

Ontario Child Welfare

Eligibility Spectrum



Revised 2024

Child Welfare in Ontario continues to evolve by ensuring that current research findings, clearly articulated standards, empirical instruments, best practice knowledge and accountability underpin excellence in our provincial child protection services.

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INTRODUCTION

PURPOSE

As set out in section 35 of the *Child, Youth and Family Services Act, 2017 (CYFSA)*, the functions of a society are to:

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

The *Eligibility Spectrum* (Spectrum) is a tool designed to assist Children's Aid Society (society) staff in making consistent and accurate decisions about eligibility for service at the time of referral. The revised Spectrum (2016) contains additional scales and items to assist decision making in areas resulting from changes in legislation, current research, practice, and inquest recommendations from the Office of the Chief Coroner. Once the decision about eligibility for service and degree of severity is decided by the society worker based on all the available information about the child, family and current situation, the worker will then utilize the new approaches described in the Ontario Differential Response Model (ODRM) and will comply with the directions in the Ontario Child Protection Standards (2016).

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

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

REVISIONS

A working group comprising subject matter experts from the societies was established to review the *Eligibility Spectrum* (2006). They conducted a survey which was sent to all the societies in Ontario to gain a better understanding of the salient issues related to the current version of the Eligibility Spectrum. As a result of this consultation and other consultation processes, the following priorities were identified to be reviewed and revised where necessary:

- Intimate Partner Violence
- Child Custody/Access/Adoption Disclosure
- Child Death
- Abandonment and Child/Parent Conflict
- Child Exploitation

The revised *Eligibility Spectrum* 2016 reflects changes in legislation and directives made up to that time including “Continued Care and Support for Youth” (CCSY) replacing Extended Care and Maintenance and the “Building Families and Supporting Youth to Be Successful Act, 2011”. A new scale has been added, “Child Fatality,” Section 1, Scale 5, in response to concerns and recommendations from the Office of the Chief Coroner and the field. Modifications have been made to key *Eligibility Spectrum* sections related to child sexual exploitation and children experiencing violence in the home. An additional section (11) titled “Request for Youth Services” was also added to highlight the new ministry policy directive “Continued Care and Support to Youth”. Language and references have been added or changed to ensure consistency with agency protocols and research, and several adjustments were made to ensure terms are clearly defined and updated to assist agencies in providing uniform application and service.

The 2019 revisions were largely administrative and made to update the *Eligibility Spectrum* to align with the *Child, Youth and Family Services Act, 2017*. A new Section 12 was introduced to respond to the coming into force of Part X on January 1, 2020.

Data reveals disparities in involvement with child welfare with Black children being more likely to be referred or investigated for child maltreatment concerns than White children, and this initial disparity tends to be maintained as families move deeper into the system. Data also indicates that these disparities in involvement begin at the front door of the child welfare system in Ontario (Antwi-Boasiako et al., 2020; Boatwain-Kyte et al., 2020; Children’s Aid Society of Toronto, 2015; King et al., 2017; Lavergne, Dufour, Trocmé, & Larrivée, 2008; Mohamud et al., 2021; OVOV, 2016; OHRC, 2018).

The Eligibility Spectrum has been implicated as a factor in the increase in investigation disparities for Black families (Antwi-Boasiako et al., 2020). Some research suggests that Eurocentric values that are normalized and communicated through multiple institutional contexts are enforced strenuously through the child welfare system, including through assessments such as the Eligibility Spectrum (Mohamud et al, 2021). Specifically, the expanded eligibility criteria and the increased focus on circumstances presenting risk may play a significant role in creating and sustaining a pattern of disproportionate involvement of Black families (Mohamud et al, 2021).

Revisions to the Eligibility Spectrum in 2023 therefore include unambiguous acknowledgment of the prevalence of systemic racism and oppression, as well as identity-

based considerations, to ensure that the Eligibility Spectrum supports equitable outcomes and addresses the overrepresentation of racialized children, youth and families.

DESCRIPTION

Two-Dimensional Matrix

The *Eligibility Spectrum* is a two-dimensional matrix (See diagram on pages 6–7). The vertical axis denotes the reasons for service based on the legislation. These service reasons (vertical axis) are organized within the Spectrum into the following twelve sections:

- Section 1 Physical/Sexual Harm by Commission
- Section 2 Harm by Omission
- Section 3 Emotional Harm
- Section 4 Separation from Parent or Caregiver
- Section 5 Caregiver Capacity
- Section 6 Request for Counselling
- Section 7 Request for Adoption Services
- Section 8 Family Based Care
- Section 9 Volunteer Services
- Section 10 Request for Assistance
- Section 11 Request for Youth Services
- Section 12 Personal Information

The society workers assessment involves a three-step decision-making process. The first step involves matching the described situation at the point of referral to the appropriate reason for service or SECTION on the vertical axis. The second step requires the worker to then select the appropriate SCALE within each section. The third step has the worker identify the level of severity (in Section 1 to Section 5) or level/type of service (in Section 6 to Section 12) on the horizontal axis. All cases or situations being presented to the Children’s Aid Society must be coded according to their Spectrum classification (e.g., 1-1-B refers to Section 1, Scale 1, B - Severity Level “Extreme”; 8-4-C identifies that the case is coded as Section 8, Scale 4, Service Level “C”).

Sections 1 to 5 are grounded in Part V of the *Child, Youth and Family Services Act, 2017*. The horizontal axis of these five sections divides the reasons for service and respective scales into four levels of severity: *Extremely Severe*, *Moderately Severe*, *Minimally Severe*, and *Not Severe*. Each scale includes an “Intervention Line,” where the intervention point is above the Intervention Line (includes *Extremely Severe* and *Moderately Severe* descriptors).

Sections 6 to 12 refer to a range of society services that:

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

As of May 15, 2013, the Ministry of Children, Community and Social Services (MCCSS), formerly the Ministry of Children and Youth Services, extended a new directive “Continued Care and Support for Youth” (CCSY), which was replaced with an updated policy directive: CW 008-18 on June 15, 2016. The legislative requirements with respect to the CCSY program are set out in s. 124 of the *CYFSA* and the Regulation.

This 2013 directive sets out a youth-centered, strengths-based program that outlines the parameters within which societies are expected to continue working with youth beyond their 18th birthday. Societies will provide support and guidance that will assist youth to achieve physical and emotional well-being, acquire basic life management skills, and develop social networks that include connections to caring adults and the community. Section 11, “Request for Youth Services” of the *Eligibility Spectrum*, 2016, reflects this directive.

ELIGIBILITY SPECTRUM (2024)

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

Section	Scale	Unranked Choices
	4. Customary Care 5. Custodial Parents – Application, Approval, Placement 6. Custodial Parents – Post Placement Services 7. Licensed Services to Residential Care (OPI/OPR)	Scale 4: A, B, C, D, E, F, G, H, I, J, K Scale 5: A, B, C, D, E, F Scale 6: A, B, C, D, E, F, G Scale 7: A, B
SECTION 9 Volunteer Services		A, B, C, D
SECTION 10 Request for Assistance		A, B, C, D, E, F, G, H, I, J, K
SECTION 11 Request for Youth Services		A, C
SECTION 12 Personal Information	1. Record Check 2. Individual Rights to Access and Correction 3. Use and Disclosure 4. Breaches 5. Complaints	Scale 1: A, B, C Scale 2: A, B Scale 3: A, B, C, D, E, F, G, H Scale 4: A, B, C, D, E, F Scale 5: A, B, C, D

Preamble to The Rating Scales

For Sections 1 to 5, each scale begins by setting the context for that particular scale. This context is set through the *Child, Youth and Family Services Act, 2017* **References, Interpretation, Description and Coding Hints**. The References include the entire subsections relied upon with relevant portions to that *Eligibility Spectrum* section bolded. An “interpretation” of the maltreatment form may be included with some scales.

***Child, Youth and Family Services Act, 2017* References**

Each scale begins with a **reference** to the *Child, Youth and Family Services Act, 2017*. All of the scales reference the relevant clause of sub-section 74 (2) of the legislation referring to a child in need of protection. Some scales also reference other sections of the Act. All references appear within two solid lines of text at the start of each scale. The sections of the Act that are most directly linked to that scale are identified. For example, the “Abusive Sexual Activity Scale” references 74 (2)(c) and (d):

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

Interpretation

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

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

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

Description

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

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

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

Coding Hints



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

The Rating Scales

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

Rating Scale For

Levels of Severity

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

Extremely Severe (Reference Part V: Child Protection, of the *CYFSA*)

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

- the child has suffered physical harm inflicted by the person having charge of the child or because of that person’s failure to care for, provide for, supervise, or protect the child adequately
and/or
- the child has suffered sexual harm at the hands of the person having charge of the child or because of that person’s failure to protect the child adequately
and/or
- there is a risk that the child is likely to be physically or sexually harmed as above and the child is in imminent danger of harm if intervention is not immediate
and/or
- the child has been orphaned with no adequate provision for the child’s care
and/or
- the child’s parents and/or caregiver is unavailable to care for the child
and/or
- the family dynamics are such that separation of the child from the caregiver is imminent if intervention is not immediate
and/or
- the child is suffering serious emotional harm, and the caregiver is not responding to the condition, or the emotional harm is caused by the actions or inaction of the parent
and/or
- there is a risk that the child is likely to suffer serious emotional harm and the child is in imminent danger of suffering irreversible emotional damage
and/or
- the child has a serious physical health condition or mental emotional developmental condition that if not responded to could be extremely detrimental to the child
and/or
- the child is under 12 and has committed a serious act and the caregiver does not respond with treatment or better supervision - the lack of response could be extremely detrimental to the child

Moderately Severe (Reference Part V: Child Protection, of the CYFSA)

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

- there is a risk that the child is likely to be physically or sexually harmed as above or of suffering irreversible psychological damage, but the child is not in imminent danger

and/or

- the child is at risk of being separated from the caregiver but is not in immediate danger of separation.

and/or

- the child is suffering moderate emotional harm or is at risk of a likelihood of emotional harm caused by the actions or inactions of the caregiver and/or the caregiver is not responding appropriately

and/or

- the child has a moderate physical, mental, emotional, developmental condition or has conducted a serious act, and the caregiver is not responding appropriately

Minimally Severe (Reference Part III: Functions of A Children’s Aid Society - Prevention)

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

Not Severe

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

Determining Eligibility

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

- the referral information
- the records of the society receiving the report
- the provincial database (Fast Track/CPIN)
- the Ontario Child Abuse Register (if the allegation is about abuse)

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

CHILD PROTECTION ENTRY POINT

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

Intervention Line

Generally, when information regarding a reported condition or incident is rated below the Intervention Line (i.e., rated as minimally severe) a protection investigation is not required unless, based on a combination of factors outlined in the Ontario Child Protection Standards (2016), there are reasonable and probable grounds to believe that a child may be in need of protection. A child protection investigation is conducted for **any** referral where there are reasonable and probable grounds that a child may be in need of protection.

Worker Judgment

As in any situation where child protection decisions must be made, **worker judgment is an important factor in using the Spectrum**. As detailed in the Ontario Child Protection Standards (2016), in all situations characteristics such as but not limited to those in the table below should be considered when making the eligibility for child protection services decision.

Workers' decisions on what constitutes reasonable grounds for child protection services may be influenced by factors like family configuration, cultural and religious practices, racial identity, housing status, neighbourhood, and perceived income status. Data suggests that disparities in decision-making may be linked to racial profiling of Black families specifically, particularly from schools and police (OHRC, 2020, 2017).

Workers' and referrers' biases may be conscious or unconscious and can lead to unfounded assumptions of reduced caregiver capacity, reduced functioning and increased need for protection. Studies with Black caregivers in Canada, for example, speak to the persistent spectre of disavowed anti-Blackness that permeates their interactions with child welfare workers (Adjei & Minka, 2018; Alaazi et al., 2018; Clarke, 2011, 2012; Phillips & Pon, 2018). Additionally, Black people in Ontario continue to be perceived as foreign, Other, and not rooted in Canadian-ness (Scott, 2008).

Awareness and acknowledgment of systemic racism, oppression, and the ways that biases can sustain inequities for families with marginalized identities should therefore be at the forefront of the decision-making process for workers.

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

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

“Reason for Service” Rating Method

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

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

The Public and Professionals’ “Duty To Report”

Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children under the age of 16, has reasonable grounds to suspect that a child is or may be in need of protection, that person is required to report the suspicion and the information upon which it is based forthwith to a Children’s

Aid Society (CYFSA s. 125(1)). This duty is ongoing and cannot be delegated. Persons with questions or concerns about reasonable grounds in a given situation are encouraged to contact a Children’s Aid Society for consultation.

Professionals and officials have the same duty as any member of the public to report a child’s need for protection (CYFSA s. 125). The Act recognizes that persons working closely with children under the age of 16, have a special awareness of the signs of child abuse and neglect, and a particular responsibility to report their suspicions. Thus, the legislation imposes a specific sanction on these professionals in the event that the duty to report is contravened. Failure to report is an offence under the *Child, Youth and Family Services Act, 2017*. Any professional who fails to report a suspicion of a child who is or may be in need of protection is liable on conviction to a fine of up to \$5,000, if they obtained the information in the course of their professional or official duties (CYFSA s. 125 (5), (8), (9)).

For children between the ages of 16 and 17, a professional or member of the public may, but is not required to make a report where they have reasonable suspicion that the youth is or may be in need of protection (CYFSA s. 125(4)). The *Child, Youth and Family Services Act, 2017* takes into consideration that a different approach is needed for 16- and 17-year-olds that will protect them and encourage their voluntary participation in service.

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

ADDITIONAL DEFINITIONS AND EXPLANATORY NOTES

Child in Need of Protection

The definition of a child in need of protection is found in section 74(2) of the *Child, Youth and Family Services Act, 2017*. Every ground for finding a child in need of protection contains two components, and both are essential to the definition. To find a child in need of protection requires that:

- a) harm or risk of harm be verified through an investigation by a society
- and
- b) the harm must be caused by or resulting from something done or not done by the child's caregiver (CYFSA s. 74(2)).

