of no direct contact, providing information about helpful community services, or child protection investigation and timeframes; and
- discusses with the reporter the requirement for confidentiality, and assures the reporter that, although he/she may not receive a direct report back from the CAS, the matter is being considered for one of the response options outlined above.

***Sharing Relevant Records with Another CAS***

As noted in the standard, clinical judgment is used to determine what records are relevant in determining child protection concerns, and those records which are deemed relevant must be shared with the requesting CAS. It is preferable for agencies to collaborate to determine what information should be shared to ensure the child is protected. Of note, some records may be subject to other statutory or court-ordered protections (e.g. records under the *Youth Criminal Justice Act*, a sealing order under the *Mental Health Act*). When unsure about whether a particular record may be disclosed, child protection workers should

**Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response**

**Practice Notes**  
(continued)

***Guidance on Screening for the Presence of Domestic Violence***

consult with a supervisor or legal counsel to determine whether certain records are subject to any statutory or court-ordered limitations.

When screening for the presence of domestic violence it is important to discuss with the referent that domestic violence may take many forms (e.g. physical, sexual, emotional). If it is determined through screening that domestic violence may be present, it is important for the child protection worker receiving the referral to inquire about the duration, frequency (pattern) and severity of the violence, and the children’s exposure to the violence.

The child protection worker also attempts to determine through discussion with the referent whether other risk factors\* may be present such as:

- History of domestic violence
- Actual or pending separation
- Obsessive behaviour displayed by perpetrator
- Perpetrator depressed
- Prior threats or attempts by the perpetrator to commit suicide
- Escalation of violence
- Victim had intuitive sense of fear
- Prior threats to kill victim
- Perpetrator unemployed
- Prior attempts to isolate victim

\*Note these were found to be common risk factors in reviews undertaken by the Domestic Violence Death Review Committee of the Office of the Chief Coroner for domestic violence related deaths from 2003-11. In the vast majority of cases reviewed, 7 or more risk factors were identified.

The referent may not have sufficient knowledge of the family to provide this level of detail about the family dynamics. In all cases where domestic violence is a concern, further efforts are made to continue to assess these risk factors throughout the life of a case.

For additional guidance on screening for domestic violence and working with families experiencing domestic violence please see “Critical Connections – Where Woman Abuse and Child Safety Intersect: A Practical Guide for Child Welfare Professionals in Ontario, Ontario

**Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response**

<p><b><u>Practice Notes</u></b> (continued)</p> <p><b>Determining the Appropriate Response</b></p>	<p>Association of Children’s Aid Societies, 2010” and/or other training available through the OACAS.</p> <p>The key factors outlined in the standard which are considered when determining the appropriate response to a referral are further described below:</p> <p>1. Child Vulnerability A child may be considered highly vulnerable when he/she:</p> <ul style="list-style-type: none"> <li>- is less than 5 years of age;</li> <li>- has a medical condition or a developmental disability;</li> <li>- displays behaviours that may affect his/her immediate health or safety (e.g. endangers self or others, antagonizes someone who might hurt the child); and/or</li> <li>- has been reported to be both abused or neglected AND exposed to domestic violence.</li> </ul> <p>2. Child/Family/Community Protective Factors The child protection worker:</p> <ul style="list-style-type: none"> <li>- considers the relationships, resources, and services available to the child and family and their ability to access them;</li> <li>- determines whether there are circumstances or people that lessen the danger to the child (e.g. person who is suspected of endangering the child is out of the home; parent was not previously aware of concerns and is now prepared to protect child; there is another person who will protect the child);</li> <li>- determines whether or not the child and family can access the protective factor (e.g. child is able and willing to tell the safe person when the child feels threatened; child can get to the safe person quickly, family members are able to access supports to assist with managing stressors and to protect the child); and</li> <li>- assesses the length of time the protective factor is likely to last (e.g. when the person suspected of endangering the child is likely to return).</li> </ul> <p>3. Safety Threats and Risks Safety threats are immediate threats of harm or maltreatment to a child. Risk factors are factors related to family characteristics, behaviour or functioning and environmental conditions which contribute to the likelihood of future maltreatment. Although not applied at this phase of</p>
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**Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response**

<p><b><u>Practice Notes</u></b> (continued)</p>	<p>service, the Ontario Safety Assessment and the Ontario Risk Assessment tools in the Ontario Child Protection Tools Manual provide further elaboration on some of the key safety and risk factors in child welfare that workers making initial assessments of referrals should be familiar with.</p> <p>4. Patterns of Previous Child Welfare Involvement The child protection worker also considers any patterns of previous child protection referrals, investigations or ongoing involvement. The Paediatric Death Review Committee (PDRC) of the Office of the Chief Coroner noted in their 2013 Annual Report that although a causal link cannot be drawn, a common risk factor in child death cases reviewed in 2012 were when families had three or more referrals to child welfare (Office of the Chief Coroner, 2013). It is important to consider any themes, which risk factors were present in the family, whether they were successfully resolved, the effectiveness of any interventions used, and the family’s understanding of the child protection concerns. Furthermore, a pattern of referrals that are not investigated, and which are not suspected to be malicious/non-credible, may warrant the opening of an investigation for further assessment.</p>
<p><b><i>Choosing the Appropriate Referral Disposition</i></b></p>	<p>In order to inform the decision about the referral disposition the child protection worker:</p> <ul style="list-style-type: none"> <li>- reviews and analyzes all available information including that provided by the referral source, CAS records, provincial database, and all other sources;</li> <li>- assembles and clarifies the known facts regarding the incident or situation/condition that instigated the report and the Eligibility Spectrum rating of the level of severity; and</li> <li>- analyzes and weighs the known protective factors, safety threats and risk/vulnerability indicators related to the child and family.</li> </ul> <p>Of note, the Eligibility Spectrum assists in determining the severity of the incident or condition that has led the caller to believe that the child is in need of protection. The intervention line in the Eligibility Spectrum is not sufficient in and of itself to make a determination of whether or not a protection investigation will be initiated. The consideration of that incident within the context of broader information known about the child and family’s functioning results in a more accurate, customized decision about the most appropriate response, based on the unique needs of the child and family.</p>

**Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response**

**Practice Notes**  
(continued)

***Referral Disposition Options***

The possible referral dispositions are explained below:  
 A) Open for Child Protection or Open for Other Child Welfare Service  
 A child protection investigation disposition is chosen for any referral where there are reasonable and probable grounds that a child may be in need of protection including:

- all referrals where the reported incident or condition is rated as “extremely severe” on the Eligibility Spectrum.
- referrals where the reported incident or condition is rated as “moderately severe” on the Eligibility Spectrum, unless all available information indicates that there are no reasonable and probable grounds to believe that a child is in need of protection based on a combination of factors such as:
  - o no current conditions and/or safety/risk factors indicating likelihood of maltreatment have been identified;
  - o no pattern of previous referrals with child protection concerns exists;
  - o no prior protection investigations where child protection concerns were verified are on record;
  - o no prior risk assessments with a rating of “high” or “very high” are on record; and/or
  - o the child’s vulnerability is currently low and/or the family has significant strengths, supports and child/family/community protective factors.
- referrals where the reported incident or condition is rated as “minimally severe” on the Eligibility Spectrum only if there are reasonable and probable grounds to believe that a child may be in need of protection based on a combination of factors such as:
  - o current conditions and/or safety/risk factors have been identified indicating likelihood of maltreatment;
  - o a pattern of previous referrals with child protection concerns;
  - o prior child protection investigations where child protection concerns were verified are on record;
  - o prior child protection investigations with an overall “high” or “very high” risk rating are on record; and/or
  - o the child’s vulnerability is currently high and/or the family lacks strengths, supports and child/family/community protective factors.

**Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response**

**Practice Notes**  
(continued)

“Other child welfare services” include non-protection services outlined in sections 6 to 11 of the Eligibility Spectrum. Some examples of “other child welfare services” include:

- family based care (e.g. assessments of prospective kinship, adoption, and formal customary care providers);
- requests for counselling (e.g. for an expectant mother with a problem and her unborn child, for a child who has been abused by a community caregiver and there are no protection concerns with respect to the child’s own family);
- requests for assistance (e.g. from another CAS to assist with an investigation or complete a child welfare record check); and
- other non-protection activities (e.g. volunteer services, public relations requests, post-adoption services/subsidies).

B) “Community Link”

A “Community Link” disposition may be chosen for:

- cases rated as “minimally severe” on the Eligibility Spectrum not opened for investigation, with children less than 5 years of age;
- all cases where the reported incident or condition was rated as “moderately severe” on the Eligibility Spectrum which were not opened for an investigation;
- family cases where the alleged perpetrator is a community caregiver where there is no indication that a parent/caregiver has failed to protect the child and there are no other child protection concerns;
- case types identified by CASs through individual agency caseload analyses; or
- individual cases identified by child protection workers through clinical analysis and judgment.

Where the child is an Indian or Native person, the child protection worker provides information about services/resources available from the Band or Native community.

Some appropriate community links for Aboriginal children and families could be a local Aboriginal family services agency, community Elders, Aboriginal mentors and other cultural organizations which can promote engagement of the child and family with their cultural community.

For cases requiring a community link:

- The child protection worker contacts the family by telephone and provides information about community early intervention, prevention

## Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response

<p><b><u>Practice Notes</u></b> (continued)</p>	<p>or treatment services.</p> <ul style="list-style-type: none"> <li>- Other methods of contact are utilized if the family does not have a telephone.</li> <li>- When required, the child protection worker provides assistance in linking families to these resources (e.g. referrals).</li> </ul> <p>The child protection worker reviews any new information obtained from the family and confirms the original case response decision or opens the case for investigation.</p> <p>C) No Direct Contact/Information Only No Direct Contact/Information Only referral disposition is chosen for cases which do not require a protection investigation or a “community link” service and which do not receive any direct contact from the CAS. This also includes situations where a CAS provides information only (e.g. about appropriate discipline, or at what age a child may be left at home alone).</p>
<p><b><i>Making a Decision Regarding a Response Time for an Investigation</i></b></p>	<p>The response time for child protection investigations is determined by the level of urgency or the assessed level of present or imminent threat to the safety of a child. The decision regarding the timing of an investigation is based on:</p> <ul style="list-style-type: none"> <li>- the age and vulnerability of the child;</li> <li>- the immediate need for support and reassurance to the child and/or non-offending parent/caregiver;</li> <li>- current injury or harm to the child that may require medical examination/intervention;</li> <li>- the likelihood of immediate harm to the child including whether or not the alleged offender has access to the child;</li> <li>- possible additional risk to the child resulting from disclosure;</li> <li>- potential risk to other children in the same family or home; and</li> <li>- the need to gather forensic evidence such as possible disclosure information, medical evidence due to concern of injury, etc.</li> </ul> <p>A more prompt response should be considered when:</p> <ul style="list-style-type: none"> <li>- the referral is lacking in detail or sufficient information to assess the urgency; and/or</li> <li>- a child is considered highly vulnerable.</li> </ul>



## Standard #1 Intake: Receiving a Referral and Determining the Appropriate Response

### Practice Notes

(continued)

#### ***Referrals Involving More Than One CAS***

It is not possible to address all situations that may cross jurisdictional boundaries or that may involve more than one CAS. However, where the service provision of two or more CASs intersects, communication and collaboration between the two CASs is essential to ensuring continuity of service. The priority must always be the best interests, protection and well-being of the child(ren).

In most cases, it is best practice for the CAS to which the referral is made to:

- receive the referral, document and assess the information, and choose the appropriate referral disposition in accordance with the requirements in Standard #1; and
- to notify the other relevant CAS and work with that CAS to ensure that an appropriate service response is provided.

The following is one example of a situation where a referral may involve more than one CAS: CAS "A" receives a referral regarding maltreatment of a child while the child was outside of his or her home jurisdiction, and in the jurisdiction of CAS "B." In this case, it is best practice for CAS "A" to receive the referral, document and assess the information, and choose the appropriate referral disposition in accordance with the requirements in Standard #1. CAS "A" also notifies CAS "B," and works with CAS "B" to ensure that an appropriate service response is provided.

Furthermore, in some territorial jurisdictions, there may be more than one CAS (e.g. a mainstream agency and an Aboriginal agency, or a faith-based agency). For example, CAS "A" may receive a referral, and determine that the child may be more appropriately served by CAS "B." In this situation, it is best practice for CAS "A" to receive, document and assess the referral, and choose the appropriate referral disposition in accordance with Standard #1, notify CAS "B," and work with CAS "B" in accordance with local protocols and procedures to ensure that an appropriate service response is provided.



**Standard 2**  
**Planning and Conducting a Child Protection**  
**Investigation**



# Introduction

## Overview

This standard outlines the expectations for CASs when planning for and conducting child protection investigations in response to a referral that a child may be in need of protection. In particular, it includes requirements with respect to the following:

- planning for an investigation including deciding whether to use a customized or traditional approach;
- CAS/police protocols for investigations where it is alleged that a criminal offence has been perpetrated against a child;
- the investigative steps to be taken for both family-based and institutional investigations; and
- supervisory approvals and documentation related to this standard.

## Intent

The requirements in the standard are designed to ensure that investigations are thorough and that all reasonable efforts are made to collect information/evidence that is relevant to the investigation. In keeping with the Differential Response model, the standard allows investigations to be customized depending on the severity, chronicity, risk and complexity of the situation. The investigation ensures the safety of the child while being as family-centred and strengths-based as possible to facilitate a satisfactory worker – client relationship. This approach promotes the engagement of the family in order to facilitate an understanding of the child and family’s needs/challenges and strengths beyond just those related to the reported incident or condition. It is intended that information gathering during an investigation is only as intrusive as is required to assess the safety of and protect the child, and is to be proportionate to the severity, chronicity, risk and complexity of the situation.

<b>Standard #2 Planning and Conducting a Child Protection Investigation</b>	
<b>Standard</b>	<p>When it has been determined that the most appropriate response to a referral that a child may be in need of protection is an investigation, the investigation plan is developed by the child protection worker who will conduct the investigation, following a thorough review of all current and historical information known about the child and family. The investigation plan is developed prior to the commencement of an investigation.</p> <p>It is within the supervisor’s discretion whether they will review the worker’s investigation plan based on the level of knowledge and skill</p>

## Standard #2 Planning and Conducting a Child Protection Investigation

### Standard (continued)

of the worker and the risk/complexity of the case. An investigation plan can be presented verbally to a supervisor in consultation<sup>6</sup>.

As part of the investigative plan a decision is made regarding which investigative approach is appropriate:

- the “traditional” approach is chosen for cases where a criminal assault is alleged against a child and/or for extremely severe cases; or
- the “customized” and more collaborative approach is chosen for lower severity cases.

If the information received by a CAS alleges that a criminal offence has been perpetrated against a child, the child protection worker will immediately inform the police, and will work with the police according to the established protocols for investigation.

Every CAS will have protocols with the society’s local Police Departments related to the investigation of allegations that a criminal act has been perpetrated against a child.

Both investigative approaches utilize a family-centred, strengths-based orientation and require that:

- family members are interviewed individually; and
- forensic interviewing techniques are used in interviews when discussing the alleged child protection concerns (condition or incident).

Every CAS will have written policies and procedures related to worker safety when providing child protection service which outlines strategies to minimize risks to workers.

A family-based investigation (traditional or customized) includes the following investigative steps (note: steps 1-5 in family-based investigations are always completed):

1. face-to-face contact with the child alleged to be the victim and an interview using methods consistent with the child’s developmental stage and ability to communicate;
2. interviews of other children being cared for in the home, except if the child cannot be interviewed based on their developmental level or ability to communicate, in which case direct observation is

<sup>6</sup> Note that a separate written investigation plan is not required.

## Standard #2 Planning and Conducting a Child Protection Investigation

<p><b>Standard</b> (continued)</p>	<p>required;</p> <ol style="list-style-type: none"> <li>3. interview of the child’s non-abusing caregiver;</li> <li>4. direct observation of the child’s living situation. If information is obtained that the child’s living conditions are hazardous and/or that is suggestive of neglect, the entire home is seen and in particular the child’s sleeping area;</li> <li>5. interview of the alleged perpetrator of the maltreatment by the CAS and/or the police as appropriate;</li> <li>6. direct observation of the interaction between the referred child and his/her parent/caregiver;</li> <li>7. interviews with witnesses in person or by phone;</li> <li>8. use of the Eligibility Spectrum to assist in determining who else may be at risk if prior interviews indicated that there may be other potential victims of maltreatment such as siblings or children in other families;</li> <li>9. interviews of all other adults living in the home;</li> <li>10. gathering evidence from other professionals involved with the child and/or family (e.g. medical, law enforcement, legal, educational); and</li> <li>11. consideration about the need to seek a warrant/telewarrant for access to records.</li> </ol> <p>An institutional investigation includes the following investigation steps (Note: steps 1-2 in institutional investigations are always completed):</p> <ol style="list-style-type: none"> <li>1. interviews with the alleged victim(s), staff witnesses (current and former), child witnesses, facility administrator, supervisor of the alleged perpetrator and the alleged perpetrator;</li> <li>2. examination of the physical layout of the setting;</li> <li>3. examination of facility files and logs such as:             <ul style="list-style-type: none"> <li>- daily logs on the activities of children,</li> <li>- a log on medications administered,</li> <li>- a record of restraints and serious occurrences,</li> <li>- an individual file on each child;</li> </ul> </li> <li>4. examination of information about the alleged victim(s), which may include the following:             <ul style="list-style-type: none"> <li>- characteristics of the victim(s) including their primary language and problems which might affect their ability to be interviewed (e.g. deafness, speech difficulties),</li> <li>- length of stay in setting,</li> <li>- prior allegations of abuse in any setting,</li> <li>- prior allegations of abuse related to the current incident, perpetrator or setting,</li> </ul> </li> </ol>
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<b>Standard #2 Planning and Conducting a Child Protection Investigation</b>	
<b>Standard</b> (continued)	<ul style="list-style-type: none"> <li>- prior abuse or exposure to abuse in another setting,</li> <li>- child's relationship to and feelings for the alleged perpetrator, and</li> <li>- any other information relevant to the investigation;</li> </ul> <p>5. examination of facility policy and procedures, staffing level and shift patterns, staff training and qualifications, daily routine, programming; and</p> <p>6. examination of records to determine if there have been allegations of abuse in the past connected with the setting.</p> <p>Community caregiver investigations are to be conducted by child protection workers who have specialized knowledge and skills related to these investigations<sup>7</sup>.</p> <p>The investigative steps taken as part of the investigation plan and the information obtained throughout the investigation are documented in contemporaneous case notes in the case record.</p> <p>All cases are reviewed with a supervisor at least once during an investigation. Cases with a higher degree of risk or complexity are reviewed more frequently.</p>
<b>Practice Notes</b>	<p><b>Interviews during the Investigation</b></p> <p>All family members should be interviewed privately and individually so that:</p> <ul style="list-style-type: none"> <li>- they can speak without concern about what another family member may think;</li> <li>- the child protection worker can compare the information gathered in one interview with what he or she hears in other interviews to better assess the credibility of information gathered; and</li> <li>- the child protection worker can utilize information gathered from one interview to assist in planning subsequent ones.</li> </ul> <p>Consideration should be given to the ethnic origin, first language, culture or Aboriginal heritage of the child and family and the need for an interpreter. Great care should be taken in choosing an interpreter if one is needed. It is best practice that the interpreter not be connected to the family of the alleged victim or of the alleged offender. In the case of an allegation involving a hearing impaired</p>

<sup>7</sup>See Appendix A for further information on Community Caregiver investigations.

