
Hong Kong

**Child and Adolescent
Needs and Strengths 5.0**

Ages 7 – 25

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2020
REFERENCE
GUIDE

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A large number of individuals have collaborated in the development of the Hong Kong version of the Child and Adolescent Needs and Strengths. Along with the CANS, versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. We greatly appreciate the guidance provided by Dr John Lyons and Dr. Quah Saw Han in all the development phases of CANS in Hong Kong. Dr. Quah Saw Han provided invaluable input and guidance in the contextualization of the CANS for Hong Kong and delivered certification training to the Mother's Choice team.

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The CANS is an open domain tool for use in multiple youth-serving systems that address the needs and strengths of youths, adolescents, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

Literary Preface/Comment regarding gender references:

We are committed to creating a diverse and inclusive environment. It is important to consider how we are precisely and inclusively using individual words. As such, this reference guide uses the gender-neutral pronouns "they/them/themselves" in the place of "he/him/himself" and "she/her/herself".

Additionally, "child/youth" is being utilized in reference to "child," "youth," "adolescent," or "young adult." This is due to the broad range of ages to which this manual applies (e.g., ages 7 through 25 years old).

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INTRODUCTION

THE CANS

The **Child and Adolescent Needs and Strengths (CANS)** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the youth/youth serving system—children, youth, and families. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS.

SIX KEY PRINCIPLES OF THE CANS

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Each item uses a 4-level rating system that translates into action.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older youth or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. **The ratings are generally “agnostic as to etiology.”** In other words this is a descriptive tool; it is about the “what” not the “why.” While most items are purely descriptive, there are a few items that consider cause and effect; see individual items descriptions for details on when the “why” is considered in rating these items.
6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth’s present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

The CANS is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The CANS gathers information on children/youth’s and parents/caregivers’ needs and strengths. Strengths are the child/youth’s assets: areas life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or intervention. Care providers use an assessment process to get to know the child or youth and the families with whom they work and to understand their strengths and needs. The CANS helps care providers decide which of a child/youth’s needs are the most important to address in a treatment or service planning. The CANS also helps identify strengths, which can be the basis of a treatment or service plan. By working with the child/youth and family during the assessment process and talking together about the CANS, care providers can develop a treatment or service plan that addresses a child/youth’s strengths and needs while building strong engagement.

The CANS is made of domains that focus on various areas in a child/youth's life, and each domain is made up of a group of specific items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a section that asks about the family's beliefs and preferences, and about general family concerns. The care provider, along with the child/youth and family as well as other stakeholders, give a number action level to each of these items. These action levels help the provider, child/youth and family understand where intensive or immediate action is most needed, and also where a youth has assets that could be a major part of the treatment or service plan.

The CANS action levels, however, do not tell the whole story of a child/youth's strengths and needs. Each section in the CANS is merely the output of a comprehensive assessment process and is documented alongside narratives where a care provider can provide more information about the child/youth.

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, & Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use, yet provides comprehensive information regarding clinical status.

The CANS assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the child/youth and the caregiver, looking primarily at the 30-day period prior to completion of the CANS. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, youth and families, programs and agencies, youth serving systems. It provides for a structured communication and critical thinking about children/youth and their context. The CANS Comprehensive is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual child/youth's progress. It can also be used as a communication tool that provides a common language for all child-serving entities to discuss the child/youth's needs and strengths. A review of the case record in light of the CANS assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

Annual training and certification is required for providers who administer the CANS and their supervisors. Additional training is available for CANS SuperUsers as experts of CANS assessment administration, scoring, and use in the development of service or recovery plans.

MEASUREMENT PROPERTIES

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, child welfare case workers, probation officers, and family advocates. With approved training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

Studies have demonstrated the CANS' validity, or its ability to measure children/youth and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015).

RATING NEEDS & STRENGTHS

The CANS is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the youth and family.

- ★ Basic core items – grouped by domain – are rated for all individuals.
- ★ A rating of 1, 2 or 3 on key core questions triggers extension modules.
- ★ Individual assessment module questions provide additional information in a specific area.

Each CANS rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, it should be used only in the rare instances where an item does not apply to that particular youth.

To complete the CANS, a CANS trained and certified care coordinator, case worker, clinician, or other care provider, should read the anchor descriptions for each item and then record the appropriate rating on the CANS form (or electronic record). This process should be done collaboratively with the child/youth, family and other stakeholders.

Remember that the item anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive and the action level ratings should be the primary rating descriptions considered (see page 8). The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The CANS is an information integration tool, intended to include multiple sources of information (e.g., child/youth and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS supports the belief that children, youth, and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a child/youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on child/youth's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child/youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children, youth and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS Comprehensive assessment. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities, when appropriate. It is important to remember that when developing service and treatment plans for healthy children and youth trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop youth and youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the CANS can be used to monitor outcomes. This can be accomplished in two ways. First, CANS items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Behavioral/Emotional Needs, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the CANS and share experiences, additional items, and supplementary tools.

HOW IS THE CANS USED?

The CANS is used in many ways to transform the lives of children, youth, and their families and to improve our programs. Hopefully, this guide will help you to also use the CANS as a multi-purpose tool. What is the CANS?

IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful in when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful to use during initial sessions either in person (or over the phone if there are follow up sessions required) to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND PLANNING

When an item on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any needs, impacts on functioning, or risk factors that you rate as a 2 or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

The CANS is often completed every 6 months to measure change and transformation. We work with children, youth, and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

When a client leaves a treatment program, a closing CANS may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary integrated with CANS ratings, provides a picture of how much progress has been made, and allowing for recommendations for future care which tie to current needs. And finally, it allows for a shared language to talk about our youth and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS: A BEHAVIOR HEALTH CARE STRATEGY

The CANS is an excellent strategy in addressing children and youth's behavioral health care. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the CANS and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the child/youth and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

Some people may "take off" on a topic. Being familiar the CANS items can help in having more natural conversations. So, if the family is talking about situations around the youth's anger control and then shift into something like—"you know, he only gets angry when he is in Mr. S's classroom," you can follow that and ask some questions about situational anger, and then explore other school-related issues.

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, share with the child/youth and family the CANS domains and items (see the CANS Core Item list on page 12) and encourage the family to look over the items prior to your meeting with them. The best time is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy

of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

Listening is the most important skill that you bring to working with the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes,” “and”—things that encourage people to continue
- ★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking “if I were this person, I would do X” or “that’s just like my situation, and I did “X.” But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child or youth that you are with them.
- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “does that make sense to you”? Or “do you need me to explain that in another way?”
- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

REDIRECT THE CONVERSATION TO PARENTS’/CAREGIVERS’ OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people’s observations such as “well, my mother thinks that his behavior is really obnoxious.” It is important to redirect people to talk about their observations: “so your mother feels that when he does X, that is obnoxious. What do YOU think?” The CANS is a tool to organize all points of observation, but the parent or caregiver’s perspective can be the most critical. Once you have their perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as “I hear you saying that it can be difficult when ...” demonstrates empathy.

WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young person, and if there is anything that they would like to add. This is a good time to see if there is anything “left over”—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a “total picture” of the individual and family, and offer them the opportunity to change any ratings.

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

So you might close with a statement such as: “OK, now the next step is a “brainstorm” where we take this information that we’ve organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So let’s start...”

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CANS BASIC STRUCTURE

The Hong Kong **Child and Adolescent Needs and Strengths** basic core items are noted below. A rating of '1', '2', or '3' on items noted in italics and with an asterisk (*) triggers the completion of specific Extension Modules.

CORE ITEMS

Life Functioning Domain

1. Family Functioning
2. Living Situation
3. Self-Care Functioning
4. Social Functioning
5. Educational Functioning
6. Developmental/Intellectual
7. Decision Making
8. Legal
9. Medical
10. Physical Health
11. Mental Health
12. Behavioral Functioning
13. *Adjustment to Trauma**
14. Sexual Development
15. Sleep
16. Assertiveness
17. Permanency

Strengths Domain

18. Family Strengths
19. Interpersonal
20. Optimism
21. Educational Setting
22. Vocational
23. Talents and Interests
24. Community Life
25. Relationship Permanence
26. Resilience
27. Resourcefulness
28. Motivation for Positive Change

Safety Domain

29. *Child Protection**
30. Family Violence
31. Intimate Partner Violence
32. Homelessness

Risk Behaviors Domain

33. *Suicide Risk**
34. Non-Suicidal Self-Injurious Behavior
35. Other Self Harm (Recklessness)
36. Danger to Others
37. *Substance Use**
38. Sexual Aggression
39. Runaway
40. Intentional Misbehavior
41. *Sexual Risk**

Family/Caregiver Needs & Resources

42. Identify Caregiver
43. Supervision
44. Involvement with Care
45. Child's Bond with Caregiver
46. Empathy for Child/Youth
47. Caregiver Medical/Physical
48. Caregiver Mental Health
49. Caregiver Substance Use
50. Caregiver Developmental Needs
51. Caregiver Knowledge
52. Caregiver Organization
53. Caregiver Social Resources
54. Caregiver Residential Stability
55. Caregiver Residential Safety
56. Caregiver Employment Functioning
57. Caregiver Legal Involvement
58. Caregiver Financial Resources
59. Family Stress
60. Accessibility to Child Care
61. Caregiver Daily Living
62. Caregiver Post-traumatic Reactions

**** A rating of '1,' '2,' or '3' on this item triggers the completion of specific individualized assessments modules.****

OPTIONAL MODULES

[A] Suicide Risk Module

- 63. History of Attempts
- 64. Suicide Ideation
- 65. Suicide intent
- 66. Suicide Planning
- 67. Accessible to Potentially Lethal Objects/Substances

[B] Substance Use Module

- 68. Severity of Use
- 69. Duration of Use
- 70. Stage of Recovery
- 71. Peer Influences
- 72. Parental/Caregiver Influences
- 73. Environmental Influences

[C] Sexual Behavior Module

- 74. Identify the age of the client
- 75. Identify the age of the partner
- 76. Identify number of sex partners
- 77. Knowledge of Contraception
- 78. Contraception Use
- 79. Sexually Transmitted Infection (STI)
- 80. Paid Sex Services

[D] Trauma/Adverse Childhood Experiences Module

- 81. *Sexual Abuse**
- 82. Physical Abuse
- 83. Neglect
- 84. Emotional Abuse
- 85. Medical Trauma
- 86. Witness to Family Violence
- 87. Disruptions in Caregiving/ Attachment Losses
- 88. Parental Criminal Behavior

[E] Traumatic Stress Symptoms

- 89. Emot. and/or Physical Dysregulation
- 90. Intrusions/Re-experiencing
- 91. Hyperarousal
- 92. Traumatic Grief & Separation
- 93. Numbing
- 94. Dissociation
- 95. Avoidance
- 96. Time Before Treatment

[F] Youth in Residential Care Transition to Independent Living Mod.

- 97. Self -Care Daily Living Skills
- 98. Independent Living Skills
- 99. Medication Adherence
- 100. Educational/Vocational Attainment
- 101. Job History and Functioning
- 102. Financial Resources
- 103. Residential Stability

** A rating of '1,' '2,' or '3' on this item triggers the completion of specific individualized assessments modules.**

SUPPLEMENTARY MODULES

[G] Sexual Abuse Module

- 104. Emotional Closeness to Perpetrator
- 105. Frequency of Abuse
- 106. Duration
- 107. Force
- 108. Reaction to Disclosure

[H] Pregnant Youth Module

- 109. History of pregnancy
- 110. Antenatal Care
- 111. Pregnancy Plan

[I] Parent Needs and Strengths (Youth as Caregiver)

- 112. Identify Caregiver
- 113. Supervision
- 114. Involvement in Care
- 115. Youth's Bond with their Child
- 116. Youth's Empathy for their Child
- 117. Medical/Physical
- 118. Mental Health
- 119. Substance Use
- 120. Developmental Needs
- 121. Youth's Knowledge of their Child
- 122. Organization
- 123. Social Resources
- 124. Residential Stability
- 125. Residential Safety
- 126. Employment Functioning
- 127. Legal Involvement
- 128. Financial Resources
- 129. Family Stress
- 130. Accessibility to Child Care
- 131. Daily Living

I. LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of children, youth, and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

Question to Consider for this Domain: How is the individual functioning in individual, family, peer, school, and community realms?

For **Life Functioning Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

1. FAMILY FUNCTIONING

This item rates the child/youth's relationships with those who are in their family. It is recommended that the description of family should come from the child/youth's perspective (i.e. who the child/youth describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child/youth is still in contact. Foster families should only be considered if they have made a significant commitment to the child/youth. For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. If the child/youth is in residential care without an identified caregiver involved in the permanency plan, do not rate the Residential Care for this item. When rating this item, consider the relationship the child/youth has with their family as well as the relationship of the family as a whole.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.

- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or suspicion of problems. Child/youth might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child/youth. Arguing may be common but does not result in major problems.

- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth is having problems with parents, siblings and/or other family members that are impacting the child/youth's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

2. LIVING SITUATION

This item refers to how the child/youth is functioning in the child/youth's current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization. Children who are pending for adoption and currently reside in foster care/residential child care services (RCCS) should be rated on their functioning in foster care/RCCS.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 No evidence of problem with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 Child/youth experiences mild problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
 Child/youth has moderate to severe problems with functioning in current living situation. Child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
 Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being removed from living situation due to problematic behaviors.