Caregiver

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

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

Discipline

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

Physical Harm Vs. Corporal Punishment

As set out in the *Child, Youth and Family Services Act, 2017*, section 74(2)(a), physical harm is defined as related to a child who "has suffered physical harm inflicted by the person having charge of the child or caused by that person's failure to care for, provide for, supervise or protect the child, or a pattern of neglect in caring for, providing for, supervising or protecting the child."

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

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

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

Risk

A key concept that is germane to society work and integral to decision-making is “risk” of maltreatment or harm. All children and families receiving child protection services are universally screened for risk of future child maltreatment. Risk is defined in the Ontario Child Protection Standards (2016) as: *“An estimation of the likelihood of future child maltreatment due to family characteristics, behaviour or functioning and/or environmental conditions. The 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.”*

SECTION 1

PHYSICAL/SEXUAL HARM BY COMMISSION

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

SCALE 1

PHYSICAL FORCE AND/OR MALTREATMENT

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

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

Interpretation

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

Abusive physical force includes the following:

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

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



This scale should only be used for those situations where the child has been physically harmed as a result of a direct physical action by the caregiver against the child. For situations where the child has been physically harmed as an indirect result of a punishment against the child see Scale 2 “Cruel/Inappropriate Treatment”. For situations where the child has died as a result of physical harm by the direct or indirect actions by the caregiver against the child, see Section 1, Scale 5 “Child Fatality”. For situations where the child has been physically harmed because of a caregiver’s inability to provide care, see Section 2 “Harm by Omission”. For situations where the child has been harmed by being involved in an adult conflict, see Section 3, Scale 2 “Child Exposure to Adult Conflict” and Section 3, Scale 3 “Child Exposure to Partner Violence”.



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



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

Description of Physical Force and/or Maltreatment

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

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

Examples are sprains, mild concussions, broken teeth, bruises all over body, cuts needing suture, minor (small bone) fractures, etc.
3. **Excessive or Inappropriate Physical Force Used, Resulting in Superficial Injury**
Typical superficial injuries are bruises, welts, cuts, abrasions. Injuries are localized in one or two areas and involve no more than broken skin.
4. **Excessive or Inappropriate Physical Force Used, but No Resulting Injury**
Force and type of punishment are excessive. The child is not actually physically injured, although experiences considerable temporary pain and potential for injury is there.

- 5. Physical Force Used, but Not Excessive or Inappropriate**
Only generally acceptable mode(s) of physical force used (typically spanking on rear). Purpose of punishment is primarily to symbolize disapproval, not to hurt or inflict great pain on child, and punishment would not ordinarily leave physical marks.
- 6. No Physical Force Used with Child**
Child never physically punished. Only non-physical, non-assaultive methods of discipline used (e.g., revoking privileges, verbal disapproval).

Rating Scale for Physical Force and/or Maltreatment

Extremely Severe

A Physical Harm – Primary Caregiver

Physical force is alleged/verified to have been used on the child as in (1) or (2) or (3) above by the person who is a primary caregiver of the child. (See Explanatory Notes pages 14–15, e.g., mother, father, stepfather, live-in partner).

B Physical Harm – Caregiver with Knowledge

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

C Physical Harm – Family Member

Physical force is alleged/verified to have been used on the child as in (1) or (2) or (3) above by a family member who is not a primary caregiver (See Explanatory Notes pages 14–15, e.g., grandmother, sibling, uncle) but who has regular access to the child and has caregiving responsibilities.

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



A parent having an access visit is considered a “Primary Caregiver” so should be coded as “A” above.



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

D Physical Harm – Community Caregiver

Physical force is alleged/verified to have been used on the child as in (1) or (2) or (3) above, at the hands of a person outside of the family, but someone in a caregiving role (See Explanatory Notes pages 14–15, e.g., babysitter, teacher, recreation leader) with no knowledge on the part of the primary caregiver.

E Physical Harm – Maltreater Unknown

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

Moderately Severe**F Risk That the Child Is Likely to Be Harmed – Primary Caregiver**

Physical force is alleged/verified to have been used on the child as in (4) above by a family member who has a prime caregiving role for the child. (See Explanatory Notes pages 14–15, e.g., mother, father, stepfather, live-in partner)

G Risk That the Child Is Likely to Be Harmed – Caregiver with Knowledge

Physical force is alleged/verified to have been used on the child as in (4) above at the hands of someone other than the primary caregiver, but the primary caregiver had full knowledge of what was happening and allowed the punishment to occur.



If the child is at risk of physical harm as a result of partner violence in the home, code under Section 3, Scale 3 “Child Exposure to Partner Violence”.



“Lowered thresholds for reporting particular families based on perceptions of risk, and moral judgments about parenting decisions and capacity of those families can result in unnecessary reports. These can then trigger a cascade of intrusive and unwarranted events in the lives of Black families” (Raz, 2020). Workers should therefore consider the influence of systemic oppression and racism on perceptions when assessing a report.

H Risk That the Child Is Likely to Be Harmed – Family Member as Caregiver

Physical force is alleged/verified to have been used on the child as in (4) above by a family member who is not a primary caregiver (See Explanatory Notes on pages 14–15, e.g., grandmother, sibling, uncle) but who has regular access to the child and caregiving responsibilities.

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



A caregiver having an access visit is considered a “Primary Caregiver” (See “F” above.).



If the child is at risk for physical harm as a result of conflict between adults in the home, code under Section 3, Scale 2 “Child Exposure to Adult Conflict”. If the child has been physically harmed as a result of conflict between adults in the home, code under Section 3, Scale 2 “Child Exposure to Adult Conflict”.

I Risk That the Child Is Likely to Be Harmed – Community Caregiver

Physical force is alleged/verified to have been used on the child as in (4) by a person outside the family, but someone in a caregiving role (See Explanatory Notes on pages 14–15, e.g., babysitter, teacher, recreational leader) with no knowledge on the part of the primary caregiver.

J Physical Harm/Risk That the Child Is Likely to Be Harmed – Family Member Not Caregiving – Not Protected

Physical force is alleged/verified to have been used on the child as in (1) to (4) above, by a family member who is not in a caregiving position (e.g., sibling). The caregiver of

the victim has not condoned the activity but has not been able to protect the child.

Intervention Line

Minimally Severe**K Physical Harm/Risk That the Child Is Likely to Be Harmed – Non-Caregiver**

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



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

L Not Excessive Force/No Risk That the Child Is Likely to Be Harmed

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

Not Severe**M No Physical Force/No Risk That the Child Is Likely to Be Harmed**

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

SCALE 2

CRUEL/INAPPROPRIATE TREATMENT

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

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

Interpretation

The Cruel/Inappropriate Treatment scale identifies four forms of actions/punishment perpetrated against a child by a caregiver. These include deprivation of food/water and/or deliberate “locking-out” and/or physical confinement or restriction and/or sexual exploitation.

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

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



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



For situations where the actions or inactions of the caregiver have resulted in emotional harm, see the scale under Section 3, Scale 1 “Caregiver Causes and/or Caregiver Response to Child’s Emotional Harm or Risk of Emotional Harm”.

Description of Physical Force and/or Maltreatment

1) Extreme and Moderate Cruel/Inappropriate Treatment

Deprivation of Food/Water Examples

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



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

Deliberate Locking-Out Examples

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



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



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

Physical Confinement or Restriction Examples

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

Child Exploitation Examples

- child sexual exploitation
- child trafficking
- child labour

2) Minimal Cruel/Inappropriate Treatment*Deprivation of Food/Water Examples*

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

Deliberate Locking-Out Examples

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

Physical Confinement or Restriction Examples

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

Child Exploitation Examples

- child labour

3) No Cruel/Inappropriate Treatment*Deprivation of Food/Water Examples*

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

Deliberate Locking-Out Examples

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

Physical Confinement or Restriction Examples

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

Rating Scale for Cruel/Inappropriate Treatment

Extremely Severe

A Cruel/Inappropriate Treatment Resulting in Harm/Illness

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

Examples include:

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

Moderately Severe

B Cruel/Inappropriate Treatment – Risk That the Child Is Likely to Be Harmed/Become Ill

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

Intervention Line

Minimally Severe

C Minimal Cruel/Inappropriate Treatment – Child Is Not Likely to Be Harmed/Become Ill

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

Not Severe

D No Cruel/Inappropriate Treatment

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

SCALE 3

ABUSIVE SEXUAL ACTIVITY

Child, Youth and Family Services Act References

- (1.1) A child is subjected to child sex trafficking for the purposes of this Part where another person does any of the following for the purposes of sexually exploiting the child: 1. Recruits, transports, transfers, receives, holds, conceals, or harbours the child. 2. Exercises control, direction, or influence over the movements of the child.

74(2) of the act states: A child is in need of protection where,

- (c) the child has been sexually abused or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child;

- (d) there is a risk that the child is likely to be sexually abused or sexually exploited as described in clause (c).

Note: On October 1, 2021, the day named by proclamation of the Lieutenant Governor, subsection 74 (2) of the Act is amended by adding the following clauses: (See: 2021, c. 21, Sched. 3, s. 1 (2))

(d.1) the child has been sexually exploited as a result of being subjected to child sex trafficking;

(d.2) there is a risk that the child is likely to be sexually exploited as a result of being subjected to child sex trafficking;

Interpretation

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

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

Definition of abusive sexual activity/exploitation includes the following:

- **Extreme Sexual Abuse**
Child was ritually and/or sadistically abused and/or physical violence occurred during the sexual activity.
- **Sexual Intercourse**
Child was sexually abused – sexual intercourse occurred (oral, anal, and genital).

- **Sexual Molestation**
Person has sexually molested the child (e.g., fondled breast or genitals; made child exhibit himself or herself), but there was no sexual intercourse between them.
- **Sexual Exhibitionism**
A person has exhibited himself or herself sexually in front of the child (e.g., exposure of genitals, masturbation). The child may have been pressured to participate but did not do so.
- **Sexual Harassment**
Child is being harassed, encouraged, pressured, or propositioned to perform sexually. No sexual activity has actually occurred.
- **Sexual Suggestiveness**
Sexually provocative comments are made to a child, or a child is shown pornographic photos. There have been no sexual approaches to the child and no molestation is suspected.
- **Sexual Abuse Imaging and Exploitation**
Sexually abusive activities such as exploitation for the purpose of pornography, voyeurism, observation of adult sexual behaviour, “grooming” activities, etc. have occurred. Encompasses all forms of imaging and social media related to child sexual abuse for the purpose of engaging children for the gain/gratification of others.
- **Child Sex Trafficking**
Child sex trafficking is the act of luring, coercing, or manipulating a child under the age of 18 into sexual activity either through online or in-person contact with or without the apparent consent of the youth in exchange for basic needs, drugs and/or alcohol or financial gain on the part of the perpetrator. Youth involved in child sex trafficking may be coerced into trafficking themselves, coerced into trafficking others, or both.

INDICATORS of involvement with Child Sex Trafficking can include but are not limited to:

- Missing from home or school for extended periods of time and/or on multiple occasions
- Has new items without apparent means to pay for them
- Having new older friends/boyfriend that they are reluctant for others to meet
- Having a significant change in appearance – ex. hair, clothing
- Having more than one cell phone/cell number is always changing
- Having tattoos or branding symbols, particularly names
- Using language involved in sex trafficking e.g., ‘the game,’ ‘bottom bitch’
- Having hotel keys in their possession/frequenting hotels
- Withdrawing from friends and family, and other typical activities previously enjoyed (e.g., sports, religious, spiritual)
- Not having control of their own money or alternatively having excess amounts of cash
- Increasing use of drug and/or alcohol and no apparent means to pay for them
- Sexualized photos or videos on social media, or having multiple social media accounts

- Indicators of physical and/or sexual abuse
- Friends or family involved in the commercial sex industry, trafficking, or gangs
- Not having access to their ID/having multiple or fake IDs.

Child sex trafficking is believed to be a protection concern regardless of the response of the caregiver, as it is expected that caregivers could require support to intervene and protect a child in a trafficking situation. In recognition of this dynamic, the CYFSA has been amended to add the following subsection, specific to child sex trafficking:

A child is subjected to child sex trafficking for the purposes of this Part where another person does any of the following for the purposes of sexually exploiting the child:

1. Recruits, transports, transfers, receives, holds, conceals, or harbours the child.
2. Exercises control, direction, or influence over the movements of the child.

If a caregiver is alleged/verified to be an active participant in the child sex trafficking, this should be coded under: SECTION 1, Scale 3, (Sexual Abuse) A, B, C, or D



Allegations made about a child under the age of 18 of past (historical) sexual harm should be plotted on this scale. Allegations of past sexual harm which suggest a current risk that other children may be harmed, should be plotted on Section 5, Scale 1, “Caregiver has History of Abusing/Neglecting/Exploiting”.

Rating Scale for Abusive Sexual Activity

Extremely Severe

A Sexual Abuse – Primary Caregiver

It is alleged/verified that child sustained abusive sexual activity by a primary caregiver of the child (See Explanatory Notes on pages 14–15, e.g., mother, father, stepfather, live-in partner). A caregiver having an access visit is included here.

B Sexual Abuse – Primary Caregiver Had Knowledge

It is alleged/verified that child sustained abusive sexual activity by someone other than the primary caregiver, but the primary caregiver had full knowledge of what was happening and allowed it to occur.

C Sexual Abuse – Family Member as Caregiver

It is alleged/verified that child sustained abusive sexual activity by a family member who was in a caregiving role at the time of the offense, but who is not a primary caregiver (e.g., grandfather, aunt, uncle) and has regular access to the child.

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

A parent having an access visit is considered a primary caregiver so should be coded as A above.

D Sexual Abuse – Community Caregiver

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

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

E Physical Indicators of Sexual Abuse – No Maltreater Identified

It is alleged/verified that a child has physical indicators of abusive sexual activity (e.g., sexually transmitted disease, trauma to genital area), but no specific abuse allegation has been made and the specific identity of the maltreater is unknown.

F Electronic Indicators of Sexual Abuse – No Maltreater Identified

It is alleged/verified that there are electronic indicators of abusive sexual activity in regard to the child (e.g., sexual abuse images, on-line sexual communication), but no specific abuse allegation has been made and the specific identity of the maltreater is unknown.