## Standard #2 Planning and Conducting a Child Protection Investigation

### **Practice Notes** (continued)

person, it is important to use a qualified interpreter.

The child victim is interviewed in order to:

- gather information regarding the alleged maltreatment, circumstances leading up to the maltreatment and any risk of future maltreatment;
- assess the child's immediate safety;
- assess the immediate safety of other children living or being cared for in the home;
- assess the strengths, risks and needs regarding the child, and his/her parent/caregiver; and
- identify extended family, relatives, members of the community who might play a role in keeping the child safe.

Siblings or other children living in the home are interviewed in order to:

- determine if siblings/other children living in the home have experienced maltreatment;
- assess the level of vulnerability of siblings/other children living in the home;
- gather corroborating information about the nature and extent of any maltreatment of the identified child;
- gather further information about the family that may assist in assessing risk to the identified child and any siblings; and
- gather further information about any strengths or protective factors which may exist within the family.

All of the non-offending adults in the home are interviewed in order to:

- determine what adults know about the alleged maltreatment;
- gather information related to the risk of maltreatment and the safety of the child;
- gather information regarding family strengths or protective factors; and
- determine the adult's capacity to protect the child.

The alleged maltreating parent/caregiver is interviewed in order to:

- evaluate the alleged maltreating parent/caregiver's reaction to the allegations of maltreatment;
- evaluate the alleged maltreating parent/caregiver's reaction to the child and his/her condition; and
- gather further information about this person and the family in relation to the risk to the safety of the child.



## Standard #2 Planning and Conducting a Child Protection Investigation

### **Practice Notes**

(continued)

#### ***Forensic Interviewing Techniques***

Forensic interviewing techniques are used whenever discussing child protection concerns with the interviewee. These techniques are designed to elicit a valid, unbiased and complete statement in relation to allegations or sources of abuse or neglect. Children are to be interviewed in a developmentally sensitive manner taking into account their developmental level with respect to memory and language.

Forensic interviews:

- assume skeptical neutrality on the part of the interviewer;
- use techniques that are grounded in research;
- are child-centered;
- take into consideration the possibility of interviewer influence; and
- are focused on the collection of data that requires minimal interpretation and hypothesis testing.

Additional training resources with respect to forensic interviewing are available through the OACAS. (Also see References section (Lamb and Poole, 1998)).

#### ***Obtaining Additional Information and Evidence***

Obtaining information and gathering evidence from other professionals involved with the child and/or family is beneficial in establishing the credibility of the referral that a child may be in need of protection and of the other information obtained during investigative interviews. This information may also be helpful to inform assessments of the child/family and case planning/decision making.

The CAS may consider obtaining information with the consent of the subject(s) of the information.

The CAS may also consider how to obtain relevant records in consultation with legal counsel, including whether information may be obtained under the following sections of the CFSA:

- s. 72 – Duty to Report
- s. 74(2) – A motion or application for an order for the production of a record or part of a record to the courts
- s. 74.1 – Seeking a warrant for access to a record or part of a record

## Standard #2 Planning and Conducting a Child Protection Investigation

### **Practice Notes**

(continued)

### ***Traditional Approach***

- s. 74.2 – Seeking a tele-warrant for access to a record or a production of a record.

It is appropriate to use the traditional investigative approach when:

- there is information suggesting that a criminal offence has been perpetrated by a parent/caregiver that has resulted in harm to a child and police involvement is required;
- there is a need to gather forensic evidence such as possible disclosure information, medical evidence due to concern of injury;
- attempts to intervene via the “customized” approach have proven unsuccessful and the worker is unable to engage the family in a level of cooperation that would allow the worker to determine what if any protection concerns exist;
- the reported child protection concern is extremely severe;
- the family has an extensive or serious history of child protection involvement; and/or
- the case record indicates that a “customized” approach has been unsuccessful in the past and/or is unlikely to be successful in the present intervention.

For referrals requiring the traditional approach, the investigative process is more structured and generally follows the following sequence:

1. face-to-face contact with the child alleged to be the victim and an interview using methods consistent with the child’s developmental level and ability to communicate inside or outside the child’s home and with or without parent/caregiver’s knowledge/consent, depending on the circumstances;
2. interviews of other children being cared for in the home, except if the child cannot be interviewed based on their developmental level or ability to communicate, in which case the child is directly observed;
3. interviews with the non-offending parent or caregiver;
4. interviews with witnesses (typically in person but if this is not possible, by phone);
5. gathering of information from collateral contacts; and
6. interviews with the person who is alleged to have harmed the child or subjected the child to a risk of harm.

While the traditional approach is more structured and often determined by CAS/Police protocols, it should be customized as much as possible without impacting on the safety of the child and the

## Standard #2 Planning and Conducting a Child Protection Investigation

<p><b><u>Practice Notes</u></b> (continued)</p>	<p>integrity of the evidence. Efforts should be made to make the traditional investigation as family-centred as possible.</p>
<p><b><i>Customized Approach</i></b></p>	<p>In cases where a joint investigation will be conducted with the police, and a parent/primary caregiver is the alleged abuser, parents/caregivers are generally not contacted prior to the interviews. Mandated CAS Protocols with local Police Departments may specify the location of interviews.</p> <p>The customized approach is used whenever possible in less severe cases, to facilitate client engagement and a worker-client relationship that will result in improved child safety. Research on Differential Response Models indicates that it is a more effective approach for engaging children and families.</p> <p>The customized approach emphasizes a more flexible and individualized approach when entering the family system. The protection of the child is ensured through an ongoing assessment of safety and risk, and is customized throughout the life of a case. The customized investigation plan involves decisions regarding the following components:</p> <ul style="list-style-type: none"> <li>- the sequence of interviews;</li> <li>- whether interviews should be scheduled or unannounced; and</li> <li>- the location of interviews.</li> </ul>
<p><b><i>The Sequence of Interviews during an Investigation</i></b></p>	<p>It is important to work collaboratively with the family wherever possible and is preferable to obtain the parents' agreement, or to provide them with notice, that the CAS will interview the child if the safety of the child is not compromised as a result. The primary focus is always the safety and protection of the child. When determining the sequence of investigative interviews, it is important to consider the following:</p> <ul style="list-style-type: none"> <li>- If the child protection worker has decided on the "customized" approach, the first (introductory) recommended contact is usually with the parent/caregiver. In many instances, the first contact will be with both the parent and the child together.</li> <li>- The parent/caregiver is contacted prior to interviews with the child by a joint CAS/Police team when:             <ul style="list-style-type: none"> <li>o the alleged perpetrator is a community caregiver with no relationship to the family (e.g. institutional investigations);</li> <li>o there is no reason to believe that the parent/caregiver failed to protect the child; and/or</li> </ul> </li> </ul>

## Standard #2 Planning and Conducting a Child Protection Investigation

<p><b><u>Practice Notes</u></b> (continued)</p>	<ul style="list-style-type: none"> <li>○ there is no reason to believe that contacting the parent/caregiver may compromise the integrity of the evidence.</li> </ul>
<p><b><i>Scheduled vs. Unannounced Visits</i></b></p>	<p>The decision regarding scheduled/unannounced interviews during an investigation will be based on a consideration of the following:</p> <ul style="list-style-type: none"> <li>- the severity of the reported child protection concern(s);</li> <li>- the child protection worker’s ability to protect the child and to gather information in sufficient detail; and/or</li> <li>- the likelihood that the family will flee from the current address or jurisdiction.</li> </ul> <p>Scheduled visits are recommended in the customized approach unless it is assessed that this is not the best way to secure a child’s immediate safety. Scheduled visits may be experienced by the family as being more respectful and may maximize the potential to engage parent/caregiver in a discussion regarding the alleged concerns and possible solutions.</p> <p>Unannounced visits may be necessary when:</p> <ul style="list-style-type: none"> <li>- the worker needs to determine whether or not the perpetrator is in the home;</li> <li>- there is a possibility that a family may flee;</li> <li>- it is not possible to contact the family to arrange an appointment;</li> <li>- it is necessary to interview the child immediately; and/or</li> <li>- it is necessary to assess the child’s living conditions without the family having the opportunity to modify any of its usual conditions.</li> </ul>
<p><b><i>Determining the Location of Interviews</i></b></p>	<p>Initial face-to-face contact with the child’s parent/caregiver can occur inside or outside the child’s home depending on the circumstances. The choice of interview location will be based on a consideration of the following:</p> <ul style="list-style-type: none"> <li>- the child protection worker’s ability to protect the child;</li> <li>- the child protection worker’s ability to gather information in sufficient detail;</li> <li>- the availability of interviewing space for private interviews of children;</li> <li>- the availability of interviewing space that is conducive to the child’s comfort and need for safety; and</li> <li>- local CAS/police protocols.</li> </ul> <p>Interviews with other witnesses may take place in person or by phone</p>

## Standard #2 Planning and Conducting a Child Protection Investigation

### **Practice Notes**

(continued)

#### ***Determining the Safety of the Child Protection Worker***

(if practical and appropriate based on the situation).

While difficulties may occur at any point in the provision of protection services, threats and volatile situations are more likely to occur during the investigation and during crisis situations. The first step in ensuring a child protection worker's safety is to assess the risk level of the situation before the initial face-to-face contact, which occurs on the basis of information gathered by the referral screener. The second step involves planning to minimize risks to worker safety while delivering child protection services in accordance with individual CAS policies on worker safety.

#### ***Changing the Approach Decision***

The child protection worker continues to assess throughout the investigation whether the investigative approach initially chosen continues to be the most appropriate one.

The approach should be either adjusted or entirely changed when it is no longer appropriate. Criteria outlined in Standard #2 are used to make this determination. The ability of the child protection worker to continually shift between the two approaches is critical. The child protection worker needs to be equally comfortable with both the supportive and the authoritative role inherent in child protection practice.

If a "customized" approach is initially planned, but in the course of the investigation it is disclosed that a criminal offence has been perpetrated against a child, the worker will immediately inform the police and the approach changes to a traditional one. Similarly, if a "customized" approach is initially planned but attempts to intervene are proving unsuccessful and the worker is unable to engage the family in a level of cooperation that would allow the worker to determine what if any protection concerns exist, then the investigation moves toward a more traditional approach.

If the "traditional" approach is initially chosen and during the investigation with the police it is concluded that no criminal offence has been perpetrated against a child and the family is cooperative, the approach should be altered to a "customized" approach as soon as possible. In general, once the worker has successfully obtained sufficient evidence and information to be able to ascertain the child's safety, the intervention should move toward a "customized" approach

## Standard #2 Planning and Conducting a Child Protection Investigation

<p><b><u>Practice Notes</u></b> (continued)</p>	<p>in order to engage the family in collaboratively developing solutions and moving toward positive change.</p>
<p><b><i>Safeguards for the Child during the Investigation</i></b></p>	<p>Throughout the investigation, the worker considers all appropriate means to ensure the child’s safety including:</p> <ul style="list-style-type: none"> <li>- involvement of extended family, friends, or other members of the community who might play a role in keeping the child safe during the investigation;</li> <li>- involvement of appropriate Band or community representative, if the child is Indian or Native;</li> <li>- the provision of services or emergency funds; and/or</li> <li>- use of out-of-home care options.</li> </ul>
<p><b><i>Investigations Involving More Than One CAS</i></b></p>	<p>Sometimes an investigation may involve more than one CAS. In these situations, the CASs jointly determine who will lead the investigation and develop the investigation plan. Decisions are also made regarding which CAS will be responsible for completing which investigative steps outlined in Standard #2.</p> <p>The following is an example of how the investigative steps might be shared between two CASs: In a case where the child victim(s) are currently located in the jurisdiction of CAS “A,” and where CAS “B” is leading the investigation, it may be more practical for CAS “A” to conduct interviews with the child victim(s) if requested by CAS “B.” Similarly, if the non-abusing caregiver is currently located in the jurisdiction of CAS “A,” it may be more practical for CAS “A” to conduct these interviews. If the perpetrator is currently located in the jurisdiction of CAS “B” it may be appropriate for CAS “B” to interview the alleged perpetrator, and to notify and work with the local police (e.g. if it is alleged that a criminal offence has been perpetrated against a child).</p>
<p><b><i>Domestic Violence Case Considerations</i></b></p>	<p>Conducting investigations in situations where domestic violence may be a concern may require additional attention to safety planning with the adult and child victims of violence. Additional practice guidance on this issue may be found in training resources available through OACAS (see References section).</p> <p>Investigations in situations of domestic violence should also be consistent with local CAS/Violence Against Women Collaboration Agreements.</p>

**Standard 3**  
**Conducting a Safety Assessment and Developing**  
**a Safety Plan**



# Introduction

## Overview

This standard outlines expectations for CASs in conducting an assessment of imminent threats to the safety of children and developing a safety plan to mitigate immediate safety threats during a child protection investigation. A safety assessment is an assessment of the present conditions, the danger resulting from those conditions and the interventions currently needed to protect the child. This standard includes requirements with respect to the following:

- methods for conducting safety assessments in both family-based, and institutional investigations;
- timeframes for conducting a safety assessment during an investigation;
- arranging medical care for the child (where appropriate);
- monitoring a safety plan and completing a new safety assessment when the existing safety plan can no longer successfully mitigate safety threats;
- criteria for discontinuing an investigation after the first face-to-face contact without a safety assessment or a risk assessment in certain situations;
- criteria for concluding an investigation immediately after a safety assessment is completed in certain situations; and
- supervisory approvals and documentation related to this standard.

## Intent

The intent of this standard is to ensure that during a child protection investigation, universal screening for present and imminent threats to the safety of children is undertaken in a timely manner. It is also intended that whenever a safety threat is identified, a safety plan is developed immediately to mitigate it. This standard encourages the involvement and engagement of the child’s immediate and extended family, and community supports in the identification of safety threats and safety planning where appropriate.

<b>Standard #3 Conducting a Safety Assessment and Developing a Safety Plan</b>	
<b>Standard</b>	<b>Conducting a Safety Assessment</b> An assessment of safety threats is conducted for all investigations at the point of the first face-to-face contact within the response time for all referrals assigned for an investigation (on both new and ongoing cases).  For family-based investigations including out-of-home care by



### Standard #3 Conducting a Safety Assessment and Developing a Safety Plan

**Standard**  
(continued)

relatives, community members, a foster home or a formal customary care home, a safety assessment is conducted in accordance with the safety assessment tool in the Ontario Child Protection Tools Manual. It is conducted in collaboration with the family in order to determine if any of the safety threats described in the safety assessment tool are present in the family.

For institutional investigations, a safety assessment tool is not available for assessments of safety threats. Despite this, every institutional investigation requires an assessment of immediate safety threats, although different factors are considered<sup>8</sup> and the outcome is to be recorded as a narrative in the case record.

As part of the assessment of safety threats:

- The child who is the victim of alleged maltreatment is interviewed except if the child cannot be interviewed based on their developmental level or ability to communicate, in which case direct observation is required;
- The primary caregiver is interviewed;
- If there are reported threats to their safety, other children cared for in the home are also interviewed except if the child cannot be interviewed based on their developmental level or ability to communicate, in which case direct observation is required\*; and
- The home environment is seen if there are allegations that the child's living conditions are hazardous.

\*Of note, other children being cared for in the home, who have not been reported to have been abused or neglected and whose immediate safety is not reported to be compromised, can be interviewed or observed at a later time, subsequent to the first face-to-face contact but before the completion of the investigation.

If the information found in the referral or the safety assessment indicates the possibility of injuries or the need for medical care, a medical examination will be arranged within 24 hours of receipt of the information. The result of the examination is documented in the case record.

When no safety threats are present, the worker reviews the safety assessment with a supervisor on the next working day.

<sup>8</sup> See Appendix A for a list of factors which are considered.

### Standard #3 Conducting a Safety Assessment and Developing a Safety Plan

**Standard**  
(continued)

#### **Developing a Safety Plan**

Whenever a safety threat is identified it is mandatory to develop a safety plan immediately following the assessment of safety threats. The protection of a child assessed to be unsafe is non-negotiable. The safety plan must secure the safety of the referred child and any other children being cared for in the setting.

Whenever possible and consistent with the child's safety, the child protection worker actively involves the family and/or extended family members and/or community members and/or the child's Band or Native community if the child is Indian or Native, in identifying safety threats, developing and implementing a safety plan, and monitoring and assessing its progress.

The adequacy of a safety plan is assessed by a supervisor and approved prior to its implementation.

A safety plan is monitored until:

- it is discontinued because safety threats have been eliminated or parent/caregiver protective factors have been sufficiently enhanced; or
- it has become long-term and the actions taken to secure the child's safety that have become more enduring are integrated into the next regular service plan.

A new safety assessment must be conducted whenever there is a change in the ability of existing safety interventions to mitigate safety threats.

#### **Documentation**

The formal documentation of the safety assessment and plan is to be completed within five (5) days of the first face-to-face contact.

#### **Discontinuing an Investigation without a Safety Assessment or a Risk Assessment**

An investigation (initial or subsequent) can be discontinued with supervisory approval without a safety assessment or a risk assessment having been completed if, upon first face-to-face contact, the referral information is found to be clearly wrong.

### Standard #3 Conducting a Safety Assessment and Developing a Safety Plan

<p><b>Standard</b> (continued)</p>	<p><b>Closing a Case Immediately Following a Safety Assessment</b> An initial** family-based investigation can be concluded with supervisory approval immediately following a safety assessment without a risk assessment being conducted if the initial interviews yield information that maltreatment has clearly not occurred and the following criteria are met:</p> <ul style="list-style-type: none"> <li>- there are no safety threats to the child;</li> <li>- the family shows significant strengths in terms of individual and family functioning;</li> <li>- there is an absence of conditions or factors indicating risks of maltreatment;</li> <li>- there is no reason to believe that a child is in need of protection;</li> <li>- all of the required investigative steps have been completed (see standard #2); and</li> <li>- the criteria for concluding a child protection investigation (see standard #5) have been met.</li> </ul> <p>When concluding an investigation with a safety assessment and without a risk assessment, the documentation requirements for concluding an investigation (see standard #5) are followed.</p> <p>**Of note, this option is not available for new investigations on cases already receiving child protection service.</p>
<p><b>Practice Notes</b></p> <p><b>Conducting the Safety Assessment</b></p>	<p>A safety assessment conducted with the family will indicate whether a child is safe at the time of the assessment based on the worker's direct observations of the family conditions, behaviours, attitudes, emotions or situation. Assessing safety is grounded in gathering comprehensive and accurate (credible) information about a family, specifically about behaviours, attitudes, emotions, intent or situations that have become immediately threatening to a child and are likely to result in injury, or significant pain and suffering, or extreme fear. The analysis of the information gathered should be guided by a cautious evaluation of the facts with child safety being paramount, while being respectful of the parent/caregiver.</p> <p>The safety assessment should not rely solely on reports by clients. Similarly, the safety plan should not rely primarily on clients' promises to change their behaviour.</p>

### Standard #3 Conducting a Safety Assessment and Developing a Safety Plan

**Practice Notes**  
(continued)

***Developing a Safety Plan***

The development and implementation of a safety plan is likely the most significant intervention during the investigation phase of service. A safety plan includes interventions intended to mitigate immediate safety threats, but is not expected to remediate or resolve longer-term risks of maltreatment. The child protection worker's role in developing the safety plan is both supportive/collaborative and assertive in ensuring that a child is protected.