3. SELF-CARE FUNCTIONING

This item is used to describe the child/youth's current ability to perform basic self-care activities such as bathing, grooming, feeding, and toileting. Problems are rated regardless of the cause of them. Trauma, poverty and physical impairment may complicate the issue of self-care.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 Child/youth's self-care skills appear developmentally appropriate. There is no reason to believe that the child/youth has any problems performing basic self-care activities.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 Some impairment with self-care. This is characterized by self-care difficulties that impair the child/youth's level of functioning, but do not represent a significant short or long-term threat to their well-being.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
 Problems with self-care. This is characterized by a disruption in one self-care skill or moderate disruption in more than one self-care skill. The child/youth's self-care does not represent an immediate threat to their safety but has the potential for creating significant long-term problems if not addressed.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
 Significant self-care impairment. This is characterized by extreme disruptions in multiple self-care skills. The child/youth's self-care abilities are sufficiently impaired that they represent an immediate threat to themselves and require 24-hour supervision to ensure safety. (Suicidal or homicidal ideation or behavior would not be rated here, however, an acute eating disorder would be rated here).

4. SOCIAL FUNCTIONING

This item rates social skills and relationships. It includes age appropriate behavior and the ability to make and sustain relationships. Social functioning is different from Interpersonal (Strengths Domain) in that functioning is a description of how the child/youth is doing currently. Strengths are longer-term assets.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of problems and/or child/youth has developmentally appropriate social functioning.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth is having some problems with social relationships that interfere with functioning in other life domains.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to their safety, health, and/or development.

Supplemental Information: Rate this item on the child's ability to form positive social relationships with peers and other adults (e.g. teachers, counselors).

- Do not rate the child's relationship with caregiver here.
- If a child has friends but is having problems with them, those needs would be described here.

For youth: This item rate describes the youth's interactions with others. Evidence of problems in this domain may include difficulties responding to adults, difficulty interacting with peers or in social situations, lack of ability to relate or interact in a meaningful manner, unresponsiveness to or unawareness of others, excessive arguing with peers/adults, excessive withdrawal, lack of joy, or aggression etc.

5. EDUCATIONAL FUNCTIONING

This item rates the child/youth's overall functioning at school and may include attendance, behavior and achievement.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of functioning problems at school, OR child/youth is performing well in school.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth is performing adequately in school although some problems may exist.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth's is experiencing problems with attendance, behavior and/or achievement that are interfering with functioning at school.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is having severe problems with attendance, behavior and/or achievement in school.
-
- NA Child/youth is not in an educational setting due to age: child is too young or youth has already graduated.

6. DEVELOPMENTAL/INTELLECTUAL

This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 There are concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
 Child/youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
 Child/youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

Supplemental Information: All developmental disabilities (e.g. Autism Spectrum Disorder) occur on a continuum - consider the degree of impairment when making your rating.

Rate a child/youth that is suspected of having developmental delays or is currently being assessed for developmental needs as a "1."

**Consider referral for additional assessment to access developmentally appropriate community resources.*

7. DECISION MAKING

This item describes the child/youth's age-appropriate decision making process and understanding of choices and consequences.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 No evidence of problems with judgment or decision making that result in harm to development and/or well-being.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to the child/youth's development and/or well-being.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
 Problems with judgment in which the child/youth makes decisions that are in some way harmful to the child/youth's development and/or well-being. As a result, more supervision is required than expected for their age.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
 Child/youth makes decisions that would likely result in significant physical harm to self or others. Therefore, child/youth requires intense and constant supervision, over and above that expected for the child/youth's age.

8. LEGAL

This item indicates the child/youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 Child/youth has no known legal difficulties or involvement with the court system.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 Child/youth has a history of legal problems (e.g., status offenses such as juvenile/family conflict, in-county runaway, truancy, petty offenses) but currently is not involved with the legal system; or immediate risk of involvement with the legal system.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
 Child/youth has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
 Child/youth has serious current or pending legal difficulties that place them at risk for a court ordered out of home placement, or incarceration such as serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).

9. MEDICAL

This item describes both health problems and chronic/acute physical conditions or impediments. This item rates the child/youth's current health status.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 Child/youth is healthy.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 Child/youth has some medical problems that require medical treatment.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
 Child/youth has **chronic illness** that requires ongoing medical intervention.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
 Child/youth has a **life-threatening** illness or medical condition.

Supplemental Information:

- If the child/youth has a physical condition which does not require medication, rate a "0" here. Rate the information in item 10 (Physical Health) instead.
- Temporary, treatable conditions would be rated as a "1."
- Most chronic conditions (e.g. diabetes, severe asthma, HIV) that require ongoing medical intervention would be rated as a "2." (For children who are managing their conditions very well, you may consider rating a "1.")
- The rating of "3" is reserved for life threatening medical conditions that require constant medical intervention.
- If the child/youth has a psychological condition (e.g. ADHD) or is taking psychotropic medication (e.g. anti-depressants), do not rate this item here unless they are experiencing significant side-effects due to the medication.
- Medical intervention refers to regular visits to the doctor and taking medication on a regular basis due to a medical condition.

10. PHYSICAL HEALTH

This item is used to identify any physical limitations and could include chronic conditions such as limitation in vision, hearing or limitations due to a medical condition.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 Child/youth has no **physical limitations**.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 Child/youth has **physical condition that places mild limitations on activities**. These could include impaired hearing or vision. Rate here treatable medical conditions that result in physical limitations. e.g. asthma will be rated here.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
 Child/youth has **physical conditions that notably impacts the child/youth's functioning**. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
 Child/youth has **severe physical limitations** due to **multiple physical** conditions.

Supplemental Information:

- If a child/youth is currently wearing glasses with the correct prescription, rate this item as "0."
- If the child/youth is short-sighted but is currently not wearing spectacles, or is wearing spectacles with the wrong prescription, rate this item a "2."

11. MENTAL HEALTH

This item refers to the child/youth's mental health status. Serious mental illness would be rated as a "2" or "3" unless the child/youth is in recovery.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 No evidence of mental health difficulties experienced by the child/youth.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 There is a history or suspicion of mental health difficulties, and/or child/youth is in recovery from mental health difficulties. Problems do not appear to be affecting the child/youth's functioning at this point.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
 Child/youth has some mental health difficulties that interfere with some aspects of their life functioning (e.g. social functioning).
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
 Severe mental health difficulties experienced by the child/youth that they are having problems coping with day to day activities; and/or may indicate the need for others to take over full responsibility of their daily care.

12. BEHAVIORAL FUNCTIONING

This item looks at the behavioral needs of the child/youth. This includes behavioral problems, negative behavior and any other concerns that are observed of the child/youth by the parents/guardian, caregivers and teachers.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of current behavioral problems exhibited by the child/youth.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Noticeable problems with behavior. Caregivers/teachers may express some concerns. Problems do not appear to be having an impact on the child/youth's functioning or get them in trouble.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Behavioral problems are notably interfering with the child/youth's functioning in at least one aspect of their life (e.g. home/school). Child/youth also faces danger of being in trouble.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Severe behavioral problems. Child/youth is having problems coping with school and day-to-day activities.

Supplemental Information:

When rating this item, please consider whether there are needs in any of the following areas:

- Problems with attention/concentration (e.g. task completion, difficulty remembering things/following instructions)
- Impulsivity/Hyperactivity (e.g. fidgeting, trouble waiting their turn, engaging in behavior without thinking, regardless of consequences)
- Oppositional behavior (e.g. argumentative with authority figures, refusal to comply with rules)

When rating this item, please also consider whether the child/youth's behavior is typical or expected for their chronological age.

13. ADJUSTMENT TO TRAUMA*

This item is used to describe the child/youth who is having difficulties adjusting to a traumatic experience, as defined by the child/youth. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

The child/youth has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child/youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*

Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child/youth's functioning in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

A rating of '1', '2' or '3' on this item triggers the completion of the [E] Traumatic Stress Symptoms Module.

14. SEXUAL DEVELOPMENT

This item looks at three dimensions of sexual development to evaluate if any of that leads to difficulties to the child/youth's life or create any anxiety that requires extra support. Three dimensions include:

1. Physical: body changes like testicles, penis, breast, menstruation, acne, including issues that may require medical attention like tight foreskin, menstruation pain.
2. Psychological: sense of self including gender identity and gender expression, sexual orientation, overwhelmed with sexual activities that negatively impact daily life routine and/or relationship building.
3. Social: anxiety about the reactions from others on the above two items, constant conflicts with others or bullying arising from sexual value differences.

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of issues with sexual development.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include concerns or questions about their development but would not lead to anxiety; those concerns can be relieved with accurate knowledge and trusted adult support.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*

Significant problems with sexual development. May include distress due to negative reactions from others, low self-esteem, self-stigmatizing themselves as abnormal. Physical health issues in relation to sexuality that may require medical checkup should also be marked here.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Severe problems with sexual development that seriously affect the Child / Youth daily life functioning, mental health, social well-being or the Child / Youth is expecting specific life-threatening reactions from others. OR Youth attempts to relieve/manage their distress resulting from sexual developmental problem that may lead to danger or negative health consequences.

Supplemental Information: Sexual abuse, sexual risks and sexual aggression are rated elsewhere.

This item is rated from the child/youth's perspective and looks at their subjective challenges and struggles on the sexual development journey.

15. SLEEP

This item rates the child/youth's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 Child/youth gets a full night's sleep each night. Sleep patterns are normative for age.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 Child/youth has some problems sleeping. Generally, child/youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
 Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
 Child/youth is generally sleep deprived. Sleeping is almost always difficult and the child/youth is not able to get a full night's sleep. Caregivers have exhausted their strategies for assisting the child/youth.

16. ASSERTIVENESS

This item refers to the ability of the child/youth to speak up for themselves in an honest and respectful way. The child/youth believes that they have the right to express themselves, and that their views, ideas and feelings matter. At the same time, the child/youth respects the needs and preferences of others and is able to deal with criticism, rejection and setbacks.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 Child/youth demonstrates respect for self and for others, and is able to speak in an honest and respectful manner.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 Child/youth can generally ask for what they want or need but may have occasional difficulties in disagreeing respectfully, or saying "no" without feeling guilty, or speaking up for self or others.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
 Child/youth usually lets others decide things, and then regrets not speaking their mind, or speaks so softly that others do not hear them, OR child/youth speaks their mind readily but in a loud manner that comes across as domineering and insensitive.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
 Child/youth is either unable to speak up for self or speaks in a manner that appears aggressive to the extent of impacting on social functioning or other needs.

17. PERMANENCY

This item refers to the likelihood that the individual will achieve permanency through adoption or reunification with birth parent(s), or needs to prepare for independent living.

Please either choose **(A) Adoption** or **(B) Family Reunion**, or **(C) Independent Living** for your further processing.

A. ADOPTION

Ratings and Descriptions

- 0 No evidence of problems. All required procedures have been initiated with concrete timelines and steps, including official relinquishment, application of wardship, and tracing of birth parents.
- 1 Relinquishment process has been in good progress and the remaining procedures are in good standing order.
- 2 Initial relinquishment has been completed but not all required processes have been initiated. Foreseeable delay in adoption processes due to complications.
- 3 No identified steps and processes have been initiated and no clear timeline or steps to activate the procedures. Escalation is needed to review feasibility of permanency plan.

B. FAMILY REUNION

Ratings and Descriptions

- 0 No evidence of problems. Time-bound reunion plan with clear action steps have been established with good progress. Regular visitation is in place. There are no concerns about its stability.
- 1 Individual is expected to their reach permanency plan as family reunion within the estimated timeline. Some concerns on the stability of visitations, commitment to interventions etc.
- 2 Birth parent(s) has a desire for family reunion but not all required processes and steps have been initiated. No timeline has been established. Serious concerns on the feasibility of the steps towards family reunion.
- 3 Individual has no identified permanency resource to achieve family reunion. Advocacy and case escalation are required. The permanency plan of the child/youth cannot be secured.

C. INDEPENDENT LIVING (16+): This item is used to describe the individual's ability to take responsibility for and also manage themselves in an age appropriate way. Skills related to healthy development towards becoming a responsible adult and living independently may include money management, cooking, housekeeping, and/or finding transportation, etc. Ratings for this item focus on the presence or absence of short or long-term risks associated with impairments in independent living abilities.

Ratings and Descriptions

- 0 No evidence of any deficits or barriers in demonstrating developmentally appropriate responsibility or anything that could impede the development of skills to maintain one's own home. This level indicates a person who is fully capable of independent living.

- 1 This level indicates an individual with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. Problems are generally addressable with training or supervision.

- 2 This level indicates an individual with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing themselves when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.

- 3 This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given current status. Problems require a structured living environment.

2. STRENGTHS DOMAIN

This domain describes the assets of the child/youth that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a child/youth's strengths while also addressing his or her behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the child/youth's needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the child/youth are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

Question to Consider for this Domain: What child/youth strengths can be used to support a need?

For the **Strengths Domain** the following categories and action levels are used:

- 0 Well-developed, centerpiece strength; may be used as a centerpiece of an intervention/ action plan.
- 1 Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

18. FAMILY STRENGTHS

This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child/youth's perspective (i.e., who the child/youth describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child/youth is still in contact.