G Child is Being Trafficked for the Purpose of Sexual Exploitation

It is alleged/verified that a child is reported to be currently trafficked by another person, (other than someone in a caregiving role) for the purpose of sexual exploitation as defined above.

Moderately Severe**H Child Exhibits Sexual Behaviour – No Maltreater Identified**

It is alleged/verified that child exhibits unexplained sexual behaviour indicative of knowledge/experience beyond their age and development, which could be attributed to exposure/victimization of sexually abusive activity. No specific abuse allegation has been made.

I Sexual Harm – Family Member – Not a Caregiver

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

J Risk That the Child Is Likely to Be Sexually Harmed

It is alleged/verified that child is likely to be sexually harmed as described in A, B, C and D above.

K Risk That the Child Is Likely to Be Sexually Harmed/Questionable Sexual Activity

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

L Child Is at Risk of Being Trafficked for the Purpose of Sexual Exploitation

It is alleged/verified that there are indicators that the child is at risk of being involved in human trafficking by another person for the purposes of sexual exploitation as defined above. This includes a child who is involved in the trafficking of other children for the purpose of sexual exploitation as defined above.

Intervention Line

Minimally Severe**M Questionable Sexual Activity**

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

N Sexual Harm – Not a Family Member – Not a Caregiver

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

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



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



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

Not Severe**O No Sexual Abuse or Harm**

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

SCALE 4

THREAT OF HARM

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

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

Interpretation

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



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

Rating Scale for Threat of Harm

Extremely Severe

A Direct Physical Threat, but No Actual Harm

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

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

Moderately Severe

B Direct Verbal Threat

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

There has been no attempt to carry out such threats.

C Implied Verbal Threat

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

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

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

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



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

Intervention Line

Minimally Severe**D Implied Verbal Threat with No Anticipated Follow-Through**

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

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

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

Not Severe**E No Verbal or Physical Threat of Abuse**

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

SCALE 5

CHILD FATALITY

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

- (a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise, or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child;
- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise, or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child;
- (c) the child has been sexually abused or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child;
- (d) there is a risk that the child is likely to be sexually abused or sexually exploited as described in clause (c);
- (e) the child requires treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide the treatment or access to the treatment, or, where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996* and the parent is a substitute decision-maker for the child, the parent refuses or is unavailable or unable to consent to the treatment on the child's behalf;
- (f) the child has suffered emotional harm, demonstrated by serious,
 - (i) anxiety,
 - (ii) depression,
 - (iii) withdrawal,
 - (iv) self-destructive or aggressive behaviour, or
 - (v) delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;

- (g) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child’s parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to the treatment to remedy or alleviate the harm;
- (h) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f), (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child’s parent or the person having charge of the child.

The circumstances surrounding the death of a child are suspicious and the death is possibly attributable to abuse or neglect by a caregiver.

Interpretation

This section addresses those situations where a child under the age of 18 has died, and where the circumstances surrounding the death are considered to be suspicious and a caregiver is implicated in the child’s death.

It addresses both the circumstances surrounding the child’s death and risk to any other children.

It is important to establish the circumstances surrounding the death of a child, whether or not there are surviving children.

Where the death of the child is determined to be a result of maltreatment, there are clear implications for the care of future children.

It is the statutory obligation of the Children’s Aid Society to report incidents of confirmed child abuse to the Child Abuse Register.

While every child death is considered a tragedy, it is recognized that the circumstances surrounding the death may implicate the caregiver on various levels of severity.

NOTE: For this section of the Spectrum, response time is based upon the assessment of potential risk to other children and the need to gather evidence expeditiously.

Rating Scale for Child Fatality

Extremely Severe

A Child Fatality – Primary Caregiver

The child is alleged to have suffered physical harm, resulting in the child’s death, by the person who is a primary caregiver of the child (see Additional Definitions and Explanatory Notes pages 14–15, e.g., mother, father, stepfather, live-in partner).

B Child Fatality – Caregiver with Knowledge

The child is alleged to have suffered physical harm, resulting in the child’s death, by someone other than the primary caregiver, but the primary caregiver had full knowledge of what was happening and/or allowed force to be used and/or did nothing to prevent the force from being used.

C Child Fatality – Family Member

The child is alleged to have suffered physical harm, resulting in the child’s death, by a family member who is not a primary caregiver (see Additional Definitions and Explanatory Notes pages 14–15, e.g., grandmother, sibling, uncle) but who has regular access to the child and has a caregiving role.

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

A parent having an access visit is considered a “primary caregiver” so should be coded as A above.

D Child Fatality – Community Caregiver

The child is alleged to have suffered physical harm, resulting in the child’s death, at the hands of a person outside of the family, but someone in a caregiving role (see Additional Definitions and Explanatory Notes pages 14–15, e.g., babysitter, teacher, recreation leader) with no knowledge on the part of the primary caregiver.

E Child Fatality – Maltreater Unknown

The child is alleged to have suffered physical harm, resulting in the child’s death, which does not match the explanation presented and/or which do not appear to be accidental and the person who caused the injury is undetermined.

F Child Fatality – Undetermined

The child has died, and the cause of death is yet to be determined. The death was sudden/unexpected and the known circumstances surrounding the death may be considered suspicious.

Limited caregiving skills may be due to a lack of knowledge, skill, judgment, motivation, or capacity on the part of the person (Cantwell, 1980).

Moderately Severe**G Child Fatality – Harm by Omission-Lack of Supervision**

It is alleged/verified that the child has been improperly supervised by the caregiver resulting in the child's death (e.g., child drowning, child's exposure to the elements).

and/or

It is alleged/verified that a child who is unable to handle basic needs (e.g., eating, toileting, avoiding accidents) is left alone with a caregiver who has limited caregiving skills (e.g., another young child). The caregiver does not return before the child's needs become acute resulting in the child's death.

and/or

It is alleged/verified that a child who is able to handle basic needs is left for long periods of time without appropriate arrangements being made to provide supervision for the child and this results in the child's death (e.g., a child left to fend for themselves, cooking, resulting in a house fire causing death).

H Child Fatality – Harm by Omission - Neglect Related to Parental Capacity

It is alleged/verified that the caregiver does not have knowledge of parenting skills/intellectual ability and/or does not demonstrate sufficient qualities/abilities for child care, resulting in the child's death (e.g., parent is unable to understand cues of an infant, cannot follow instructions for formula preparation and/or medication administration, failure to use proper safety restraints in motor vehicles).

and/or

It is alleged/verified that due to a physical, mental/emotional, or behavioural problem (e.g., alcohol/drug use, mental illness), the caregiver had no capacity to care or respond to a circumstance resulting in a child's death (e.g., the parent's substance use renders them unable to respond to an emergency resulting in the child's death).

I Child Fatality – Harm by Omission - Unsafe Living Environment

It is alleged/verified that the caregiver permits child to experience one or more of the following conditions resulting in the child's death:

- leaking gas from stove or heating unit, peeling lead-based paint, recent fire in living quarters or building, hot water/steam leaks from radiators, exposed or broken electrical wires
- dangerous substances (e.g., chemicals) or dangerous objects (e.g., guns, weapons) stored in unlocked shelves or cabinets or in an area that is accessible to the child
- no guards on open windows, broken or missing windows, unprotected stairways

- child does not have a place of residence, or the family is experiencing acute shelter problems (e.g., no heat in winter)
- unsafe sleeping arrangements for infants (e.g., sharing a sleep surface, cluttered unsafe crib, or other unsafe baby equipment)
- lack of working smoke detectors/carbon monoxide detectors
- human or animal waste prominent
- perishable foods found spoiled, spoiled foods not discarded
- rodent infestation, creeping vermin untreated
- trash and junk piled up and layered throughout floors creating a hazard to the child's safety

J Child Fatality – Harm by Omission – Lack of Medical Treatment

It is alleged/verified that the child did not receive medical treatment for an injury, illness, disability, or dental problem, resulting in the child's death.

K Child Fatality – Suicide (where the parent has failed to respond to the child's mental/emotional condition)

It is alleged/verified that the child suffered from a mental, emotional, or developmental condition such as but not limited to:

- developmental/neurological disability (e.g., attention deficit disorder, autism, Tourette's syndrome, Down's syndrome, hyperkinesia, some genetic disorders, aphasia)
- emotional illness (e.g., separation anxiety, phobias, obsessive-compulsive disorder, conduct disorders, anorexia, bulimia)
- mental illness (e.g., schizophrenia, autism, bipolar affective disorder)

And the child's caregiver did not provide or refused to consent to services or treatment to remedy or alleviate the condition resulting in the child's death.

L Child Fatality – Child Behaviour (e.g., substance use/abuse by the child/high risk behaviours, where the parent has failed to respond to the child's behaviour)

It is alleged/verified that the child had a behaviour problem (e.g., substance abuse, high risk-taking behaviour) and the parent failed to respond to or intervene in or took a passive approach to managing the child's behaviour resulting in the child's death (e.g., drug overdose)

Intervention Line

Minimally Severe**M Child Fatality – Suicide (where there is no indication parent failed to respond)**

It is alleged/verified that the child suffered from a mental, emotional, or developmental condition such as but not limited to:

- developmental/neurological disability (e.g., attention deficit disorder, autism, Tourette’s syndrome, Down’s syndrome, hyperkinesis, some genetic disorders, aphasia)
- emotional illness (e.g., separation anxiety, phobias, obsessive-compulsive disorder, conduct disorders, anorexia, bulimia)
- mental illness (e.g., schizophrenia, autism, bipolar affective disorder)

And the caregiver was taking an active role in finding and carrying out treatment for the child; however, despite these actions, the child had died by suicide.

N Child Fatality – Child’s Behaviour (e.g., substance abuse/high risk behaviour, where there is no indication that the parent contributed or failed to respond to the child’s needs)

It is alleged/verified that the child had a behaviour problem (e.g., substance abuse, high risk behaviour) and the parent responded to or intervened in the situation or was unaware of the extent of the behaviour; however, despite responding adequately, the child has died (e.g., drug overdose)

Not Severe**O Child Fatality – Medical Condition**

It is alleged/verified that the child had a medical condition that resulted in the child’s death; however, there were no concerns with parent’s response to this condition or the care the child received.

P Child Fatality – Natural/Accidental

There are no concerns or suspicions surrounding the child’s death (e.g., a motor vehicle collision where there are no other factors to implicate the caregiver).

SECTION 2

HARM BY OMISSION

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

SCALE 1

INADEQUATE SUPERVISION

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

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

Interpretation

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

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

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



If the lack of supervision has resulted in the death of a child, see Section 1, Scale 5 "Child Fatality."



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



If the caregiver has left the child with a caregiver with limited caregiving skills and left with the intention of abandoning the child, see Section 4, Scale 1 "Orphaned Child or Parent/Caregiver Unavailable".



If the caregiver has left the child with inadequate supervision which has resulted in the child being exploited, then code in this Section.

Rating Scale for Inadequate Supervision

Extremely Severe

A Inadequate Supervision Resulting in Injury/Victimization

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

and/or

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

and/or

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

Moderately Severe

B Inadequate Supervision Resulting in Risk That the Child Is Likely to Be Harmed and/or Distress to Child

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

and/or

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

and/or

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

and/or

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

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

Intervention Line

Minimally Severe**C Marginal Supervision**

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

and/or

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

and/or

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

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

Not Severe**D Adequate Supervision**

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

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

and/or

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

and

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

SCALE 2

NEGLECT OF CHILD’S BASIC PHYSICAL NEEDS

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

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

Interpretation

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



For situations where neglect is alleged and the child has died, see Section 1, Scale 5 “Child Fatality.”



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



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



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

Description of Neglect of Child’s Basic Physical Needs**1) Extremely and Moderately Neglectful Conditions (may exist in one or more areas)***Nutrition Examples*

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

Personal Hygiene Examples

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

Household Sanitation Examples

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

Physical Condition Examples

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

Racialized communities in Canada - including Black communities - may experience employment barriers, income disparities, and food insecurity at a higher rate due to systemic oppression and racism. These intersections make them more likely to be involved with child welfare when referrals to resources and community-based support may be more effective and less traumatizing.

Scholars have argued that parenting expectations in the Canadian context, which are assumed to be race-neutral, are centered on White and Eurocentric values (Adjei et al., 2018; Adjei & Minka, 2018; Alaaazi et al., 2018). This can include perceptions of nutritionally adequate food. Non-Eurocentric foods, for example, can be perceived by referrers and/or workers as nutritionally inadequate when they are unfamiliar.

Worker discernment and reflection while operating from an anti-racist, anti-oppressive lens is once again strongly recommended.

Clothing Examples

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

There may be cases where caregivers have little to no experience with changes in climate, for example, and therefore may have thought they'd dressed the child appropriately, but then may discover afterwards that it was not the case. People migrating from places where there're no huge fluctuations in climate (e.g. Caribbean countries; countries in Africa) may be particularly impacted - and many of these people may be Black or otherwise racialized.

Ontario has the largest Black population (627,710) in the country, with more than half of Black people in Canada residing in this province (52.4%) (Statistics Canada, 2019a, 2019b). Census data from 2016 shows that the majority of Black Ontarians were born outside of Canada, and that 44,415 of them migrated between 2011 and 2016 (Statistics Canada, 2019a). Today, Ontario's Black newcomer population spans across 150 different nations; migrants mainly arrive from the Caribbean, predominantly Jamaica and Trinidad and Tobago, as well as African countries, such as Somalia, Nigeria, Ghana, and Ethiopia (Statistics Canada, 2019a). [Mohamud et al, 2021] Immigration considerations are therefore critical when workers examine seasonal apparel in assessing for neglect; workers should use discernment when determining whether there is a case of neglect, or rather, of being able to benefit from support via knowledge and resources.