Family and community strengths should be utilized to develop the safety plan. These might include:

- extended family networks;
- a broad range of people as potential resources (e.g. neighbours, family friends, faith community); and/or
- for a child who is Indian or Native, the family support worker/prevention worker chosen by the Band representative.

Wherever possible and appropriate, the child(ren) in the family should be involved in the development of the safety plan.

The following factors should be considered in assessing the adequacy of the plan:

- Has the family helped construct the safety plan?
- Is the family willing and able to participate in the plan?
- Was a similar safety plan developed before and did it work?
- Is the intervention likely to control the unsafe situation right away?
- Is the intervention available in the community?
- Can the intervention be implemented quickly enough?
- Is the service or support sufficiently close and easy for the family to use?
- Are the safety interventions immediately available, easily accessible, and capable of immediate impact?

***Monitoring the Safety Plan***

The process of monitoring the safety plan is continuous for as long as it is in place. The worker evaluates its effectiveness each time that new information about the family is received.

Monitoring involves:

- follow-up visits by the worker;

### Standard #3 Conducting a Safety Assessment and Developing a Safety Plan

<p><b><u>Practice Notes</u></b> (continued)</p>	<ul style="list-style-type: none"> <li>- regular communication with others participating in the plan (e.g. collaterals, relatives, extended family, community members); and</li> <li>- continued assessment of the child’s safety/well-being, including discussions with the child about the adequacy of the safety plan if appropriate based on the child’s age and developmental level.</li> </ul>
<p><b><i>Consent to a Medical Examination</i></b></p>	<p>If a medical examination is arranged, it is preferable that the worker and the child be accompanied by the child’s parent or legal guardian. If this is not possible, the worker should request the parent/caregiver’s written consent to have the child examined. If these alternatives are not available or appropriate, the child should be apprehended so that the medical examination may proceed.</p> <p>If the child has the capacity to consent to medical treatment, the child’s decision to accept or reject medical treatment may not be overridden.</p>
<p><b><i>Discontinuing an Investigation without a Safety Assessment or a Risk Assessment</i></b></p>	<p>Occasionally, a CAS receives a referral that upon first face-to face contact is found to be clearly wrong and the investigation should be discontinued. This is not a referral where the protection concerns are not verified. For example, the CAS receives a report that preschoolers are being routinely left unsupervised, but upon attending at the home finds that there are only adolescents living there and no pre-schoolers are cared for in the home.</p> <p>The decision to discontinue an investigation is recommended by the worker to the supervisor. If the supervisor approves the decision, the investigation is discontinued and the reasons are documented.</p>
<p><b><i>Closing a Case Immediately Following a Safety Assessment</i></b></p>	<p>Occasionally a situation may warrant the closure of an investigation without the completion of a risk assessment when the criteria outlined in standard #3 have been met. For example, a CAS receives a report that a child has bruising as a result of being inadequately supervised. If the worker attends the home and finds no evidence of bruising, is able to conduct all required investigative steps, determines the child to be safe through a safety assessment, there are no other risk factors (e.g. child welfare history) or concerns present and the family demonstrates considerable strengths.</p> <p>The decision to close an investigation without a risk assessment is recommended by the worker to the supervisor. If the supervisor approves the decision, the investigation is concluded and the documentation requirements for concluding an investigation outlined in</p>

### Standard #3 Conducting a Safety Assessment and Developing a Safety Plan

**Practice Notes**  
(continued)

***When an Investigation Involves More Than One CAS***

Standard #5 are to be followed.

Sometimes an investigation may involve more than one CAS. In these situations, the CASs involved must jointly determine which agency will be responsible for completing the safety assessment and developing a safety plan when a safety threat is identified in accordance with Standard #3.

Typically it is best practice for the CAS in the jurisdiction where the child victim(s) is/are currently located to conduct the safety assessment and develop the safety plan in consultation with the other CAS. It may also be more practical for the CAS in the jurisdiction where the child victim(s) is/are currently located to arrange and document the medical examination of the child(ren) (if required).

**Standard 4**  
**Conducting a Risk Assessment**



# Introduction

## Overview

This standard outlines expectations for CASs in conducting an assessment of factors that are known to contribute to the risk of future occurrences of child maltreatment. In particular, it includes requirements with respect to the following:

- methods for conducting a risk assessment in both family-based and institutional investigations;
- supervisory approvals and documentation related to this standard, including relevant timeframes for documentation; and
- sharing the results of the risk assessment with the appropriate parties.

## Intent

It is intended that during a child protection investigation, universal screening for the risk of future child maltreatment is undertaken. The results of the risk assessment are intended to inform case decision making and service provision. The standard emphasizes the engagement and involvement of the family in the risk assessment process to facilitate an effective assessment of risk factors.

<b>Standard #4 Conducting a Risk Assessment</b>	
<b>Standard</b>	<p>An assessment of future risk of child maltreatment is completed for all family-based investigations including out-of-home care by relatives, community members, a foster home or a formal customary care home.</p> <p>A risk assessment is conducted with the family, in accordance with the risk assessment tool in the Ontario Child Protection Tools Manual, in order to consider which risk factors contained in the document are present in the family. Through the process of conducting a risk assessment, the worker draws upon a variety of information sources including the client, collaterals and previous child welfare history, and organizes the information into the tool.</p> <p>A specific risk assessment tool is not currently available for assessing risk of future maltreatment in an institutional setting. Despite this, every institutional investigation requires the assessment of longer-term risk of harm; however different factors are considered<sup>9</sup> and the outcome is recorded as a narrative in the case record.</p>

<sup>9</sup> A list of factors which are considered is included in Appendix A.



### Standard #4 Conducting a Risk Assessment

<p><b><u>Standard</u></b> (continued)</p>	<p>During an investigation, only one risk assessment is required which considers information obtained in relation to any and all referrals received during the course of that investigation.</p> <p>The formal documentation of the assessment of future risk of maltreatment is completed within the established timeframe for concluding the investigation.</p> <p>A supervisor must approve any overrides on the risk assessment.</p> <p>The results of the risk assessment are shared with the family and the child (if appropriate given the child’s developmental level and based on clinical judgment), and the community caregiver/institution (where applicable).</p> <p>The results of a family risk assessment inform the child protection worker’s decision making regarding the need for further service to the family based on the likelihood that maltreatment will reoccur. The risk assessment is meant to aid, not substitute for the exercise of clinical judgment as to risk of future harm to a child. It is a clinical tool to inform decision making regarding the need for further services, and the intensity of the services needed to minimize risk to the child.</p>
<p><b><u>Practice Notes</u></b></p> <p><b><i>Conducting the Risk Assessment with the Family</i></b></p>	<p>The Ontario Risk Assessment tool for use in family-based investigations assists the worker in assessing the presence of clear behavioural and historical factors that have been found to be statistically associated with abuse and neglect.</p> <p>The Ontario Family Risk Assessment is completed with families, with the intent of engaging them in a purposeful conversation regarding their unique circumstances. The risk assessment should be used as a vehicle for engaging families by:</p> <ul style="list-style-type: none"> <li>- enabling their meaningful involvement in defining the problems;</li> <li>- defining what needs to change; and</li> <li>- working toward a concrete goal – child safety.</li> </ul> <p>The worker explains clearly to families what is meant by risk assessment, the reason for doing one and how the family’s participation will assist in making important decisions that a risk assessment informs.</p>

## Standard #4 Conducting a Risk Assessment

<p><b><u>Practice Notes</u></b> (continued)</p>	<p>The worker is clear about the protection concerns and what is not working. The worker permits the family to go at their own pace, allowing them to “tell their story” in their own words, while continually encouraging, challenging and probing until all of the risk factors have been explored.</p> <p>When completed collaboratively with families, the risk assessment will result in clear identification of risk factors present within the family which can form a foundation for future discussions (if required) with the family about interventions to reduce the risk of future maltreatment.</p> <p>Other service providers and collaterals may also have information that could enhance the risk assessment and this information should be considered.</p>
<p><b><i>Results of the Risk Assessment</i></b></p>	<p>The results of the risk assessment aid in identifying:</p> <ol style="list-style-type: none"> <li>1. Children and families who are at the greatest risk of future maltreatment where child protection services are needed to reduce the risk.</li> <li>2. Children and families who are at lower risk of future maltreatment who may need to be assisted in accessing community services/resources to prevent child maltreatment or treat conditions that may raise the risk of maltreatment if left unattended.</li> <li>3. Children and families who are at lower risk of future maltreatment and whose cases can be closed following a protection investigation.</li> </ol> <p>It is important to be transparent with the family about the results of the risk assessment so they understand why it has been completed and how the results inform case decision making. Clinical judgment is used to determine the most appropriate method for sharing the results with the family (e.g. individually, with the whole family). Additional safety planning with victims of violence may be needed when sharing the results with the perpetrator of the violence if there is concern that doing so could place victims at risk. It may be appropriate to share the results of the risk assessment at the same time that the family is notified of the outcome of the investigation.</p>
<p><b><i>When an Investigation Involves More Than One CAS</i></b></p>	<p>Sometimes an investigation may involve more than one CAS. In these situations, the CASs involved must jointly determine which agency will be responsible for completing the risk assessment in accordance with Standard #4.</p>

**Standard #4 Conducting a Risk Assessment**

**Practice  
Notes**  
(continued)

Typically it is best practice for the CAS in the jurisdiction where the alleged perpetrator is currently located to conduct the risk assessment in consultation with the other CAS.



**Standard 5**  
**Concluding a Child Protection Investigation**

5

# Introduction

## Overview

This standard outlines requirements for CASs related to the conclusion of a child protection investigation, in particular, with respect to the following:

- criteria for concluding both family-based and institutional investigations;
- timeframes for completion of investigations and extensions;
- key decisions which are to be made: 1) whether to verify the alleged or new child protection concerns, 2) making a determination about whether a child is in need of and protection, and 3) the investigation disposition;
- providing notification regarding the outcome of an investigation (e.g. to the family, the alleged perpetrator, the institution); and
- supervisory approvals and documentation related to this standard.

## Intent

The standard focuses on ensuring investigations are thorough, comprehensive and timely and supports a thorough, structured, guided and collaborative process for case decision making at the conclusion of an investigation. It is intended that the investigation disposition decision is appropriate based on the unique needs of children (for safety) and their families (for support) and that all relevant parties are notified of the investigation outcome.

<b>Standard #5 Concluding a Child Protection Investigation</b>	
<b><u>Standard</u></b>	<p><b>Criteria for Concluding an Investigation</b></p> <p>A family-based child protection investigation is concluded when all information is gathered to determine whether:</p> <ul style="list-style-type: none"> <li>- the original or new child protection concerns are verified, not verified or inconclusive;</li> <li>- a child is in need of protection; and</li> <li>- a child and/or family requires ongoing child protection services and/or community services or resources.</li> </ul> <p>An institutional child protection investigation is concluded when sufficient information is gathered to determine whether:</p> <ul style="list-style-type: none"> <li>- original or new child protection concerns are verified, not verified or inconclusive;</li> <li>- the child is safe;</li> <li>- there is any longer-term risk of maltreatment;</li> <li>- a child can remain in the institutional setting; and</li> </ul>

## Standard #5 Concluding a Child Protection Investigation

### **Standard** (continued)

- the substitute caregiver family or institution requires additional supports.

Child protection investigations may also be concluded when all reasonable efforts have been made to collect evidence and continuing the investigation would yield no new information.

The decision to conclude an investigation is made in consultation with a supervisor.

#### **Timeframes for Concluding an Investigation and Extensions**

A child protection investigation is to be concluded within forty-five (45) days of receipt of the referral. However, the quality and thoroughness of the investigation shall not be compromised in order to meet the 45 day timeline (e.g. in situations where the case is complex and/or the CAS requires more time to customize the investigation to address the unique needs of children and their families). When the investigation cannot be concluded within 45 days, it is within the supervisor's discretion to extend the timeframe up to 60 days from the date of referral. The reasons for the extension are documented in the case record.

#### **Key Decisions**

Three key decisions are to be made within the context of a full case review and analysis of all relevant information obtained through the referral and during the investigation, including the child welfare history, with the supervisor prior to the conclusion of an investigation:

##### **1. The Verification Decision**

- The verification decision is whether it is more probable than not that the originally alleged or new child protection concerns (including harm or risk of harm) have occurred or currently exist. Child protection concerns may be "verified," "not-verified" or "inconclusive."

##### **2. The Determination about whether the Child is in Need of Protection** (for family-based investigations only)

- This is the CAS's opinion of whether the child is in need of protection according to the grounds set out in s. 37(2) of the CFSA.

##### **3. The Investigation Disposition**

- The investigation disposition is the decision about what services (if any) will be provided to the family at the conclusion of the investigation.

## Standard #5 Concluding a Child Protection Investigation

**Standard**  
(continued)

Cases that reach a determination that a child is in need of protection are eligible for ongoing child protection services. Cases that do not reach a determination that a child is in need of protection are closed or provided with other (non-protection) child welfare services, or linked to formal and/or informal resources in the community. Some cases may require no follow-up services.

**Notification**

Notification of the outcome of the investigation is provided to the child alleged to be in need of protection (if appropriate based on the child's age and developmental level), the caregiver(s) of the child, the child's worker, an administrator of the institutional setting, the worker responsible for oversight of the community caregiver, and the person alleged to have caused the child protection concerns within fourteen (14) days of the decision to conclude the investigation that is made with the supervisor. Notification can occur to the family as a whole or to each family member individually, depending on the case circumstances.

In the case of an Indian or Native child, if at the completion of a child protection investigation there is a determination that a child is in need of protection and the investigation disposition is to provide ongoing child protection services, the CAS consults with a representative chosen by the child's Band or Native community about the provision of services to the child and his/her family.

**Documentation**

In addition to the documentation completed during the course of an investigation that is included in standards 1-4, the following documentation is to be contained in the case record at the conclusion of the investigation:

- a summary of what the child protection worker believes occurred in relation to the originally alleged or new child protection concerns;
- an analysis of the safety assessment, risk assessment, significant case events and relevant information gathered about the family's circumstances, strengths, protective factors and needs during the investigation (for family-based investigations only);
- concerns about the future safety of children and suggested course of action (for institutional investigations only);
- documentation of any charges laid by the police;
- documentation of any child welfare court activity;



## Standard #5 Concluding a Child Protection Investigation

<p><b>Standard</b> (continued)</p>	<ul style="list-style-type: none"> <li>- the verification decision for each identified child protection concern and the rationale;</li> <li>- the decision about whether a child is in need of protection and the rationale (for family-based investigations only);</li> <li>- if the case is being closed, a summary of child or family needs that may indicate a need for community-based early intervention, prevention or treatment services and documentation of information or referrals provided;</li> <li>- the updated reason for service code (Eligibility Spectrum rating) indicating the reason for service at the conclusion of the investigation (if required);</li> <li>- documentation of notification provided to the child, caregiver(s), institutional facility administrator (where applicable) and person alleged to have caused the child protection concerns regarding the outcome of the investigation; and</li> <li>- documented supervisory approval of the documentation including the investigative process and case decisions.</li> </ul> <p>This documentation is submitted for supervisory approval within the established timeframe for the conclusion of the investigation from the date of referral (e.g. within 45 days or 60 days in the case of an extension).</p> <p>For cases that will be transferred to ongoing child protection services, the documentation submitted at the conclusion of the investigation is approved by the supervisor within seven (7) days of receipt of the completed case documentation.</p> <p>For cases that will not be receiving ongoing child protection services, the documentation submitted at the conclusion of the investigation is approved by the supervisor within fourteen (14) days of receipt of the completed case documentation.</p>
<p><b>Practice Notes</b></p> <p><i><b>The Verification Decision</b></i></p>	<p>Evidence collected during an investigation may be complex and contradictory in some cases. It is the responsibility of the child protection worker (in conjunction with the police, where appropriate) to obtain as much reliable evidence as possible. In determining whether a child protection concern (including harm or risk of harm) is verified, the worker and supervisor consider all information obtained during the investigation and determine which information is relevant</p>

## Standard #5 Concluding a Child Protection Investigation

### Practice Notes (continued)

to be used as evidence to verify the concern(s) or not.

It is critical that all evidence suggesting that a child was not maltreated be considered as thoroughly as evidence suggesting that child maltreatment did occur.

The verification decision is made in a conference involving, at minimum, the child protection worker and supervisor. All relevant information obtained throughout the investigation is reviewed.

A child protection concern should not be deemed as “not verified” merely because:

- the child and/or parent deny that the alleged incident occurred; and/or
- physical evidence is inconclusive or non-existent.

Where a child and/or parent deny that an alleged incident occurred, the worker uses his or her knowledge and skills to determine whether the denial is credible. The information obtained throughout the investigation will provide a basis for making these determinations. The absence of risk factors and the presence of a number of family strengths may lend credibility to the denial.

#### *“Balance of Probabilities or More Probable Than Not”*

The verification decision is made on the basis of a balance of probabilities. The child protection worker assesses the evidence to make a decision about whether the original or new child protection concerns are more likely to be true than not true. In assessing the evidence, the worker must consider two issues:

1. Whether the evidence gathered and reviewed by the child protection worker is credible.
  - Credible evidence is defined as evidence that is trustworthy, believable and dependable, thus reliable.
2. Whether the evidence gathered and reviewed by the child protection worker is persuasive.
  - Credible evidence is considered persuasive when, after carefully reviewing and weighing all the evidence, the child protection worker finds the weight of the evidence supports a clear conclusion that either the originally alleged or new child protection concerns have not occurred or are not present/do not currently exist, or that the originally alleged or new child protection concerns have occurred or are

**Standard #5 Concluding a Child Protection Investigation**

**Practice Notes**  
(continued)

present/currently exist.

*Deciding That Evidence Is “Inconclusive”*

A verification decision of inconclusive means that a CAS cannot determine based on the balance of probabilities that a child protection concern(s) can be verified or not. In order to make this decision the CAS would have had to exhaust all information sources during the investigation and still be unable to conclude with any degree of certainty that the balance is tipped one way or another in favour of verifying or not verifying child protection concerns. This conclusion is not used as a default for cases where the decision to verify or not to verify is difficult to make.

*Child Abuse Register*

Where an allegation of child abuse has been verified, the guidelines for reporting to the Child Abuse Register are to be followed (see References (MCYS, 1987)) (see also s. 75(3) of the CFSA and Regulation 71, s.2). Cases of verified neglect should not be reported to the Register, unless they meet the reporting criteria for abuse, namely, that the child has suffered harm within the meaning of CFSA s. 37(2)(a), (c), (e), (f), (f.1) or (h).

***Determination about whether the Child is in Need of Protection***

The determination about whether a child is in need of protection is based on broader grounds, including risk of future harm (e.g. in the longer term), than the verification decision and requires a greater use of analysis and judgment.

A determination about whether a child is in need of protection is made in a conference involving, at a minimum, the child protection worker and supervisor. All relevant information obtained throughout the investigation is reviewed to inform this determination. The child protection worker analyzes the outcomes of all administered assessments, the behaviours, conditions, strengths and needs that are present and explores their current impact on the child, and how likely they are to result in abuse or neglect in the future. The use of any one assessment tool to make this determination is inappropriate.

A child is generally in need of protection when he/she has suffered or is likely to suffer some form of maltreatment as a result of an act of commission or omission by his/her parent or caregiver. “Likely to suffer” connotes a degree of predictability or reliability supporting that conclusion.

