

Volume 1: Agency Standards  
Chapter 1: Case Management  
Section 2: Assessment

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## 1.1.2 Assessment

This section covers the case management assessment process. It contains assessment standards for services provided by mandated child and family services agencies and licensed adoption agencies.

[Legislation](#)

[Policy](#)

[Intake Standards](#)

### Legislation

[The Child and Family Services Act](#)

[The Adoption Act](#)

#### ***The Child and Family Services Act***

The following provisions in *The Child and Family Services Act* and the *Child Abuse Regulation* referred in Section 1.1.1, [Intake](#), apply to this section of the manual.

Under [section 18.4](#) of the Act, an agency must:

- immediately investigate a report that a child might be in need of protection
- take such further steps as required by the Act and regulations or as the agency considers necessary for the protection of the child
- report the conclusion of a child protection investigation to persons listed in these provisions

[Section 19](#) of the Act requires that an agency establish a child abuse committee to review cases of suspected abuse of a child and to advise the agency. Under [section 25](#), an agency may authorize a medical examination for an apprehended child less than 16 years of age. An agency may also apply to court for an order authorizing a medical examination of an apprehended child 16 years of age or older who refuses to consent to an examination. [Subsection 27\(1\)](#) and [subsection 29\(1\)](#) set out the time lines for proceeding to court in child protection matters.

Clause 2(a) of the [Child Abuse Regulation](#) sets out requirements for consultation with a duly qualified medical practitioner and a medical examination when necessary and appropriate.

Volume 1: Agency Standards  
Chapter 1: Case Management  
Section 2: Assessment

Approved: 2005/01/01  
Last Revised: 2009/11/23

---

## ***The Adoption Act***

Under section 7 of the [Adoption Regulation](#), agencies must provide counselling to birth parents that includes assistance in identifying the characteristics of an adoption family acceptable to or preferred by the birth parent. Under subsection 10(1), an agency must carry out a thorough assessment with respect to a child to be placed for adoption, in a form and manner required by the director. Under subsection 17(1), an agency must conduct a thorough homestudy of an adoptive applicant.

## **Policy**

[Assessment Process](#)

[Children in Need of Protection](#)

[Children in Care](#)

[Assessment Decisions](#)

## ***Assessment Process***

Assessment begins at the first contact and is ongoing. It involves gathering and analyzing information on the strengths, needs, and resources of a person or family including extended family and community resources. It determines what is needed to build a family's ability to care for children. Workers should encourage individuals, families and children to take an active part in identifying both the issues and the resources to meet their needs.

A thorough assessment identifies key family members, their individual characteristics, how they relate to one another and how their environment affects them. An assessment must be updated regularly as circumstances change or more information becomes available to help predict and avoid situations that may lead to abuse or neglect of children.

Assessment is the basis for case management planning. A comprehensive assessment is more likely to lead to the development of a plan that is relevant, timely and ultimately successful. All factors must be assessed regardless of the services required or requested (for example, family support, child protection, adoption or post-adoption services).

## ***Children in Need of Protection***

As required under [section 17](#) of *The Child and Family Services Act*, priority must be given to assessing potential risk to the life, health or emotional well-being of a child.

Volume 1: Agency Standards  
Chapter 1: Case Management  
Section 2: Assessment

Approved: 2005/01/01  
Last Revised: 2009/11/23

---

*Risk assessment* is an integral and ongoing part of the case management process. It identifies factors actors that pose a [risk to children](#) and assigning priority to a case. Risk assessment begins at [intake](#) when a worker gathers information, identifies issues and conducts a [Safety Assessment](#) as part of the Intake Module. It continues in the assessment phase through a more in-depth assessment and in the [evaluation](#) process when reviewing cases.

Manitoba does not require or use a standardized risk assessment tool to determine the level of risk to children. However, agencies must ensure that staff receive appropriate training in assessing and documenting risk factors either through the provincial core competency-based training program or a recognized equivalent.

### ***Children in Care***

When a child is taken into care, additional information is required to understand and provide support to the child, the caregiver and the family, and to support a child's sense of continuity and need for permanency. Children in care have all the normal developmental, emotional, social, health, educational, cultural and spiritual needs of growing children. In addition, the impact of separation, loss and reunification may require services beyond what is normally provided to a child of the same age.

Regular assessments identify issues that may impact on a child in the long-term as well as the short-term and help to plan for the normal transitions in a child's life (for example, between home and school, childhood and adolescence, care and independence).

### ***Assessment Decisions***

The case management decisions at the assessment stage are:

- What information is needed to:
  - determine the [level of risk](#) to any children?
  - ensure the ongoing safety of any children?
  - determine the family's needs?
  - determine the special needs of any child?
  - identify strengths within the individual, family or community?
  - match the individual or family to appropriate, effective services?
  - determine if abuse has occurred?
  - return a child to the care of a parent or guardian?
  - develop a permanency plan for a child?

Volume 1: Agency Standards  
Chapter 1: Case Management  
Section 2: Assessment

Approved: 2005/01/01  
Last Revised: 2009/11/23

- What conclusions does the information support?
- What priority for service does the information support?

## Standards

The assessment stage may have three parts depending on whether a child is in need of protection or has come into care:

**Family Assessment** – an assessment to determine the family’s ability to care for its children and the level of service required. The worker assesses key family members, their individual characteristics and strengths, how they relate to one another and how their environment affects them.