Other Neglect Examples

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

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

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

Personal Hygiene Examples

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

Household Sanitation Examples

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

Physical Living Condition Examples

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

Clothing Examples

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

Other Neglect Examples

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

3) No Neglectful Conditions*Nutrition Examples*

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

Personal Hygiene Examples

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

Household Sanitation Examples

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

Physical Living Condition Examples

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

Clothing examples

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

Other Neglect examples

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

Rating Scale for Neglect of Child’s Basic Physical Needs

Extremely Severe

A Neglect of Basic Physical Needs – Injury or Harm or Illness Has Resulted

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



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

Moderately Severe

B Neglect of Basic Physical Needs – Risk That the Child Is Likely To Be Harmed or Become Ill

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

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

Intervention Line

Minimally Severe

C Basic Physical Needs Met – Minimal Risk That the Child Is Likely To Be Harmed/Become Ill

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

or

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

Not Severe

D Needs Adequately Met

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

SCALE 3

CAREGIVER RESPONSE TO CHILD’S PHYSICAL HEALTH

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

- e) the child requires treatment to cure, prevent or alleviate physical harm or suffering and the child’s parent or the person having charge of the child does not provide the treatment or access to the treatment, or, where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996* and the parent is a substitute decision-maker for the child, the parent refuses or is unavailable or unable to consent to the treatment on the child’s behalf.

Interpretation

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



For situations where there are allegations/concerns about the caregiver’s response to the child’s physical health and the child has died, see Section 1, Scale 5 “Child Fatality”.



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



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

Rating Scale for Caregiver Response to Child’s Physical Health

Extremely Severe

A Life-Threatening Condition/Permanent Impairment

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

B Worsening Condition/No Diagnostic Assessment

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

and/or

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

Moderately Severe

C Risk of Complications/Ongoing Pain

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

Intervention Line

Minimally Severe

D Preventative Care Lacking

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

Not Severe

E Adequate Treatment

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

SCALE 4

CAREGIVER RESPONSE TO CHILD’S MENTAL, EMOTIONAL AND DEVELOPMENTAL CONDITION

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

- (j) **the child suffers from a mental, emotional, or developmental condition that, if not remedied, could seriously impair the child’s development, and the child’s parent or the person having charge of the child does not provide treatment or access to treatment, or where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996* refuses or is unavailable or unable to consent to treatment to remedy or alleviate the condition.**

Interpretation

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

Examples of Types of Conditions are:

- Developmental/neurological disability (e.g., attention deficit disorder, autism, Tourette’s syndrome, Down’s syndrome, hyperkinesis, some genetic disorders, aphasia);
- Emotional illness (e.g., separation anxiety, phobias, obsessive-compulsive disorder, conduct disorders, anorexia, bulimia);
- Mental illness (e.g., schizophrenia, autism, bipolar affective disorder);
- Specific learning disability (e.g., dyslexia)
- Hearing, speech, sight impairment



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



For situations where there are allegations/concerns about the caregiver’s response to the child’s mental, emotional, developmental condition, and the child has died, see Section 1, Scale 5 “Child Fatality”.

Description of a Child’s Mental, Emotional and Developmental Condition**(1) Symptoms Severe, Child Unable to Perform One or More Major Roles**

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

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

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

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

Symptoms exist and the child maintains a normal level of functioning in daily activities and major roles (such as a family member, student, friend) with difficulty and with increased effort. There may be definite impairment in ability to perform secondary roles (e.g., recreational activities). This may be because the symptoms are moderate in strength or because the services or therapy provided thus far have not fully compensated for the effects of more severe symptoms.

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

(3) Mild Symptoms, No Impairment, No Difficulty

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

Rating Scale for Caregiver Response to Child’s Mental, Emotional and Developmental Condition

Extremely Severe**A Severe Symptoms – No or Passive Consent for Treatment**

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



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

Moderately Severe

B Moderate Symptoms – No or Passive Consent for Treatment

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

Intervention Line

Minimally Severe

C Appropriate Caregiver Response – Difficulty Accessing or Paying for Treatment

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

Not Severe

D Appropriate Response for Treatment – Adequate Treatment Provided

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

SCALE 5

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

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

- (l) the child is younger than 12 and has killed or seriously injured another person or caused serious damage to another person’s property, services or treatment are necessary to prevent a recurrence and the child’s parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment;
 - (m) the child is younger than 12 and has on more than one occasion injured another person or caused loss or damage to another person’s property, with the encouragement of the person having charge of the child or because of that person’s failure or inability to supervise the child adequately.
-

Interpretation

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



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



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

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

Extremely Severe

A No Consent for Treatment/Poor Supervision of Child

It is alleged/verified that the child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, or the child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property.

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

and/or

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

and/or

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

Moderately Severe

B Passive Consent for Treatment/Passive Supervision of Child

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

and/or

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

and/or

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

Intervention Line

Minimally Severe

C Appropriate Caregiver Response – Difficulty Accessing and Paying for Treatment

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

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

and/or

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

Not Severe

D Appropriate Response to Treatment and Supervision of Child

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

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

and/or

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

and

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

SECTION 3

EMOTIONAL HARM

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

SCALE 1

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

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

- (f) the child has suffered emotional harm, demonstrated by serious,
 - (i) anxiety,
 - (ii) depression,
 - (iii) withdrawal,
 - (iv) self-destructive or aggressive behaviour, or
 - (v) delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child’s parent or the person having charge of the child;

- (g) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child’s parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to the treatment to remedy or alleviate the harm;
- (h) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child’s parent or the person having charge of the child;
- (i) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child’s parent or the person having charge of the child does not provide services or treatment or access to services of treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment to prevent the harm.

Interpretation

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

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

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

Spurning (hostile rejecting/degrading)

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

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

Terrorizing:

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

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

Isolating:

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

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

Exploiting/Corrupting:

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

- modelling, permitting, or encouraging antisocial behaviour (e.g., prostitution, performance, or participation in sexual abuse imaging and/or inappropriate use of social media, initiation of criminal activities, substance abuse, violence to or corruption of others)



For situations where the caregiver has facilitated or is currently facilitating and/or actively encouraging child to participate in sexually exploitive behaviour.

- modelling, permitting, or encouraging developmentally inappropriate behaviour (e.g., parentification, infantilization, living the caregiver’s unfulfilled dreams)
- encouraging or coercing abandonment of developmentally appropriate autonomy through extreme over-involvement, intrusiveness, and/or dominance (e.g., allowing little or no opportunity or support for child’s views, feelings and wishes; micromanaging child’s life)
- restricting or interfering with cognitive development

Denying Emotional Responsiveness (Ignoring):

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

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

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



For situations where the child suffers an emotional condition which does not appear to have resulted specifically from the behaviour of the caregiver (e.g., obsessive-compulsive disorder), see Section 2, Scale 4 “Caregiver Response to Child’s Mental, Emotional and Development Condition”.



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



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

Emotional Harm/Child Exposure to Conflict Section

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

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

Rating Scale for Caregiver Causes and/or Caregiver Response to Child’s Emotional Harm or Risk of Emotional Harm

Extremely Severe

A Emotional Harm Results from Caregiver’s Actions or Inaction and/or Inadequate Response by Caregiver

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

and/or

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



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

Moderately Severe

B Risk That the Child Is Likely to Be Emotionally Harmed Resulting from Caregiver’s Actions or Inaction and/or Inadequate Response

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

and/or

It is alleged/verified that the child’s caregiver does not provide or refuses to consent to services or treatment to remedy or alleviate the condition or plays a very passive role in finding and carrying out the treatment.

C Risk That the Child Is Likely to Be Emotionally Harmed Resulting from Child’s Exposure to Ongoing Post-Separation Caregiver Conflict

It is alleged/verified that there is a risk that the child is likely to be emotionally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or delayed development, and there are reasonable grounds to believe that the risk of emotional harm results from the actions of the parent(s) involving the child in their post-separation conflict. Such involvement in the conflict can include (but is not limited to) one parent or both parents denigrating the other parent to or in front of the child, asking the child to choose between their parents, and with whom they want to spend their time, undermining the child’s time with the other parent, devaluing the child’s relationship with the other parent, asking the child to make negative statements about the other parent.

Intervention Line

Minimally Severe

D Emotional Harm but Not Caused by Caregiver/Appropriate Caregiver Response to Emotional Harm

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

Not Severe

E No Emotional Harm

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

SCALE 2

CHILD EXPOSURE TO ADULT CONFLICT

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

- (a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise, or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child;
- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise, or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child;
- (f) the child has suffered emotional harm, demonstrated by serious,
 - (i) anxiety,
 - (ii) depression,
 - (iii) withdrawal,
 - (iv) self-destructive or aggressive behaviour, or
 - (v) delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;

- (g) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide services or treatment or access to services of treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to the treatment to remedy or alleviate the harm;
- (h) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;

- (i) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child’s parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment to prevent the harm.

Interpretation

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

Rating Scale for Child Exposure to Adult Conflict

Extremely Severe

A Physical Harm – Adult Conflict

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

and/or

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



If the violence involves a caregiver and their partner, code under Section 3, Scale 3 “Child Exposure to Partner Violence.”



If the child’s physical harm is not a result of or related to violence in the home, code under Section 1, Scale 1, “Physical Force and/or Maltreatment”.

B Neglect of Child’s Basic Needs – Adult Conflict

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



If the neglect involves a caregiver and their partner, code under Section 3, Scale 3 “Child Exposure to Partner Violence.”



If the child’s neglect is not a result of or related to violence in the home, code under Section 2, Scale 2, “Neglect of Child’s Basic Physical Needs”.

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

It is alleged/verified that the child has been mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development and/or as defined in (1) of Section 2, Scale 4 “Caregiver Response to Child’s Mental, Emotional and Developmental Condition”. As a result of adult conflict in the home the risk of continued harm exists due to unchanged conditions (i.e., continued conflict between adults) and the child is without services to address the mental, emotional harm and/or developmental condition.

or

It is alleged/verified that the child has been mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development and/or as defined in (1) of Section 2, Scale 4 “Caregiver Response to Child’s Mental, Emotional and Developmental Condition”. As a result of adult conflict in the home, despite the conditions having changed, the child’s condition is persisting or worsening, and the child is without services to address the mental, emotional harm and/or developmental condition.



If the emotional harm involves a caregiver and their partner, code under Section 3, Scale 3 “Child Exposure to Partner Violence”.



Where the child’s mental, emotional, or developmental condition is not specifically related to exposure to adult conflict or partner violence, code under Section 3, Scale 1 “Caregiver Causes and/or Caregiver Response to Child’s Emotional Harm or Risk of Emotional Harm”.

D Serious Violent Incident/Threat – Adult Conflict

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

and/or



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



If the serious violent incident/threat involves a caregiver and their partner, code under Section 3, Scale 3 “Child Exposure to Partner Violence”.

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

Moderately Severe**E Risk of Physical Harm – Adult Conflict**

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

and/or

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



If the risk of violence toward the child involves a caregiver and their partner code under Section 3, Scale 3 “Child Exposure to Partner Violence”.



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

F Neglect of Child’s Basic Needs – Adult Conflict

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



If the risk of harm due to neglect involves a caregiver and their partner, code under Section 3, Scale 3 “Child Exposure to Partner Violence”.



If the risk of harm to the child due to neglect is not a result of or related to violence in the home, code under Section 2, Scale 2, “Neglect of Child’s Basic Physical Needs”.

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

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

or

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



If the risk of mental, emotional, or developmental harm involves a caregiver and their partner, code under Section 3, Scale 3 “Child Exposure to Partner Violence”.



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

Intervention Line

Minimally Severe

H Adult Conflict – No Evidence of Harm or Mild Evidence of Harm

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

or

The child is displaying mild symptoms of mental or emotional harm or a developmental condition as described in (3) of Section 2, Scale 4 “Caregiver Response to Child’s Mental, Emotional and Developmental Condition” but caregiver is taking appropriate action to remedy the likelihood of further harm to the child, for example, engaging the appropriate services, addressing the home environment and responding to the child’s emotional needs.

Not Severe

I Minimal Adult Conflict

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

SCALE 3

CHILD EXPOSURE TO PARTNER VIOLENCE

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

- (a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise, or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child;
- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise, or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child;
- (f) the child has suffered emotional harm, demonstrated by serious,
 - (i) anxiety,
 - (ii) depression,
 - (iii) withdrawal,
 - (iv) self-destructive or aggressive behaviour, or
 - (v) delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;

- (g) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to the treatment to remedy or alleviate the harm;
- (h) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
- (i) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child's parent or the person having

- (j) charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment to prevent the harm.

Interpretation

Refers to violence between partners or a parent/caregiver and their 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 (Critical Connections, 2010). A gender-based analysis provides information that recognizes the differences gender makes, relative to race, ethnicity, culture, class, age, disability, and any other status. 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”.

It is important to understand the impact on children who are exposed to partner violence in consideration of this section of the Eligibility Spectrum. The impact on children can vary depending on a number of factors such as: frequency, intensity, developmental stage in which the exposure to the violence occurs, cumulative exposure over developmental stages, and resiliency and protective factors that may be present. Some children who are exposed to partner violence may present some of the following issues not limited to behaviour that mimics ADHD, aggressive behaviour, parentified behaviour, high-risk behaviour, mental health concerns, poor conflict resolution and impulse control, seen as the “perfect child,” psychosomatic presentations, etc.

Jeffrey L. Edleson in “Should Childhood Exposure to Adult Domestic Violence Be Defined as Child Maltreatment under the Law?” (Edleson, 2004) indicates that:

- adult partner violence and child maltreatment co-occur in families
- children in homes where partner violence occurs are at greater risk of being maltreated
- children exposed to adult partner violence are sometimes at risk for developing behavioural, emotional, cognitive, and attitudinal problems
- children who both suffer physical abuse and witness partner violence are impacted more severely
- many children who are exposed to partner violence neither develop problems nor are abused

The research is not yet able to indicate which children are safe, which children will develop problems, or which children will recover quickly, nor why. It is important for the child protection worker receiving a referral to inquire about:

- the degree to which a child is involved in violent events
- the level of child maltreatment and emotional harm

Exposure to partner violence was one of two of the most frequently occurring categories of substantiated child maltreatment accounting for 34% of substantiated investigations (Canadian Incidence Study, 2008). Given this high rate of prevalence, child protection workers should take the opportunity to conduct a comprehensive assessment of eligibility when screening a referral. Special attention needs to be given to referrals where custody and access issues co-exist with the partner violence concerns being reported.

