MICHIF FAMILY/YOUTH ASSESSMENT

(Includes the 7 Categories of Analysis)

Lii Famii/ Li Zhenn Moond:
Li Zhoornii (Date):

Kaniikaniit (Facilitator/Social Worker):
Wiichihew (Support/Advisor):
Li Pleu Vyeu (Elder):

TO COMPLETE WITH PARENT/GUARDIAN/YOUTH

WHAT ARE WE WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO HAPPEN?
PAST HARM (Past Concerns/Critical Worries) **FUTURE WORRIES** (Worry Statements) *The final analysis assessment will include honouring and the importance of connection to our values and way of being as Métis People.* **COMPLICATING FACTORS**	**STRENGTHS** (in relation to the care and support of the children) **EXISTING SAFETY** (Demonstrated in relation to worries)	**SAFETY GOALS** (one for each worry statement) **NEXT STEPS** What are the next smallest steps to get to the Safety Goals?

SAFETY SCALE

(USE ONE FOR EACH SAFETY GOAL)

0 ⟷ **10**

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0 –	*10 –*

- Scale each person involved – (Rationale should be in the above assessment in the correct analysis category)

SAFETY SCALE

(USE ONE FOR EACH SAFETY GOAL)

0 ⟷ **10**

0 –	*10 –*

- Scale each person involved – (Rationale should be in the above assessment in the correct analysis category)

Add another scale if necessary.

INTERIM SAFETY PLAN (think through prevention, response and monitoring of plan)

1.
2.
3.
4.

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THESE ARE THE PEOPLE WHO HELPED WITH THIS ASSESSMENT:

Name & Pronoun	Relationship to Parent/Youth	Contact Information	Signature

LA PARAANTII

Natural Supports	Community Supports
∞ Name Relationship: Contact:	∞ Name Role: Contact:
∞ Name Relationship: Contact:	∞ Name Role: Contact:
∞ Name Relationship: Contact:	∞ Name Role: Contact:
∞ Name Relationship: Contact:	∞ Name Role: Contact:

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Closing Scale: (please use this scale if you do not have your case specific scales sorted above and are closing at the incident stage – please complete with your decision-making rationale at assessment to review with your TL)
10 = Even though there are some worries for these children, there is a strong enough family plan in place where la paraantii are involved. We are confident the child(ren) are safe, know the plan and know who to reach out to when they are feeling unsafe in the future.
0 = We are still very worried about what has and/or what could happen to the children, in the care of their parents (caregivers) and we haven't been able to create a strong enough safety plan that the family and la paraantii understand and are able to follow. We will need to push over to ongoing services to make sure there is more work done to keep the kids safe.

RATIONALE FOR OUTCOME DECISION (including what is keeping the child safe at this time)

1. **Child Safety Assessor:**

Scaling Number:
Rationale:

2. **Li Pleu Vyeu:**

Scaling Number:
Rationale:

3. **Team Leader:**

Scaling Number:
Rationale:

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OUTCOME OF ASSESSMENT

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To be completed by the Child Safety Assessor **CHOOSE <u>ONE</u> ONLY**	**To be completed by the Prevention Team Leader to which the family/youth is being diverted.**
☐ Close Incident/Assessment – No Further Action ☐ Close Incident/Assessment – Open Family Service File or Service Request for on-going Child Safety Services ☐ Please complete a referral for MMH ☐ Close Incident/Assessment – Family/Youth has been informed and willing to receive LMO Prevention Services. Divert to: ○ Prevention Family Support Services ○ Early Childhood Development Services ○ Child & Youth Mental Health & Wellness Services ○ Michif Youth Services ○ Other _____ ☐ Does the child have Metis Citizenship? ○ Yes ○ No ○ Application in Submitted ☐ Attach this document to referral to LMO Prevention Services.	☐ Close – Child/youth assessed as safe and family/youth not willing to engage in voluntary/prevention services. ☐ File Opened ○ Assigned Case Manager: _____ Comments:
	Prevention Team Leader Signature: Date:

	Assigned Case Manager Signature: Date:

GENOGRAM FURTHER DEVELOPED FROM SCREENING

Assessor Signature: **Date:**
Team Leader Signature: **Date:**