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece of an intervention action plan.*
 Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
 Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support. [continues]

FAMILY STRENGTHS continued

- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
 Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
 Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Child/youth is not included in normal family activities.

19. INTERPERSONAL

This item is used to identify a child/youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child/youth can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece of an intervention/action plan.*
 Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.
-
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
 Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
 Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
 There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

20. OPTIMISM

This rating should be based on the child/youth's sense of how they see themselves and their life in the future. This includes the child/youth's sense of hopefulness for the future. This item rates the child/youth's future orientation.

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece of an intervention/action plan.*
 Child/youth has a strong and stable optimistic outlook for their future.
-
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
 Child/youth is generally optimistic about their future.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
 Child/youth has difficulty maintaining a positive view of themselves and their life. Child/youth's outlook may vary from overly optimistic to overly pessimistic.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
 There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.

21. EDUCATIONAL SETTING

This item is used to evaluate the nature of the school's relationship with the child/youth and family, as well as the level of support the child/youth receives from the school. Rate according to how much the school is an effective partner in promoting child/youth's functioning and addressing the child/youth's needs in school.

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece of an intervention/action plan.*
 The school works closely with the child/youth and family to identify and successfully address the child/youth's educational needs; OR the child/youth excels in school.
-
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
 School works with the child/youth and family to address the child/youth's educational needs; OR the child/youth likes school.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
 The school is currently unable to adequately address the child/youth's academic or behavioral needs.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
 There is no evidence of the school working to identify or successfully address the child/youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no school to partner with at this time.
-
- NA Child/youth is home schooled, or not in school due to age.

22. VOCATIONAL

This item is used to refer to the strengths of the school/vocational environment and may or may not reflect any specific educational/work skills possessed by the child/youth.

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece of an intervention/action plan.*
 Child/youth is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.
-
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
 Child/youth is working; however, the job is not consistent with developmentally appropriate career aspirations.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
 Child/youth is temporarily unemployed. A history of consistent employment should be demonstrated and the potential for future employment without the need for vocational rehabilitation should be evidenced. This also may indicate a child/youth with a clear vocational preference.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
 Child/youth is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates a child/youth with no known or identifiable vocational skill and no expression of any future vocational preferences.
-
- NA Child/youth does not have any vocational or career aspirations due to age.

23. TALENTS AND INTERESTS

This item refers to hobbies, skills, artistic interests, and talents that are positive ways that young people can spend their time, and also give them pleasure and a positive sense of self.

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece of an intervention/action plan.*
 Child/youth has a talent that provides pleasure and/or self-esteem. Child/youth with significant creative/artistic/athletic strengths would be rated here.
-
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
 Child/youth has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
 Child/youth has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide the child/youth with any benefit.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
 There is no evidence of identified talents, interests or hobbies at this time and/or child/youth requires significant assistance to identify and develop talents and interests.

24. COMMUNITY LIFE

This item reflects the child/youth's connection to people, places or institutions in their community. This connection is measured by the degree to which the child/youth is involved with institutions of that community which might include (but are not limited to) community centers, sports, jobs, after-school activities, religious groups, etc. Connections through specific people (e.g., friends and family) could be considered an important community connection, if many people who are important to the child/youth live in the same neighborhood.

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece of an intervention/action plan.*
 Child/youth is well integrated into their community. The child/youth is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
-
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
 Child/youth is somewhat involved with their community. This level can also indicate a child/youth with significant community ties although they may be relatively short term.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
 Child/youth has an identified community but has only limited, or unhealthy, ties to that community.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
 There is no evidence of an identified community of which child/youth is a member at this time.

25. RELATIONSHIP PERMANENCE

This item refers to the stability of significant relationships in the child/youth's life. This likely includes family members but may also include other individuals.

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece of an intervention/action plan.*
 Child/youth who has very stable relationships. Family members, friends, and community have been stable for most of the child/youth's life and are likely to remain so in the foreseeable future. Child/youth is involved with both parents.
-
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
 Child/youth who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
 Child/youth who has had at least one stable relationship over the child/youth's lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
 Child/youth who does not have any stability in relationships. Independent living or adoption must be considered.

26. RESILIENCE

This item refers to the child/youth's ability to recognize their internal strengths and use them in managing daily life.

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece of an intervention/action plan.*
 Child/youth is able to both identify and use strengths to better themselves and successfully manage difficult challenges.
-
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
 Child/youth is able to identify most of their strengths and is able to partially utilize them.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
 Child/youth is able to identify strengths but is not able to utilize them effectively.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
 Child/youth is not yet able to identify personal strengths.

27. RESOURCEFULNESS

This item refers to the child/youth's ability to identify and use external/environmental strengths in managing daily life.

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece of an intervention/action plan.*
 Child/youth is quite skilled at finding the necessary resources required to aid them in managing challenges.
-
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
 Child/youth has some skills at finding necessary resources required to aid them in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
 Child/youth has limited skills at finding necessary resources required to aid them in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
 Child/youth has no skills at finding the necessary resources to aid them in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

28. MOTIVATION FOR POSITIVE CHANGE

This item describes the child/youth's motivation to work on their issues to improve their situation. Child/youth may feel dejected or demoralized after facing many challenges in obtaining help, but may still express motivation to try a new approach if the opportunity is presented to them. Such children/youth, even in their current state of dejection or demoralization, may still be rated a '0' or '1.' Children/youth who need to be persuaded to put in effort to change, externalize the problem or are heavily reliant on others to convince them to take positive steps to improve their circumstances would be rated '2' or '3.'

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece of an intervention/action plan.*
 Child/youth is highly motivated and committed to work on positive change for themselves, and is already adopting a positive attitude and taking steps toward changing behavior.

- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
 Child/youth is motivated to work on positive change and is intending to change and planning what it would take to make the change happen.

- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
 Child/youth is thinking about change but has little motivation to work on positive change and needs convincing to take positive steps to improve their circumstances.

- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
 Child/youth is unaware of the issues and has no thoughts of change. Child/youth is unmotivated to work on improving the circumstances, and requires a disproportionate amount of effort from others to convince them to take positive steps to improve the circumstances.

3. SAFETY DOMAIN

The items in this section represent immediate/potential life-threatening or crisis situations that may require immediate interventions.

Question to consider for this domain: Is the child/youth in need of protection/immediate support?

For the **Safety domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need or risk factor is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk factor.

29. CHILD PROTECTION*

This item refers to the likelihood that the child/youth has experienced, is currently experiencing, or is at risk of abuse or neglect, and requires child protection measures.

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of problems. No evidence of abuse or neglect. No concerns of suspected abuse or neglect. Child/youth has not been involved in any suspected child abuse or at-risk situation to increase their vulnerability. The case has no known child protection concerns.

1 *Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Identified concerns require child protection measures. MDCC has been initiated with action plans established to protect the welfare/well-being of the child/youth. Suspected abuse/neglect is being investigated. The child/youth is no longer exposed to risks and child protection measures are in place.

2 *Action is required to ensure that the identified need or risk factor is addressed.*

Action or intervention is required to ensure that the identified problem is addressed; child/youth is kept safe from the at-risk situation. However, NO MDCC has been initiated. **High chance of reoccurrence of suspected child abuse/neglect to happen again. MDCC and protective measures are highly recommended.**

3 *Intensive and/or immediate action is required to address the need or risk factor.*

Problems require immediate and/or intensive action. **Immediate removal of the child/youth from the at-risk situation is required.** Advocacy is required for case escalation and requesting urgent statutory child protection measures.

NA Child/youth is over the age of 18.

A rating of '1', '2' or '3' on this item triggers the completion of the [D] Trauma/Adverse Childhood Experiences Module.

Note: To report suspected child abuse or neglect, please call the Intake Worker of the respective FCPSU. Please refer to the below link for the "Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation (Revised 2020)": https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_fcwprocedure/id_1447/

After office hours for emergency or crisis situation, contact the police by calling "999" or by visiting the nearest Police Station.

30. FAMILY VIOLENCE

This item describes the severity of exposure to/observation of family violence. A child/youth who directly experienced family violence or witnessed family violence is rated here.

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

There is no evidence that child/youth has witnessed family violence.

1 *Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Child/youth has witnessed one episode of family violence and there was no lasting injury.

2 *Action is required to ensure that the identified need or risk factor is addressed.*

Child/youth has witnessed/experienced repeated episodes of family violence, but no family member being hit, significant injuries (i.e., requiring emergency medical attention) have been witnessed.

3 *Intensive and/or immediate action is required to address the need or risk factor.*

Child/youth has witnessed/experienced repeated and severe episodes of family violence or has intervened in one or more episodes of family violence. Significant injuries have occurred and have been witnessed (i.e., seen or heard) by the child/youth as a direct result of the violence.

Note: To report suspected child abuse or neglect, please call the Intake Worker of the respective FCPSU. Please refer to the below link for the “Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation (Revised 2020)”: https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_fcwprocedure/id_1447/

After office hours for emergency or crisis situation, contact the police by calling “999” or by visiting the nearest Police Station.

31. INTIMATE PARTNER VIOLENCE

This item refers to the likelihood that the child/youth maybe in an abusive intimate relationship or at risk for physical/sexual assault. Below are some of the warning signs suggesting the child/youth is experiencing/at risk of intimate partner violence:

- Tries to engage them in sexual activity that they aren't ready for.
- Sexually assaults or coerces them into unwanted sexual activity.
- Refuses to use contraception or protection against STIs during sexual activity.
- Doesn't want them spending time with friends or family.
- Makes threats or controls their actions.
- Other abuse or manipulation, i.e. psychological or financial.

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

There is no evidence of notable conflict in the intimate relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.

1 *Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History of intimate partner violence but no current violence, or suspicion that violence may be occurring.

2 *Action is required to ensure that the identified need or risk factor is addressed.*

Significant level of conflicts with intimate partner including frequent arguments that often escalate to verbal aggression to control the child/youth or significant destruction of property that put the child/youth at risk.

3 *Intensive and/or immediate action is required to address the need or risk factor.*

Profound level of intimate partner violence that often escalates to the use of physical and sexual aggression to control the child/youth. These episodes may put the child/youth at greater risk of immediate safety.

32. HOMELESSNESS

This item refers to the likelihood that the child/youth has experienced, is currently experiencing or is at risk of homelessness and requires a safe place for residence.

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of residential instability. The child/youth has stable housing at current and for the foreseeable future.

1 *Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History of homelessness in the past six months or there are indications of housing problems that might put the child/youth at risk of homelessness in the next three months.

2 *Action is required to ensure that the identified need or risk factor is addressed.*

The child/youth's current housing option is unstable and there are indications of housing problems that might force them to move in the next 3 months.

3 *Intensive and/or immediate action is required to address the need or risk factor.*

Child/youth is currently experiencing homelessness as defined by living on streets, internet bars or with strangers etc.

4. RISK BEHAVIORS

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

Question to Consider for this Domain: Does the child/youth's behaviors put the them at risk for serious harm?

For the **Risk Behaviors Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need or risk behavior is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

33. SUICIDE RISK*

This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of a child or youth to end their life. A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frames for each rating.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of suicidal ideation.

- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.

- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Recent, but not acute, suicidal ideation or gesture.

- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Current suicidal ideation and intent OR command hallucinations that involve self-harm.

A rating of '1', '2' or '3' on this item triggers the completion of the [A] Suicide Risk Module.

34. NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This item includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the child/youth (e.g., cutting, carving, burning self, face slapping, head banging, etc.).

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of any forms of self-injury.

- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
A history or suspicion of self-injurious behavior.

- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.

- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk.

35. OTHER SELF-HARM (RECKLESSNESS)

This rating includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child/youth or others in some jeopardy. Suicidal or self-injurious behaviors are not rated here.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.

- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm.

- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.

- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.

36. DANGER TO OTHERS

This item rates the child/youth's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate the need for a safety plan. Reckless behavior that may cause physical harm to others is not rated on this item.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
-
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.
-
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*
 Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
 Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

37. SUBSTANCE USE*

This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a child/youth. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders. This item does not apply to the use of tobacco or caffeine.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 Child/youth has no notable substance use difficulties at the present time.
-
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 Child/youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.
-
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*
 Child/youth has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
 Child/youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/youth.

A rating of '1', '2' or '3' on this item triggers the completion of the [B] Substance Use Module.

38. SEXUAL AGGRESSION

This item is intended to describe both aggressive sexual behavior and sexual behavior in which the child/youth takes advantage of a younger or less powerful child/youth. The severity and recency of the behavior provide the information needed to rate this item.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 No evidence of sexually aggressive behavior.
-
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public masturbation.
-
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*
 Child/youth engages in sexually aggressive behavior that negatively impacts functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
 Child/youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

39. RUNAWAY

This item describes the risk of running away or actual runaway behavior.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 Child/youth has no history of running away or ideation of escaping from current living situation.
-
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 Child/youth has no recent history of running away but has not expressed ideation about escaping current living situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
-
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*
 Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has run away to home (parental or relative).
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
 Child/youth has run from home and/or treatment settings in the recent past and present an imminent flight risk. A child/youth who is currently a runaway is rated here.

40. INTENTIONAL MISBEHAVIOR

This rating describes intentional behaviors that a child/youth engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the child/youth lives) that put the child/youth at some risk of consequences. It is not necessary that the child/youth be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the child/youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., child/youth feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for children/youth who engage in such behavior solely due to developmental delays.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
 Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.
-
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
 Some problematic social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.
-
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*
 Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences is causing problems in the child/youth's life.
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
 Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g. expulsion from school, removal from the community).