Rating Scale for Child Exposure to Partner Violence

Since 2003, the province of Ontario has convened an annual Domestic Violence Death Review Committee (DVDRC). In June 2009, the Office of the Chief Coroner released an analysis of all partner violence related deaths since 2002. The DVDRC Report revealed that 86% of cases shared six or more common risk factors. These factors were as follows:

- Pending or imminent separation
- Prior history of domestic violence
- Obsessive behaviour by the perpetrator
- Depression in the perpetrator
- Escalation of violence in a relationship
- Prior history of threats to kill the victim

Extremely Severe

A Physical Harm – Partner Violence

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

and/or

It is alleged/verified that a child has been physically harmed during their efforts to intervene in an incident of partner violence.



If the violence to the child is a result of adult conflict in the home, code under Section 3, Scale 2, “Child Exposure to Adult Conflict”.



If the child’s physical harm is not a result of or related to violence in the home, code under Section 1, Scale 1, “Physical Force and/or Maltreatment”.

B Serious Violent Incident/Threat – Partner Violence

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

C Neglect of Child’s Basic Needs – Partner Violence

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

D Mental/Emotional Harm Results from Exposure to Partner Violence

It is alleged/verified that the child has been mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive

or aggressive behaviour or delayed development as a result of partner violence.

E Risk of Dangerousness and Lethality – Partner Violence

It is alleged/verified that there is an escalating risk of violence due to a pending separation and/or depression of the maltreater and/or obsessive behaviour of the maltreater, and it is compounded by a history of threats to kill the victim and/or prior history of partner violence.

and/or

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

Moderately Severe

F Risk of Physical Harm – Partner Violence

It is alleged/verified that a child is at risk of being physically harmed, either intentionally or accidentally as a result of partner violence

and/or

is at risk of being harmed during their efforts to intervene in an incident of partner violence.

G Risk of Neglect of Child's Basic Needs – Partner Violence

It is alleged/verified that due to the presence of partner violence in the home, the child is at risk of not having their physical, medical or treatment needs met, resulting in the child being at risk of injury, becoming ill or suffering mental, emotional, or developmental impairment.

H Risk of Mental/Emotional Harm or Developmental Condition – Partner Violence

It is alleged/verified that the child is at risk of being mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development as a result of partner violence.

Variations in children’s experiences of partner violence are attributed to:

- The duration, frequency (pattern) and severity of the violence
- Children’s exposure to the violence
- Children’s protective mechanisms
- Protective factors in the child’s environment (e.g., supportive adult, supportive peer group)

Exposure can mean different things. Some children witness the physical and/or sexual assaults; others hear the violence; still others “see” the violence in the aftermath of broken furniture, bruises, and bloody faces.

Examples of exposure include:

- Hearing threats of physical harm or death
- Feeling tension building in the home prior to an assault
- Hearing or seeing an assault on their mother
- Being denied care because their mother is injured or unavailable
- Being forced to watch or participate in violence against their mother
- Seeing or experiencing the aftermath of a violent incident (injured mother, broken furniture, police intervention, arrest of father)
- Having their relationships with their mother or other supportive adults undermined
- Being taken hostage in order to force their mother’s return to the home
- Being enlisted by their father to align against the mother

Jeffrey L. Edleson in “Should Childhood Exposure to Adult Domestic Violence Be Defined as Child Maltreatment under the Law?” (Edleson, 2004).

Intervention Line

Minimally Severe

I Minimal Partner Violence

It is alleged/verified that some level of conflict exists between the caregiver and his/her partner; however, there is no evidence that the conflict is characterized by violence. There is no evidence to suggest that the child is adversely affected.

and/or

It is alleged/verified that the child has been exposed to partner violence, but the frequency, duration and severity have been assessed to be low and/or the family has been connected to relevant community supports.

Not Severe

J No Partner Conflict

There is no evidence that the conflict is characterized by violence in the relationship. There is no information to suggest that the child is adversely affected and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

SECTION 4

SEPARATION FROM PARENT/CAREGIVER

The child's parent and/or caregiver is unavailable to care for them or is at risk of being separated from the caregiver as a result of intentional or unintentional actions of the caregiver.

SCALE 1
ORPHANED CHILD OR PARENT/CAREGIVER
UNAVAILABLE

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

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

Interpretation

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

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

- caregiver has deserted the child and there is no indication that the caregiver intends to plan for the child’s care
- substitute care has not been sufficient (e.g., caregiver is unfamiliar to child, number of different people caring for the child, caregiver engages child in exploitive activity such as but not limited to sexual abuse imaging)
- caregiver refuses to resume care of child upon child’s discharge from a residential setting
- child has been separated from the family due to parent/child conflict or the child’s alleged or perceived behaviour problems and caregiver refuses to assume care of or for the child
- primary caregiver does not resume care of the child from the substitute caregiver at the agreed upon time and the substitute caregiver will/can no longer care for the child

Children whose parents and/or caregivers are unavailable are left abruptly by the caregiver without any alternative plan of care. Children at risk of such include infants, children or adolescents, and the caregiver is unable and unwilling to plan for the child’s care. Desertion is an action by a caregiver that represents a pattern of care and may reflect caregiver patterns related to addiction, mental illness, indifference or increasing inability by the caregiver to manage the child’s behaviour which culminates in the desertion of a child.



For children, or more commonly youth, who are at risk of being “deserted” and/or separated because of strained family relations or family difficulties, or because of the child’s alleged or perceived behaviour difficulties, see Section 4, Scale 2, “Caregiver-Child Conflict/Child Behaviour”. For children who have actually been “deserted” for these reasons, code in this section.



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

Rating Scale for Orphaned Child or Parent/Caregiver Unavailable

Extremely Severe

A Orphaned Child

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

B Child Whose Parents and/or Caregiver are Unavailable

It is alleged/verified that the child has been abruptly “deserted” by his caregiver or guardian and there is no substitute caregiving plan. There is no indication that the caregiver intends to return or to accept the child back into the home.

and/or

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

and/or

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

C Child “Deserted” from Another Jurisdiction

It is alleged/verified that the child has been “deserted” by his caregiver or guardian and is unaccompanied in a jurisdiction from outside of their home community, province, or country. There may be a caregiving plan, but the plan is not adequate to meet the child’s safety and basic needs.

Moderately Severe

D Many Unexpected Breaks in Caregiver

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

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

Intervention Line

Minimally Severe

E Few Unexpected Breaks in Caregiver

It is alleged/verified that there has been one or two unexpected but temporary breaks in caregiving.

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

F One Continuous Caregiver – Other Instability

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

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

This has required adjustments in the lives of family members.

Not Severe

G Continuous Caregiving

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

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

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

SCALE 2

CAREGIVER-CHILD CONFLICT/CHILD BEHAVIOUR

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

- (a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise, or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child;
- (f) the child has suffered emotional harm, demonstrated by serious,
 - (i) anxiety,
 - (ii) depression,
 - (iii) withdrawal,
 - (iv) self-destructive or aggressive behaviour, or
 - (v) delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;

- (g) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to the treatment to remedy or alleviate the harm;
- (h) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
- (i) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment to prevent the harm;
- (k) the child's parent has died or is unavailable to exercise custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

Interpretation

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

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

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

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



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

Rating Scale for Caregiver-Child Conflict/Child Behaviour

Extremely Severe

A Caregiver-Youth Conflict High – Imminent Risk of Separation of Youth from Family/Risk of Physical Assaults

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

B Caregiver-Child Conflict High – Imminent Risk of Separation of Child from Family/Risk of Physical Assaults

The child is under 12 years of age, the child's behaviour is extremely difficult in the home and the caregiver may be taking appropriate action to get assistance for the child. Now, however, it is alleged/verified that the caregiver has difficulty managing this behaviour so that the child is at risk of imminent separation from the family.

If other children are in the home, there may be a risk that they are likely to be physically harmed or separated from the family due to the child's behaviour.

Moderately Severe**C Caregiver-Child Conflict – Potential Separation of Child from Family**

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

and/or

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



If there are allegations of physical harm to the child, this should be coded in Section 1, Scale 1 "Physical Force and/or Maltreatment".

D Some Caregiver-Child Conflict – Separation from Family Is Not Likely

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

Intervention Line

Minimally Severe

E Some Caregiver-Child Conflict – No Separation of Child from Family

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

Not Severe

F Caregiver/Child Relations Positive

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

and/or

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

and

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

SECTION 5

CAREGIVER CAPACITY

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

Black, Indigenous, and other communities that experience disparate treatment and outcomes in Ontario are often perceived and portrayed as having lower caregiver capacity. Workers should therefore reflect on the intersection of caregiver identity, worker biases and systemic racism and oppression when assessing caregiver capacity.

SCALE 1

CAREGIVER HAS HISTORY OF ABUSING/NEGLECTING/EXPLOITING

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

- (a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise, or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child;
- (c) the child has been sexually abused or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child;
- (d) there is a risk that the child is likely to be sexually abused or sexually exploited as described in clause (c);
- (f) the child has suffered emotional harm, demonstrated by serious,
 - (i) anxiety,
 - (ii) depression,
 - (iii) withdrawal,
 - (iv) self-destructive or aggressive behaviour, or
 - (v) delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;

- (g) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to the treatment to remedy or alleviate the harm;
 - (h) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
 - (i) There is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child's parent or the person having charge of the child does not provide services or treatment or access to treatment, or where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment to prevent the harm.
-

Interpretation

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

- a caregiver who has a history of maltreating children or is currently the subject of an allegation of child abuse/neglect/exploitation
or
- there is an introduction/re-introduction of a caregiver or adult with a history of partner violence or adult conflict that has previously resulted in harm/neglect/exploitation to a child
and
- that caregiver is currently in a caregiving role or has ongoing access to children
and
- circumstances precipitating the previous abuse/neglect/exploitation have not changed
and
- there is no current allegation or evidence that harm is occurring

Due to the caregiver's history of maltreating children, there is a risk that a child is likely to be abused/neglected/exploited.

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



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



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

Rating Scale for Caregiver Has History of Abusing/Neglecting/Exploiting

Extremely Severe

A Paedophile

It is alleged/verified that person in a caregiving role with the child is a paedophile (e.g., has committed numerous sexual offences against children.



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

B Previous/Current Child Exploitation of Specific Child – No Change in Precipitating Circumstances

It is alleged/verified that a person in a caregiving role with the child, previously/currently abused, exploited, or is alleged to have exploited that specific child or children and it is suspected that the circumstances precipitating the previous exploitation have not changed.

C Previous/Current Child Exploitation of Similar Children – No Change in Precipitating Circumstances

It is alleged/verified that a person in a caregiving role with the child, previously/currently abused, exploited, or is alleged to have exploited another child of similar description, and it is suspected that the circumstances precipitating the previous exploitation have not changed.

D Previous/Current Abuse/Neglect of Specific Child – No Change in Precipitating Circumstances

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

E Previous/Current Abuse/Neglect of Similar Children – No Change in Precipitating Circumstances

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

F Previous/Current Maltreater of Child Exposure to Conflict Causing Harm – Specific Child, No Change in Precipitating Circumstances

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

Moderately Severe**G Previous/Current Abuse/Neglect/Exploitation of Different Children – No Change in Precipitating Circumstances**

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

H Previous/Current Maltreater of Child Exposure to Conflict Causing Harm – Different Child, No Change in Precipitating Circumstances

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

Intervention Line

Minimally Severe**I Previous/Current Abuse/Neglect/Exploitation of Children – Changed Precipitating Circumstances**

It is alleged/verified that a person in a caregiving role with the child has previously/currently abused/neglected/exploited, or is alleged to have abused/neglected/exploited, a child or children, but the circumstances precipitating the previous abuse/neglect/exploited are believed to be no longer relevant (e.g., counselling has been received, financial stresses relieved, alcoholism overcome, etc.). Confirmation of these precipitating circumstances having changed (e.g., notation in previous file that counselling was completed) has been received.

J Previous/Current Maltreater of Child Exposure to Conflict Causing Harm – Changed Circumstances

It is alleged/verified that a person with a history of partner violence or adult conflict that previously/currently resulted in physical, mental, emotional harm, a developmental condition or neglect to a child is in a relationship with an adult or parent/caregiver of a child, but the circumstances precipitating the previous harm are no longer relevant (e.g., maltreater has received treatment and overcome propensity to violence) and confirmation of the changes have been received from appropriate collaterals.

Not Severe**K No History of Abuse/Neglect/Exploitation**

Caregiver of child has no alleged/verified history of abuse/neglect/exploitation and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

SCALE 2

CAREGIVER INABILITY TO PROTECT

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise, or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child;
- (c) the child has been sexually abused or sexually exploited by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child;
- (d) there is a risk that the child is likely to be sexually abused or sexually exploited as described in clause (c);
- (f) the child has suffered emotional harm, demonstrated by serious,
 - (i) anxiety,
 - (ii) depression,
 - (iii) withdrawal,
 - (iv) self-destructive or aggressive behaviour, or
 - (v) delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;

- (g) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to the treatment to remedy or alleviate the harm;
- (h) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
- (i) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment to prevent the harm.

Interpretation

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



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



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

Rating Scale for Caregiver Inability To Protect

Extremely Severe**A Caregiver Does Not Act to Protect Child**

It is alleged/verified that, historically:

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

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

or

It is alleged/verified that, currently:

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



If the third party with a history of abusing/neglecting/exploiting is placed in a caregiving role with the child, code in Section 5, Scale 1 “Caregiver Has History of Abusing/Neglecting/Exploiting”.



