MICHIF FAMILY/YOUTH ASSESSMENT

(Includes the 7 Categories of Analysis)

Lii Famii/ Li Zhenn Moond:
Li Zhoornii (Date): April 16,2026

Kaniikaniit (Facilitator): Molly Macleod
Wiichihew (Support/Advisor): Caara Goddard
Li Pleu Vyeu (Elder):

TO COMPLETE WITH PARENT/GUARDIAN/YOUTH

WHAT ARE WE WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO HAPPEN?
PAST WORRY (Past Concerns/Critical Worries) **Both Mom and Dad have had significant involvement with child protection services, both as children and as parents. As parents, this involvement has been related to concerns including substance use, mental health challenges, domestic violence, and neglect. Their relationship has been on-again/off-again, and their parenting—whether together or separately—has at times been affected by these ongoing challenges.** **There are three safety issues that stand out and outlined as follows:** **Exposure to conflict and involvement of children in adult dynamics**	**STRENGTHS** **-Mom and Dad both maintain ongoing attachment and involvement with (Child), (Child), (Child), (Child) and (Child). Mom and Dad will phone the children and are eager to create a visit plan right away following children moving out of the home. Mom attends her visits with the children at (Caregiver/Grandma) or (Great-Grandma)'s, regularly connecting and playing with the older children, and breast feeds (Child).** **-Nana and GG have demonstrated willingness and capacity to care for children during periods of risk. Mom will reach out to her Lii Parantii for support, when she is overwhelmed. Like when Mom notices she is feeling angry or feel less able to restrain herself from yelling and stressed, she will call (Great-Grandma) or (Caregiver/Grandma) to**	**WELLBEING GOAL** **Your LMO Metis community want to hold you both accountable as parents as our ancestors did, while walking along side you and encouraging you to love and honor your Metis children as the scared gifts they are.** **To know the safety concerns have been addressed, LMO will need the parents, with the help of LMO, create a Words & Pictures explanation story that will explain to the children what LMO is worried about and what Mom and Dad are doing to sort out the worries.** **LMO will also need to see Mom and Dad gather their La Paraantii of at least 3 people to help them create and follow plans that show:**

Mom and Dad have an ongoing pattern of conflict, with the children frequently exposed to adult disputes and, at times, involved in arguments using adult language. Mom has demonstrated difficulty managing anger, including directing anger towards the children and telling them to leave the home during emotional outbursts. As per file documentation, in 2022, when on the phone , (Child) could hear Mom yelling at the children in the background which upset and worried him or like the time in April 2019, it was reported that Mom was yelling and swearing at 2-month-old baby (Child) to "shut the fuck up", and breaking things. According to documentation in January 2026, Mom involved the children in disputes with Dad over the phone and making statements like "your father is a junkie" or handing the phone to (Child) to take over the adult conversation and (Child) stating to Dad "you promised you were going to stop doing drugs daddy." The most harmful incident was in May 2025, when Mom was yelling and swearing at Dad and the children with the children witnessing Mom self-harming and being in distress and scaring the children. Most recently, in January 2026, despite clear safety rules with Dad requiring supervised visits with the children and not to reside in same house with them until	**come over and visit or take some or all the kids to lighten the responsibility and allow Mom time and space to calm down.** **-Mom has communicated openly with supports about struggles, creating opportunities for intervention. Like the many times Mom has called social workers.** **-The children have strong connections with their Lii Paraanti, particularly Nana (Caregiver/Grandma) and GG (Great-Grandma).** **-Both Dad and Mom have a strong La Paraantii who are willing to help and be there for the parents and the children. Sierra welcomes Dad into her home and assisting him with finding community supports for his substance misuse as well as advocating for his connection with the kids and encouraging Dad to address his well-being needs. (Great-Grandma) and (Caregiver/Grandma) have been there to help both Mom and Dad with childcare during times of stress, including multiple EFPs and now the most recent TCO in the acre of (Caregiver/Grandma).** **-Mom and Dad have seen the Words and Pics created with some hard truths and were able to sit with it, express emotion and talk about the hard truths in meetings about the worries.**	- **How Mom and Dad will always make sure the children are fed, clothed, cleaned, supervised, and cared for in nurturing ways that young children need to grow up safe and well. This will include steps in the plan that ensure the children are not being yelled at, and never involved in their parents' arguments and fighting and;** - **How the children will never be exposed to Mom harming herself or expressing she wants to kill herself and;** - **How Dad and Mom will always make sure the children are only cared for and looked after by safe and sober caregivers.** **Once the plans have been shown to be working and the parents have demonstrated they are able to follow them, Mom, Dad, and their La Paraantii will work with LMO to create a child-friendly safety plan.** **LMO will know the child safety concerns have been addressed and the case can be closed when the plans have been working and have been followed for 6 months.**