## Standard #5 Concluding a Child Protection Investigation

<p><b><u>Practice Notes</u></b> (continued)</p>	<p>Risk of maltreatment exists on a continuum, from low to high risk. The determination that a child is in need of protection is different than simply a judgment that there is some risk in the family, as some risk of maltreatment is present in every family, even if it is very low.</p> <p>Both the safety assessment and risk assessment are helpful in structuring and guiding this decision. Because the safety assessment is more narrowly focused than the risk assessment, and identifies imminently threatening conditions with potentially severe results, a determination during or at the conclusion of an investigation that a child is unsafe will generally result in a determination that a child is in need of protection.</p> <p>Although a risk assessment is a relevant and valuable clinical tool, it is not sufficient in and of itself to support a determination that a child is in need of protection. An overall risk rating of high or very high will generally (but not always) result in a determination that a child is in need of protection.</p> <p>Similarly, while a referral eligibility screening tool such as the Eligibility Spectrum assists in deciding about the severity of the incident or condition that has been verified, it should not be used on its own to drive the decision about whether a child is in need of protection, as severity is not the sole factor that requires consideration.</p>
<p><b><i>Investigation Disposition</i></b></p>	<p>The investigation disposition decision is made in a conference involving, at a minimum, the child protection worker and supervisor. All relevant information obtained throughout the investigation is reviewed to inform the disposition.</p> <p>When a case is being closed, the child protection worker considers if services or resources in the community will prevent or reduce risk of future maltreatment to the child. If so, the child and family are provided with information about, or referred to, appropriate resources.</p> <p>In the case of Indian or Native children, the conclusion of an investigation is an opportunity to engage the Band, community representatives, and/or extended family members where appropriate so that they may support the family on a go forward basis in their community. Encouraging the family to work with the Band can facilitate the process of linking the family with culturally appropriate</p>

## Standard #5 Concluding a Child Protection Investigation

<p><b><u>Practice Notes</u></b> (continued)</p>	<p>services. The Band and other community representatives are well positioned in regards to identifying other culturally appropriate supports which may be beneficial for the child and his/her family.</p>
<p><b><i>Notification</i></b></p>	<p>Prior to the conclusion of an investigation, persons who were the subjects of a child protection investigation are informed that information regarding the investigation has been recorded in the society's records and that some or all of the information will be placed on the provincial database for use in child protection services, including by other service providers.</p> <p>When providing notification regarding the outcome of the investigation when it is concluded, consideration should be given to the potential impact on the victims of providing this information to the perpetrator (e.g. in situations of domestic violence, child abuse). This could include consulting with the victim(s) first about how the information shared could affect the perpetrator's behaviour, what information should be shared, and what should be kept confidential to minimize risk to potential victims. Additional safety planning with victims may be needed.</p>
<p><b><i>Documentation</i></b></p>	<p>The case summary and analysis documentation at the conclusion of the investigation is clinically focussed, culminating in required case work decisions. The more detailed information about contacts with children, their families and other collaterals, and the steps taken during the investigation are contained in contemporaneous case notes in the case record.</p>
<p><b><i>When an Investigation Involves More Than One CAS</i></b></p>	<p>When an investigation has involved more than one CAS, it is best practice for the CAS which led the investigation to conclude the investigation in accordance with Standard #5. The CAS which assisted with the investigation shares all of the relevant information obtained and any assessments completed during the investigation with the CAS leading the investigation so that it can make the key decisions at the conclusion of the investigation and complete the required investigation conclusion documentation.</p>



**Standard 6**  
**Transferring a Case**

6

# Introduction

## Overview

This standard outlines requirements for CASs related to transferring cases both within a CAS (e.g. between workers or between the investigation and ongoing phases of service), and between CASs (e.g. in different territorial jurisdictions). In particular, it includes requirements with respect to the following:

- timelines for case transfers;
- roles and responsibilities of transferring and receiving workers, and transferring and receiving CASs;
- transfer conferences;
- notification of transfers to case collaterals; and
- documentation and supervisory approvals related to case transfers.

## Intent

The requirements in the standard are designed to ensure that transfers of cases between workers are conducted seamlessly, with as little disruption or delay to the child and family as possible, and with no interruptions in service.

<b>Standard #6 Transferring a Case</b>	
<b>Standard</b>	<p>This standard applies to case transfers at any phase in the delivery of child protection services described in this document.</p> <p><b>For all case transfers:</b> The receiving worker reads the case record (including the history of previous child protection involvement) so as to have a thorough, longitudinal understanding of the risks, needs, strengths and protective capacity of the family and its individual members as they relate to the current protection concerns. A transfer conference is also held which at minimum includes the transferring worker and/or their supervisor and the receiving worker during which the case is reviewed and transfer arrangements are agreed upon.</p> <p>The supervisor of the transferring worker reviews and approves all transfer documentation submitted by the transferring worker.</p> <p><b>For transfers within CASs:</b> A transfer visit is to be conducted with the family that includes the transferring and receiving child protection workers. The case transfer is</p>



## Standard #6 Transferring a Case

**Standard**  
(continued)

effective on the date of the transfer visit.

The transfer visit occurs within ten (10) days of submission of transfer documentation for approval to the supervisor.

Any existing safety plan continues without interruption during the transfer from one worker to another. Until the case is transferred, the transferring worker is responsible for managing any safety plan and addressing other case management issues.

The receiving worker notifies all other actively involved case collaterals of his/her identity and contact information within seven (7) days of assuming case responsibility.

Cases that are receiving ongoing child protection services and which will be transferred require a documented summary update of significant case events that have taken place since the last case review. If the existing risk/reunification or family and child strengths and needs assessments are no longer relevant/reflective of the family's current functioning, the transferring worker completes new assessments to reflect the current situation. Similarly if the service plan is no longer relevant, the transferring worker updates the service plan.

**For transfers between CASs:**

*Referral* – The transferring CAS informs the receiving CAS verbally and in writing that the case will be transferred. The referral and all other subsequent steps in the transfer process are documented by the transferring and receiving CASs in contemporaneous case notes in the case record.

*Transfer Conference* – Following the Referral, and in advance of the confirmation of transfer, a transfer conference is held, which minimally includes the transferring and receiving workers and their supervisors, during which the case is reviewed and transfer arrangements are agreed upon.

*Confirmation of Transfer* – Within 10 working days of receiving the verbal referral, the receiving CAS will send written confirmation of the transfer to the transferring CAS. The confirmation of transfer must include at minimum the following information:

- the receiving CAS's plan for the family;
- the name of the receiving worker with responsibility for the case and

## Standard #6 Transferring a Case

**Standard**  
(continued)

- their supervisor; and
- the date on which the receiving worker intends to have his or her first face-to-face contact with the family.

*Face-to-Face Contact with the Family* – The receiving worker’s first face-to-face contact with the family should occur no later than 10 working days of the receiving CAS sending written confirmation of the transfer.

*Transfer is Effective* – The transfer is effective once both of the following have occurred:

- a) the transferring CAS receives a confirmation of transfer letter from the receiving CAS; and
- b) the receiving worker has his or her first face-to-face contact with the family.

*Case Management Until Transfer is Effective* – Any existing safety plan continues without interruption during the transfer from one CAS to another. Until the transfer is effective, the transferring worker is responsible for managing any safety plan and addressing other case management issues. If a family has already moved to another jurisdiction, the receiving CAS should act as the transferring CAS’s agent to assist the transferring CAS in managing the case until the transfer is effective.

### Processing and Contents of Transfer Documentation

Transferring documentation (approved by a Supervisor) is forwarded by the transferring CAS to the receiving CAS within 2 working days of the transferring CAS making its referral.

If the receiving CAS requires further documentation from the transferring CAS it will request the information in writing.

At minimum, the transferring CAS provides the following documentation to the receiving CAS:

*For cases transferred at the investigation stage when a family has relocated to another jurisdiction during the investigation*

- referral and investigation documentation completed to date including referral information and safety assessment;
- copies of case notes taken during the investigation; and
- historic child protection documentation detailing previous child welfare involvement.

**Standard #6 Transferring a Case**

<p><b>Standard</b> (continued)</p>	<p><i>For cases transferring after the conclusion of an investigation</i></p> <ul style="list-style-type: none"> <li>- the investigation conclusion documentation (see Standard #5) including the referral information, safety and risk assessments;</li> <li>- copies of any child protection court applications or orders; and</li> <li>- historic child protection documentation detailing previous child welfare involvement.</li> </ul> <p><i>For cases transferring from ongoing services</i></p> <ul style="list-style-type: none"> <li>- the investigation conclusion documentation for the initial and any subsequent child protection investigations;</li> <li>- the most recent case review or termination documentation (see Standard #7) including the service plan, family and child strengths and needs assessment and risk re-assessment or reunification assessment;</li> <li>- copies of any child protection court applications or orders; and</li> <li>- historic child protection documentation detailing previous child welfare involvement.</li> </ul> <p>The receiving worker notifies all other actively involved case collaterals of his/her identity and contact information within seven (7) days of assuming case responsibility (i.e. within seven days of the first face-to-face contact with the family).</p>
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<p><b>Practice Notes</b></p> <p><b>For Transfers within CASs</b></p>	<p><i>The Transfer Conference and the Transfer Visit</i></p> <p>During the transfer conference, the receiving worker discusses the case with the transferring worker and collaboratively develops a plan for the transfer visit with the family.</p> <p>The transfer visit serves as a bridge between the investigative phase of service and the ongoing phase of intervention with the family, or between one worker and another. It is good practice to include other agency workers providing service and the family's support team in the transfer visit whenever possible. The receiving worker uses the first contact with the family as an opportunity to begin to establish rapport with the various family members.</p> <p><i>Transfers from Intake/Investigation</i></p> <p>During the transfer visit with the family, the investigative worker reviews the original referral information, the outcome of the safety assessment and</p>
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## Standard #6 Transferring a Case

<p><b><u>Practice Notes</u></b> (continued)</p>	<p>safety plan (where applicable), the outcome of the risk assessment and the verification decision, and provides the rationale for the provision of ongoing child protection services to the child and family.</p> <p><i>Transfers from Ongoing Services</i> When a case that is receiving ongoing service is transferred, the transferring worker reviews the most recent assessments and the service plan with the family and receiving worker, noting progress that the family has made and the goals that are still to be achieved.</p>
<p><b><i>Notifying Actively Involved Case Collaterals</i></b></p>	<p>Actively involved case collaterals include individuals who are actively involved in the safety plan for the child or the service plan, and/or who are integral to mitigating the risk of child protection concerns in regards to a particular child. For some cases where there is a higher degree of risk or the child is highly vulnerable, the worker should use clinical judgment to determine whether case collaterals should be notified of the worker's identity and contact information in less than 7 days (which is the maximum timeframe the standard allows for).</p>
<p><b><i>For Transfers Between CASs</i></b></p>	<p><i>The Transfer Conference</i> Due to geographical constraints, unlike transfers within a CAS from Intake/Investigation or from Ongoing service, it may not be possible for transfer conferences involving CASs in different jurisdictions to occur in person. Instead, they may be conducted by telephone. The purpose of these transfer conferences is for the receiving worker and supervisor to discuss the case with the transferring worker and supervisor so that they may collaboratively develop a plan for the transfer. The following items may form part of the transfer conference discussion:</p> <ul style="list-style-type: none"> <li>- scheduling of the receiving CAS's first face-to-face contact with the family; or</li> <li>- if the family has already moved, the receiving CAS's role as agent for the transferring CAS until the transfer is effective.</li> </ul>
<p><b><i>Summary of Timelines for Transfers Between CASs</i></b></p>	<p>Day 1: <i>Referral</i> – The transferring CAS informs the receiving CAS verbally and in writing that the case will be transferred. The transferring and receiving CASs document this communication in contemporaneous case notes.</p> <p>Day 3: <i>Transfer Documentation is Sent</i> – The transferring CAS forwards Supervisor-approved documentation to the receiving CAS.</p> <p>Up to Day 10: <i>Transfer Conference Occurs</i> – During this period of time the</p>

## Standard #6 Transferring a Case

**Practice  
Notes**  
(continued)

transferring and receiving workers and supervisors discuss the case and collaboratively develop transfer arrangements. Where geography prohibits a face-to-face meeting between the transferring and receiving CASs, a telephone or video case conference may be convened to discuss all issues related to the case.

*Day 10: Confirmation of Transfer Letter is Sent* – The receiving CAS sends to the transferring CAS written confirmation of the transfer. This letter includes the plan for the family, the name of the receiving worker and supervisor responsible for the case, and the date of the planned first face-to-face contact with the family.

*Up to Day 20: Face-to-Face Contact with the Family* – The receiving worker has a first face-to-face contact with the family no later than 10 working days after sending the confirmation of transfer letter to the transferring CAS, which is equivalent to 20 days after first receiving the referral. The particular date of the face-to-face contact is set out in the confirmation of transfer letter.

*Transfer is effective* – The following examples may assist the transferring CAS in determining when its file may be closed:

- If the transferring CAS receives the confirmation of transfer letter on Day 12, which specifies that the first face-to-face meeting with the family will be occurring on Day 16, the transferring CAS remains responsible for managing any safety plan and addressing case management issues until Day 16, assuming that the face-to-face meeting with the family occurs as planned. If however the date of the face-to-face meeting is delayed to Day 18, the transfer is effective as of Day 18.
- If the transferring CAS receives the confirmation of transfer letter on Day 20, which specifies that the first face-to-face meeting with the family occurred on Day 13, the transferring CAS is no longer responsible for managing any safety plan or case management issues as of Day 20.

Before closing its file, the transferring CAS should confirm that the face-to-face meeting occurred in accordance with the date specified in the confirmation of transfer letter.

## Standard #6 Transferring a Case

**Practice Notes**  
(continued)

***Delays in First Face-to-Face Contact for Transfers Between CASs***

Where there are extenuating circumstances preventing the receiving worker from having the first face-to-face contact with the family within 20 days of receiving the referral, the transferring and receiving CASs should work collaboratively and in a manner that considers the particular needs of the child and family.

In situations of such delay, the transferring CAS remains responsible for managing any safety plan or case management issues until the face-to-face meeting occurs, with the receiving CAS acting as the transferring CAS's agent to assist the transferring CAS in managing the case until the transfer is effective.

***Dispute Resolution in the Context of Transfers Between CASs***

Transferring of documentation and related processes should not interfere with immediate child safety interventions and assessments. CASs should work cooperatively and collaboratively.

**Standard 7**  
**Ongoing Service Case Management**



# Introduction

## Overview

When the investigation disposition is to transfer a case to ongoing services, the focus of ongoing services is on protecting child(ren) and engaging families in CAS services and other community supports in order to reduce the likelihood of future harm to child(ren). This standard includes a number of requirements related to the provision of ongoing services, in particular with respect to the following:

- monitoring the safety plan;
- conducting an assessment of the family's and the child's strengths and needs;
- developing a service plan within the context of a family-centred conference;
- the role of the child protection worker with respect to ongoing service case management;
- the minimum level of contact with the family and the use of announced/unannounced home visits;
- the case review and evaluation process;
- concurrent planning;
- case review and termination documentation;
- subsequent referrals that a child may be in need of protection on an ongoing case; and
- supervisory reviews, consultations and approvals related to this standard.

## Intent

The intent of the standard is to ensure a collaborative and respectful assessment of the family's strengths and needs is undertaken and a service plan developed to guide the subsequent interventions intended to mitigate risk to the child (or children). It is intended that engagement with the family is undertaken on a continual basis during the provision of ongoing services to monitor the child's safety and well-being and to provide support to the family. The child protection services provided to the family are meant to be purposeful, goal-oriented, and outcomes focused. It is intended that the appropriateness of the services and the family's progress is reviewed and evaluated at regular intervals.

The standard promotes the engagement of the family during the assessment, service planning and decision making processes. Emphasis is placed on ensuring the family understands the child protection concerns, the outcome of all assessments, what their child protection worker and all others participating in the service plan will do to resolve the child protection concerns, and how the family's progress will be measured. There is also a continuous focus on the child's need for a safe, stable, reliable and permanent placement.



## Standard #7 Ongoing Service Case Management

### Standard

#### **The First Month of Ongoing Services**

The focus of the first month of ongoing child protection services is on:

- monitoring the safety plan;
- engaging the child and family in child protection service;
- assessing the child and family's strengths and needs; and
- developing a service plan.

#### *Monitoring the Safety Plan*

If there have been changes to any of the safety threats identified in the safety assessment completed during the investigation or in the ability of the interventions to assure safety, the ongoing child protection worker will together with the family develop an alternative safety plan. Any new safety plan which is developed is approved by a supervisor prior to its implementation and documented on the next working day.

#### *Conducting the Family and Child Strengths and Needs Assessment*

An assessment of the family's and the child's strengths and needs is completed on every case receiving ongoing protection service prior to the development of the service plan. The assessment assists in developing a service plan that utilizes family strengths and targets areas of need.

The results of the family and child strengths and needs assessment are discussed with the family during the service planning process.

#### *Developing a Service Plan*

The child protection worker who will implement and manage the service plan develops the service plan with the family within the context of a family-centred conference. The initial service plan is completed within thirty (30) days of the completion of the investigation, or within thirty (30) days of the date of the case transfer following the initial investigation.

It is anticipated that the vast majority of these conferences will be facilitated by the family's own worker, who invites the child, family and their chosen circle of support in regular service planning and review. CASs are also required to have a family-centred conferencing model available for case planning purposes, and policies and procedures related to its use. The use of traditional conferencing/healing models or methods (e.g. talking circles) is preferable for Aboriginal children and their families.

## Standard #7 Ongoing Service Case Management

### **Standard** (continued)

Participants in the service planning process include:

- all family members (including the child where age appropriate);
- relatives, extended family, community members;
- foster parents (for children in care);
- collateral service providers; and/or
- Band representative, other Native community representative, or appropriate Aboriginal Child and Family Service Agency when the child is a Native person.

The service plan minimally contains:

- specific goals, objectives and activities including persons responsible and timeframes for completion; and
- specific planned level of contact by the child protection worker with the child who has been determined to be in need of protection, and his or her caregiver(s).

### **Ongoing Service Case Management (After the first month and beyond)**

Following the development of the initial service plan with the family, the service plan is implemented and managed. The role of the worker is to:

- meet with the family regularly and provide service to the family to support the achievement of identified goals and outcomes;
- assess and respond to any planned or unplanned changes or circumstances. This includes assessing the impact of any new caregivers who may be residing in the home, on the safety of the child;
- initiate an ADR process or a court application when required;
- prepare the family for participation in services;
- arrange, coordinate and monitor contracted or community services to assess the appropriateness of services;
- assure that the focus on goals and outcomes is maintained;
- facilitate communication amongst service providers;
- continually evaluate the family's progress toward achieving goals and outcomes during each interaction with the family;
- collect information from collaterals regarding the family's progress toward achieving service plan goals;
- adjust the plan to better meet the unique needs of the child and family as they emerge over time or circumstances; and
- for children in out-of-home care, engage in concurrent planning, and if the prognosis for a child's reunification with his or her parent/primary caregiver is poor, implement an alternate

## Standard #7 Ongoing Service Case Management

**Standard**  
(continued)

permanent plan for the child.

The minimum standard for visits with families in their home is once per month. However, more frequent visits should take place in certain circumstances. When deciding whether more frequent visits are required the worker considers:

- the risk rating on the risk assessment;
- the strengths and needs of the family;
- whether a safety plan is actively being monitored and the child continues to reside in the home; and
- the vulnerability of the child.

The frequency of visits is also reviewed by the child protection worker and their supervisor during supervision.

The child victim(s) is/are interviewed privately either at home or in another setting. Non-verbal children are directly observed in their own home environment and particularly as they interact with their parent/caregiver.