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

B Caregiver Makes Minimal Effort to Protect Child

It is alleged/verified that, historically:

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

or

It is alleged/verified that, currently:

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

Moderately Severe

C Caregiver's Efforts Insufficient to Fully Protect Child

It is alleged/verified that, historically:

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

or

It is alleged/verified that, currently:

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

Intervention Line

Minimally Severe

D Caregiver Makes Reasonable Efforts to Protect Child

It is alleged/verified that, historically:

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

or

It is alleged/verified that, currently:

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

Not Severe

E Caregiver Protects Child

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

SCALE 3

CAREGIVER WITH PROBLEM

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise, or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child;
- (c) the child has been sexually abused or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child;
- (d) there is a risk that the child is likely to be sexually abused or sexually exploited as described in clause (c);
- (f) the child has suffered emotional harm, demonstrated by serious;
 - (i) anxiety,
 - (ii) depression,
 - (iii) withdrawal,
 - (iv) self-destructive or aggressive behaviour, or
 - (v) delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;

- (g) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to the treatment to remedy or alleviate the harm;
- (h) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
- (i) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to the treatment to prevent the harm;

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

Interpretation

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



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



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

Rating Scale for Caregiver with Problem

Extremely Severe

A Caregiver Has Problem and Is Unable to Care for Child

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

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

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

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

and/or

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

Moderately Severe**B Caregiver Has Problem Causing Risk That the Child Is Likely to Be Harmed**

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

and

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

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

Intervention Line

Minimally Severe**C Caregiver Has Basic Capacity to Provide Care Safely**

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

and

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

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

Not Severe**D Caregiver Able and Capable to Provide Care**

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

SCALE 4 CAREGIVING SKILLS

Child, Youth and Family Services Act, 2017 References

74(2)

A child is in need of protection where,

- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise, or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child;
- (c) the child has been sexually abused or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child;
- (d) there is a risk that the child is likely to be sexually abused or sexually exploited as described in clause (c);
- (f) the child has suffered emotional harm, demonstrated by serious,
 - (i) anxiety,
 - (ii) depression,
 - (iii) withdrawal,
 - (iv) self-destructive or aggressive behaviour, or
 - (v) delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child;

- (g) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment to prevent the harm;
- (h) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
- (i) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii) (iv) or (v) and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment to prevent the harm;

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

Interpretation

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

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



The Caregiving Skills scale should only be used when the caregiver's skills may place the child in jeopardy in the future. If the caregiver's skills are affecting the child in any way previously outlined in the Eligibility Spectrum, a previous scale should be used as a reason for service and intervention, including situations where the child has died and there were concerns related to caregiver capacity/caregiving skills.



Scholars have argued that parenting expectations in the Canadian context, which are assumed to be race-neutral, are in fact centered on White and Eurocentric values (Adjei et al., 2018; Adjei & Minka, 2018; Alaazi et al., 2018). The appropriateness of parenting skills therefore tends to be compared directly with Eurocentric norms, while non-Eurocentric norms are Othered and penalized. Families with different cultural norms may therefore be disadvantaged when workers evaluate parenting skills. Studies with Black caregivers in Canada, for example, who are negotiating either the threat of or actual involvement in the child welfare system speak to the ways in which Eurocentric values are imposed on family life (Adjei & Minka, 2018; Alaazi et al., 2018; Clarke, 2011, 2012; Phillips & Pon, 2018).

"Mothers also articulated difficulties meeting the often inappropriate expectations of child welfare workers, including being required to attend parenting classes and other therapeutic services that did not address their fundamental material and social concerns, such as housing and child care. This disconnect led to service users' belief that they were being punished for being both Black and poor, and that the child welfare system and its interconnected institutions (police, schools, day cares, medical providers) were designed to surveil and criminalize Black families, and Black mothers in particular." (Mohamud et al, 2021).

Rating Scale for Caregiving Skills

Extremely Severe

A Poor Caregiving Skills – Risk That the Child Is Likely to Be Harmed

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

Moderately Severe

B Limited Caregiving Skills – Risk That the Child Is Likely to Be Harmed

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

and/or

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

Intervention Line

Minimally Severe

C Basic Caregiving Skills

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

Not Severe

D Adequate Caregiving Skills

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

SECTION 6
REQUEST FOR COUNSELLING

REQUEST FOR COUNSELLING

A **A Child Requests Counselling**

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

B **Youth Formerly on Extended Society Care Requests Counselling**

Youth formerly on Extended Society Care requests counselling to assist with issues related to their previous time in Society care. (A youth formerly on Extended Society Care may require information related to their records or require the referral to a service in the community.)



If a youth formerly on Extended Society Care requests Continued Care and Support for Youth (formerly Extended Care and Maintenance), code in Section 11 “Request for Youth Services”.

C **Youth Formerly on Extended Society Care, 23 Years or Older Requests Counselling and/or Financial Support**

A youth formerly on Extended Society Care, 23 years, or older contacts the parent agency requesting counselling and/or financial support.

D **Family of Youth, Formerly on Extended Society Care with Access**

Youth, formerly on Extended Society Care, has access to family members. The family file may be opened here if work is being done with the family to facilitate positive access and there are no protection concerns.



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

E **Family Requests Abuse Counselling**

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

F **Birth Planning Services**

Request for birth planning for a caregiver regarding options for their pregnancy (where adoption is not the primary plan).



If adoption is the primary plan, code under Section 7, Scale 3 “Services for Birth Parent(s) Considering Placing Child for Adoption”. If there are protection concerns, code under 10K and upon the birth of the infant, open a protection file under Sections 1–5.

G **Voluntary Request for Counselling**

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

SECTION 7
REQUEST FOR ADOPTION SERVICES


SCALE 1

ADOPTION SERVICES FOR POTENTIAL ADOPTIVE FAMILIES

- A Inquiry/Application**
Inquiries from potential adoptive caregivers regarding their desire to adopt.
- B HEART and SPIRIT Program and Indigenous Family Development Assessment**
Adoptive applicant(s) is/are undergoing mandatory home study and/or training program as applicable regarding their suitability to adopt.
- C SAFE Home Study Assessment and PRIDE Education Program**
Adoptive applicant(s) is/are undergoing mandatory home study and/or training program as applicable regarding their suitability to adopt.
- D Approved Adoptive Home – Awaiting Placement**
Adoptive home has been approved and is awaiting placement of a child and/or youth who is legally available for adoption.
- E Approved Adoptive Home – With Placement**
Adoptive home has been approved and has a child and/or youth in the home on adoption probation.
- F Approved Adoptive Home Out of Jurisdiction – Awaiting Placement**
Adoptive home has been approved by another jurisdiction and is awaiting placement of a child and/or youth who is legally available for adoption.
- G Approved Adoptive Home Out of Jurisdiction – With Placement**
Adoptive home has been approved by another jurisdiction and has a child and/or youth in the home on adoption probation.
- H Training**
Request for mandatory education program for potential adoptive families from other agencies, other jurisdictions, and private adoption practitioners.

SCALE 2

ADOPTION DISCLOSURE

- A Adoption Disclosure – Non-Identifying Case-Specific Information**
Request for adoption disclosure services for non-identifying information.
- B Adoption Disclosure – Identifying Case-Specific Information**
Agency refers applicant(s) requesting identifying information to appropriate government and social organizations.
-  *Agency refers applicant(s) to Service Ontario or Registrar of Indian Affairs for disclosure of identifying information.*
- C Adoption Disclosure – General Non Case-Specific Information**
Request for general adoption disclosure information; for example, how to access the process.

SCALE 3

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

A Inquiries

Inquiries from birth parent(s) regarding adoption planning for their child or expected child.

B Counselling Services

Request for counselling from birth parent(s) regarding adoption planning for their child or expected child.



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



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

C Consent for Adoption

Birth parent(s) consent to adoption placement for their child.

SCALE 4

ADOPTION PROBATION SERVICES

- A Request for Adoption Subsidy During the Probationary Period**
Inquiries from adoptive parents for subsidy while involved in the adoption probationary period of a child(ren) and or youth placed in adoptive home.
- B Provision of Adoption Subsidy During the Probationary Period**
Home Society provides adoption subsidy to the adoptive home for a particular child and/or youth placed in the adoptive home.
- C Request to Assist Adoptive Families with the Contact and Communication in Relation to Openness Orders and/or Openness Agreement**
Request to assist adoptive families with the contact and communication in relation to openness orders and openness agreements regarding children placed for adoption or whose adoption probation was supervised by the Society.

SCALE 5

POST-ADOPTION SERVICES

A Inquiries

Inquiries from adoptive parents after adoption finalization.

B Request for Post-Adoption Subsidy

Request for financial support to the home society from the adoptive family of a child after an adoption has been finalized.

C Provision of Post-Adoption Subsidy

Provision of financial support by the home society of a child to the adoptive family after an adoption has been finalized.

D Request for Post-Adoption Services

Request for service supports that an agency can provide in relation to families or individuals after adoption finalization.

E Provision of Post-Adoption Services

Provision of service supports that an agency can provide in relation to families or individuals after adoption finalization.

F Request for Post-Adoption Assistance in Relation to Openness Orders or Agreements

Request to assist adoptive families with the contact and communication in relation to openness orders and openness agreements regarding children placed for adoption or whose adoption probation was supervised by the Society.

G Request for Alternative Dispute Resolution in Relation to Openness Orders

Request to assist adoptive families in determining a method of alternative dispute resolution in relation to openness orders.

***NOTE:** Post-adoption services and/or subsidies will apply to children or youth placed on adoption through children's aid societies only.*

H Request for Service Supports Out of Jurisdiction:

Request for service supports that an agency can provide in relation to families or individuals after adoption finalization.

SECTION 8
FAMILY BASED CARE

SCALE 1

FOSTER CARE SERVICES

A Inquiry

Inquiries from a potential foster family regarding the feasibility of becoming a resource for the agency.

B HEART and SPIRIT Program and Indigenous Family Development Assessment

Foster care applicant(s) is/are undergoing mandatory home study and/or education program to determine suitability to foster children/youth in care.

C SAFE Home Study Assessment and PRIDE Education Program

Foster care applicant(s) is/are undergoing mandatory home study and/or education program to determine suitability to foster children/youth in care.

D Approved Foster Home

Foster home is approved.

E Support to Foster Parents from Another Jurisdiction

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

F Foster Care Training from Another Jurisdiction

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

SCALE 2

KINSHIP SERVICE FOR CHILD WHO HAS BEEN OR WILL BE LIVING WITH KINSHIP SERVICE PROVIDER(S)

A Initial Screening and Assessment – Proposed

Request for or initiation of preliminary assessment of relative, extended family or community member(s) to determine suitability of the home for a future placement of a child who is in need of protection and has been admitted into the Society’s care. Included are active searches and outreach activities regarding additional potential caregivers.

B Initial Screening and Assessment – Apprised

Request for or initiation of preliminary assessment of relative, extended family or community member(s) to determine suitability of the home for a child who is in need of protection and has been living with the kinship service provider in response to an emergency child protection intervention.



Proposed – Child is not living with the kinship service provider pending a kinship assessment and a placement decision.



Apprised – Child is already living with the kinship service provider pending a kinship assessment and a placement approval.

C Comprehensive Assessment of Kinship Service

Completed assessment of relative, extended family or community member(s) to determine suitability of family or community member(s) to provide care for the child.

D Approved Kinship Service Home/Arrangement – Awaiting Placement

Kinship service home has been approved and is awaiting placement of the child who will reside with the kinship service provider(s) after, for example, court approval or at the end of school year.

E Approved Kinship Service Home/Arrangement – Ongoing Support for Kinship Service

Kinship service home has been approved and the child is living in the home. The Society continues to offer ongoing support for kinship service.

F Initial Screening Assessment for Kinship Service – Out of Jurisdiction Request – Proposed

Request by the home society to assess a potential kinship service arrangement to determine the suitability of the home for future placement of a child who is in need of protection and is in care of the home society.

- G Initial Screening Assessment for Kinship Service – Out of Jurisdiction Request – Apprised**
Request by the home society to assess a kinship service arrangement to determine the suitability of the home for a child who is in need of protection and has been living with the kinship service provider in response to an emergency child protection intervention.
- H Comprehensive Assessment Kinship Services – Out of Jurisdiction Request**
Completed assessment of relative, extended family or community member(s) to determine suitability of family or community member(s) to provide care for the child. Assessment outcomes have been communicated to the Home Society.
- I Support to Kinship Service – Out of Jurisdiction Request**
Request from another agency to provide support services for a kinship service family following approval of the home.



Kinship service excludes all services coded under customary care.

SCALE 3

KINSHIP CARE FOR CHILDREN AND/OR YOUTH IN THE CARE OF A SOCIETY

- A Kinship Care Inquiry**
Request for or initiation of preliminary assessment of relative, extended family or community member(s) to provide care of a child in need of protection, who has been or will be admitted to the care of the Society.
- B Kinship Care – Indigenous Family Development Assessment – “Place of Safety” Designation**
Search completed and relative, extended family or community member designated as a place of safety (for up to 60 days to ensure completion of home study process). Standards outlined in the place of safety regulation must be met in order for designation.
- C Kinship Care – Home Study – “Place of Safety” Designation**
Search completed and relative, extended family or community member designated as a place of safety (for up to 60 days to ensure completion of home study process). Standards outlined in the place of safety regulation must be met in order for designation.
- D Kinship Care – Indigenous Family Development Assessment – Child Placed in Kinship Home**
Relative, extended family or community member has been designated as a Place of Safety and child is placed pending completion of mandatory assessment.
- E Kinship Care – SAFE Home Study Assessment – Child Placed in Kinship Home**
Relative, extended family or community member has been designated as a Place of Safety and child is placed pending completion of mandatory assessment.
- F Kinship Care: HEART and SPIRIT Program and Indigenous Family Development Assessment – Child Not Currently Placed in Kinship Home**
Relative, extended family or community member is undergoing mandatory assessment and education program regarding their suitability to care for the child who is currently in the care of the society.
- G Kinship Care: SAFE Home Study Assessment and PRIDE Education Program – Child Not Currently Placed in Kinship Home**
Relative, extended family or community member is undergoing mandatory assessment and education program regarding their suitability to care for the child who is currently in the care of the society.
- H Approved Kinship Care Home: HEART and SPIRIT Program and Indigenous Family Development Assessment Completed – Awaiting Placement**

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

I Approved Kinship Care Home: SAFE Home Study Assessment and PRIDE Education Program Completed – Awaiting Placement

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

J Approved Kinship Care Home with Placement

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

K Kinship Care Indigenous Family Development Assessment – Out of Jurisdiction Request

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

L Kinship Care SAFE Home Study Assessment – Out of Jurisdiction Request

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

M Kinship Care HEART and SPIRIT Program and Indigenous Family Development Assessment – Out of Jurisdiction Request

A kinship care mandatory assessment and/or education program are underway for a particular child.