41. SEXUAL RISK*

This item describes the child/youth's experience in sexual intercourse (oral, anal, vaginal) that puts the child/youth at risk of contracting sexually transmitted infections (STIs), HIV, or unintended pregnancy. The sexual risk is determined by whether the sexual intercourse happens with appropriate protective measures taken (including but not limited to condoms, birth control, dental dams, STI testing before intercourse), under the influence of drugs and/or alcohol, with someone whose sexual history is either complicated or unknown to the child/youth. This may involve single or multiple, stable or casual partner(s). Sexual abuse and sexual aggression are rated elsewhere.

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child/youth has never engaged in any form of sexual intercourse.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Monitoring or preventive action is required because the child/youth is likely to start engaging in sexual intercourse soon. OR child/youth has been, or is currently, sexually active. They take appropriate protective measures consistently when engaging in sexual intercourse.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*

Child/youth is aware of the risk of getting STIs, HIV or unintended pregnancy, but they fail to take appropriate protective measures consistently when engaging in sexual intercourse because of factors they can easily control.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*

Child/youth is unaware of the risk of getting STIs, HIV or unintended pregnancy, thus fails to take appropriate protective measures consistently when engaging in sexual intercourse. OR child/youth is aware of the risk of getting STIs, HIV or unintended pregnancy, but they fail to take appropriate protective measures consistently when engaging in sexual intercourse because of factors they cannot easily control.

A rating of '1', '2' or '3' on this item triggers the completion of the [C] Sexual Behavior Module.

****Pregnant youth must receive a rating of either 2 or 3. If this is a pregnant youth, please complete the [H] Pregnant Youth Module.****

5. FAMILY/CAREGIVER RESOURCES & NEEDS

This section focuses on the strengths and needs of the caregiver. Caregiver ratings should be completed by household. If multiple households are involved in the planning, then this section should be completed once for each household under consideration (if possible). If the child or youth is in a foster care or out-of-home placement, please rate the identified parent(s), other relative(s), adoptive parent(s), or caretaker(s) who is planning to assume custody and/or take responsibility for the care of this child/youth.

The items in this section represent potential areas of need for caregivers while simultaneously highlighting the areas in which the caregivers can be a resource for the child/youth.

The CANS score sheet for the caregiver domain has space to rate multiple caregivers, if applicable. The score sheet has space to indicate the caregiver's relationship to the child/youth, such as parent or foster parent.

- If the child/youth lives in a foster home, complete (at least) 2 caregiver sections – one for the foster parent and one for the parent(s) from who the child/youth was removed.
- If the child/youth is freed for adoption, do not complete a caregiver section for the child/youth's biological parents.
- For children/youth with other permanency plans, rate the parent from whom the child/youth was removed and/or an identified caregiver.

GUIDANCE FOR COMPLETING THE CAREGIVER SECTION OF THE CANS (7-25 YEARS)

Identifying the appropriate adults to include in the caregiver section of the CANS is extremely important as it can affect the amount of care coordination and family-based care services the child/youth is eligible for, in addition to being critical to developing a suitable care plan for the child/youth and family.

For children/youth who live at home, any parents or parent substitutes with a significant role in the child/youth's life are considered caregivers that need to be rated in the CANS. In addition to the biological parent the child/youth lives with, examples of parent substitutes or other "caregivers" may include a biological parent who does not live with the child/youth but shares custody, a step-parent who does live with the child/youth, or a grandparent who has custody of the child/youth.

If children/youth are in the legal custody of their parent(s) but are temporarily living elsewhere (hospital, child residential care services etc.) then these children/youth's CANS would include the parent(s) in the caregiver section.

Other children/youth and families may have unique circumstances where it may not be obvious which parents, and/or parent substitutes, if any, should be included in the CANS. This section provides guidance on caregiver selection in a variety of circumstances that you may encounter for children/youth aged 7 to 25 years.

For children/youth in foster care, consider the child/youth's family situation and permanency goal to help decide which parent or parent substitute needs to be included in the caregiver section.

IF CHILD / YOUTH IS IN FOSTER CARE/OTHER RESIDENTIAL CARE SERVICES			
CHILD'S RESIDENCE	PERMANENCY GOAL		
	Reunification	Lives with Relative	Adoption
Foster Home	Both Parent(s) and Foster Parent(s)	Relative(s) and Foster Parent(s)	Pre-adoptive parent(s)
Other Residential Care Services (e.g. Small Group Home, Girl's home)	Parent(s)	Relative(s) and Parent(s)	Pre-adoptive parent(s)

Here are some points to consider for this domain:

- What are the strengths and needs of the child/youth's caregiver(s)?
- Please rate for the past 30 days.
- Please rate the person/people who the child/youth will eventually go back to (see item 17 - "Identify Caregiver" for more information).
- If the child/youth has NO identified long-term caregiver, this section might need to be left blank e.g. a child/youth living in Child residential care services who has no identified long-term caregiver.
- In situations where there are multiple caregivers (e.g. parents living in the same household), rate each caregiver separately.
- If there are multiple caregivers who are not living together (e.g. parents who are divorced), or if a decision is needed about long-term placement, rate each caregiver separately.

Child protection concerns:

- Rating on some of the items may indicate child protection concerns. To report suspected child abuse or neglect, please call the Intake Worker of the respective FCPSU. Please refer to the below link for the "Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation (Revised 2020) https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_fcwprocedure/id_1447/
- After office hours for emergency or crisis situation, contact the police by calling "999" or by visiting the nearest Police Station. Please ensure action steps are in line with Mother's Choice Child Protection Concern Response Policy, complete Incident Reporting Form (Form X), and escalate according to the procedures.

Question to Consider for this Domain: What are the resources and needs of the child/youth's caregiver(s)?

For the **Family/Caregiver Resources and Needs Domain** use the following categories and action levels:

- 0 No current need; no need for action. This may be a resource for the child/youth.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
- 2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
- 3 Need prevents the provision of care; requires immediate and/or intensive action.

42. Identify Caregiver Specify the person whom the child/youth will eventually live with: either the child/youth's birth parent or legal guardian.

- For child/youth in foster care, please specify foster parent or other relative/adoptive parent/caregiver if they are planning to assume custody of this child/youth.
- Always refer to the Permanency Plan when deciding who the long-term caregiver is.

Name: *Specify the full name of the caregiver.*

Relationship: *Specify the relationship to the child/youth (e.g. mother, father, grand-mother, etc.)*

43. SUPERVISION

This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their children.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.

Supplemental Information: A mother who disciplines her 3-year-old toddler for spilling his milk and "runs out" to the supermarket, leaving him alone at home for "a little while" may be rated a "2."

44. INVOLVEMENT WITH CARE

This item rates the caregiver's participation in the child/youth's care and ability to advocate for the child/youth.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
No evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for child.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active advocate on behalf of the child/youth. Caregiver is open to receiving support, education, and information.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver is not actively involved in the child/youth's services and/or interventions intended to assist the child/youth.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver wishes for child/youth to be removed from their care.

Supplemental Information:

- A "0" on this item is for caregivers who are able to advocate for their child/youth. This requires knowledge of their child/ youth, their rights, options, and opportunities.
- A "1" is for caregivers who participate in services for their child/youth (e.g. parent sessions) but may not be able to serve as advocates for their child/youth yet.
- A "2" would indicate a parent who does not wish to participate in child/youth's treatment or is so emotionally exhausted that they are unable to effectively assist the child/youth in treatment right now.

45. CHILD'S BOND WITH CAREGIVER

This item measures the closeness of the relationship between the child/youth and caregiver. When rating this item, consider how the caregiver and child/youth communicate and interact with each another. A rating of "0" indicates that positive, two-way communication between caregiver and child/youth occurs on a frequent basis.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 Caregiver and child/youth share a strong bond. Child/youth turns to caregiver for comfort when distressed. Caregiver and child/youth interact spontaneously and positively on a frequent basis.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Caregiver and child/youth generally share a good bond. Child/youth occasionally turns to caregiver for comfort when distressed. Caregiver and child/youth usually interact well with each other. There may be occasional conflicts between caregiver and child/youth.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver and child/youth have a distant relationship or child and caregiver have difficulties maintaining a close relationship. Child/youth seldom approaches caregiver for comfort when distressed. Caregiver and child/youth do not interact well with each other and may have frequent conflicts.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver and child/youth share a strained relationship and hardly interact with each other, or caregiver and child/youth have frequent conflicts resulting in difficulties maintaining any positive relationship

46. EMPATHY FOR CHILD/YOUTH

This item rates the caregiver's capacity in understanding and supporting the child/youth's feelings/emotional needs. Caregivers who are not responsive to their child/youth or are responsive only in certain situations should be rated a "2" or a "3."

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 Caregiver is strong in their capacity to understand how the child/youth is feeling and consistently demonstrates this in interactions with the child/youth.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Caregiver has the ability to understand how the child/youth is feeling in most situations and is able to demonstrate support for the child/youth in this area most of the time.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver is only able to be empathetic toward the child/youth in some situations and at times the lack of empathy interferes with the child/youth's growth and development.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver shows no empathy for the child/youth in most situations and especially when the child/youth is distressed. Caregiver's lack of empathy is impeding the child/youth's development.

47. CAREGIVER MEDICAL/PHYSICAL

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to provide care for the child/youth. This item does not rate depression or other mental health issues.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 No evidence of medical or physical health problems. Caregiver is generally healthy.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.

Supplemental Information:

- A single parent who had a stroke and has mobility or communication limitations might be rated a “2” or even a “3.”
- If the caregiver has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future, they might be rated a “1.”

48. CAREGIVER MENTAL HEALTH

This item identifies serious mental needs that might limit caregiving capacity.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 No evidence of caregiver mental health needs.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver’s mental health difficulties interfere with their capacity to parent. Is assessed as “supervision is required for Childcare.”
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time. Is assessed as “unfit for Childcare.”

Supplemental Information:

- A caregiver with serious mental health needs would likely be rated a “2” or even a “3” depending on the impact of the illness.
- A caregiver who has been stable for a length of time and whose mental health needs is currently well controlled by medication might be rated a “1”.

49. CAREGIVER SUBSTANCE USE

This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child/youth.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 No evidence of caregiver substance use issues.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver has some substance abuse difficulties that interfere with his or her capacity to parent.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver has substance abuse difficulties that make it impossible to parent the child/youth at this time.

Supplemental Information:

- This item includes the use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes.
- A “1” indicates a caregiver currently in recovery or a situation where problems of substance use are suspected but not confirmed. If substance use interferes with the user’s ability to parent, a rating of “2” is indicated. If substance use prevents a caregiver from providing adequate care, a rating of “3” is warranted.

50. CAREGIVER DEVELOPMENTAL NEEDS

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver’s ability to provide care for the child/youth.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.

51. CAREGIVER KNOWLEDGE

This item identifies the caregiver's knowledge of the child/youth's strengths and needs, and the caregiver's ability to understand the rationale for the treatment or management of these problems.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents and limitations.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge or understanding of the child/youth's psychological condition, talents, skills and assets.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver has little or no understanding of the child/youth's current condition. Caregiver's lack of knowledge about the child/youth's strengths and needs place the child/youth at risk of significant negative outcomes.

Supplemental Information: Consider the caregiver's ability to understand the rationale for treatment/management of the child/youth's problems. We recommend thinking of this item in terms of if there is information that you made available to the caregiver, they could be more effective in working with their child/youth. For example, a caregiver of a child/youth who was physically abused in the past may be rated as a "2" if the caregiver does not understand that the child/youth's aggression toward others may be due to the physical abuse.

52. CAREGIVER ORGANIZATION

This item is used to rate the caregiver's ability to organize and manage their household to support intervention plans.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 Caregiver is well organized and efficient.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Caregiver has minimal difficulties with organizing and maintaining household to support intervention plans. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver has moderate difficulty organizing and maintaining household to support intervention plan.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver is unable to organize household to support intervention plan.

Supplemental Information:

- Caregivers who need help organizing themselves and/or their family would be rated a "2" or "3" (e.g. caregivers who hoard junk in the house – a health and fire hazard to the child/youth).
- Caregivers who occasionally forget appointments or calls would be rated a "1."

53. CAREGIVER SOCIAL RESOURCES

This item rates the social assets (extended family and friends) and resources that the caregiver can bring in to address the multiple needs of the child/youth and family.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 Caregiver has significant social and family networks that actively help with caregiving.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Caregiver has some family or friends or social network that actively helps with caregiving.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Work needs to be done to engage family, friends or social network in helping with caregiving.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver has no family or social network to help with caregiving.

Supplemental Information: Both child and youth can be rated here: children require active caregiving and youth require monitoring/supervision. Social resources could include friends, family members, neighbors, people that are known and trusted by the child/youth and caregiver. Professionals working with the family (e.g. Social Workers, school counsellors) should not be rated here. "Actively helping" refers to a stable and reliable source of help that currently participates in caregiving.

54. CAREGIVER RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s) and does not include the likelihood that the child or youth will be removed from the household.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 Caregiver has stable housing for the foreseeable future.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver has moved multiple times in the past year. Housing is unstable.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Family is homeless, or has experienced homelessness in the recent past.