Unannounced visits are required when:

- the worker needs to determine whether or not the perpetrator is in the home;
- it is not possible to contact the family to arrange an appointment;
- it is necessary to assess the child's living conditions without the family having the opportunity to modify any of its usual conditions; and/or
- if in consultation with a supervisor it is determined that unannounced visits are necessary to address the child's safety based on specific circumstances of the case.

### *Reviews, Consultations or Approvals by the Supervisor*

Every ongoing child protection case is reviewed in a supervision session minimally once every six (6) weeks. Cases with a higher degree of risk or complexity are reviewed more often.

### *Case Review and Evaluation*

Formal case review and evaluation takes place every six (6) months following the development of the initial service plan. The formal review requires completion of the following assessments:

- a reassessment of risk of future maltreatment or, if at least one child is in out-of-home care, a reunification assessment including:
  - o a reassessment of risk,

## Standard #7 Ongoing Service Case Management

### Standard (continued)

- an assessment of the quality and frequency of access, and
- an assessment of safety of the environment to which the child is being returned, the need for reunification efforts or an alternate permanent plan; and
- an assessment of the family's and the child's strengths and needs.

Information collected by the child protection worker from the family and collaterals regarding the family's progress throughout the case management process will be reviewed in the context of a family-centred conference which involves all family members and their support persons who participated in the service plan, including other service providers whenever possible. The unavailability of other service providers will not delay the service plan review.

A service plan is also reviewed and revised when the reunification tools have been completed and the child will or has been reunited with his or her family.

#### *Concurrent Planning*

At the time of the first case review and all subsequent reviews following a child being placed in out-of-home care, it is critical to consider what the prognosis is for the family to achieve reunification. If the protection concerns and needs of the family are significant, the family has made little or no progress in achieving its goals/objectives and the prognosis is poor, an alternate permanent plan is developed with the family. A reunification assessment guides these decisions. It is important to involve all interested extended family members, relatives or other family support persons including a representative chosen by the Band. The worker should conduct a thorough, continuous search for persons who may commit to participation in a permanent plan for the child. Wherever possible, the child should be placed with a family who is willing to work cooperatively with the child's parent/primary caregiver toward reunification but is also willing to become the child's permanent family if needed.

#### *Case Review or Termination Documentation*

At the time of case review or termination, the following documentation is to be contained in the case record:

- the risk reassessment or the reunification assessment;
- the assessment of the family's and the child's strengths and needs (only required if the case will continue to receive child protection services, or if the case is being closed and the last family and

## Standard #7 Ongoing Service Case Management

### **Standard** (continued)

- child strengths and needs assessment does not accurately reflect the family's current functioning);
- documentation of any child welfare court activity (if applicable);
  - an analysis of outcomes of all assessments, significant case events (including any subsequent child protection investigations and verification decisions) and review of the last service plan that results in conclusions or decisions about:
    - o the family's progress or lack of progress in achieving goals, objectives and activities contained in the last service plan,
    - o changes that have occurred involving the most critical risk factors identified during the initial investigation,
    - o the quality of service implementation, appropriateness of services, any barriers to service provision and the family's participation in services,
    - o the extent to which a positive support network (formal and informal) is present and being used by the family,
    - o the prognosis for change over the next review period (only if the case will continue to receive child protection services),
    - o the prognosis for reunification (if child is in out-of-home care),
    - o the continued need for ongoing child protection services OR reason for termination of child protection service;
  - a new service plan and updated reason for service rating indicating the reason for ongoing child protection service (only if the case will continue to receive child protection services); and
  - documented supervisory approval of the services provided and decisions made within seven (7) days of completion of the recording.

### *New Referral regarding a Case Receiving Ongoing Children's Aid Society Service*

When new referrals about protection concerns are received on a case receiving ongoing services (which do not relate to a known incident or condition for which the family is already receiving service), standard #1 applies to the assessment of the referral and in determining the referral disposition.

When a child protection investigation is conducted on a case receiving ongoing child protection services, it is planned and conducted in accordance with standard 2. The worker also:

- completes a safety assessment in accordance with standard 3

## Standard #7 Ongoing Service Case Management

<p><b>Standard</b> (continued)</p>	<ul style="list-style-type: none"> <li>- completes a risk assessment in accordance with standard 4</li> <li>- makes a verification decision in accordance with standard 5</li> <li>- makes any relevant updates to the service plan (if required).*</li> </ul> <p>*The service plan is updated only when new risk factors have emerged. The current service plan is enhanced to specifically manage these new risk factors until the next regularly scheduled service plan review.</p>
<p><b>Practice Notes</b></p> <p><b><i>Intensity of Service during the First Month of Ongoing Services</i></b></p> <p><b><i>The Assessment and Service Planning Process</i></b></p>	<p>The ongoing child protection worker's level of contact with the family is generally highest during the first month of ongoing service. The first month of ongoing services is the foundation for all subsequent casework decisions and activities (interventions). An effective use of self by the worker is required to engage families in CAS services and with community supports.</p> <p>The worker gathers all information that can assist in formulating an accurate and comprehensive assessment of the family's and the child's strengths as well as any issues or risk factors that may affect child safety. The worker seeks to be holistic in his/her approach, obtaining knowledge and understanding of the child and family. This is done by considering the family's uniqueness, including ethnicity, culture, religion, regional differences and relationship to the family's extended family and community.</p> <p>The assessments completed at the ongoing stage of service will incorporate information from:</p> <ul style="list-style-type: none"> <li>- CAS case records;</li> <li>- The family and extended family;</li> <li>- Other persons living in the family home;</li> <li>- Neighbours and/or community members involved with the family</li> <li>- Other persons or agencies providing services to the family; and</li> <li>- The child protection worker's direct observation of the child and the family members.</li> </ul> <p><b><i>Family and Child Strengths and Needs Assessment</i></b></p> <p>The family and child strengths and needs assessment is designed to assist the worker to identify the presence of caregiver and child strengths and resources as well as to identify the underlying needs of family members that are associated with safety threats or longer-term</p>

## Standard #7 Ongoing Service Case Management

### **Practice Notes** (continued)

risk of maltreatment.

The process of assessment is an interactive one that includes all members of the family, extended family (where appropriate) and any community service providers who have been involved with the family in the past and present. The child protection worker engages the family in a dialogue, using the process of completing the family and child strengths and needs assessment to help the family identify its strengths, challenges/needs and goals regarding change. The information gathered while completing the assessment is analyzed, and interpreted by the worker and reviewed with a supervisor.

The child protection worker formulates an assessment of the child and family by:

- explaining to the family the purpose and process of the assessment;
- actively encouraging and engaging the family's participation in the process;
- obtaining signed consents and gathering information from all relevant sources; and
- ensuring that the information gathered includes all aspects of the family's circumstances including:
  - o individual and family strengths,
  - o individual and family needs,
  - o resources available to the family, and
  - o any additional risk factors.

#### *Link Between Assessment and Service Planning*

Prior to the worker and family developing specific interventions, there must be a complete and thorough examination and understanding of the family functioning that includes the family's strengths and needs. The assessments which are completed will support the development of a service plan that can target the areas of need. Through reassessments, the family strengths and needs assessment tool permits workers to assess changes in family functioning and the impact of service provision.

The worker analyzes the information gathered through the assessment process, and shares this analysis with the family prior to or at the time of the service planning process. The worker encourages a full discussion of the analysis.

## Standard #7 Ongoing Service Case Management

### **Practice Notes** (continued)

The service plan is the link between assessment and intervention. It is an action plan that guides the family, child protection worker, other service providers and all casework activities toward well-defined goals and outcomes against which progress can be measured over time.

#### *The Service Planning Process*

The result of the service planning process is a service plan document that is a record of clear and measurable goals, objectives and activities that are assigned to the participants, with timeframes for completion.

When explaining the concept of service planning, the worker:

- explains and reviews the purpose and process for development of the service plan with the family;
- emphasizes that this is the family's opportunity to have its voice heard; and
- explains and reviews with the family and other members which are part of the service planning process that this is an opportunity for the family to contribute directly toward the goals and expected outcomes that will become embedded in the service plan.

The process of completing the service plan includes an honest, open and clear discussion between the child protection worker and the family that results in the identification of specific goals, activities and outcomes for the family to achieve. The service plan process provides a vehicle for sharing issues and looking for solutions. Together, the worker and the family identify intervention strategies and services that would assist in the reduction and/or elimination of risk, and would increase the safety and well-being of the child. The service plan also provides a way to measure the family's progress.

The child protection worker develops a service plan by:

- having the family participate in the service planning process;
- assisting the family in identifying those individuals and/or community partners (including representatives chosen by the Band) whom they see as being a support to them and whom they would view as important participants in service plan discussion;
- utilizing a form of family-centred conferencing as the means to bring all relevant participants together to discuss the goals and objectives;
- carefully considering any and all solution-focused options put forth



## Standard #7 Ongoing Service Case Management

### **Practice Notes** (continued)

- by the attendees at the family-centred conference;
- ensuring that family uniqueness and culture is honoured and valued by customizing a service plan that matches the family's individual strengths and needs; and
- developing realistic, clear and measurable goals that are understood and agreed to by the child and family.

Although achieving the agreement of the family to the service plan significantly improves the chances of its successful implementation, it should be noted that the child protection worker will not endorse any plans that he/she does not feel would adequately address child safety simply for the sake of achieving agreement with the family.

### **Family-Centred Conferencing**

The child-focused and family-centred approach to service delivery is both a philosophy and a practice that supports active and meaningful participation of families and their support system in case planning and when service decisions are being made. Family-centred conferencing is rooted in the premise that family input in the design and provision of service is important and is valued. The philosophy recognizes that families are "experts" in knowing what interventions will be most supportive to them. It also believes that individuals within a family have strengths upon which they can draw as they work toward positive change that will influence and improve child safety as well as the family's overall well-being.

In keeping with the values of family-centred practice, various forms of conferencing including Aboriginal healing traditions and talking circles are encouraged as techniques to ensure that the child protection worker and the family together actively participate in the development of the service plan. Such conferencing may also be used more generally at points throughout the duration of service. There is a wide range of family involvement models available to use when developing a service plan with the family. Within that range of options, it is important to select and implement the most appropriate conferencing choice. Case conferencing enables the extended family, community and professionals to come together directly with the child and family to openly discuss concerns, identify strengths, and seek realistic solutions. These discussions result in a service plan that contains specific and deliberate expectations allowing progress to be measured.

Family-centred conferences should be used for situations requiring

## Standard #7 Ongoing Service Case Management

### **Practice Notes** (continued)

significant decisions in the life of a case, such as:

- the development of the initial service plan and for service plan reviews;
- prior to a child coming into care on a planned basis or following a child coming into care on an unplanned basis;
- prior to a child returning home from care;
- any time a critical/significant decision is to be made about the child;
- prior to court if there is a lack of agreement;
- to address “stuck” issues;
- prior to proceeding to formal Alternative Dispute Resolution (ADR) for ADR (e.g. Family Group Conferencing, Family Group Decision Making); and/or
- prior to case closure.

The level of complexity of a case will determine what type of family-centred conference will be most helpful based on the worker’s clinical analysis. It is best practice to use a neutral facilitator in cases involving:

- high levels of conflict or volatility;
- large complex family systems;
- strained relationships between family members and agency workers;
- complex situations (e.g. multi-generational abuse/neglect, sexual abuse, substance abuse, domestic violence, mental illness); and/or
- extensive cultural or language differences between the worker and the family or within the family system.

### ***Implementing, Managing and Reviewing the Service Plan***

Implementing and managing the service plan involves continuous, purposeful and focused discussion with the family members. The family’s ability and willingness to follow the action plan and meet the goals laid out in the service plan may vary from time to time. It is important for the child protection worker and family to have honest and open dialogue when this occurs. It may be that the service plan requires adjustment to better fit the relevance to, and/or needs of, the child and family circumstance at a particular time.

The child protection worker provides service and supports to the family and assists them to access the services that were identified as being required in the service plan. The worker needs to have a good knowledge of the family’s community and services or resources that

## Standard #7 Ongoing Service Case Management

### **Practice Notes** (continued)

are available.

There may be a need for the CAS to conduct home visits more frequently than the minimum standard of once per month. Frequency of visits should be reviewed in supervision and decisions made based on the unique circumstances of the case. For example, more frequent visits should take place:

- with infants and young children residing in high risk environments;
- when safety interventions in a safety plan are actively being managed; and
- when the family is experiencing a crisis.

The child protection worker formally reviews the service plan with the family every six (6) months to assess the family's progress. Together the worker and the family will:

- identify the goals that have been achieved and determine which (if any) any of those achieved goals continue to be relevant, and should therefore be retained in the plan;
- identify the goals that remain incomplete and determine which of the outstanding goals remain relevant and require completion;
- determine which of the outstanding goals (if any) require modification or can be discontinued because they are no longer relevant;
- identify any new goals that should be added to the service plan;
- write down the revised set of goals, and obtain the agreement of the family to this list wherever possible;
- determine the specific formal and/or informal supports or services that are required to assist the family in achieving the revised list of mutually determined goals;
- determine whether or not those supports/services can be accessed by/for the family;
- review with the family the effectiveness of other service providers and their impact to date related to any change, both positive and negative, regarding the family; and
- identify existing, additional, or new supports or services that will continue to be, or will become, part of the service plan.

The child protection worker keeps the family and all other participants in the service plan informed of any changes to the service plan. Doing so will ensure that all the participants in the service plan clearly understand the common goals and objectives of the plan, and what is expected of each participant.

## Standard #7 Ongoing Service Case Management

### **Practice Notes**

(continued)

***When a Subsequent Investigation on an Ongoing Case is not Required***

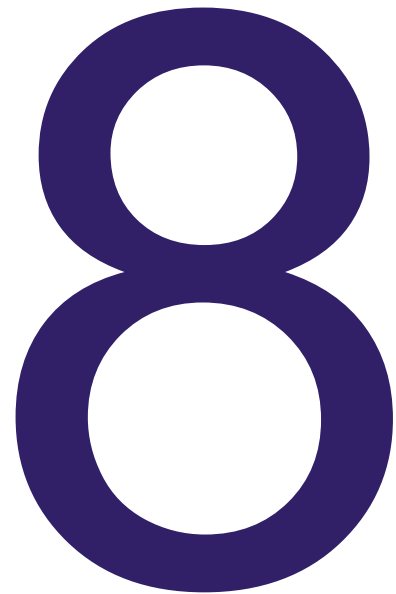
New information about a known incident or condition that may provide additional information about a child and family's strengths and needs does not require a child protection investigation. It is discussed with the family at the next possible opportunity as part of the ongoing assessment process, and integrated in the reassessment at the time of the next formal review.

***Option to Complete a New Safety Assessment when Changing Circumstances***

A safety assessment may be implemented at any point during ongoing service provision in situations where changing circumstances known to induce stress have been identified (e.g. loss of income, moves and illness of caregiver or child, a change in family composition such as a new caregiver or the loss of a protective caregiver from the home). If new safety threats are identified, a safety plan is implemented to mitigate those safety threats.

# Standard 8

## Closing a Case



# Introduction

## Overview

Closing a case is the final step in the continuum of child welfare service provision that began with the receipt of a referral that a child was in need of protection. This standard outlines the requirements with respect to:

- the decision to terminate child protection services including minimum criteria which are to be met;
- case termination meetings with the family;
- case termination documentation and associated timeframes;
- notification to collaterals regarding case closure; and
- supervisory consultation and approvals related to this standard.

## Intent

The intent of this standard is to ensure that the decision to terminate child protection services is made based on observable changes in behaviour and family functioning which are indicative of a low risk of future child protection concerns. The standard emphasizes that service termination should be a carefully planned process of transition in which the CAS gradually decreases the intensity of its interventions, and the family gradually assumes full responsibility for the safety and well-being of its children.

<b>Standard #8 Case Closure</b>	
<b>Standard</b>	<p>Before closing a case, the child protection worker reviews the case with the family, collateral service providers, and a supervisor. The decision to terminate provision of child protection services is approved by a supervisor during consultation.</p> <p>The following minimum criteria must be met when a decision is made to close the case:</p> <ul style="list-style-type: none"><li>- There have been no recent occurrences of child abuse or maltreatment.</li><li>- There is no evidence of current or imminent safety threats.</li><li>- A recent risk reassessment confirms that factors that were identified as contributing toward risk in the earlier risk assessment/risk reassessment documents no longer exist, or have been reduced significantly enough that they no longer pose concerns to the direct safety and/or well-being of the child.</li></ul>

## Standard #8 Case Closure

**Standard**  
(continued)

At the time of termination of service the family should be able to demonstrate:

- specific and measurable behavioural improvements in the areas identified in the service plan; and
- the ability to access and use formal and informal resources to assist them in problem solving.

Sometimes the CAS may need to close a case, even though the minimum criteria have not been met. Reasons for such closures include the following:

- There is no legal basis for continuing to provide mandatory CAS service and the family is refusing voluntary involvement with the CAS.
- A permanent plan has been achieved for the child and no other children are being cared for in the home.
- The family has moved to another jurisdiction and another CAS is now providing service.
- The family cannot be located despite the worker having attempted and exhausted all options reasonably available (e.g. record checks, provincial database, child protection alerts).

Prior to termination of child protection services, the child protection worker has a termination meeting with the child and family and discusses with the family a plan for accessing services in the community to meet individual or family needs in the future before the risk of subsequent maltreatment becomes escalated.

In addition, the child protection worker informs collateral agencies of the intended case closure and the estimated timeframe within which the closure will take place.

Case review and termination documentation (in accordance with Standard 7 – section on *Case Review and Termination*) covering the period from the date of the last case review to the date of service termination is required when closing a case.

The case review and termination documentation is completed within three (3) weeks of the termination meeting with the child and family and is approved by the supervisor and closed on the electronic database within seven (7) days of receipt of the documentation.

## Standard #8 Case Closure

### Practice Notes

#### ***Indicators of Family Readiness for Closure***

When the child protection worker is considering whether or not to close the case, the following are some indications that the family may be ready to manage on its own:

- The caregiver has been able to develop and now uses positive/acceptable strategies to address and manage child behaviours;
- The family has been able to demonstrate that family members have learned and integrated appropriate coping and problem solving strategies;
- The family has demonstrated it can assume full responsibility for the safety and well-being of its children with increasingly less child protection service; and/or
- The family is aware of how to identify a need for services in the future and knows whom to contact to access these services.

#### ***Involving the Family in Discussions of Case Closure***

Ideally, the child protection worker and the family together make the decision to close the case when the family has successfully eliminated or adequately reduced the risk of future child protection concerns. The family is involved in discussions about case closure so that:

- The family may more clearly understand that their efforts toward achieving goals will result in their improved capacity to care for and provide a safe home for their child.
- The family has an opportunity to contribute to the “how” and “when” case closure will occur, and thus there may be a higher probability that the family will be able to sustain the improvements it has achieved.
- Client confidence that the family will be able to respond to any future stresses or crisis that will arise is strengthened. This may result in a reduction in the need for the family to receive services from the CAS in future, or an increased likelihood that the family will contact the CAS and self-refer earlier, on a preventive basis, because they view CAS as a helpful service.

The family and the child protection worker may reflect together on their successes and achievements.