**Child Assessment** – a specialized assessment of any child to determine individual needs separate from the family and the permanency plan for the child.

**Child Protection Investigation** – a specialized assessment to determine whether a child is in need of protection. The investigation may contribute to but does not replace the family assessment.

The family assessment is required on all open cases. The other two assessments are made depending on the situation and contribute to the family assessment.

### ***Family Assessment***

1. **Family Assessment Process** – The case manager makes at least four contacts with the family to complete a family assessment. At least one of the contacts must be with key family members in the family’s home.
2. **Participation in Family Assessment** – Through the family assessment, the case manager and the family identify those individuals who need to participate in the [planning](#) process. Excluding children 12 or over from the planning process requires supervisory approval.
3. **Completion of Assessments and Updates** – The case manager completes the family assessment and updates, forwarding them to the supervisor:
  - within one month of:
    - a [Safety Assessment](#) that determined the children were unsafe
    - an application to adopt a specific child

Volume 1: Agency Standards  
Chapter 1: Case Management  
Section 2: Assessment

Approved: 2005/01/01  
Last Revised: 2009/11/23

---

- a request to place a child for adoption
  - within two months of an intake when there were no protection concerns or a [Safety Assessment](#) that determined that the children were safe
  - at least 10 days before any time frame established by a court
4. **Updating Family Assessments** – The worker updates a family assessment:
- when there is a significant change in circumstances such as
    - an out-of-home placement is required
    - a child is returning to the family
    - a minor applies for income assistance or makes a request to live independently
    - a family requests more services or wishes to end services
    - adoptive applicants advise of changes that require updates to a homestudy
  - at least every six months when a [high or medium risk](#) has been assigned to a case
  - at least annually when a [low risk](#) is assigned to a case
  - when a review shows no positive changes after three months
5. **Reviews of Family Assessments** – The supervisor reviews the family assessment and updates to it within five working days of receiving it to ensure that all necessary information is included and conclusions are appropriate, particularly the priority given to the case.

### **Child Assessment**

6. **When Child Assessment Required** – The worker does an individual child assessment:
- within thirty days of the placement of a child
  - prior to returning a child to the family
  - within one month of a family assessment that suggests a child:
    - has needs that cannot be managed by the family
    - is likely to be in care for more than six months and in need of [permanency planning](#)

Volume 1: Agency Standards  
Chapter 1: Case Management  
Section 2: Assessment

Approved: 2005/01/01  
Last Revised: 2009/11/23

---

7. **Updating Child Assessments** – The worker updates a child assessment at least annually and more frequently when:
- [monitoring](#) suggests the need for a change in services to the child there (for example, before returning a child to the family, or a change in placement)
  - a [review](#) shows no positive changes after three months
  - a [review](#) indicates a need to revise a child's [permanency plan](#) (for example, that reunification with the child's family must be postponed or reassessed)
8. **Contact with Parents of Permanent Wards** – At least once a year, the case manager attempts to contact the parents or former guardians of a permanent ward to assess the potential for reunification or re-involvement when this is in the best interests of the child and contact is possible.

### ***Child Protection Investigation***

9. **Medical Examination of Abused Child** – When physical abuse, or sexual abuse involving physical contact of a child is alleged or suspected, the case manager arranges for the child to be medically examined within 24 hours when:
- the child has a physical injury or appears to be in pain
  - sexual abuse was alleged to have occurred within the previous 72 hours
  - a medical practitioner believes an examination to be necessary and appropriate
10. **Client Contact in Child Protection Investigation** – Within five working days receiving a report of abuse, the case manager:
- has face-to-face contact with:
    - the child alleged to be in need of protection
    - any other children living in the household
    - any caregiver, custodial parent or guardian (other than an alleged offender)
    - the alleged offender if authorized by the police or if there is no plan for police involvement
  - completes a [Safety Assessment](#) when it is not certain that all children in the situation are safe
  - identifies all persons involved in the investigation and the case (for example, police, medical system, school, other agencies)

Volume 1: Agency Standards  
Chapter 1: Case Management  
Section 2: Assessment

Approved: 2005/01/01  
Last Revised: 2009/11/23

---

- establishes and documents a process for sharing information on the current incident
- completes a report on the investigation and forwards it to his or her supervisor within five working days of the initial contact with the child or family

**11. Reviews of Child Protection Investigation Reports** – The supervisor:

- reviews and approves child protection investigation reports as to their completeness and the appropriateness of the conclusions and recommendations
- ensures that all reports pertaining to an investigation of alleged child abuse are referred to the agency child abuse coordinator within 10 working days of receiving the referral
- provides the Child Protection Branch with copies of all reports where an alleged abuser is a person who provides work for or services to the agency (for example, a social worker, foster parent or child care worker) as required under [section 18.6](#) of *The Child and Family Services Act*.

**12. Duties of Child Abuse Coordinators** – The abuse coordinator:

- reviews all reports of alleged abuse,
- confirms unsubstantiated reports and returns them to the case manager to share with the alleged offender as required under subsection [18.4\(2.1\)](#) of *The Child and Family Services Act*,
- within 30 days of the initial report, ensures that all substantiated or inconclusive reports are scheduled for review by the agency child abuse committee at its next meeting as required under subsection 7(1) of the [Child Abuse Regulation](#),
- provides consultation in the investigation and management of the case as directed by the agency child abuse committee, and
- within five working days, advises the case manager of a child abuse committee's decisions made pursuant to [subsection 19\(3\)](#) of the Act.