Supplemental Information: A "1" indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a "1," which indicates that monitoring the family's housing situation is necessary to prevent future housing disruption. A "3" indicates problems of recent homelessness.

55. CAREGIVER RESIDENTIAL SAFETY

This item describes whether the caregiver is able to provide a safe environment for the child/youth.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
Housing has no challenges with regard to fully supporting the child/youth's health, safety, and accessibility.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Household is safe, but concerns exist about the safety of the child/youth due to history or others in the vicinity that might be abusive. OR the household environment poses some concern of physical danger to the child/youth. But these concerns do not currently interfere with functioning or present any notable risk to the child/youth or others.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The child/youth is in some danger from one or more individuals within the household/vicinity. OR the household environment poses some physical danger to the child/youth. These concerns interfere with or limit the child/youth's functioning.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Child/youth is in immediate danger from one or more individuals with unsupervised access within the household/vicinity. OR the household environment poses immediate and/or severe danger to the child/youth. Housing presents a significant risk to the child/youth's health and well-being.

Supplemental Information: This item does not describe situations in which the caregiver is unable to prevent the child/youth from hurting themselves despite well-intentioned efforts.

A '2' or '3' on this item requires the involvement of relevant authorities such as the Family and Child Protective Services Unit (FCPSU).

56. CAREGIVER EMPLOYMENT FUNCTIONING

This item rates the performance of the individual in work settings. This performance can include issues of behavior, attendance or productivity.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 No evidence of problems at work. Individual is gainfully employed.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Individual experiences some problems with work functioning. Individual may have some problems in work environment involving attendance, productivity, or relations with others. OR the individual is not currently working, but is motivated and is actively seeking work.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Individual experiences work problems including disruptive behavior and/or difficulties with performing required work. Supervisors likely have warned individual about problems with their work performance. OR although not working, the individual seems interested in doing so, but may have some anxiety about working.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Work problems are dangerous or disabling, including aggressive behavior toward peers or superiors or severe attendance problems. Individual may be recently fired or at very high risk of firing (e.g. on notice). OR the individual has a long history of unemployment.
-
- NA Not applicable if the individual is a homemaker (e.g., taking care of a child or an elderly person) or retired.

57. CAREGIVER LEGAL INVOLVEMENT

This item rates the caregiver's involvement with the justice system. This includes any legal issues related to immigration.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 Caregiver has no known legal difficulties.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Caregiver has a history of legal problems but currently is not involved with the legal system. Past legal problems may not be directly related to child/youth's safety (e.g., theft, bankruptcy).
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver has some legal problems and is currently involved in the legal system. OR has past history of legal problems that may be related to child/youth's safety (e.g., abuse, involvement with drugs).
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver has serious current or pending legal difficulties that place them at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. A caregiver who is incarcerated would be rated here.

Supplemental Information:

- Minor traffic offences, such as being summoned to court due to unsettled traffic fines on multiple occasions, would be rated as a "1". A rating of "1" is also made if the caregiver had past legal problems that were not directly related to the assessed Child/youth's safety and permanency.
- Offences that are/were directly related to the client's safety should be rated as a "2" or "3".

58. CAREGIVER FINANCIAL RESOURCES

This item indicates whether the caregiver has enough financial resources to support the child/youth's needs, and whether the caregiver requires financial assistance.

Rate caregivers who are currently receiving financial assistance or subsidies as '2'.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 Caregiver has sufficient financial resources to raise or care for the child/youth.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Caregiver has some financial resources to raise or care for the child/youth. History of struggles with sufficient financial resources would be rated here.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver has limited financial resources to raise or care for the child/youth.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver has no financial resources to raise or care for the child/youth. Caregiver needs financial resources.

59. FAMILY STRESS

This is the impact of managing the child/youth's behavioral and emotional needs on the family's stress level.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 No evidence of caregiver having difficulty managing the stress of the child/youth's needs and/or caregiver is able to manage the stress of child/youth's needs.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 There is a history or suspicion of and/or caregiver has some problems managing the stress of child/youth's needs.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver has notable problems managing the stress of child/youth's needs. This stress interferes with their capacity to provide care.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver is unable to manage the stress associated with child/youth's needs. This stress prevents caregiver from parenting.

Supplemental Information: A family that is so stressed by a child/youth's behavior that parents/caregivers are requesting the child/youth be removed from their responsibility would receive a rating of "3." Evaluations of stress can reflect the physical or time burdens of caring for the child/youth, or the emotional impact of the child/youth's needs on the family.

60. ACCESSIBILITY TO CHILD CARE

This item refers to the caregiver's access to appropriate childcare for young children or older youth in their care with developmental delays.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 Caregiver has access to sufficient childcare services.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Caregiver has limited access to childcare services. Needs are met minimally by existing, available services.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Caregiver has limited access or access to limited childcare services. Current services do not meet the caregiver's needs.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Caregiver has no access to childcare services.

61. CAREGIVER DAILY LIVING

This item describes the caregiver's ability to provide for the basic needs (e.g. shelter, food, safety, and clothing) of the child/ youth.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 The caregiver has the daily living skills needed to care for their child/youth.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 The caregiver needs verbal prompting to complete the daily living skills required to care for their child/youth.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their child/youth.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 The caregiver does not have the daily living skills required to care for their child/youth. Caregiver needs immediate intervention.

Supplemental Information: This item can be culture-sensitive. In order to minimize the cultural issues, we recommend thinking of this item in terms of whether the child/youth is thriving and generally healthy (requiring occasional medical attention for common childhood ailments), and whether the caregiver is receptive to alternative suggestions.

62. CAREGIVER POST-TRAUMATIC REACTIONS

This item describes posttraumatic reactions faced by the parent/guardian, including emotional numbing and avoidance, nightmares and flashbacks, that are related to their child/youth's or their own traumatic experiences.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
Caregiver has not experienced any significant trauma or has adjusted to traumatic experiences without notable post-traumatic stress reactions.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Caregiver has some mild adjustment problems related to child/youth's or their own traumatic experiences. Caregiver may exhibit some guilt about child/youth's trauma or become somewhat detached or estranged from others. These symptoms may mildly impact their ability to provide childcare.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has moderate adjustment difficulties related to traumatic experiences, and these difficulties impact ability to provide childcare. Caregiver may have nightmares or flashbacks of the trauma.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has significant adjustment difficulties associated with traumatic experiences, and these difficulties severely impact their ability to provide childcare. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.
-

INDIVIDUALIZED MODULES

OPTIONAL MODULES

[A] SUICIDE RISK MODULE

The items in this module are intended to provide more detailed information on a child/youth's suicide risk. This module is to be completed when the Risk Behaviors Domain, Suicide Risk item is rated '1,' '2' or '3.'

63. HISTORY OF ATTEMPTS

This item refers to suicidal ideation or/and behaviors that a child/youth engages in. Please rate the highest level experienced.

Ratings and Descriptions

- 0 No lifetime history of suicidal ideation or attempt.
- 1 Lifetime history of significant suicidal ideation but no potentially lethal attempts.
- 2 Lifetime history of a potentially lethal suicide attempt.
- 3 Lifetime history of multiple potentially lethal suicide attempts.

64. SUICIDE IDEATION

This item rates whether the child/youth has recently thought about hurting themselves.

Ratings and Descriptions

- 0 No evidence.
- 1 History but no recent ideation.
- 2 Recent ideation, but not in past 24 hours.
- 3 Current ideation OR command hallucinations that involve self-harm.

65. SUICIDE INTENT

This item rates the level of intent the child/youth has of harming themselves.

Ratings and Descriptions

- 0 No evidence.
- 1 History, but no recent intent to commit suicide.
- 2 Recent intention to commit suicide.
- 3 Current intention.

66. SUICIDE PLANNING

This item rates whether the child/youth has recently had a plan to commit suicide.

Ratings and Descriptions

- 0 No evidence of a concrete plan.
- 1 A vague notion of a plan, but the plan is not realistic.
- 2 Child/youth has a plan to commit suicide that is feasible.
- 3 Child/youth has a plan that is immediately accessible and feasible.

67. ACCESSIBLE TO POTENTIALLY LETHAL OBJECTS/SUBSTANCES

This item rates whether the child/youth has recently had a plan to commit suicide.

Ratings and Descriptions

- 0 No evidence of a concrete plan.
- 1 Some evidence that a lethal weapon/substance is accessible with substantial effort. Examples include a vague plan to obtain potentially lethal substances.
- 2 Evidence that a lethal means is available with modest effort (e.g., deception, some planning). **SAFETY PLAN MUST BE CREATED.**
- 3 Evidence that the child/youth has immediate access to lethal means. Child/youth should not be allowed to re-enter said environment until means has been removed. **SAFETY PLAN MUST BE CREATED.**

[B] SUBSTANCE USE MODULE

The items in this module focus on different elements/issues related to using substances. This module is to be completed when the Risk Behaviors Domain, Substance Use item is rated '1,' '2' or '3.'

Rate the following items within the last 30 days unless specified by anchor descriptions.

68. SEVERITY OF USE

This item rates the frequency and severity of the child/youth's current substance use.

Ratings and Descriptions

- 0 Child/youth is currently abstinent and has maintained abstinence for at least six months.
- 1 Child/youth is currently abstinent but only in the past 30 days or child/youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
- 2 Child/youth actively uses alcohol or drugs but not daily.
- 3 Child/youth uses alcohol and/or drugs on a daily basis.

69. DURATION OF USE

This item identifies the length of time that the child/youth has been using drugs or alcohol.

Ratings and Descriptions

- 0 Child/youth has begun use in the past year.
- 1 Child/youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where the child/youth did not have any use.
- 2 Child/youth has been using alcohol or drugs for at least one year (but less than five years), but not daily.
- 3 Child/youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

70. STAGE OF RECOVERY

This item identifies where the child/youth is in their recovery process.

Ratings and Descriptions

- 0 Child/youth is in maintenance stage of recovery. Child/youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
- 1 Child/youth is actively trying to use treatment to remain abstinent.
- 2 Child/youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
- 3 Child/youth is in denial regarding the existence of any substance use problem.

71. PEER INFLUENCES

This item identifies the impact that the child/youth's social group has on their substance use.

Ratings and Descriptions

- 0 Child/youth's primary peer social network does not engage in alcohol or drug use.
- 1 Child/youth has peers in their primary peer social network who do not engage in alcohol or drug use but has some peers who do.
- 2 Child/youth predominantly has peers who engage in alcohol or drug use but child/youth is not a member of a gang.
- 3 Child/youth is a member of a peer group that consistently engages in alcohol or drug use.

72. PARENTAL/CAREGIVER INFLUENCES

This item rates the parent's/caregiver's use of drugs or alcohol with or in the presence of the child/youth.

Ratings and Descriptions

- 0 There is no evidence that child/youth's caregivers have ever engaged in substance abuse.
- 1 One of child/youth's caregivers has history of substance abuse but not in the past year.
- 2 One or both of child/youth's caregivers have been intoxicated with alcohol or drugs in the presence of the child/youth.
- 3 One or both of child/youth's caregivers use alcohol or drugs with the child/youth.

73. ENVIRONMENTAL INFLUENCES

This item rates the impact of the child/youth's community environment on their alcohol and drug use.

Ratings and Descriptions

- 0 No evidence that the child/youth's environment stimulates or exposes them to any alcohol or drug use.
- 1 Suspicion that child/youth's environment might expose them to alcohol or drug use.
- 2 Child/youth's environment clearly exposes them to alcohol or drug use.
- 3 Child/youth's environment encourages or enables them to engage in alcohol or drug.

[C] SEXUAL BEHAVIOR MODULE

The items in this module focus on different elements/issues related to sexual behavior. This module is to be completed when the Risk Behaviors Domain, Sexual Risk item is rated '1,' '2' or '3.'

74. Identify the age of Client (Please remark the approximate developmental age if you observe there is delay in clients' development):

75. Identify the age of the partner (the latest one) (Please remark the approximate developmental age if you observe there is delay in clients' development):

76. Identify approximate number of sex partner(s) in the last 18 months:

77. KNOWLEDGE OF CONTRACEPTION

This item describes the degree to which the child/youth has knowledge of contraception and/or condom use that is relevant and suitable to them.

Ratings and Descriptions

- 0 Child/youth can identify effective contraception methods (including condoms) that are relevant and suitable to them, with good knowledge of how to use the methods correctly.
- 1 Child/youth has solid understanding of effective contraception methods but needs some help in identifying methods suitable to them, or shows myths on ineffective methods.
- 2 Child/youth cannot name or understand effective contraception methods.
- 3 Child/youth is totally unaware of contraception methods or has developed twisted perception of contraception due to cultural factors.

78. CONTRACEPTION USE

This item is used to describe the degree to which the child/youth uses effective contraception methods (including condoms) during sexual intercourse (in the last 18 months). Withdrawal (pulling out before ejaculation) and fertility awareness methods (tracking ovulation) are not considered effective.

Ratings and Descriptions

- 0 Child/youth always uses effective contraception methods during sexual intercourse.
- 1 Child/youth generally uses effective contraception methods during sexual intercourse. Child/youth may occasionally forget or act impulsively, engaging in intercourse even when effective contraception methods are not available/ready. Child/youth may resort to using emergency over regular contraception methods.
- 2 Child/youth sometimes use effective contraception methods during intercourse. Child/youth may only use contraception methods where they are very concerned about risk (for example, one-night-stand, sex work context).
- 3 Child/youth never uses effective contraception during sexual intercourse.