N Kinship Care SAFE Home Study Assessment and PRIDE Education Program – Out of Jurisdiction Request

A kinship care mandatory assessment and/or education program are underway for a particular child.

O Kinship Care Approval – Out of Jurisdiction Request

Kinship care home has been assessed by the Local Society and approved by the Home Society and the child is in the home.

P Support to Kinship Care Parent – Out of Jurisdiction Request

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

NOTE: Out of Jurisdiction Request includes Out of Province Request.

SCALE 4

CUSTOMARY CARE

- A Customary Care Inquiry**
Inquiry received from or on behalf of a relative, extended family or community member, who proposes to provide care and supervision in accordance with customs and traditions of a First Nations, Métis or Inuit child deemed in need of protection and being supervised by the society pursuant to a Customary Care Agreement.
- B Customary Care – Home Assessment – “Place of Safety” or “Kinship Service” Designation**
Search completed and relative, extended family or community member designated as a place of safety or kinship service (for up to 60 days to ensure completion of home study process). Standards outlined in the place of safety regulation or kinship service must be met in order for designation.
- C Customary Care HEART and SPIRIT Program and Indigenous Family Development Assessment – Child Placed**
Prospective caregiver has been designated as a place of safety or kinship service and child is placed pending the completion of a home study assessment.
- D Customary Care SAFE Home Study Assessment and PRIDE Education Program – Child Placed**
Prospective caregiver has been designated as a place of safety or kinship service and child is placed pending the completion of a home study assessment.
- E Customary Care HEART and SPIRIT Program and Indigenous Family Development Assessment - No Child Placed**
Prospective caregiver is undergoing a home study assessment to establish suitability to care for the child.
- F Customary Care SAFE Home Study Assessment and PRIDE Education Program – No Child Placed**
Prospective caregiver is undergoing a home study assessment to establish suitability to care for the child.
- G Approved Customary Care Home – Awaiting Child Placement**
Customary care home has been assessed and approved and is awaiting the placement of the child.
- H Approved Customary Care Home – With Placement**
Customary care home has been assessed and approved and the child is in the home.

- I Customary Care Indigenous Family Development Assessment - Out of Jurisdiction Request**
Request from another agency to assess and approve a customary care home for a particular child.

- J Customary Care SAFE Home Study Assessment – Out of Jurisdiction Request**
Request from another agency to assess and approve a customary care home for a particular child.

- K Support to Customary Care Parent – Out of Jurisdiction Request**
Request from another agency to provide support services for one of its approved customary care homes.

SCALE 5

CUSTODIAL PARENTS – APPLICATION/ APPROVAL/PLACEMENT

Interpretation

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

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

SCALE 6

CUSTODIAL PARENTS – POST PLACEMENT SERVICES

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

Example: A foster family seeks legal custody of a child and requires financial and service support after the child has been discharged from care and the foster parents obtain legal custody under Section 65(2) of *CYFSA*. The home society and the custodial family enter into an agreement for the provision of financial supports and services. The birth family also receives support from the agency to facilitate ongoing access arrangements.

SCALE 7

LICENSED SERVICES TO RESIDENTIAL CARE (OPI/OPR)

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

SECTION 9
VOLUNTEER SERVICES

VOLUNTEER SERVICES

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

SECTION 10
REQUEST FOR ASSISTANCE

REQUEST FOR ASSISTANCE

A Request for Investigation/Assistance

Another society requests assistance in its investigation or to meet Child Protection Standards (i.e., conduct interviews, complete an assessment on a caregiver (e.g., the other parent), complete a safety assessment on a family for a child or youth to visit, to complete a home visit of a child in care from another jurisdiction, testify in a protection case matter).

A community agency (i.e., police) requests assistance/expertise in conducting an investigation where a physical or sexual assault has occurred but not under *CYFSA* Section 74 (2) (i.e., the maltreater was not a caregiver).

B Supervise/Assist Other Society Child in Care

Supervise child in care of another society as per their request. It includes any related paperwork, contact with clients.

C Alerts – Other Society

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

D Court Papers

Serve court papers and complete necessary/relevant paperwork.

E Miscellaneous Requests by Another Children’s Aid Society

Examples include Return a child to home agency, traditional First Nations, Métis, or Inuit healing practices, and other requests that do not fall into the above categories.

F Expungement Hearing Request or Other Court Hearing Request

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

G Alerts – From Justice/Education

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



If protection concerns present as a result as a School Based Violent Threat Assessment disclosure request, code under Sections 1–5.

H Request for Record Checks or Record Disclosures

Effective January 1, 2020, Scale 12 is to be used for matters formerly coded Section 10H.



If protection concerns present as result as a School Based Violent Threat Assessment disclosure request, code under Sections 1-5.

I Request for Agency Information and/or Consultation

Request for information and/or explanation of a society service offered; interpretation of the legislation, babysitting, etc.

Request for consultation about an unidentified case or a hypothetical situation.



With identifying information and concerns related to protection, a code in Sections 1–5 should be used.

J Community Public Relations Request

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

K Request for Prenatal Service

Community or caregiver requests the society service related to a caregiver with a problem and their pregnancy.

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

SECTION 11
REQUEST FOR YOUTH SERVICES

REQUEST FOR YOUTH SERVICES

Child, Youth and Family Services Act, 2017 References

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A society or prescribed entity shall enter into an agreement to provide care and support to a person in accordance with the regulations in each of the following circumstances:

1. A custody order under the clause 116 (1) (b) or an order for extended society care under paragraph 3 of subsection 101 (1) or clause 116 (1) (c) was made in relation to that person as a child and the order expires under section 123.
2. The person entered into an agreement with the society under section 77 and the agreement expires on the person's 18th birthday.
3. The person is 18 or older and was eligible for the prescribed support services.
4. In the case of a First Nations, Inuk, or Métis person who is 18 or older, paragraph 1, 2 or 3 applies or the person was being cared for under customary care immediately before their 18th birthday and the person who was caring for them was receiving a subsidy from the society or an entity under section 71.

Interpretation

This section supports the preparation of youth for successful transition from the care of Children's Aid Societies where youth who have previously received services from the Society may seek additional supports in the form of finances, medical or dental care, clinical services or assistance with living arrangements through the Ready, Set Go (RSG) program, or a Voluntary Youth Services Agreement (VYSA). It is recognized that youth having previously been subject to an order with the Society, have an entitlement to request additional supports and services from Children's Aid Societies.



The Renewed Youth Supports program was phased-out as 16- and 17-year-olds are now able to engage voluntarily with societies through a Volunteer Youth Service Agreement (VYSA) under the Child, Youth and Family Services Act, 2017.

A Former Child in Extended Society Care Requests Participation in the Ready, Set, Go Program

A youth is eligible to enter into a Ready, Set, Go (RSG) agreement to receive financial and non-financial supports (e.g., case management) if the youth is between the ages of 18 and until their 23rd birthday and:

- Was the subject of an order placing the youth in extended society care or a custody order under s. 116 of the *CYFSA* immediately prior to the youth's 18th birthday;
- Was the subject of an order placing the youth in extended society care or a legal custody order under s. 116 of the *CYFSA* immediately before the youth's marriage if the marriage occurred before the youth's 18th birthday;
- Was eligible to receive Renewed Youth Supports.

In the case of a First Nations, Inuk, or Métis youth, was being cared for under customary care immediately prior to the youth's 18th birthday and the person who was caring for them was receiving a subsidy from a society or entity under s. 71 of the *CYFSA*.

Example: A ten-year-old Child in Extended Society Care has been living with foster parents for several years. The foster parent applied for legal custody of the child under Section 116 of the *CYFSA*. At age 18, the youth would be eligible to enter into an RSG agreement for support in transitioning to adulthood.

B Requests for Renewed Youth Support

A youth is eligible for Renewed Youth Support if 16 or 17 years of age and has been subject to a court order under Section 101 of the *CYFSA* as a Society Ward, temporary care order or customary care that was terminated at age 16 or 17. Support could include but are not limited to medical, financial, dental, living arrangements and clinical services.

NOTE: *As a result of the Age of Protection being raised from 16 to 18 years on January 1, 2018, the RYS program is being phased out.*

C Youth on Voluntary Youth Services Agreement Expiring at Age 18 Requests Participation in the Ready, Set, Go Program

Youth whose VYSA expired on their 18th birthday are eligible for the Ready, Set, Go (RSG) program. RSG provides eligible youth with financial and non-financial supports (e.g., case management) from age 18 until their 23rd birthday.

Interpretation

Societies are required to provide the full range of child protection services to eligible youth, where appropriate, until their 18th birthday, including society agreements with 16- and 17-year-olds (i.e., Voluntary Youth Services Agreements). This section addresses service requests by 16- and 17-year-olds and/or their caregivers for voluntary services. Non-voluntary protection services should be coded using the most relevant of Scales 1-5.

Access to full range of services for 16- and 17-year-olds will be guided by the following principles.

Youth-Centered Service - Youth receiving service may have experienced traumatic events of circumstances. Societies will actively engage youth in decision-making and promote the youth's voluntary participation in service, assisting them to build on their strengths and address the protection issues that are impacting them.

Youth Safety - Service should support youth to make decisions that help to minimize risk and promote their own safety and protection.

Least Disruptive Approach - Youth are often best supported at home with their families, extended families, and communities. Service should favour the least disruptive course of action to protect the youth.

Permanency - Youth who are 16 or 17 are beginning the transition to independence, and societies will engage with to identify their permanency goals. Service should support the youth in identifying and developing permanent relationships that are meaningful and beneficial to youth, and incorporate broad definitions of family, extended family, kin, and community.

Connection to Community and Culture - Maintaining connection to community and culture are closely connected to permanency planning and positive outcomes for youth. Youth should have access to culturally appropriate services, community-based supports, and opportunities to support their self-development and connection to their cultures, heritages, traditions and identities.

Culturally Appropriate Services for Indigenous Youth - Service to Indigenous youth should promote connections with community, culture, heritage, and traditions and reflect wholistic approaches that support opportunities for Indigenous youth to remain connected and close to home communities.

Diversity - Individuals are unique and service will be responsive to the diversity of youth and family services and be provided from an anti-oppression and anti-racism perspective.

SECTION 12

PERSONAL INFORMATION

This section has been added to reflect the requirements in Part X of the *CYFSA* with respect to personal information.

SCALE 1

RECORD CHECK

Interpretation

Child Welfare record checks are conducted in various circumstances. When a record check is completed in the course of receiving a referral, conducting a child protection investigation, or providing ongoing child protection or other child welfare services in accordance with the Ontario Child Protection Standards (2016), the results of the record checks are documented in the case. Similarly, when a record check is completed in the course of an inquiry or assessment for an individual who seeks to be a residential care provider for the society, including a Customary Care, kin, foster or adoptive caregiver (Provider inquiry or assessment, the results of the record check are documented as part of that assessment.

This Scale is to be used when a request for a Record Check is received from an individual directly (personally) or from a third party acting on an individual's consent and direction, in circumstances that do not involve the provision of child protection or Provider assessment services to the individual. It should also be used to identify record checks for internal society purposes such as screening applicants for volunteering (including participation on the society Board of Directors) or employment at the society.

- A Record Check Requested by Individual**
Request for record check/search to determine whether they have had previous involvement with a children's aid society in Ontario (yes/no), including protection, non-protection, or Provider involvement. Response is provided directly to the individual; no access to the record is requested or provided.
- B Record Check Requested by Third Party, with Consent**
request for record check/search to determine whether they have had previous involvement with a children's aid society in Ontario (yes/no), including protection, non-protection, or Provider involvement. Response is provided to a third party with consent of the individual; no disclosure of records is requested or provided (includes requests from outside residential resources (OPRs) and licensed adoption practitioners in their assessment process.)
- C Record Check for Society's Own Use**
Record check/search is conducted by the society for screening of potential volunteers, resource parents, or employees of the society, with consent.

SCALE 2

INDIVIDUAL RIGHTS TO ACCESS AND CORRECTION

Child, Youth and Family Services Act, 2017 References

Individuals right of access

- 2(1) An individual has a right of access to a record of personal information about the individual that is in a service provider's custody or control and that relates to the provision of a service to the individual unless,
- (a) the record or the information in the record is subject to a legal privilege that restricts its disclosure to the individual;
 - (b) another Act, an Act of Canada or a court order prohibits its disclosure to the individual;
 - (c) the information in the record was collected or created primarily in anticipation of or for use in a proceeding, and the proceeding, together with all appeals or processes resulting from it, has not been concluded; or
 - (d) granting the access could reasonably be expected to,
 - (i) result in a risk of serious harm to the individual or another individual,
 - (ii) lead to the identification of an individual who was required by law to provide information in the record to the service provider, or
 - (iii) lead to the identification of an individual who provided information in the record to the service provider explicitly or implicitly in confidence if the service provider considers it appropriate in the circumstances that the identity of the individual be kept confidential.

Right of access to part of record not restricted

- (2) Despite subsection (1), an individual has a right of access to that part of a record of personal information about the individual that can reasonably be severed from the part of the record to which the individual does not have a right of access under any of clauses (1) (a) to (d).

Right of access to part of record not dedicated to provision of service

- (3) Despite subsection (1), if a record is not a record dedicated primarily to the provision of a service to the individual requesting access, the individual has a right of access only to the personal information about the individual in the record that can reasonably be severed from the record.

Consultation regarding harm

- (4) Before deciding to refuse to grant an individual access to a record of personal information under subclause (1) (d) (i), a service provider may consult with a member of the College of Physicians and Surgeons of Ontario, a member of the College of Psychologists of Ontario or a member of the Ontario College of Social Workers and Social Service Workers.

Request for access

313 (1) An individual may exercise a right of access to a record of personal information by making a written request for access to the service provider that has custody or control of the information.

Correction to record**Interpretation**

315 (1) In this section, a reference to a correction to a record or to correct a record includes the addition of, or adding, information to make the record complete.

Written request

(2) If a service provider has granted an individual access to a record of personal information and if the individual believes that the record is inaccurate or incomplete, the individual may request in writing that the service provider correct the record.