## Standard #8 Case Closure

<p><b><u>Practice Notes</u></b> (continued)</p> <p><b><i>Involving the Worker's Supervisor in Discussions of Case Closure</i></b></p> <p><b><i>Involving Collateral Agencies in Discussions of Case Closure</i></b></p> <p><b><i>Case Closures Where No Clinical Assessments Required</i></b></p>	<p>The child protection worker's supervisor is involved in discussions about case closure so that:</p> <ul style="list-style-type: none"> <li>- An objective review of the child protection worker's recommendation to close the case is undertaken to ensure that there are no aspects of the situation that are being overlooked.</li> <li>- The supervisor may be able to assist the worker in developing strategies to ensure that the family has access to ongoing community supports.</li> </ul> <p>Collaterals are involved in discussions about case closure so that:</p> <ul style="list-style-type: none"> <li>- There is an opportunity to discuss and clarify the future role and working relationships that community service providers will have with the family.</li> <li>- Where formal service providers are expecting to reduce their involvement with the family, there is an opportunity to identify any problems that might arise, and strategize accordingly before the service is withdrawn.</li> <li>- If collateral agencies, when informed of the plan to close the case, express no child protection concerns, their reaction may assist in validating the child protection worker's decision.</li> <li>- If collateral agencies, when informed of the plan to close the case, do express child protection concerns, the child protection worker has the opportunity to reconsider the decision, and/or to strategize as to how to mitigate these concerns.</li> <li>- In the case of First Nations children, the Band, community representatives, and/or extended family members are aware that the case is closing at the CAS and can continue to support the family on a go forward basis in the community.</li> </ul> <p>No clinical assessments (e.g. risk re-assessment, family and child strengths and needs assessment) are required when closing a case under the following circumstances:</p> <ul style="list-style-type: none"> <li>- A permanent alternate plan has been achieved for the child and no other children are being cared for in the home.</li> <li>- The family cannot be located despite the worker having attempted and exhausted all options reasonably available (e.g. record checks, provincial database, child protection alerts).</li> </ul>
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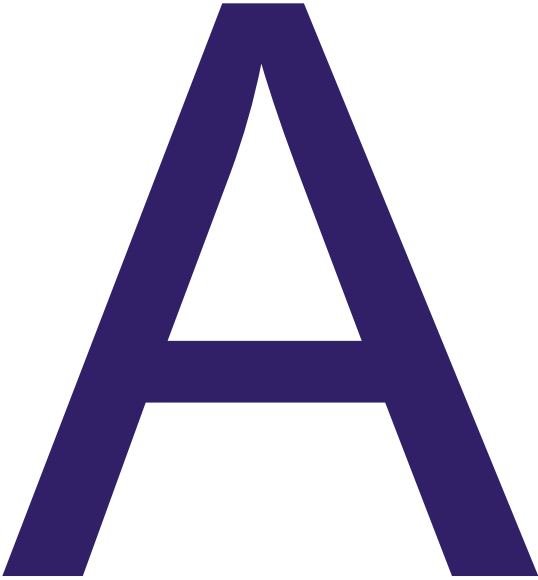
**Standard #8 Case Closure**

**Practice  
Notes**  
(continued)

***Case Closure  
Letter***

To formalize the case closure, it may be beneficial to provide the family with a case closure letter outlining the reasons for the termination of child protection services, and information about accessing community resources in the future (if appropriate) and retain a copy of the letter in the case record.

**Appendix A**  
**Community Caregiver Reference**



# Community Caregiver Reference

## Introduction

The purpose of this reference is to provide additional practice information on receiving a referral that a child may be in need of protection, determining the appropriate response, and conducting a child protection investigation related to a community caregiver.

Community caregivers are defined as anyone providing care to a child in an out-of-home setting. For the purposes of these standards, there are two categories of community caregivers:

- Community Caregivers in Family-Based, Out-of-Home Settings (e.g. a babysitter, foster home, kinship care/kinship service home, formal customary care home, day care homes)
- Community Caregivers in Institutional Out-of-Home Settings (e.g. non-family-based settings such as day care centres, group homes, schools and school facilities such as a school bus, religious, sporting or cultural organizations).

Community caregiver investigations are complex and require a purposeful, collaborative, and child-centered approach. Community caregivers are subject to a high degree of responsibility given their role as substitute caregivers. These roles may sometimes expose them to heightened stressors and increased vulnerability to allegations of child maltreatment. Regardless, all children have a right to be protected from maltreatment, and CASs have a responsibility to conduct thorough and objective child protection investigations into alleged concerns of child maltreatment when it is determined that an investigation is the appropriate response to a referral.

This reference highlights the key differences in standards 1-5 in relation to community caregivers (both family-based and institutional). It also includes additional practice notes which further explain the activities and concepts that are required in standards 1-5 related to community caregivers. It is intended to serve as a reference for workers when conducting these specialized types of investigations, and may also be helpful for supervisors in supporting child protection workers to carry out these specialized investigations. **This reference is not meant to be used as a standalone document but is meant as a supplement to what is already contained in the Standards. Note that there are no requirements contained in this reference that are not already contained in standards 1-5.**

Of additional note, there are thicker borders around certain information in this reference. This is so these sections are easy for child welfare professionals to locate. The content in these sections relates to the factors which are to be considered when conducting assessments of safety and risk in institutional settings.

<b>Standard #1: Intake: Receiving a Referral and Determining the Appropriate Response</b>	
<b>How are the community caregiver requirements unique for this standard?</b>	<p><b>Key Differences</b></p> <p>Additional information is to be collected from the referral source in the case of referrals about community caregivers including:</p> <ul style="list-style-type: none"> <li>- name, address and role or relationship of the person reporting, to the alleged victim and the institutional setting or family-based setting;</li> <li>- information about the community caregiver's own children (if applicable);</li> <li>- whether the manager/supervisor of the setting has been notified of the incident/condition and any action that has been taken;</li> <li>- identifying information for the alleged victim and other children being cared for in the setting, including names and contact information for: <ul style="list-style-type: none"> <li>o the parent/caregiver/guardian of the child(ren),</li> <li>o where applicable, the CAS having custody of the child,</li> <li>o other children who are alleged victims who no longer reside in the setting, and</li> <li>o the facility director/administrator or the CAS supervising the setting.</li> </ul> </li> </ul> <p>For community caregiver institutional investigations, the response time options are within 12 hours (if there is an imminent threat to the safety of a child or when physical evidence is at risk of being lost due to a delay) or within 48 hours (if no imminent safety threats to the child) from the receipt of the referral. This differs from the 7 day response time option that is available for family based investigations.</p>
<b><u>Additional Practice Notes</u></b>  <b><i>Gathering Additional Sources of Relevant Information</i></b>	<p>For referrals received about community caregivers, information is also gathered from the following sources:</p> <ul style="list-style-type: none"> <li>- the resource file (if one exists at the agency); and</li> <li>- the alleged child victim's case record (if one exists at the CAS) - in particular, information about their family history, disabilities, behaviour, mental health, any previous trauma or attachment difficulties, and any history of allegations.</li> </ul> <p>Furthermore, the worker also collects any other information available from other staff at the agency/setting who have knowledge of the community caregiver.</p>

<p><b><u>Additional Practice Notes</u></b> (continued)</p> <p><b><i>Opening a Case</i></b></p> <p><b><i>Notification to the Ministry – Alleged, Witnessed or Suspected Abuse of Children</i></b></p> <p><b><i>Determining the Appropriate Response to a Referral about a Community Caregiver</i></b></p> <p><b><i>Where Investigations may not be Required</i></b></p>	<p>When opening a case regarding a community caregiver:</p> <ul style="list-style-type: none"> <li>- Any referral with allegations about a community caregiver (family-based or institutional) is designated as such on the electronic database.</li> <li>- A referral with protection concerns about a family-based setting is opened in the same manner as any other family protection case.</li> <li>- All children being cared for in the home (including the community caregiver’s children) are listed.</li> <li>- Where there is a child welfare case on the family that is open, community caregiver cases are cross-referenced/linked with the cases of any child who is an alleged victim, and his or her family of origin.</li> </ul> <p>Depending on the nature of the allegation, there may be additional requirements for the CAS to report serious occurrences such as allegations of child protection concerns against licensed community caregivers to the Ministry of Children and Youth Services (MCYS) (see References (MCYS/MCSS, 2013)). It is important for CAS workers who screen referrals to be aware of these requirements.</p> <p>In the same way that a CAS assesses a referral that is not about a community caregiver, an analysis of the Eligibility Spectrum rating, along with all other available information is undertaken to assist in determining the appropriate response to a referral about a community caregiver.</p> <p>It is important that CASs are able distinguish between referrals about licensed residential settings that raise child protection concerns (which may warrant a child protection investigation), and those which may relate to quality of care or potential licensing concerns in licensed residential settings (which may require some other type of follow up). Some examples of the latter type of referral are as follows:</p> <ul style="list-style-type: none"> <li>- concerns about the operational, physical or safety standards of the facility (e.g. staffing levels, quality of food served, number of bedrooms, number of children in the home);</li> <li>- concerns about the violation of the CFSA rights of children in care (i.e. that do not relate to allegations of abuse or neglect);</li> <li>- complaints about the discipline practices of caregivers (i.e. that</li> </ul>
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<p><b>Additional Practice Notes</b> (continued)</p> <p><b>Providing Supports to the Child Victim's Family</b></p>	<p>an erroneous report in the past, a thorough and cautious screening of subsequent reports is critical. The Child Welfare League of America states that it is preferable to err on the side of caution and conduct a protection investigation than to screen out a report that may be legitimate (CWLA, 2003).</p> <p>When the appropriate response to a referral about a community caregiver is a child protection investigation, and the child victim's family requires supports, the CAS may provide the family with a "community link" or open a case for "other child welfare service" (e.g. under Section 6 of the Eligibility Spectrum).</p>
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**Standard #2: Planning and Conducting a Child Protection Investigation**

<p><b>How are the community caregiver requirements unique for this standard?</b></p>	<p><b>Key Differences</b> The investigative steps for an institutional investigation differ from those of a family-based investigation:</p> <p><i>Required Steps in an Institutional Investigation</i></p> <ol style="list-style-type: none"> <li>1. interviews with the alleged victim(s), staff witnesses (current and former), child witnesses, facility administrator, supervisor of the alleged perpetrator and the alleged perpetrator; and</li> <li>2. examination of the physical layout of the setting.</li> </ol> <p><i>Optional Steps in an Institutional Investigation</i></p> <ol style="list-style-type: none"> <li>1. examination of facility files and logs such as: <ul style="list-style-type: none"> <li>– daily logs on the activities of children;</li> <li>– a log on medications administered;</li> <li>– a record of restraints and serious occurrences; and</li> <li>– an individual file on each child.</li> </ul> </li> <li>2. examination of information about the alleged victim(s), which may include the following: <ul style="list-style-type: none"> <li>– characteristics of the victim(s) including their primary language and problems which might affect their ability to be interviewed (e.g. deafness, speech difficulties);</li> <li>– length of stay in setting;</li> <li>– prior allegations of abuse in any setting;</li> <li>– prior allegations of abuse related to the current incident, perpetrator or setting;</li> <li>– prior abuse or exposure to abuse in another setting;</li> <li>– child's relationship to and feelings for the alleged perpetrator; and</li> <li>– any other information relevant to the investigation.</li> </ul> </li> </ol>
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<p><b>How are the community caregiver requirements unique for this standard?</b> (continued)</p>	<p>3. examination of facility policy and procedures, staffing level and shift patterns, staff training and qualifications, daily routine, programming</p> <p>4. examination of records to determine if there have been allegations of abuse in the past connected with the setting</p> <p>Community caregiver investigations are to be conducted by child protection workers who have specialized knowledge and skills related to these investigations.</p>
<p><b><u>Additional Practice Notes</u></b></p> <p><b><i>Responsibilities of the Investigating CAS</i></b></p>	<p>When conducting these specialized types of community caregiver investigations it is important that roles and responsibilities of all agencies involved are clear, and that appropriate information sharing takes place between relevant parties.</p> <p>When it is determined that an investigation is the appropriate response to a referral, the CAS has the responsibility for conducting a thorough, objective and child-centered child protection investigation into the alleged concerns of child maltreatment.</p> <p><i>Choosing the Investigative Approach</i> As part of the investigation plan, the same criteria and considerations are applied when the CAS chooses either the “traditional” or the “customized” investigative response for family-based community caregiver investigations.</p> <p>Community caregiver investigations in institutional settings should utilize the more structured “traditional” approach, either with the police if a criminal offence has been alleged against a child in accordance with local CAS/police protocols, or without the police.</p> <p><i>Notification to the Child’s Parent/Primary Caregiver</i> The CAS contacts the parent/primary caregiver prior to interviews with the child when:</p> <ul style="list-style-type: none"> <li>- the alleged perpetrator is a community caregiver with no relationship to the family (e.g. institutional investigations);</li> <li>- there is no reason to believe that the parent/caregiver failed to protect the child; and/or</li> <li>- there is no reason to believe that contacting the parent/caregiver may compromise the integrity of the evidence.</li> </ul> <p>The child’s parent/caregiver is notified of the investigation by a worker who has an ongoing relationship with him/her. Workers will:</p> <ul style="list-style-type: none"> <li>- give parent/caregiver an opportunity to express his/her concerns;</li> </ul>

<p><b><u>Additional Practice Notes</u></b> (continued)</p> <p><b><i>Responsibilities of Agencies with Care and Custody of the Child(ren) (Parent Agencies)</i></b></p> <p><b><i>Responsibilities of the Administrator of the Setting</i></b></p>	<ul style="list-style-type: none"> <li>- assure parent/caregiver that safety and well-being of the child is the first priority; and</li> <li>- assure the family that the agency will conduct a thorough and unbiased investigation.</li> </ul> <p>The investigating CAS informs all agencies which have children placed in a residential setting that an investigation with respect to the setting is underway.</p> <p>As part of the investigative process, all parent agencies may be asked by the investigating CAS for information concerning their children. It is important that support and treatment for children be continued by parent agencies during the investigative process. If it is determined that the only way to ensure the child’s safety during an investigation is to move the children from the setting, the parent agencies will plan for replacement of their own children, unless emergency placement is required, in which case the investigating CAS may have to make temporary alternate arrangements.</p> <p>If there is no indication that the administrator of the setting (owner, operator, director) is implicated in the alleged child protection concerns, their responsibilities include:</p> <ul style="list-style-type: none"> <li>- ensuring that the alleged perpetrator does not have access to the children; and</li> <li>- cooperating with the investigators in facilitating a full and complete investigation including: <ul style="list-style-type: none"> <li>o ensuring that staff and children are available for interviews by CAS and/or police, and</li> <li>o making available all records and other documents pertinent to the investigation of the abuse allegations.</li> </ul> </li> </ul>
<p><b>Standard #3: Conducting a Safety Assessment and Developing a Safety Plan</b></p>	
<p><b>How are the community caregiver requirements unique for this standard?</b></p>	<p><b>Key Differences</b></p> <p>For institutional investigations, a safety assessment tool is not available for assessments of safety threats. Despite this, every institutional investigation requires an assessment of immediate safety threats; however different factors are considered and the outcome is to be recorded as a narrative in the case record.</p>

<p><b><u>Additional Practice Notes</u></b></p> <p><b><i>Application of the Safety Assessment</i></b></p>	<p>In community caregiver investigations (family-based and institutional), a safety assessment is not completed with the child victim's own parent/caregiver unless there are protection concerns related to the family. The clinical tools that comprise the Ontario Child Protection Decision-Making Model have been designed to guide decisions related to child maltreatment which has occurred within a family context and are not appropriate for use in institutional settings.</p>
<p><b><i>Institutional Investigations – Safety Assessment Factors</i></b></p>	<p>Issues to consider in determining if there is an imminent threat to safety in an institutional setting include:</p> <ul style="list-style-type: none"> <li>- signs of present danger (safety threats) identified during the investigation;</li> <li>- other conditions that negatively impact the safety of the child;</li> <li>- historical information that contributes to present danger for this child/these children;</li> <li>- child vulnerability factors that contribute to or decrease the well-being of the child; and/or</li> <li>- strengths and resources of the institutional setting that can reduce, control and/or prevent threats of serious harm.</li> </ul>
<p><b><i>Institutional Investigations – Safety Planning</i></b></p>	<p>The administrator of the setting should participate in the development of the safety plan (where one is required). The safety plan may include:</p> <ul style="list-style-type: none"> <li>- putting in additional staff;</li> <li>- limiting access to the child/children by the person alleged to have caused the maltreatment; and/or</li> <li>- removing the alleged perpetrator(s) from the facility.</li> </ul> <p>If the safety threats outweigh the positive strengths of the child's relationship with the setting or the ability of any safety plan to mitigate them, the safety plan could include moving the child from the setting.</p>
<p><b>Standard #4: Conducting a Risk Assessment</b></p>	
<p><b>How are the community caregiver requirements unique for this standard?</b></p>	<p><b>Key Differences</b></p> <p>A specific risk assessment tool is not currently available for assessing risk of future maltreatment in an institutional setting. Despite this, every institutional investigation requires the assessment of longer-term risk of harm; however different factors are considered and the outcome is recorded as a narrative in the case record.</p>

<p><b>How are the community caregiver requirements unique for this standard?</b> (continued)</p>	<p>The results of the risk assessment are also shared with the community caregiver/ institution (where applicable).</p>
<p><b><u>Additional Practice Notes</u></b></p> <p><b><i>Application of the Risk Assessment</i></b></p>	<p>In community caregiver investigations (family-based and institutional), a risk assessment is not completed with the child victim's own parent/caregiver unless there are protection concerns related to the family. The clinical tools that comprise the Ontario Child Protection Decision-Making Model have been designed to guide decisions related to child maltreatment which has occurred within a family context and are not appropriate for use in institutional settings.</p>
<p><b><i>Institutional Investigations – Risk Assessment Factors</i></b></p>	<p>Factors to consider in assessing the risk of future harm in institutional settings include:</p> <p><i>Child Vulnerability Factors:</i> A child may be considered highly vulnerable when he/she:</p> <ul style="list-style-type: none"> <li>- is less than 5 years of age;</li> <li>- has a medical condition or a developmental disability;</li> <li>- displays behaviours that may affect his/her immediate health or safety (e.g. endangers self or others, antagonizes someone who might hurt the child); and/or</li> <li>- is reported to have been abused, neglected AND exposed to domestic violence.</li> </ul> <p><i>Alleged Perpetrator Related Factors:</i></p> <ul style="list-style-type: none"> <li>- pattern of prior allegations of child maltreatment;</li> <li>- prior verified maltreatment of any child;</li> <li>- use of discipline (e.g. is the use appropriate/consistent with policy);</li> <li>- use of physical restraints (e.g. is the use appropriate/consistent with policy);</li> <li>- mental health status including substance abuse;</li> <li>- use of authority; and/or</li> <li>- interaction and relationship with child.</li> </ul>

<p><b><u>Additional Practice Notes</u></b> (continued)</p>	<p><i>Setting Related Factors:</i></p> <ul style="list-style-type: none"> <li>- adequacy of staffing level as it relates to the alleged child victim;</li> <li>- adequacy of supervision as it relates to the alleged child victim;</li> <li>- shift patterns as they relate to the alleged child victim;</li> <li>- daily routine/programming;</li> <li>- staff training and qualifications;</li> <li>- staff and administrator's specific perceptions of and attitudes toward the alleged child victim;</li> <li>- adequacy of this particular setting to meet the special needs of the alleged child victim;</li> <li>- pattern of previous allegations of maltreatment in the setting;</li> <li>- pattern of physical restraints regarding this child and other children in the setting;</li> <li>- the degree of cooperation with the investigation shown by the facility staff and administrator;</li> <li>- response by the facility to the allegation (e.g. if the allegation against a staff member is verified, are they responding appropriately);</li> <li>- the degree of responsibility that others in the facility have for the incident of maltreatment;</li> <li>- the degree of concern demonstrated by facility staff and administrator for the safety and well-being of the alleged victim and other children in the home; and</li> <li>- the willingness of staff and administrator to implement corrective action that will protect this child and other children from future harm.</li> </ul>
<p><b><i>Sharing the Results of the Institutional Risk Assessment</i></b></p>	<p>It is important that any risk factors which may affect the future maltreatment of children in the setting be communicated to the administrator of the institutional setting and the person alleged to have caused the child protection concerns. The results of the CAS's risk assessment are shared in a manner appropriate to the situation. This information sharing could take place in a case conference with the relevant parties. Local protocols and procedures between CASs and institutional settings may assist in clarifying these processes further.</p>

## Standard #5: Concluding a Child Protection Investigation

**How are the community caregiver requirements unique for this standard?**

### **Key Differences**

#### *Criteria for Concluding an Investigation*

The criteria for concluding an institutional investigation differ from family-based investigations. An institutional child protection investigation is concluded when sufficient information is gathered to determine whether:

- original or new child protection concerns are verified, not verified or inconclusive (verification decision);
- the child is safe;
- there is any longer-term risk of maltreatment;
- a child can remain in the institutional setting; and
- the substitute caregiver, family or institution requires additional supports.