79. SEXUALLY TRANSMITTED INFECTION (STI)

This item refers to history of sexually transmitted infection in the last 18 months. Please be reminded that there are some STIs that can be passed from pregnant woman to the baby in the womb and/or during the delivery through the birth canal, for example: syphilis, gonorrhea, chlamydia, hepatitis B, genital herpes, HPV and HIV.

Ratings and Descriptions

- 0 Child/youth has no current known STI(s) nor history of STI(s).
- 1 Child/youth has history of STI(s) or is currently suspected of having STI(s) that have not yet been fully diagnosed.
- 2 Child/youth currently has STI(s).
- 3 Child/youth currently has STI(s) that put themselves or others at risk of disability, serious health impact or death.

80. PAID SEX SERVICES

This item refers to history of providing/receiving paid sexual services including sex workers in brothels/nightclubs, part-time boyfriend/girlfriend, sugar daddy/mommy and sex in exchange of gifts in all forms including drugs, cigarettes, etc.

Ratings and Descriptions

- 0 Child/youth has no history of providing/receiving sex work services in any form.
- 1 Child/youth has history of providing/receiving sex work services in any form, but not in the last 18 months.
- 2 Child/youth provides/receives sex work services in any form now or within the last 18 months.
- 3 Child/youth provides/receives sex work services and it has become the central focus of their life and affects their mental, emotional and social health.

[D] TRAUMA/ADVERSE CHILDHOOD EXPERIENCES MODULE

All of the trauma/adverse childhood experiences items are static indicators. In other words, these items indicate whether or not a child/youth has experienced a particular trauma. If the child/youth has ever had one of these experiences it would always be rated in this section, even if the experience was not currently causing problems or distress in the child/youth's life. Thus, these items are not expected to change except in the case that the child/youth has a new trauma experience or a historical trauma is identified that was not previously known.

Traumatic events are typically scary, fear-inducing or life-threatening and may result in someone getting hurt and/or death. Unsubstantiated allegations of abuse, or ongoing investigations should be rated as a "1," pending further information.

Question to Consider for this Module: Has the child/youth experienced adverse life events that may impact their behavior?

This section is for all ages. Rate these items within the child/youth's lifetime.

81. SEXUAL ABUSE*

This item describes whether or not the child/youth has experienced sexual abuse.

Ratings and Descriptions

- 0 There is no evidence that child/youth has experienced sexual abuse.

- 1 Suspicion that the child/youth has experienced sexual abuse with some degree of evidence or the child/youth has experienced sexual abuse including, but not limited to, direct exposure to sexually explicit materials. Evidence for suspicion of sexual abuse could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or Internet predation. Children/youth who have experienced secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) also would be rated here.

- 2 Child/youth has experienced one or more incidents of sexual abuse that are not recent incidents and it is unclear whether or not treatment was sought for the child/youth, that the alleged perpetrator does not live in the home or have legal or unrestrained access to the child/youth, or where the alleged perpetrator is of similar age and protective measures have been taken by the parent/caregiver.

- 3 Child/youth has experienced severe, chronic sexual abuse with multiple episodes or lasting over an extended period of time, sexual abuse significant enough to cause physical injury and/or require medical attention, or a single incident where the alleged perpetrator resides in the home and has legal or unrestrained access to the child/youth.

*** A rating of "1," "2," or "3" on this item triggers the [G] Sexual Abuse Module.***

Supplemental Information: This item refers to the child/youth being a victim of sexual abuse as defined in the "Protecting Children from Maltreatment Procedural Guide for Multi-disciplinary Co-operation" by the SWD (see below).

This refers to forcing or enticing a child to take part in any acts of sexual activity for sexual exploitation or abuse and the child does not consent to or fully understand or comprehend this sexual activity that occurs to them due to mental immaturity.

This sexual activity includes acts that have or do not have direct physical contact with children (e.g. rape, oral sex, procuring a child to masturbate others/expose their sexual organs, or to pose in an obscene way/watch sexual activities of others, production of pornographic material, forcing a child to engage in prostitution, etc.).

Sexual abuse may be committed inside or outside the home or through social media on the internet by perpetrators acting individually or in an organised manner. It includes luring a child through rewards or other means for abuse, including sexual grooming which refers to designedly establishing a relationship/an emotional connection with a child by various means for gaining their trust with an intent to sexually abuse them (e.g. communicating with a child through mobile phone or the Internet). [continues]

SEXUAL ABUSE continued

Consensual sexual activity between an adolescent and another person may also involve sexual exploitation by a person who, by their characteristics, is in a position of differential power to the adolescent. Cases where the adolescent is not mentally mature, too young (e.g. under the age of 13) or the sexual activity leads to sexually transmitted diseases (“STDs”) or pregnancy may be considered and handled as suspected sexual abuse¹.

If the sexual abuse is unsubstantiated, or still under investigation, rate the item a “1.” Evidence for suspicion of sexual abuse could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or Internet predation.

82. PHYSICAL ABUSE

This item describes whether or not the child/youth has experienced physical abuse.

Ratings and Descriptions

- 0 There is no evidence that the child/youth has experienced physical abuse.

- 1 There is a suspicion that the child/youth has experienced physical abuse but no confirming evidence. Age-appropriate spanking that does not leave a mark or bruise would be rated here. The threat of physical harm without actual harm inflicted would also be rated here.

- 2 Child/youth has experienced a level of physical abuse that may include one or more incidents of physical punishment (e.g. hitting, punching) when the parent/caretaker uses physical discipline or intentional harm that results in injuries, such as bruises or marks. Physical punishment that includes the use of items such as belts or paddles or that is done out of anger by the caretaker would be rated here. MDCC was held and case was established as physical abuse.

- 3 Child/youth has experienced severe and repeated physical abuse with the intent to do harm and/or that causes sufficient physical harm to necessitate medical attention. Unexplained injuries for non-accidental trauma such as hemorrhages, subdural hematoma and breaks, as well as disorders such as Munchausen by Proxy Syndrome qualify here. MDCC was held and case was established as physical abuse.

¹ The younger the age, the more vulnerable a juvenile is even if they are involved in a consensual sexual activity (With reference made to Section 123 “Intercourse with Girl under 13” of “Crimes Ordinance”, Cap 200, its maximum penalty is higher than the one of Section 124 “Intercourse with Girl under 16”). As STDs or pregnancy resulting from sexual activity will affect the juvenile physiologically and psychologically, personnel should first conduct an initial assessment to identify if there is a reason to believe or suspect the juvenile is harmed/maltreated where cases involved juvenile engaging in a consensual sexual activity being under the age of 13 or having STDs or pregnancy resulting from unsafe sex. Personnel should also take child protection and related investigation as appropriate.

83. NEGLECT

This rating describes whether or not the child/youth has experienced neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).

Ratings and Descriptions

- 0 There is no evidence that the child/youth has experienced neglect.

- 1 The child/youth has experienced neglect such as a caregiver's failure to provide adequate expectations or supervision. For instance, child/youth may have been left at home alone for a number of hours without adult supervision.

- 2 The child/youth has experienced neglect, including failure to provide adequate supervision (for instance, child/youth may have been left at home alone overnight) and occasional unintentional failure to provide adequate food, shelter, or clothing, with rapid corrective action. MDCC was held and case was established as child neglect.

- 3 The child/youth has experienced neglect, including multiple and prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis. The neglect places the child/youth in a situation that requires actions and/or decisions beyond the child/youth's maturity, physical ability and/or mental ability. MDCC was held and case was established as child neglect.

84. EMOTIONAL ABUSE

This item describes whether or not the child/youth has experienced verbal and/or nonverbal emotional abuse, including belittling, shaming, and humiliating a child/youth, calling names, making negative comparisons to others, or telling a child/youth that they are, "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child and "emotional neglect," described as the denial of emotional attention and/or support from caregivers.

Ratings and Descriptions

- 0 There is no evidence that the child/youth has experienced emotional abuse.

- 1 The child/youth has experienced occasional emotional abuse. For instance, may experience some insults or is occasionally referred to in a derogatory manner by caregivers or may have been at times denied emotional support or attention.

- 2 The child/youth has experienced emotional abuse characterized by abuse over an extended period of time or a one-time extreme incident (e.g. a six-year old being forced to wear diapers publicly by a parent frustrated with bedwetting). For instance, the child/youth may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.

- 3 The child/youth has experienced severe and repeated emotional abuse over an extended period of time. For instance, the child/youth is completely ignored by caregivers, or threatened/terrorized by others

Supplemental Information:

Examples of emotionally abusive behaviors include:

- Extended "silent treatment"
- Complete ignoring of child/youth's needs
- Verbal insults/ demeaning comments/characterizations of the child/youth
- Exploiting/corrupting the child/youth
- Threatening to hurt the child/youth or threatening to commit suicide

85. MEDICAL TRAUMA

This item describes whether or not the youth has experienced medically-related trauma, resulting from, for example, inpatient hospitalizations, outpatient procedures, and significant injuries.

Ratings and Descriptions

- 0 There is no evidence that the child/youth has experienced any medical trauma.

- 1 Child/youth has had a medical experience that was mildly overwhelming, including events that were acute in nature and did not result in ongoing medical needs and associated distress such as minor surgery, stitches or bone setting.

- 2 Child/youth has had a medical experience that was perceived as moderately emotionally or mentally overwhelming. Such events might include acute injuries and moderately invasive medical procedures such as major surgery that require only short-term hospitalization.

- 3 Child/youth has had a medical experience that was perceived as extremely emotionally or mentally overwhelming. The event itself may have been life threatening and may have resulted in chronic health problems that alter the child/youth's physical functioning.

Supplemental Information: Not all medical procedures are experienced as traumatic; medical trauma results when a medical experience is perceived by the child/youth as mentally or emotionally overwhelming.

- Potential medical trauma include but are not limited to the following examples:
 - The onset of a life-threatening illness
 - Sudden painful medical events
 - Chronic medical conditions resulting from an injury or illness or another type of traumatic event
 - Chemotherapy or radiation and multiple surgeries to correct physical deformities.
- Common medical procedures (e.g. injections, pills) would not be considered medical trauma.

86. WITNESS TO FAMILY VIOLENCE

This item describes exposure to violence within the child/youth's home or family.

Ratings and Descriptions

- 0 No evidence that child/youth has witnessed family violence.

- 1 Child/youth has witnessed one episode of family violence.

- 2 Child/youth has witnessed repeated episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) have been witnessed.

- 3 Child/youth has witnessed repeated and severe episodes of family violence or has had to intervene in episodes of family violence. Significant injuries have occurred and have been witnessed by the child/youth as a direct result of the violence.

87. DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item documents the extent to which a child/youth has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.

Ratings and Descriptions

- 0 No evidence that the child/youth has experienced disruptions in caregiving and/or attachment losses.

- 1 Child/youth may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, such as a relative (e.g., child/youth's care shifted from biological mother to paternal grandmother). Child/youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.

- 2 Child/youth has been exposed to 2 or more disruptions in caregiving with known alternate caregivers, or the child/youth has had at least one disruption involving placement with an unknown caregiver. Children/youth who have been placed in foster or other out-of-home care such as residential care facilities would be rated here.

- 3 Child/youth has been exposed to multiple/repeated placement changes (e.g., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has negatively impacted various domains of a child/youth's life (e.g., loss of community, school placement, peer group). Examples would include a child/youth in several short-term unknown placements (e.g., moved from emergency foster care to additional foster care placements) and/or multiple transitions in and out of the family-of-origin (e.g., several cycles of removal and reunification).

Supplemental Information:

- Children/youth above 12 months who have had placement changes including stays in foster care, other children/youth residential care services, or juvenile homes (e.g. Boys'/ Girls' Home) should be rated a "2."
- Short term hospital stays, or brief juvenile detention stays (e.g. remand), during which the child/youth's caregiver remains the same would not be rated on this item.
- If the child/youth was placed with a foster family before the child/youth was 12 months old, and the child/youth is still residing with the same foster family, this item would be rated a "0."

88. PARENTAL CRIMINAL BEHAVIOR

This item describes the criminal behavior of both biological and step parents, and other legal guardians, but not foster parents.

Ratings and Descriptions

- 0 No evidence that child/youth's parents have ever engaged in criminal behavior.

- 1 One of child/youth's parents has a history of criminal behavior or incarceration and child/youth has not been in contact with this parent for at least one year.

- 2 One of child/youth's parents has a history of criminal behavior resulting in a conviction or incarceration, and child/youth has been in contact with this parent in the past year.

- 3 Both of child/youth's parents have history of criminal behavior resulting in incarceration.

[E] TRAUMATIC STRESS SYMPTOMS MODULE

These items describe dysregulated reactions or symptoms that children and youth may exhibit to any of the variety of traumatic experiences. This module is required to be completed when the Life Functioning Domain, Adjustment to Trauma item is rated '1,' '2' or '3.'

Question to consider for this domain: How is the child/youth responding to traumatic events?

Rate the following items within the last 30 days.