Interpretation

Under Part X individuals have the right to access their personal information in the custody or control of a service provider that relates to the provision of a service to the individual, subject to some exceptions. This includes a person who was assessed by the society as a Provider (for example, a Customary Care, kin, foster or adoptive applicant) as the assessment of and ongoing support for those resources are services under the Act.

The new rights of individuals to access their personal information and request correction of a record of their personal information are subject to oversight by the Information and Privacy Commissioner (IPC). Societies will be required to submit an annual report to the IPC that includes the number of requests received and the responses provided. The new codes support the documentation of service related to written requests for access and correction, as well as facilitating the collection of the data which must be reported with respect to requests received.

This scale is to be used to identify all written requests for access to their personal information by service recipients, and all written requests for correction of records made by individuals who were granted access to their personal information.

A Request for Access to Personal Information

Request for access to their personal information by an individual who received services (current or former recipient of service requests access to their personal information under s. 313(1) (CYFSA).

B Request for Correction

Request for correction of a record by an individual who was granted access to their personal information (current or former service recipient requests correction to their record under s. 315(2) (CYFSA).

SCALE 3

USE AND DISCLOSURE

Child, Youth and Family Services Act, 2017 References

Permitted use

- 291 (1) A service provider may use personal information collected for the purpose of providing a service,
- (a) for the purpose for which the information was collected or created and for all the functions reasonably necessary for carrying out that purpose, including providing the information to an officer, employee, consultant or agent of the service provider, but not if the information was collected with the consent of the individual or under clause 288 (2) (a) and the individual expressly instructs otherwise;
 - (b) if the service provider believes on reasonable grounds that the use is reasonably necessary to assess, reduce or eliminate a risk of serious harm to a person or group of persons;
 - (c) for a purpose for which this Act, another Act or an Act of Canada permits or requires a person to disclose it to the service provider;
 - (d) for planning, managing, or delivering services that the service provider provides or funds, in whole or in part, allocating resources to any of them, evaluating or monitoring any of them or detecting, monitoring, or preventing fraud or any unauthorized receipt of services or benefits related to any of them;
 - (e) for the purpose of risk management and error management activities;
 - (f) for the purpose of activities to improve or maintain the quality of a service;
 - (g) for the purpose of disposing of the information or modifying the information in order to conceal the identity of the individual;
 - (h) for the purpose of seeking the individual's consent, or the consent of the individual's substitute-decision maker, when the personal information used by the service provider for this purpose is limited to the name and contact information of the individual and the name and contact information of the substitute decision-maker, where applicable;
 - (i) for the purpose of a proceeding or contemplated proceeding in which the service provider or an officer, employee, agent or former officer, employee or agent of the service provider is, or is expected to be, a party or witness, if the information relates to or is a matter in issue in the proceeding or contemplated proceeding;
 - (j) for research conducted by the service provider, subject to the requirements and restrictions, if any, that may be prescribed; or

- (k) subject to the requirements and restrictions, if any, that are prescribed, if permitted or required by law or by a treaty, agreement or arrangement made under an Act or an Act of Canada.

Exception

- (2) Despite clause (1) (a), where the individual to whom the personal information relates expressly instructs otherwise,
- (a) a society may nonetheless use that personal information,
- (i) if it is reasonably necessary to assess, reduce or eliminate a risk of harm to a child, or
 - (ii) for a prescribed purpose related to a society's functions under subsection 35 (1); and
- (b) a service provider may nonetheless use that personal information if it is reasonably necessary to assess, reduce or eliminate a risk of serious harm to a person or group of persons.

Disclosure without consent

- 292 (1) A service provider may, without the consent of the individual, disclose personal information about an individual that has been collected for the purpose of providing a service,
- (a) to a law enforcement agency in Canada to aid an investigation undertaken with a view to a law enforcement proceeding or to allow the agency to determine whether to undertake such an investigation;
 - (b) to a proposed litigation guardian or legal representative of the individual for the purpose of having the person appointed as such;
 - (c) to a litigation guardian or legal representative who is authorized under the Rules of Civil Procedure, or by a court order, to commence, defend or continue a proceeding on behalf of the individual or to represent the individual in a proceeding;
 - (d) for the purpose of contacting a relative, member of the extended family, friend or potential substitute decision-maker of the individual, if the individual is injured, incapacitated or otherwise not capable;
 - (e) for the purpose of contacting a relative, member of the extended family or friend of the individual if the individual is deceased;
 - (f) subject to section 294, for the purpose of complying with,
 - (i) a summons, order or similar requirement issued in a proceeding by a person having jurisdiction to compel the production of information, or
 - (ii) a procedural rule that relates to the production of information in a proceeding;

- (g) if the service provider believes on reasonable grounds that the disclosure is necessary to assess, reduce or eliminate a risk of serious harm to a person or group of persons; or
- (h) if permitted or required by law or by a treaty, agreement or arrangement made under an Act or an Act of Canada, subject to the requirements and restrictions, if any, that are prescribed.

To assess, etc. risk of harm to a child

- (2) A society may disclose to another society or to a child welfare authority outside Ontario personal information that has been collected for the purpose of providing a service if the information is reasonably necessary to assess, reduce or eliminate a risk of harm to a child.

Interpretation

This Scale is used to identify disclosures of personal information other than disclosures that are triggered by an individual's request for access to records of their own personal information. This includes disclosures to third parties with or without the individual's consent. It is used to identify requests for personal information made by someone other than the individual or their legal representative/substitute decision-maker, as well as includes situations in which a record of personal information is required for internal use by the Society.

Disclosure may occur with consent. Disclosure may occur without consent in cases, including, pursuant to a court order, warrant, subpoena, etc. or in accordance with a legal requirement. All the disclosures of personal information permitted by s.292 *CYFSA* are covered.

Internal use may include the need to create a Case in CPIN (Child Protection Information Network) in order to generate a pdf of CPIN data.

- A Prepare personal information for internal use**
To generate a record of personal information for use by the society.
- B Disclosure with Consent**
Disclosure to a person other than the individual whose personal information is being disclosed or their substitute decision-maker, with the consent of the individual or their substitute decision-maker. (includes disclosure to lawyers, counsellors, therapists, probation officers etc.).
- C Disclosure pursuant to Court Order or legal requirement (non *CYFSA* case)**
Disclosure pursuant to a summons, court order, or other process compelling production or a legal requirement relating to production in a proceeding other than *CYFSA* proceedings.
- D Disclosure in *CYFSA* proceedings**
Disclosure to a party or counsel for a child (e.g., the Ontario Children's Lawyer) in a proceeding under the *CYFSA* to which the society is a party.

- E Report on non-parent custody applicant under CLRA s. 21.2(4)**
Disclosure of the history of children’s aid society involvement in accordance with Ontario Regulation 24/10; Prescribed Report form is completed; no records are requested or disclosed.
- F Disclosure to another society** or child protection authority outside Ontario to assess, reduce or eliminate a risk of harm to a child.
- G Other Permitted Disclosures Without Consent**
This category includes disclosure to law enforcement to aid an investigation; disclosure to a proposed or appointed litigation guardian or legal representative; disclosure for purpose of contacting a relative, friend or substitute of the person in the event of injury, incapacity or death; disclosure to assess reduce or eliminate a risk of serious harm to a person or group of persons.
- H Disclosure to a First Nation, Inuit, or Métis Community, Band or Nation**
Disclosure permitted or required by a law, treaty, agreement or arrangement made under an Act or an Act of Canada.

SCALE 4

BREACHES

Child, Youth and Family Services Act, 2017 References

Steps to ensure security of personal information

308 (1) A service provider shall take reasonable steps to ensure that personal information that has been collected for the purpose of providing a service and that is in the service provider’s custody or control is protected against theft, loss and unauthorized use or disclosure and to ensure that the records containing the information are protected against unauthorized copying, modification, or disposal.

Notice of theft, loss, etc. to individual

- (2)** Subject to any prescribed exceptions and additional requirements, if personal information that has been collected for the purpose of providing a service and that is in a service provider’s custody or control is stolen or lost or if it is used or disclosed without authority, the service provider shall,
- (a)** notify the individual to whom the information relates at the first reasonable opportunity of the theft, loss or unauthorized use or disclosure; and
 - (b)** include in the notice a statement that the individual is entitled to make a complaint to the Commissioner under section 316.

Notice to Commissioner and Minister

- (3)** If the circumstances surrounding the theft, loss or unauthorized use or disclosure meet the prescribed requirements, the service provider shall notify the Commissioner and the Minister of the theft, loss or unauthorized use or disclosure. *

* Additional details about circumstances requiring notification to the IPC and Minister are set out in Ontario Regulation 191/18, s.9.

Interpretation

Part X requires service providers to keep track of privacy breaches, which include incidents of theft, loss, or the collection, use or disclosure of personal information that is not in accordance with Part X. In the event of a breach, impacted individuals must be notified, and the Information and Privacy Commissioner and Minister must be notified in prescribed circumstances. The number of breach incidents, by type, is reportable to the IPC on an annual basis.

This scale is to be used to identify incidents that are required to be counted and reported to the Information and Privacy Commissioner on an annual basis pursuant to s. 11 of Ontario Regulation 191/18.

A Theft of Personal Information

Personal information in the service provider's custody or control that was collected for the purpose of providing a service has been stolen.

B Loss of Personal Information

Personal information in the service provider's custody or control that was collected for the purpose of providing a service has been lost.

C Unauthorized Use of Personal Information

Personal information in the service provider's custody or control that was collected for the purpose of providing a service has been used without authority.

D Unauthorized Disclosure of Personal Information

Personal information in the service provider's custody or control that was collected for the purpose of providing a service has been disclosed without authority.

E Out of Scope Use of Personal Information

Personal information in the service provider's custody or control that was collected for the purpose of providing a service was used in a manner that is outside the scope of the description of its information practices under clause 311(1)(a) of the Act.

F Out of Scope Disclosure of Personal Information

Personal information in the service provider's custody or control that was collected for the purpose of providing a service was disclosed in a manner that is outside the scope of the description of its information practices under clause 311(1)(a) of the Act.

SCALE 5

COMPLAINTS

Child, Youth and Family Services Act, 2017 References

Complaint to Commissioner

- 316 (1)** A person who has reasonable grounds to believe that another person has contravened or is about to contravene a provision of this Part or the regulations made for the purposes of this Part may make a complaint to the Commissioner.

Time for complaint

- (2)** A complaint made under subsection (1) must be in writing and must be filed within,
- (a)** one year after the subject-matter of the complaint first came to the attention of the complainant or should reasonably have come to the attention of the complainant, whichever is the shorter; or
- (b)** whatever longer period of time that the Commissioner permits if the Commissioner is satisfied that it does not result in prejudice to any person. Same, refusal of request

Same, refusal of request

- (3)** A complaint that an individual makes under clause 314 (1) (c) or (d), subsection 314 (8), 315 (6) or (8) or clause 315 (12) (d) must be in writing and must be filed within six months after the service provider refused or is deemed to have refused the individual's request.

Interpretation

This scale is to be used to document complaints made to the IPC about which the society is notified, as well as complaints made directly to the society about its information practices and other privacy matters involving personal information in the society's custody or control that was collected for the purpose of providing a service.

General complaints about service and matters dealt with by the ICRP and CFSRB are to be documented using ES Code 10-1-F.

A Refusal of access

A person who requested access to their personal information makes a complaint to the IPC about the refusal (in whole or in part) or deemed refusal.

B Refusal to correct

A person who requested a correction to their personal information makes a complaint to the IPC about the refusal (in whole or in part) or deemed refusal.

C Contravention of Part X or Regulations

Complaint to IPC made by a person that another person has contravened or is about to contravene a legislated provision complaint about breach or anticipated breach of Part X.

D Internal complaint re: Information Practices

A service recipient makes a complaint to the society about its information practices or other privacy-related matters.



If the complaint is about services sought or received from a society and not specific to information practices or Part X privacy issues, code under Section 10, Scale 1F.

SECTION 13
REFERENCES

REFERENCES

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SECTION 14
HISTORY OF THE *ELIGIBILITY SPECTRUM*

HISTORY OF THE *ELIGIBILITY SPECTRUM*

The *Ontario Child Welfare Eligibility Spectrum* (originally called the Intervention Spectrum) was first developed by Mary Ballantyne and George Leck of Simcoe CAS in 1991 with early and ongoing support by Margaret Morrison of Halton CAS. Original construction of the Spectrum incorporated some of Magura and Moses's (1986) Child Well-Being Scales categories and descriptors which have since been considerably modified. The *Child and Family Services Act*, The Revised Standards for the Investigation and Management of Child Abuse Cases (by the Children's Aid Societies) Under the *Child and Family Services Act* published by The Ministry of Community and Social Services (MCSS [renamed Ministry of Children and Youth Services (MCYS in 2005) and the Ministry of Children, Community and Social Services (MCCSS in 2018)], the OACAS Accreditation Standards, field practice wisdom and best practices research all informed the development of the Spectrum. In 1995, a major revision of the Spectrum occurred and was assisted by the following Societies: Elgin, Haldimand-Norfolk, Muskoka, Peel, Perth, York, and Sarnia. Other individuals and organizations also contributed to that refinement.

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

The Eligibility Spectrum was included in the Risk Assessment Model for Child Protection in Ontario, issued in October 1997. It has been in consistent use in all Children's Aid Societies in Ontario since August 1998. Minor revisions were made to the *Eligibility Spectrum* in 1999 to address issues identified by the field during its broad use and to ensure consistency with amendments to the *CFSA* and with new Standards for Child Protection Cases.

The *Eligibility Spectrum* (2006) reflected the new transformation strategies (such as a broader range of permanency options like kinship care or custodial care and a new emphasis on partner violence affecting children) and the Ontario Differential Response Model for Child Protection Services (2005). The changes also made the eligibility tool consistent with both the *Child and Family Services Act* as amended by Bill 210 (November 30, 2006) and the Ontario Child Protection Standards (February 2007).

In 2019, the *Eligibility Spectrum* was revised to reflect the many legislative reference changes related to the proclamation of the *Child, Youth and Family Services Act, 2017*. This includes a new Section 12 to reflect the coming into force of Part X, which introduces a privacy regime for the child welfare sector.