#### *Key Decisions*

For institutional investigations, the verification of the alleged protection concerns and the investigation disposition decisions are both made; however a determination about whether a child is in need of protection does not need to be made.

#### *Notification of Outcome of Investigation*

In addition to notifying the child alleged to be in need of protection, the caregiver(s) of the child, the child's worker, and the person alleged to have caused the child protection concerns of the outcome of the investigation, an administrator of the institutional setting, and the worker responsible for oversight of the community caregiver are also notified in the case of all community caregiver investigations (family-based and institutional).

#### *Documentation*

The documentation requirements at the conclusion of institutional investigations differ slightly from those of family-based investigations. In addition to the documentation completed during the course of an investigation that is included in standards 1-4, the following documentation is to be contained in the case record at the completion of an institutional investigation:

- a summary of what the child protection worker believes occurred in relation to the originally alleged or new child protection concerns;
- concerns about the future safety of children and suggested course of action;
- documentation of any charges laid by the police;

<p><b>How are the community caregiver requirements unique for this standard?</b> (continued)</p>	<ul style="list-style-type: none"> <li>- documentation of any child welfare court activity;</li> <li>- the verification decision for each identified child protection concern and the rationale;</li> <li>- if the case is being closed, a summary of child or family needs that may indicate a need for community-based early intervention, prevention or treatment services and documentation of information or referrals provided;</li> <li>- the updated reason for service code (Eligibility Spectrum rating) indicating the reason for service at the conclusion of the investigation ;</li> <li>- documentation of notification provided to the child, caregiver(s), institutional facility administrator and person alleged to have caused child protection concerns regarding the outcome of the investigation; and</li> <li>- documented supervisory approval of the documentation including the investigative process and case decisions.</li> </ul>
<p><b><u>Additional Practice Notes</u></b></p> <p><b><i>Making a Verification Decision – Investigations Involving the Use of Physical Restraints</i></b></p> <p><b><i>Supports to Children and Families</i></b></p> <p><b><i>Notification of the Outcome of Community Caregiver Investigations</i></b></p>	<p>When the focus of a child protection investigation is the use of a physical restraint, the following questions are considered in making the verification decision:</p> <ul style="list-style-type: none"> <li>- Was the child considered at risk of injuring himself or others? How appropriate was the staff’s assessment of the situation?</li> <li>- Were professionally accepted techniques used to de-escalate the situation so that physical force would not have been necessary? What behaviour management techniques were used? Were all staff trained and certified to use that technique?</li> <li>- Was physical force used as punishment or discipline?</li> <li>- Was physical force applied in accordance with relevant Ministry and facility policies/procedures? Was the technique done correctly? Was the method used safe?</li> </ul> <p>At the conclusion of an investigation, it is suggested that the worker consider whether the child and/or family would benefit from community services or resources to assist in dealing with the impact of any maltreatment of the child by a community caregiver.</p> <p><b><i>Institutional Settings</i></b> Notification to the person alleged to have caused the need for protection and the administrator of the setting is provided in writing and contains non-identifying information including:</p> <ul style="list-style-type: none"> <li>- the details of the allegation; and</li> </ul>

**Additional  
Practice Notes**  
(continued)

- the verification decision and rationale.

It may also be beneficial for the CAS to have discussions with the administrator of the setting and/or the person alleged to have caused the need for protection to provide any further information on the outcome of the investigation that may be relevant (e.g. to promote further understanding the outcome, or to preventing the likelihood of future harm).

*Family-based Settings*

Notification to a foster home, kinship service/care home or a customary care home is provided within the context of a face-to-face meeting which minimally includes the investigating worker and the worker responsible for overseeing the home. The outcome of the investigation, including the outcome of the risk assessment, is shared at this time.

Written notification is also provided to the family and the worker/agency responsible for overseeing the home and contains:

- the details of the allegation;
- the verification decision and rationale;
- the details of any safety plan; and
- recommendations regarding additional supports or corrective action.



**Appendix B**  
**Supervision Reference**

**B**

# Supervision Reference

This reference includes a consolidation of the supervision standards contained throughout this document for quick reference, as well as additional practice notes to support the supervisory role. The reference is also helpful in understanding the role of supervisors and child protection workers in the supervision process.

## Supervision Standards

The table below includes a consolidation of the supervision standards contained throughout this document. They are summarized here for the purpose of providing a consolidation of requirements within the CPS which is user friendly to reference. **Note that there are no requirements contained in this reference that are not already contained in standards.**

Standard	Supervision Standards
<b>Standards for all Phases of Child Protection Service Delivery</b>	<p><b>Supervisory Consultation: Departures and Placement Decisions</b> Supervisors must approve any departures from the Child Protection Standards for which worker discretion is not provided for in standards 1-8.</p> <p>If at any time during the provision of child protection services, the placement of a child in out-of-home care with extended family or community members (in or out of society care) or in a CAS placement is contemplated, the worker consults with a supervisor in regards to the situation. Similarly, a worker should consult with a supervisor when considering the use of Alternative Dispute Resolution (ADR) in a particular case.</p> <p><b>Contemporaneous Case Notes</b> All significant case-specific content discussed with a supervisor is documented in contemporaneous case notes (by the worker or the supervisor).</p>
<b>1: Intake: Receiving a Referral and Determining the Appropriate Response</b>	<p><b>Review of Referral Disposition</b> It is within the supervisor’s discretion whether they will review the referral disposition and response time decision based on the level of knowledge and skill of the worker and the risk/complexity of the referral.</p>

<p><b>1: Intake: Receiving a Referral and Determining the Appropriate Response</b> (continued)</p>	<p><b>Approval of Decision to Discontinue an Investigation Prior to First Face-to-Face Contact</b> If factual information is received after the response decision has been made (in the case of an investigation) but prior to the first face-to-face contact with the child, and that information indicates that there are no longer any reasonable and probable grounds to suspect that the child may be in need of protection, the investigation may be discontinued. The decision not to proceed with the investigation is approved by the supervisor and documented in the case record.</p>
<p><b>2: Planning and Conducting a Child Protection Investigation</b></p>	<p><b>Review of Investigation Plan</b> It is within the supervisor’s discretion whether they will review the worker’s investigation plan<sup>10</sup> based on the level of knowledge and skill of the worker and the risk/complexity of the case. An investigation plan can be presented verbally to a supervisor in consultation.</p> <p><b>Frequency of Supervisory Review During Investigations</b> All cases are reviewed with a supervisor at least once during an investigation. Cases with a higher degree of risk or complexity are reviewed more frequently.</p>
<p><b>3: Conducting a Safety Assessment and Developing a Safety Plan</b></p>	<p><b>Reviews and Approvals of Safety Assessment and Plan</b> When a worker determines through a safety assessment that no safety threats are present, the worker reviews the safety assessment with a supervisor on the next working day.</p> <p>Whenever a safety threat is identified, a safety plan is developed immediately following the assessment of safety threats. The adequacy of a safety plan is assessed by a supervisor and approved prior to its implementation.</p> <p><b>Approval of Decision to Discontinue an Investigation without a Safety Assessment or a Risk Assessment</b> An investigation can be discontinued with supervisory approval without a safety assessment or a risk assessment having been completed if, upon first face-to-face contact, the referral information is found to be clearly wrong.</p> <p><b>Approval of Decision to Conclude an Investigation Immediately Following a Safety Assessment</b> An initial* family-based investigation can be concluded with</p>

<sup>10</sup> Note that a separate written investigation plan is not required.

<p><b>3: Conducting a Safety Assessment and Developing a Safety Plan</b> (continued)</p>	<p>supervisory approval immediately following a safety assessment without a risk assessment being conducted in situations where the initial interviews yield information that maltreatment has clearly not occurred and the following criteria are met:</p> <ul style="list-style-type: none"> <li>- there are no safety threats to the child;</li> <li>- the family shows significant strengths in terms of individual and family functioning;</li> <li>- there is an absence of conditions or factors indicating risks of maltreatment;</li> <li>- there is no reason to believe that a child is in need of protection.</li> <li>- all of the required investigative steps have been completed (see standard #2); and</li> <li>- the criteria for concluding a child protection investigation (see standard #5) have been met.</li> </ul> <p>When concluding an investigation with a safety assessment and without a risk assessment, the documentation requirements for concluding an investigation (see standard #5) are followed.</p> <p>*Of note, this option is not available for new investigations on cases receiving child protection service.</p>
<p><b>4: Conducting a Risk Assessment</b></p>	<p><b>Approval of Risk Assessment Overrides</b> A supervisor must approve any overrides on the risk assessment.</p>
<p><b>5: Concluding a Child Protection Investigation</b></p>	<p><b>Investigation Timeframe Extensions</b> When the investigation cannot be completed within forty-five (45) days, it is within the supervisor's discretion to extend the timeframe up to sixty (60) days from the date of referral. The reasons for the extension are documented within the case record.</p> <p><b>Key Decisions</b> The decision to conclude an investigation is made in consultation with a supervisor.</p> <p>The verification decision, determination about whether a child is in need of protection, and the investigation disposition are to be made within the context of a full case review and analysis of all relevant information obtained through the referral and during the investigation, including the child welfare history with the supervisor prior to the conclusion of an investigation.</p>

<p><b>5: Concluding a Child Protection Investigation</b> (continued)</p>	<p><b>Investigation Conclusion Documentation</b> The documentation completed at the conclusion of an investigation is completed and submitted for supervisory approval within the established timeframe for the completion of the investigation from the date of referral (e.g. within 45 days or 60 days in the case of an extension).</p> <p>For cases which will be transferred to ongoing child protection services, the documentation submitted at the conclusion of the investigation is approved by the supervisor within seven (7) days of receipt of the completed case documentation.</p> <p>For cases which will not be receiving ongoing child protection services, the documentation submitted at the conclusion of the investigation is approved by the supervisor within fourteen (14) days of receipt of the completed case documentation.</p> <p>Documented supervisory approval is to be contained in the case record at the completion of the investigation indicating approval of the documentation including the investigative process and case decisions.</p>
<p><b>6: Transferring a Case</b></p>	<p><b>Transfer Conference</b> A transfer conference is held which at minimum includes the transferring worker and/or their supervisor and the receiving worker during which the case is reviewed and transfer arrangements are agreed upon.</p> <p><b>Case Transfer Documentation</b> The supervisor of the transferring worker reviews and approves all transfer documentation submitted by the transferring worker.</p>
<p><b>7: Ongoing Service Case Management</b></p>	<p><b>Reviews of Ongoing Cases</b> Every ongoing child protection case is reviewed in a supervision session minimally once every six weeks. Cases with a higher degree of risk or complexity are reviewed more often.</p> <p>Any new safety plan which is developed during the ongoing service case management phase is approved by a supervisor prior to its implementation and documented on the next working day.</p> <p>The frequency of visits with the family is reviewed by the child protection worker and their supervisor during supervision.</p>

<p><b>7: Ongoing Service Case Management</b> (continued)</p>	<p>Unannounced visits are required if in consultation with a supervisor it is determined that unannounced visits are necessary to address the child's safety based on specific circumstances of the case.</p> <p><b>Case Review Documentation</b> Documented supervisory approval on case review documentation is required indicating approval of the services provided and decisions made within seven (7) days of completion of the recording.</p>
<p><b>8: Case Closure</b></p>	<p><b>Approval of Case Closure Decision</b> Before closing a case, the child protection worker reviews the case with the family, collateral service providers, and a supervisor. A decision to terminate provision of child protection services is approved by a supervisor during consultation.</p> <p><b>Case Review and Termination Documentation</b> The case review and termination documentation is completed within three (3) weeks of the termination meeting with the child and family and is approved by the supervisor and closed on the electronic database within seven (7) days of receipt of the documentation.</p>

## Practice Notes

### The Role of the Supervisor in Supervision

Child protection service is a very complex process involving the collection, synthesis and analysis of vast amounts of information. Decisions which result from this process have a direct and significant impact on children and families. Supervision is fundamental in this process and impacts the quality of service provision to children and families.

Supervisors play an integral role in:

- enhancing the objectivity of child protection casework decisions and supporting the safety and well-being of the child;
- ensuring children and families receive a high quality child protection service, in accordance with relevant standards, policies, procedures and protocols;
- ensuring that any departures from the standards are linked to increased safety for the child and/or to better meeting the unique needs of the child and family; and
- ensuring that child protection case documentation is timely, thorough, and accurate.

While casework decisions are guided by the use of clinical tools specifically designed to assist in making different decisions throughout the casework process, the supervisor supports and facilitates the investigation or ongoing services through a regularly

scheduled supervisory process of collaborative case review, analysis and decision-making, as well as providing strengths-based feedback, guidance, direction and coaching to workers.

Child protection workers often encounter personally challenging, emotionally charged issues and circumstances when providing child protection services. Their values and beliefs and personal life experiences can affect how they feel about, interact with, or respond to clients, and most importantly can impact on their abilities to make decisions objectively. Supervisors assist workers in assessing how their values, beliefs and life experiences may be impacting on their interactions with clients and on their ability to engage clients effectively.

In addition, the supervisor's role is one of accountability and quality assurance. The supervisor monitors the quality of the investigation and its components or the quality of ongoing service provision, as well as compliance with relevant standards, policies and procedures, and protocols. The supervisor's signature on case documentation submitted by the worker at the conclusion of an investigation, a formal case review, case transfer or case termination indicates approval of:

- the thoroughness, accuracy and quality of the investigation or quality and effectiveness of ongoing services (including compliance with relevant standards, policies and procedures and protocols);
- the accuracy of the worker's assessment of safety and risk and the appropriateness of associated decisions and plans;
- casework decision-making (in particular, whether it is effective, timely, appropriate); and
- the quality of written documentation.

### **The Process and Content of Clinical Supervision**

The frequency and type of supervisory consultation required (which may exceed the standards but not fall below them) is based on an assessment of the level of knowledge and skill of the worker, as well as the complexity and level of risk of each individual case. Higher risk cases are reviewed in consultation more frequently than the minimum standards. The worker may seek consultation with a supervisor at any time that a decision is complex, and has an impact on a child's safety or permanence.

Case consultations occur during regularly scheduled, and private supervision meetings between the worker and the supervisor. This provides for adequate preparation, structure and consistency of the sessions. Clinical supervision is focused on case-specific information that is relevant to making casework decisions and worker-specific issues that are related to the provision of effective child protection service.

Unscheduled/ad hoc consultations may be necessary when decisions need to be made on an urgent basis in order to secure the safety of a child. There are however disadvantages to relying too heavily on this approach. There is generally little time to

prepare for them and they can be hurried and unstructured. In addition, decisions may be made without sufficient time to consider alternatives carefully.

Casework activities that are the focus of clinical supervision include:

- the ability of the worker to engage the family and the quality of the relationship;
- the appropriate use of authority;
- the accuracy of the safety, risk and family assessments and associated decisions and plans;
- the process of development of the service plan with the family and whether the family has been integrally involved;
- the appropriateness of services and interventions in addressing the unique needs of the child and family; and
- the review of progress and outcomes being achieved.

### **The Child Protection Worker's Role in Supervision**

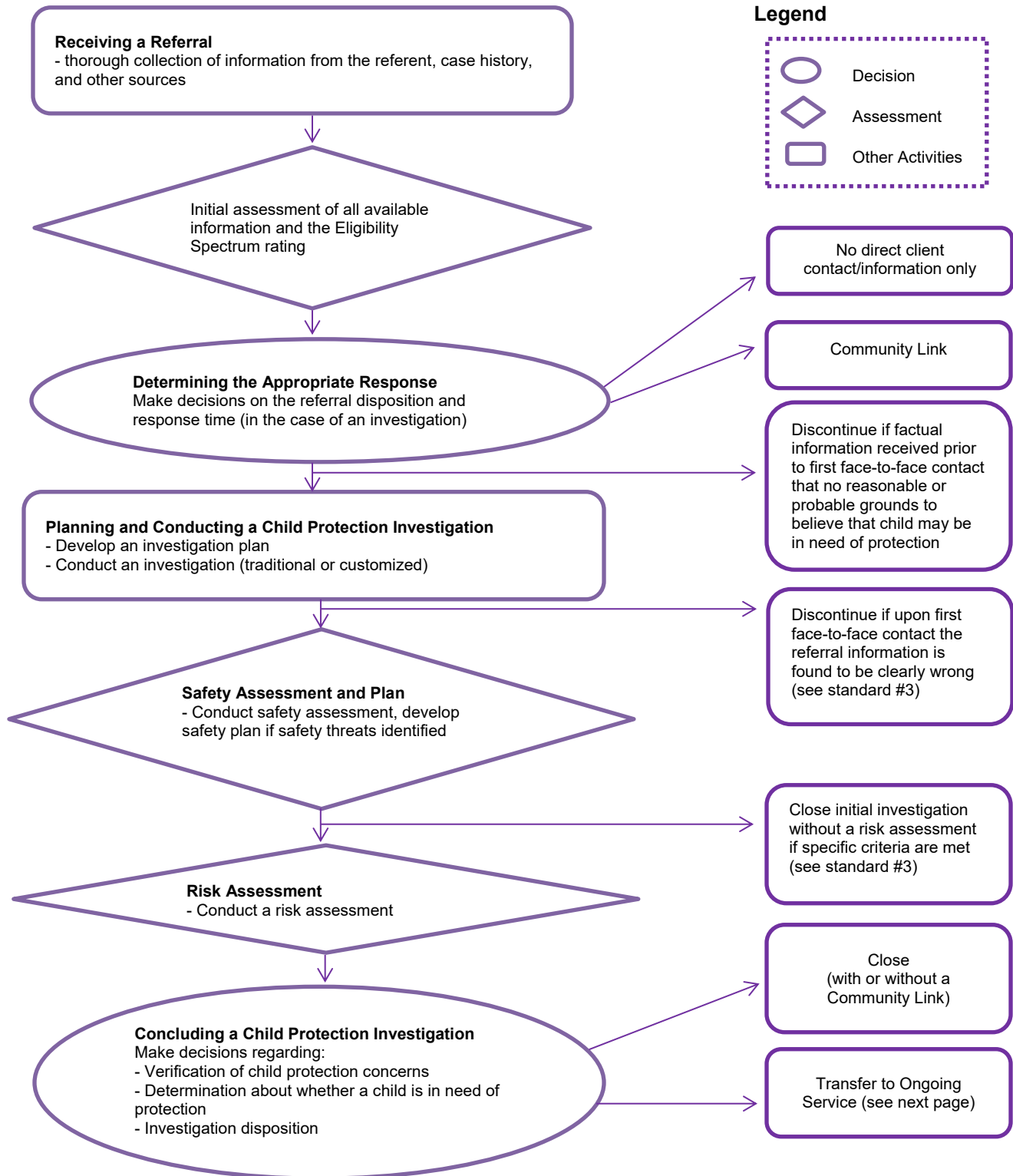
The worker prepares for supervision by reviewing the case information and formulating a recommended course of action. The focus of discussion during supervision is on the rationale for decisions that are being recommended by the worker. The process of formulating a recommended course of action may occur collaboratively with a supervisor when the worker does not possess adequate knowledge and/or skill specific to child protection and/or sufficient analytical/reasoning skills.