89. EMOTIONAL AND/OR PHYSICAL DYSREGULATION

Child/youth has difficulties with arousal regulation or expressing emotions and energy states (e.g. the child/youth's ability to respond to the demands of experience with range of emotion in a way that is socially appropriate, flexible enough to allow spontaneous reaction and able to delay reaction as necessary).

Ratings and Descriptions

- 0 Child/youth has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.

- 1 History or evidence of difficulties with affect/physiological regulation. The child/youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g. sleeping, eating or elimination). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.

- 2 Child/youth has problems with affect/physiological regulation that are impacting their functioning in some life domains, but is able to control affect at times. The child/youth may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The child/youth may exhibit marked shifts in emotional responses (e.g. from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g. normally restricted affect punctuated by outbursts of anger or sadness). The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g. silly behavior, loose active limbs) or under arousal (e.g. lack of movement and facial expressions, slowed walking and talking).

- 3 Child/youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). The child/youth may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, the child/youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e. emotionally "shut down"). The child/youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.

90. INTRUSIONS/RE-EXPERIENCING

This item rates the frequency with which the child/youth experiences thoughts of their trauma that they cannot control and how much/how little these thoughts impact their ability to function.

Ratings and Descriptions

- 0 There is no evidence that the individual experiences intrusive thoughts of trauma.

- 1 History or evidence of some intrusive thoughts of trauma but it does not affect the individual's functioning. An individual with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.

- 2 Individual has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere with their ability to function in some life domains. For example, the individual may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The individual may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.

- 3 Individual has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This individual may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This individual may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the individual to function.

91. HYPERAROUSAL

This item includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Child/youth may also show common physical symptoms such as stomachaches and headaches. These symptoms are a part of the DSM-5 criteria for Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.

Ratings and Descriptions

- 0 Child/youth has no evidence of hyperarousal symptoms.

- 1 History or evidence of hyperarousal that does not interfere with their daily functioning. Child/youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.

- 2 Child/youth exhibits one significant symptom or a combination of two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Child/youth who frequently manifest distress-related physical symptoms such as stomach aches and headaches would be rated here. Symptoms are distressing for the child/youth and/or caregiver and negatively impacts day-to-day functioning.

- 3 Child/youth exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the child/youth and/or caregiver and impede day-to-day functioning in many life areas.

92. TRAUMATIC GRIEF & SEPARATION

This item describes the level of traumatic grief the child/youth is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.

Ratings and Descriptions

- 0 There is no evidence that the child/youth is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child/youth has not experienced a traumatic loss (e.g., death of a loved one) or the child/youth has adjusted well to separation.

- 1 Child/youth is experiencing traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.

- 2 Child/youth is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.

- 3 Child/youth is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

93. NUMBING

This item describes child/youth's reduced capacity to feel or experience and express a range of emotions. These numbing responses were not present before the trauma.

Ratings and Descriptions

- 0 Child/youth has no evidence of numbing responses.

- 1 Child/youth has history or evidence of problems with numbing. They may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).

- 2 Child/youth exhibits numbing responses that impair their functioning in at least one life domain. Child/youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.

- 3 Child/youth exhibits significant numbing responses or multiple symptoms of numbing that them at risk. This child/youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

94. DISSOCIATION

This item rates the level of dissociative states the child/youth may experience.

Ratings and Descriptions

- 0 No evidence of dissociation.
- 1 Child/youth has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
- 2 Child/youth exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorders or another diagnosis that is specified “with dissociative features”
- 3 Child/youth exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child/youth is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child/youth shows rapid changes in personality or evidence of distinct personalities. Child/youth who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.

95. AVOIDANCE

These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

Ratings and Descriptions

- 0 Child/youth exhibits no avoidance symptoms.
- 1 Child/youth may have history or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
- 2 Child/youth exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the child/youth may also avoid activities, places, or people that arouse recollections of the trauma.
- 3 Child/youth’s avoidance symptoms are debilitating. Child/youth may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

96. TIME BEFORE TREATMENT

This item identifies the amount of time that passed between the trauma and the beginning of treatment.

Ratings and Descriptions

- 0 Trauma was recognized and treatment started within one month of initial experience.
- 1 Trauma was recognized and treatment started within one to six months of initial experience.
- 2 Trauma was recognized and treatment started within six months to one year of the initial experience.
- 3 Trauma was not recognized nor treated for more than one year after the initial experience.

[F] YOUTH IN RESIDENTIAL CARE/TRANSITION TO INDEPENDENT LIVING MODULE

The following items are designed primarily for youth residing in foster care services or pregnant youth hostel with a permanency plan of independent living.

97. SELF-CARE DAILY LIVING SKILLS

This item aims to describe the youth's ability and motivation to engage in developmentally appropriate self-care tasks such as eating, bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.

Ratings and Descriptions

- 0 Youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the youth has any problems performing daily living skills.

- 1 Youth requires verbal prompting on self-care tasks or daily living skills.

- 2 Youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).

- 3 Youth requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

98. INDEPENDENT LIVING SKILLS

This item is used to describe the youth's ability to take responsibility for and also manage themselves in an age appropriate way. Skills related to healthy development towards becoming a responsible adult and living independently may include money management, cooking, housekeeping, and/or finding transportation, etc.

Ratings and Descriptions

- 0 No evidence of any deficits or barriers in demonstrating developmentally appropriate responsibility or anything that could impede the development of skills to maintain one's own home and/or this level indicates a youth who is fully capable of independent living.

- 1 This level indicates a youth with mild impairment of independent living skills. These problems are generally addressable with training and supervision.

- 2 This level indicates a youth with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing themselves when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.

- 3 This level indicates a youth with profound impairment of independent living skills. This youth would be expected to be unable to live independently given their current status. Problems require a structured and supervised living environment.

99. MEDICATION ADHERENCE

This item focuses on the youth's willingness or ability to participate in taking prescribed medication.

Ratings and Descriptions

- 0 Youth takes medications as prescribed without assistance or reminders, or youth is not currently on any prescribed medication.
- 1 Youth usually takes medications as prescribed but may intermittently stop, skip, or forget to take medications without causing instability of the underlying medical condition(s); they may benefit from reminders and checks to consistently take medications.
- 2 Youth takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; they may benefit from direct supervision of medication.
- 3 Youth does not take medication(s) prescribed for management of underlying medical conditions and their underlying medical conditions are not well controlled. A youth abusing their prescribed medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree) would also be rated here.

100. EDUCATION/VOCATIONAL ATTAINMENT

This item rates the degree to which the youth has completed their planned education.

Ratings and Descriptions

- 0 Youth has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
- 1 Youth has set educational goals and is currently making progress towards achieving all of them.
- 2 Youth has set educational goals but is not currently making progress towards achieving one or more of them.
- 3 Youth has no educational goals and lack of educational attainment is interfering with their lifetime vocational functioning.

101. JOB HISTORY AND FUNCTIONING

This item rates the degree to which the youth is able to achieve self-sufficiency/career aspiration in relation to transition to adulthood.

Ratings and Descriptions

- 0 Youth has significant job history with positive outcomes. Youth is currently employed as a valued employee.
- 1 Youth has held jobs for a reasonable period of time or has career plan, but a minor barrier may exist to achieving self-sufficiency/or any possible plan.
- 2 Youth has some work history; however, it is marked by periodic job loss. They do not have a clear idea regarding jobs or careers.
- 3 Youth has no work history nor career plan/aspiration.

102.FINANCIAL RESOURCES

This item indicates whether the youth is self-sufficient in financial resource

Ratings and Descriptions

- 0 Youth has adequate financial resources to achieve self-sufficiency.
- 1 Youth has some financial resources which enable them to achieve self-sufficiency in a foreseeable future.
- 2 Youth has limited financial resources; they may need support to achieve self-sufficiency.
- 3 Youth has no financial resources to achieve self-sufficiency.

103.RESIDENTIAL STABILITY

This item rates the current and likely future housing circumstances for the youth. If the youth lives independently, their history of residential stability can be rated.

Ratings and Descriptions

- 0 There is no evidence of residential instability. The youth has stable housing for the foreseeable future.
- 1 The youth has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the youth found stressful would be rated here.
- 2 The youth has moved multiple times in the past year. Also there is a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing.
- 3 The youth has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.

SUPPLEMENTARY MODULES

[G] SEXUAL ABUSE MODULE

This module is to be completed when the Trauma/Adverse Childhood Experiences Module, Sexual Abuse Risk item is rated '1,' '2' or '3.'

104. EMOTIONAL CLOSENESS TO PERPETRATOR

This item rates the relationship the child/youth had with the person who abused them.

Ratings and Descriptions

- 0 Perpetrator was a stranger at the time of the abuse.
- 1 Perpetrator was known to the child/youth at the time of event but only as an acquaintance.
- 2 Perpetrator had a close relationship with the child/youth at the time of the event but was not an immediate family member.
- 3 Perpetrator was an immediate family member (e.g. parent, sibling).

105. FREQUENCY OF ABUSE

Please rate using time frames provided in the anchors.

Ratings and Descriptions

- 0 Abuse occurred only one time.
- 1 Abuse occurred two times.
- 2 Abuse occurred two to ten times.
- 3 Abuse occurred more than ten times.

106. DURATION

This item rates the duration of the abuse.

Ratings and Descriptions

- 0 Abuse occurred only one time.
- 1 Abuse occurred within a six month time period.
- 2 Abuse occurred within a six-month to one year time period.
- 3 Abuse occurred over a period of longer than one year.

107. FORCE

This item rates the level of force that was involved in the sexual abuse.

Ratings and Descriptions

- 0 No physical force or threat of force occurred during the abuse episode(s).
- 1 Sexual abuse was associated with threat of violence but no physical force.
- 2 Physical force was used during the sexual abuse.
- 3 Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

108. REACTION TO DISCLOSURE

This item rates how others responded to the abuse and how supportive they were upon disclosure.

Ratings and Descriptions

- 0 All significant family members are aware of the abuse and supportive of the child/youth coming forward with the description of the child/youth's abuse experience.
- 1 Most significant family members are aware of the abuse and supportive of the child/youth for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
- 2 Significant split among family members in terms of their support of the child/youth for coming forward with the description of the child/youth's experience.
- 3 Significant lack of support from close family members of the child/youth for coming forward with the description of the child/youth's abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

[H] PREGNANT YOUTH MODULE

This module is to be completed for any pregnant youth.

109. HISTORY OF PREGNANCY

This item refers to pregnant youth's history of pregnancy.

Ratings and Descriptions

- 0 No evidence that the pregnant youth has ever been pregnant.
- 1 Pregnant youth has experienced one pregnancy before.
- 2 Pregnant youth has experienced two pregnancies before.
- 3 Pregnant youth has experienced multiple pregnancies before.

110. ANTENATAL CARE

This item refers to the pregnant youth's attendance to antenatal care.

Ratings and Descriptions

- 0 Pregnant youth has regular antenatal checkup that began in the first trimester.
- 1 Pregnant youth is in first trimester of pregnancy; has or has not attended/registered antenatal checkup.
- 2 Pregnant youth has reached second trimester of pregnancy (12 weeks or above), and has not attended/registered any antenatal checkup before.
- 3 Pregnant youth has reached third trimester of pregnancy (28 weeks or above), and has not attended/registered any antenatal checkup before.

111. PREGNANCY PLAN

- Please either choose **(a) Abortion** or **(b) Adoption** or **(c) Parenting** for further rating.
- Complete **[I] Parenting Needs and Strengths (Youth as Caregiver Module)** if the youth chooses parenting or the youth is still in "indecisive" stage.

A. ABORTION

Ratings and Descriptions

- 0 Pregnant youth is able to express her preference in a coherent and logical way, and demonstrates a factual understanding of the risks, consequences and alternatives of pregnancy plan by citing the "pros and cons." She is not pressured into making this decision and is able to make the decision at a level consistent with her own value system.
- 1 Pregnant youth is able to express her preference for the pregnancy option but is not consistent with her own value system. Or she is able to articulate the "pros and cons" of different options including the risks, consequences and alternatives of pregnancy plan superficially.
- 2 Pregnant youth is pressured or manipulated into making the decision of termination of pregnancy.
- 3 Pregnant youth is being threatened into making the decision of termination of pregnancy or she does not have the capacity for decision making (e.g., limited intelligence, chronic mental health issues).

B. ADOPTION

Ratings and Descriptions

- 0 Pregnant youth is able to express her preference in a coherent and logical way, and demonstrates a factual understanding of the risks, consequences and alternatives of pregnancy plan by citing the “pros and cons.” She is not pressured into making this decision and is able to make the decision at a level consistent with her own value system.
- 1 Pregnant youth is able to express her preference for the pregnancy option but is not consistent with her own value system. Or she is able to articulate the “pros and cons” of different options including the risks, consequences and alternatives of pregnancy plan superficially.
- 2 Pregnant youth is pressured or manipulated into making the decision of relinquishment.
- 3 Pregnant youth is being threatened into making the decision of relinquishment or she does not have the capacity for decision making (e.g., limited intelligence, chronic mental health issues).

C. PARENTING

Ratings and Descriptions

- 0 Pregnant youth is able to express her preference in a coherent and logical way, and demonstrates a factual understanding of the risks, consequences and alternatives of pregnancy plan by citing the “pros and cons.” She is not pressured into making this decision and is able to make the decision at a level consistent with her own value system.
- 1 Pregnant youth is able to express her preference for the pregnancy option but is not consistent with her own value system. Or she is able to articulate the “pros and cons” of different options including the risks, consequences and alternatives of pregnancy plan superficially.
- 2 Pregnant youth is pressured or manipulated into making the decision of parenting.
- 3 Pregnant youth is being threatened into making the decision of parenting or she does not have the capacity for decision making (e. limited intelligence, chronic mental health issues).

[I] PARENTING NEEDS & STRENGTHS – YOUTH AS CAREGIVER

This section is to be completed when a pregnant youth chooses the parenting option for item 111 Pregnancy Plan.

Question to Consider for this Domain: What are the resources and needs of the youth as a caregiver?

For the **Parenting Needs & Strengths – Youth as Caregiver Module** use the following categories and action levels:

- 0 No current need; no need for action. This may be a resource for the child.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
- 2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
- 3 Need prevents the provision of care; requires immediate and/or intensive action.

112. Identify Caregiver Specify the person whom the youth will eventually live with: either the youth's birth parent or legal guardian.

- For youth in foster care, please specify foster parent or other relative/adoptive parent/caregiver if they are planning to assume custody of this youth.
- Always refer to the Permanency Plan when deciding who the long-term caregiver is.

Name: *Specify the full name of the caregiver.*

Relationship: *Specify the relationship to the youth (e.g. mother, father, grand-mother, etc.)*

113. SUPERVISION

This item describes the youth's ability to manage their child and apply effective parenting techniques.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
The youth is able to appropriately manage their child and use effective childcare skills (or parenting techniques).

- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
The youth has some difficulties with appropriately managing their child and using effective parenting techniques. For example, the youth may sometimes be consistent or not always agree on consequences with other caregivers.

- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The youth has significant difficulties with appropriately managing their child. They have limited parenting techniques and/or are using ineffective parenting technique.

- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The youth is unable to manage their child or they are using inappropriate parenting techniques.

114. INVOLVEMENT WITH CARE

This item rates the youth's participation in their child's care and their ability to advocate for their child.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
 No evidence of problems with youth's involvement in services or interventions for their child, and/or youth is able to act as an effective advocate for their child.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Youth is consistently involved in the planning and/or implementation of services for their child but is not an active advocate on behalf of their child. Youth is open to receiving support, education, and information.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Youth is not actively involved in the child's services and/or interventions intended to assist their child.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Youth wishes for the child to be removed from their care, or fails to visit their child who is placed in an out-of-home placement or acute care setting.

115. YOUTH'S BOND WITH THEIR CHILD

This item measures the closeness of the relationship between the youth and their child. When rating this item, consider how the youth and their child communicate and interact with each another. A rating of '0' indicates that positive, two-way communication occurs on a frequent basis between the youth and their child.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
 The youth and their child share a strong bond. The child turns to the youth for comfort when distressed. The youth and their child interact spontaneously and positively on a frequent basis.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 The youth and their child generally share a good bond. The child occasionally turns to the youth for comfort when distressed. The youth and their child usually interact well with each other. There may be occasional conflicts between the youth and their child.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 The youth and their child have a distant relationship or child and caregiver have difficulties maintaining a close relationship. The child seldom approaches the youth for comfort when distressed. The youth and their child do not interact well with each other and may have frequent conflicts.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 The youth and their child share a strained relationship and hardly interact with each other, or the youth and their child have frequent conflicts resulting in difficulties maintaining any positive relationship

116. YOUTH'S EMPATHY FOR THEIR CHILD

This item rates the youth's capacity in understanding and supporting their child's feelings/emotional needs. Youth who are not responsive to their children or are responsive only in certain situations should be rated a '2' or a '3.'

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
The youth is strong in their capacity to understand how their child is feeling and consistently demonstrates this in interactions with their child.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
The youth has the ability to understand how their child is feeling in most situations and is able to demonstrate support for their child in this area most of the time.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The youth is only able to be empathetic toward their child in some situations and at times the youth's lack of empathy interferes with their child's growth and development.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The youth shows no empathy for their child in most situations and especially when their child is distressed. The youth's lack of empathy is impeding their child's development.

117. MEDICAL/PHYSICAL

This item refers to medical and/or physical problems that the youth may be experiencing that prevent or limit their ability to provide care for their child. This item does not rate depression or other mental health issues.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
No evidence of medical or physical health problems. The youth is generally healthy.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
There is a history or suspicion of, and/or the youth is in recovery from medical/physical problems.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The youth has medical/physical problems that interfere with their capacity to parent their child.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The youth has medical/physical problems that make parenting their child impossible at this time.

Supplemental Information:

- A youth who had an accident and has mobility or communication limitations might be rated a '2' or even a '3.'
- If the youth has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future, they might be rated a '1.'

118. MENTAL HEALTH

This item identifies serious mental needs that might limit the youth's caregiving capacity.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
No evidence of the youth having mental health needs.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
There is a history or suspicion of mental health difficulties, and/or the youth is in recovery from mental health difficulties.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Youth's mental health difficulties interfere with their capacity to parent. Is assessed as "supervision is required for Childcare."
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Youth has mental health difficulties that make it impossible for them to parent their child at this time. Is assessed as "unfit for Childcare."

Supplemental Information:

- A youth as caregiver with serious mental health needs would likely be rated a '2' or even a '3' depending on the impact of the illness on their capacity to provider care for their child.
- A youth as caregiver who has been stable for a length of time and whose mental health needs is currently well controlled by medication and is not impacting their capacity to provider care for their child might be rated a '1.'

119. SUBSTANCE USE

This item rates the impact of any notable substance use by the youth that might limit their capacity to provide care for their child.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
No evidence of the youth having substance use issues.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
There is a history of, suspicion or use of substances that does not interfere with the youth's ability to parent, and/or the youth is in recovery from substance use difficulties that does not interfere with their ability to parent.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The youth has some substance abuse difficulties that interfere with their capacity to parent their child.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The youth has substance abuse difficulties that make it impossible for them to parent their child at this time.

Supplemental Information:

- This item includes the use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes.
- A '1' indicates a youth currently in recovery or a situation where problems of substance use are suspected but not confirmed. If substance use interferes with the youth's ability to parent, a rating of '2' is indicated. If substance use prevents a youth from providing adequate care to their child, a rating of '3' is warranted.

120. DEVELOPMENTAL NEEDS

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the youth's ability to provide care for their child.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
No evidence of the youth having developmental disabilities or challenges. The youth has no developmental needs.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
The youth has developmental challenges. The developmental challenges do not currently interfere with the youth's capacity to parent their child.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The youth has developmental challenges that interfere with their capacity to parent their child.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The youth has severe developmental challenges that make it impossible for them to parent their child at this time.

121. YOUTH'S KNOWLEDGE OF THEIR CHILD

This item should be based on the youth's knowledge of the specific needs of their child, any problems experienced by their child and the youth's ability to understand the rationale for their child's need for treatment or management of these problems.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
This level indicates that the youth is fully knowledgeable about their child's needs. Youth has realistic expectations of their child and supports their child's best efforts.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
This level indicates that the youth, while being generally knowledgeable about their child, has some deficits in knowledge or understanding of their child's needs. Youth may be supported in efforts; however, the youth's expectations may be higher than the level their child can perform to.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
This level indicates that the youth does not know or understand their child well and that notable deficits exist in the youth's ability to relate to their child's needs. Youth has unrealistic expectations of their child. There is a high level of pressure from the youth towards their child.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
This level indicates that the youth has significant problems in understanding their child's current condition which places the child at significant risk.

Supplemental Information: Consider the youth's ability to understand the rationale for treatment/management of their child's problems. Think of the answer to this question: If there is parenting information that you made available to the youth, could the youth use that information to be more effective in working with their child? For example, a youth who was physically abused in the past may be rated a '2' on this item if they do not understand that their child's aggression toward others may be due to the physical abuse.

122. ORGANIZATION

This item is used to rate the youth's ability to organize and manage their household so that it is safe and hygienic for their child.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
 Youth is well organized and efficient.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Youth has difficulties with organizing and maintaining household and may require some support from others.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Youth has difficulty organizing and maintaining household which may put their child's health and safety at risk.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Youth is unable to organize household responsibilities which poses immediate or serious threat to their child's health and safety.

123. SOCIAL RESOURCES

This item rates the social assets (e.g., extended family) and resources that the youth can bring to bear in addressing the multiple needs of their child and family.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
 Youth has significant social and family networks that actively help with the caregiving.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Youth has some family or friends or social network that actively helps with caregiving.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Work needs to be done to engage the youth's family, friends or social network in helping with caregiving.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Youth has no family or social network to help with caregiving.

Supplemental Information: Social resources could include friends, family members, neighbors, people that are known and trusted by the youth as caregiver. Professionals working with the youth or their family (e.g. Social Workers, school counsellors) should not be rated here. 'Actively helping' refers to a stable and reliable source of help that currently participates in caregiving.

124. RESIDENTIAL STABILITY

This item rates the current and likely future housing circumstances for the youth as caregiver. If the youth lives outside of the family home then the rating applies to their current residence.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 Youth has stable housing for the foreseeable future.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Youth is currently in stable housing but has either moved in the past three months and/or concerns exist about housing disruption (e.g., loss of job).
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Youth has moved multiple times in the past year or current housing is unstable, characterized by the potential loss of housing due to their difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Youth is currently homeless or has experienced periods of homelessness in the past six months and current housing remains unstable.

125. RESIDENTIAL SAFETY

This item refers to the level of safety of the youth's household for their child.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 Youth's household is safe and secure. Their child is at no risk of harm from others.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Youth's household is safe, but concerns exist about the safety of their child due to history or others in the neighborhood that might be abusive.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Youth's household is in some danger from one or more individuals within the household.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Youth's household is in immediate danger from one or more individuals with unsupervised access.

126. EMPLOYMENT FUNCTIONING

This item rates the performance of the individual in work settings. This performance can include issues of behavior, attendance or productivity.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
 No evidence of problems at work. Youth is gainfully employed.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Youth experiences some problems with work functioning. Youth may have some problems in work environment involving attendance, productivity, or relations with others. OR the youth is not currently working, but is motivated and is actively seeking work.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Youth experiences work problems including disruptive behavior and/or difficulties with performing required work. Supervisors likely have warned youth about problems with their work performance. OR although not working, the youth seems interested in doing so, but may have some anxiety about working.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Work problems are dangerous or disabling, including aggressive behavior toward peers or superiors or severe attendance problems. Youth may be recently fired or at very high risk of firing (e.g. on notice). OR the youth has a long history of unemployment.
-
- NA Not applicable if the youth is a homemaker (e.g., taking care of a child or an elderly person).

127. LEGAL INVOLVEMENT

This item rates the youth's involvement with the justice system. This includes any legal issues related to immigration.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
 Youth has no known legal difficulties.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Youth has a history of legal problems but currently is not involved with the legal system. The youth's past legal problems may not be directly related to their child's safety (e.g., theft, bankruptcy).
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Youth has legal problems and is currently involved in the legal system. OR has past history of legal problems that may be related to their child's current safety (e.g., abuse, involvement with drugs).
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Youth has serious current or pending legal difficulties that place them at risk for incarceration. Youth needs an immediate comprehensive and community-based intervention. A youth who is incarcerated would be rated here.

128. FINANCIAL RESOURCES

This item indicates whether the youth has enough financial resources to support their child's needs, and whether the youth requires financial assistance.

Rate youth who are currently receiving financial assistance or subsidies as '2.'

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
 Youth has sufficient financial resources to raise or care for their child.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Youth has some financial resources to raise or care for their child. History of struggles with sufficient financial resources would be rated here.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Youth has limited financial resources to raise or care for their child.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Youth has no financial resources to raise or care for the child. Youth needs financial resources.

129. FAMILY STRESS

This item reflects the degree of stress or burden experienced by the youth's family as a result of the needs of their children.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 Youth's family is able to manage the stress of their child's needs.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Youth's family has some problems managing the stress of their child's needs.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Youth's family has notable problems managing the stress of their child's needs. This stress interferes with the functioning of the family.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Youth's family is unable to manage the stress associated with caring for their child's needs. This stress creates severe problems of family functioning.

Supplemental Information: The definition of family should come directly from the youth regarding whomever the youth considers to be part of their family.

130. ACCESSIBILITY TO CHILD CARE

This item refers to the youth's access to appropriate childcare for their child.

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 Youth has access to sufficient childcare services.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 Youth has limited access to childcare services. Needs are met minimally by existing, available services.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 Youth has limited access or access to limited childcare services. Current services do not meet the youth's needs.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 Youth has no access to childcare services.

131. DAILY LIVING

This item describes the youth's daily living skills needed to provide for their child's basic needs (e.g. shelter, food, safety, and clothing).

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
 The youth has the daily living skills needed to care for their child.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
 The youth needs verbal prompting to complete the daily living skills required to care for their child.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
 The youth needs assistance (physical prompting) to complete the daily living skills required to care for their child.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
 The youth does not have the daily living skills required to care for their child. Youth needs immediate intervention.

Supplemental Information: This item can be culture-sensitive. In order to minimize the cultural issues, we recommend thinking of this item in terms of whether the youth's child is thriving and generally healthy (requiring occasional medical attention for common childhood ailments), and whether the youth is receptive to alternative suggestions in caring for their child.

This item can be considered together with the Organization item (#122).