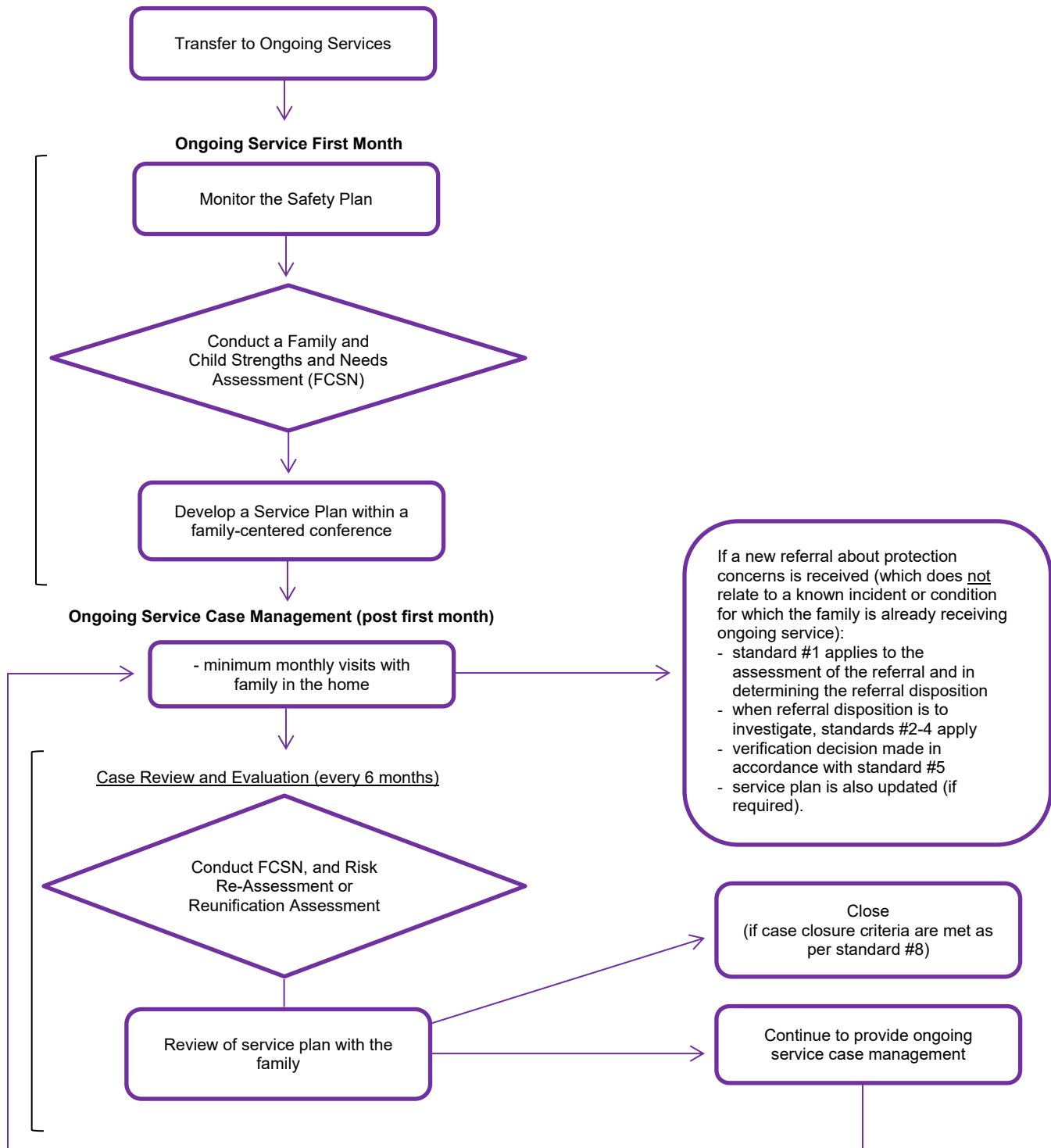
**Appendix C**  
**Case Flow Diagram**



## Child Protection Services Case Flow Diagram – Part 1: Standards 1 – 5



## Child Protection Services Case Flow Diagram – Part 2: Standards 6 – 8





# Glossary

# Glossary

Of note: In this document, the terms “child,” “parent,” “caregiver,” and “guardian” also include “children,” “parents,” “caregivers,” and “guardians”, respectively, where the plural is appropriate.

## A

### **Aboriginal**

The term Aboriginal is “a collective name for the original peoples of North America and their descendants. The Canadian constitution recognizes three groups of Aboriginal people: Indians (commonly referred to as First Nations), Métis and Inuit. These are three distinct peoples with unique histories, languages, cultural practices and spiritual beliefs” (AANDC, 2013).

### **Abuse**

A child in need of protection under CFSA sections 37(2) (a), (c), (e), (f), (f.1), or (h), as defined in the CFSA s.72.1(2).

### **Activities (within a service plan)**

Specific, measurable actions or services designed to move family members toward their service plan objectives.

### **Alternative Dispute Resolution (ADR)**

A prescribed method of ADR as set out in O.Reg.494/06.

### **Anti-oppression Approach**

An approach to “anti-oppression can be defined as the lens through which one understands how ‘race, gender, sexual orientation and identity, ability, age, class, occupation and social service usage,’ (AOR, p. 2) can result in systemic inequalities for particular groups” (OACAS, August 2010).

## B

### **Band**

A First Nation community established as a Band under the *Indian Act*.

## C

### **Case Consultation**

A one-on-one conversation between the worker and supervisor that involves a full or partial review of factors regarding a case or situation that results in a collaborative case decision.

<b>Case Review</b>	A one-on-one conversation that usually involves the worker describing to the supervisor the major events and factors regarding a case or situation, and specifically the information that led to casework decisions.
<b>Change in Family Circumstance</b>	<p>An alteration to, or modification of, the situation in which the family normally exists. Examples:</p> <ul style="list-style-type: none"> <li>- A new person has entered or departed from the family household.</li> <li>- The abrupt or unplanned withdrawal of services by service providers or supports from collaterals (e.g. extended family) that were identified as part of the existing service plan.</li> </ul>
<b>Child Abuse Register</b>	The Register maintained by the Ministry Director as per s. 75 of the CFSA. The Child Abuse Register contains information reported by societies about verified child abuse. It includes the names of the child and the abuser (registered person), certain demographic data regarding the child and the registered person, information concerning the abuse incident(s), and action taken on behalf of the child.
<b>Child-Focused Family-Centered Practice</b>	Practices that support the safety, permanency, and well-being of children while meeting the needs of their families.
<b>Child's Community</b>	<ul style="list-style-type: none"> <li>- A person who has ethnic, cultural or religious ties in common with the child or with a parent, sibling or relative of the child.</li> <li>- A person who has a beneficial and meaningful relationship with the child or with a parent, sibling or relative of the child (CFSA, s.3 (3)).</li> </ul>
<b>Child Protection Worker</b>	As defined in s.37(1) of the CFSA, "a Director, a local director or a person authorized by a Director or local director for the purposes of section 40 (commencing child protection proceedings)."
<b>Clinical Supervision</b>	Regularly scheduled and private meetings between the worker and the supervisor, which focus on the actions and decisions of the worker and the worker's application of knowledge, skill, method and instruments to assess, treat, and reduce the risk of child maltreatment in providing services to clients.
<b>Closed Case</b>	A child protection case in which termination documentation has been approved by the supervisor and that has subsequently been

closed on the electronic database.

## **Community Caregiver**

Anyone providing care to a child in an out-of-home setting. For the purposes of these standards, there are two categories of community caregivers:

### **Community Caregivers in Family-Based, Out-of-Home Settings**

Any child care setting that is within the context of a family, such as:

- homes of babysitters
- Foster Homes
- Kinship Care Homes/Kinship Service Homes
- Day Care Homes
- Formal Customary Care Homes

### **Community Caregivers in Institutional Out-of-Home Settings**

Any non-family-based setting such as:

- Day Care Centres
- Group Homes
- schools (and other school facilities such as a school bus)
- religious organizations and institutions
- sporting, cultural or recreational organizations

## **Community Link**

A Community Link is a referral disposition that a CAS can choose for families who do not require child protection services but who may benefit from other services available in their community. For cases requiring a community link:

- The child protection worker contacts the family by telephone and provides information about community early intervention, prevention or treatment services.
- Other methods of contact are utilized if the family does not have a telephone.
- When required, the child protection worker provides assistance in linking families to these resources (e.g. referrals).

## **Concurrent Planning**

With respect to children placed in out-of-home care, concurrent planning refers to the process of working with a family toward reunification, while simultaneously establishing an alternative permanent plan for the child. Parents are actively encouraged and assisted in working toward reunification, but the worker is also engaged in activities that establish a suitable permanent family for a child in the event that the goal of reunification is not achieved. Activities related to both plans are accomplished by the



worker simultaneously, not sequentially.

**Condition** The circumstances or state of being in which the family currently exists.

**Crisis** Events or situations perceived as intolerably difficult which exceed an individual's available resources and coping mechanisms (James and Gilliland, 2005).

## D

**Differential Response** Differential response is a method of service delivery – a system of alternatives/options determined by the type and severity of maltreatment. Differential response provides two possible approaches of investigations; traditional and customized. A traditional forensic investigation is used for extremely severe situations and a less adversarial, more customized response is used for moderate and lower severity situations. Differential response models emphasize a stronger reliance on extended family and community service supports (e.g. a widening of the family's circle of support).

**Domestic Violence** Refers to violence between partners or a parent/caregiver and his/her partner. While it is recognized that partner violence can occur where men are the victims and in same sex relationships, overwhelmingly, women are most often the victims of violence. A gender-based analysis of violence in an intimate relationship is required to understand the relationships between men and women, their access to resources, their activities, and the constraints they face relative to one another (OACAS, 2010). A gender based analysis considers the differential risks and impacts of domestic violence based on gender. These risks and impacts may be compounded when gender intersects with other social factors such as race, ethnicity, culture, class, age, and disability. It is important in understanding the different patterns of involvement, participation, behaviour and activities that women and men have in economic, legal, and political structures (CIDA, 2009). The United Nations (UN) Declaration on the Elimination of Violence against Women defines violence against women as, "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (UN General Assembly, 2006).

## E

<b>Extended Family</b>	Persons to whom a child is related by blood, through a spousal relationship or through adoption and, in the case of a child who is an Indian or Native person, includes any member of the child's Band or Native community (CFSA, s.3 (1)).
<b>Electronic Database</b>	When referenced in this document, electronic database means the electronic case management system the CAS is using for child protection services.
<b>Eligibility Spectrum</b>	The Ontario Child Welfare Eligibility Spectrum (OACAS, 2016).

## F

<b>Family Centered Conferencing</b>	Techniques for family-centred conferencing can take a variety of forms such as conferences led by the child protection worker or a neutral facilitator, aboriginal healing traditions, and talking circles. The commonality between all techniques is that the conferencing approach encourages active and meaningful participation of families and their support system in case planning and when service decisions are being made. The approach comes from the stance that families are “experts” in knowing what interventions will be most supportive to them and that individuals within a family have strengths upon which they can draw as they work toward positive change that will influence and improve child safety as well as the family’s overall well-being.
<b>First Nation</b>	The term First Nation refers to an Indian Band or Native community under the CFSA; “Indian” and “Native” are terms used in the CFSA.
<b>Formal Customary Care</b>	The care and supervision of an Indian or Native child by a person who is not the child’s parent according to the custom of the child’s Band or Native community (CFSA s.208). In accordance with the Permanency Funding Guidelines (CW 001-07), a customary care subsidy is paid by the CAS to the customary caregiver where: <ol style="list-style-type: none"><li>a CAS determines that an Indian or Native child is in need of protection and cannot remain with his or her parent(s);</li><li>there is a Formal Customary Care declaration by the Band of either parent;</li><li>the CAS supervises the placement pursuant to the Band declaration;</li><li>a Customary Care Agreement is in place; and</li></ol>

e. foster care licensing and standards apply.

## **G**

### **Goal**

A goal articulates in broad terms, the desired child welfare outcome for safety, permanency and well-being. The case objectives and activities that are the components of the service plan are directed at achieving particular case goals.

## **I**

### **Inconclusive**

A verification decision made at the conclusion of an investigation that, based on the balance of probabilities, it is not possible to conclude that the originally alleged or new child protection concerns (including harm or risk of harm) were more likely than not to have occurred or to currently exist. This decision is made when critical information necessary for establishing the probability that harm or risk of harm occurred or did not occur, cannot be obtained. As a result, a lack of information makes it impossible to establish on a balance of probabilities that child protection concerns are verified or not.

### **Indian or Native**

The terms Indian and Native appear in this document in accordance with their meanings under the CFSA and as required under the legislation.

## **N**

### **Not Verified**

A verification decision made at the conclusion of an investigation that, based on the balance of probabilities, it is not “more probable than not” that the originally alleged or new child protection concerns (including harm or risk of harm) have occurred or currently exist.

## **O**

### **Objective**

An objective is more specific than a goal and describes how a goal will be achieved in more detail. An objective should:

- be directly related to the issue that is to be changed or corrected
- be stated in positive terms – describe what the family member will do rather than what the family member is not to do
- be stated in behavioural terms using action verbs (what the family member will do)

- be specific, measurable and time limited
- be stated in a way that is understandable to the client
- avoid words that do not specifically state an end result

**Off-Reserve** The term off-Reserve is “a term used to describe people, services or objects that are not part of a reserve, but relate to First Nations” (AANDC, 2012).

**Out-of-Home Care** Out-of-home settings are situations where the child is being cared for by a substitute caregiver outside of his or her usual place of residence.

## P

**Permanency Planning** Permanency planning is a broad term used to refer to activities undertaken by the worker with the goal of enhancing permanency and stability for children receiving child protection services from CASs. “Knowing and having faith in the predictability of their caregiver[s] allows children and youth the emotional connection necessary for them to feel accepted and loved” (MCYS, 2005). Permanency planning is undertaken simultaneously with all other child protection service activities and includes the following activities:

- actively attempting to involve all interested relatives or members of the child’s extended family or community, including a representative chosen by the Band (where the child is Indian or Native) in planning for the child where appropriate.
- continually searching for persons who may commit to participation in planning for, and supporting the child and making attempts to engage them in the service delivery process as appropriate.
- working to establish meaningful relationships that may provide a source of stability and permanency for the child.
- assessing the willingness of individuals who may have a meaningful relationship with the child to become the child’s permanent family in the event that the child can no longer remain safely in his/her home.

**Protective Capacities** Factors or resources within the family that can or do promote the child’s safety.

Protective factors are grouped into three general categories: individual characteristics, family characteristics, and supportive significant others.

- Individual characteristics include attributes such as self-sufficiency, high self-esteem, and altruism.
- Family characteristics include supportive relationships with adult family members, harmonious family relationships, expressions of warmth between family members and mobilization of supports in times of stress.
- Community supports refers to supportive relationships with people and/or organizations external to the family. These external supports provide positive and supportive feedback to the child and reinforce and reward the child's positive coping abilities.

**Protective Factors**

Circumstances or people that lessen the danger to the child (e.g. person who is suspected of endangering the child is out of the home; parent was not previously aware of concerns and is now prepared to protect the child; there is another person who will protect the child).

**Provincial Database**

When referenced in this document, provincial database means the Fast Track Information System, or any other provincial database identified by way of statute or regulation.

**R**

**Referral**

A referral is any report or information received by a CAS from any source (e.g. a child, a community member, the police), and through any method (e.g. by phone, in person, in writing) that a child is or may be in need of protection.

**Relative (with respect to a child)**

A person who is the child's grandparent, great-uncle, great-aunt, uncle or aunt, whether by blood, through a spousal relationship or through adoption (CFSA, s.3 (1)).

**Reserve**

Reserve is a term used to refer to a "tract of land, the legal title to which is held by the Crown, set apart for the use and benefit of an Indian band" (AANDC, 2012).

**Resilience**

The capacity to readily recover from a shock, depression, or negative circumstances.

**Risk**

An estimation of the likelihood of future child maltreatment due to family characteristics, behaviour or functioning and/or environmental conditions. Risk of maltreatment exists on a continuum from low to high risk. Some risk of maltreatment is

present in every family even if it is very low. Child protection services are required when the risk of future maltreatment is more likely than not.

## **S**

### **Safety Plan**

Where safety threats are identified through a safety assessment, the worker considers what interventions are needed to resolve the identified safety threats or to mitigate them sufficiently in order to allow each child to remain safely in the home. After considering the immediate safety threats and the possible interventions, a safety plan is developed which is both a discussion (e.g. with the family or institution and any relevant collaterals) and a description of the safety interventions implemented to resolve the identified safety threats.

### **Service Plan**

The service plan is the link between assessment and intervention. It is an action plan that guides the family, child protection worker, other service providers and all casework activities toward well-defined goals and outcomes against which progress can be measured over time. The service plan minimally contains:

- specific goals, objectives and activities including persons responsible and timeframes for completion; and
- specific planned level of contact by the child protection worker with the child who has been determined to be in need of protection, and his or her caregiver(s).

### **Severity**

Severity refers to the level of severity of the child protection concern (incident or condition) as outlined in the Eligibility Spectrum. There are four levels of severity: Extremely Severe, Moderately Severe, Minimally Severe and Not Severe.

## **T**

### **Temporary Care Agreement**

A voluntary agreement made under s. 29(1) of the CFSA whereby a person who is temporarily unable to care adequately for a child in his or her custody, and the society having jurisdiction where the person resides, make a written agreement for the society's care and custody of the child.

### **Transfer of Worker**

A new or different worker is assigned by the CAS to assume responsibility for management of the family's case on an ongoing basis.

## V

### **Verified**

A verification decision made at the conclusion of an investigation that, based on the balance of probabilities, it is more probable than not that the originally alleged or new child protection concerns (including harm or risk of harm) have occurred or currently exist.

### **Vulnerability**

The degree to which the child is susceptible to suffering more severe consequences as a result of risk of child maltreatment is based on:

- age
- health
- size
- mobility
- visibility
- social/emotional state
- access to individuals who can provide protection

## W

### **Warrant for Access to Records at CFSA s. 74.1**

“The court or justice of the peace may issue a warrant for access to a record or a specified part of it if the court or justice of the peace is satisfied on the basis of information on oath from a Director or a person designated by a society that there are reasonable grounds to believe that the record or part of the record is relevant to investigate an allegation that a child is or may be in need of protection” (CFSA s.74.1). CASs are permitted by CFSA s. 74.2 to seek a tele-warrant for access to a record.





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