participating in safety planning, Mom allowed Dad to stay at the house with the children. This lead to removal of the children into the care of Nana (Caregiver/Grandma) under a TCO. SW knows the impact to the children likely, causing emotional distress, anxiety and fear, due to direct exposure to verbal conflict and adult arguments, pressure to take on adult-like roles or caregiving responsibilities, beyond their developmental abilities, and cause confusion regarding parental roles, attachment, and boundaries. SW worries normalizing yelling, swearing and frequent arguing could lead to the children doing these same behaviors as adults or end up becoming victims of future domestic violence themselves. **Caregiver mental health and supervision capacity** **Mom has experienced chronic mental health challenges, including suicidal ideation, self-harm, emotional overwhelm, and periods of hospitalization. These challenges have contributed to inconsistent supervision, neglect of the children's basic needs, and older children assuming caregiving responsibilities for their younger siblings. In February 2017, there were concerns about Mom's care of baby (Child) because she was leaving (Child) for long periods of time with her**	**-Mom has been involved in a community parenting class and engages with LMO CYMH in creating a life promotion plan to come up with strategies around her anger outbursts and adult dialogue in front of the children. Mom has been witnessed by La Paraantii and LMO staff, demonstrating putting these strategies into practice like the time (Child) crashed his body into (Child) hard, by accident and Mom was able to lower herself down to their levels and safely console and redirect them in the stressful moment.** **-(Child) and (Child) have described Dad as loving and kind to them. When discussing their safety cabins, both girls reported feeling safe with Dad and that he is always calm and hugs them when they are sad or upset.** **-Although inconsistent, Mom has demonstrated capacity to recognize and follow through not tolerating Dad's making and using harder drugs like crack or meth. Like the time in November 2022 when Mom reported she had Dad leave when finding him "cooking crack" in the house and recently having him leave as she found pipes and paraphernalia on his possession, as she was wanting to focus on sincere reunification with the kids.** **-May 2025, Dad reached out to LMO workers for help and agreed the arguing in front of the children, Mom's mental**	**NEXT STEPS** **What are the next smallest steps to get to the Safety/Wellbeing/Success Goals?** - **Read words and pics to the children** - **Create and present a timeline** - **CYMH to create a strong life promotion plan for both Mom and Dad** - **CYMH to create a strong drug relapse prevention plan with Dad.** - **Mom and Dad gather their La Paraantii of at least 3 people** - **Family to identify captain of the plan and create a larger Lii Parantii list.** - **Create and monitor a plan for reunification**

aunties and not telling the aunties when she would be back to resume care of the baby. When Mom was with her aunties and the baby, Mom would spend most of the day sleeping and not changing (Child)'s diapers or feeding him. There were concerns that Mom was using drugs and alcohol and wanting to kill herself. Additionally, Mom then was leaving the baby with unsafe caregivers. In the Summer 2025 there were periods of disengagement and extended crying, leaving older children to care for younger siblings. SW worries the exposure to lapses in supervision increase risk of physical harm or accidents, like when (Child) is experiencing caregiver role at the age of 6 and taking on responsibilities beyond their developmental capacity, like the times when (Child) would attempt to tend to her crying baby sister (Child) picking her up and dropping her. In discussions between LMO helpers and (Child), she has revealed feeling stressed out and needing ten minutes to herself to be allowed to play freely. Famii would say they have witnessed (Child) trying to get her siblings dressed or behave, at times yelling at them and hitting them out of frustration, at times leaving bruises. SW worries for increased feelings of stress, fear, and overwhelm for all five children, unmet basic needs during periods of Mom's emotional and	**health instability when crying yelling and cutting in front of the children and concerns of (Child) not being fed enough milk, was not good for the children and was willing to work safety planning around these concerns.** **EXISTING SAFETY** **-Mom has shown in the past she is aware of needing extra support and when she has not been able to parent and has reached out to (Caregiver/Grandma) or (Great-Grandma) to take the kids as well as agreeing to past EFP agreements, like in March 2024. Mom recognized she was not mentally stable, crying, yelling and swearing, feeling depressed and wanting to self-harm, struggling with substances and finances making it unsafe to raise her children. During this time of complete distress, she would phone her family to come to pick up the kids and have them take over the caregiving.**	

unstable presence, possible delays in emotional, social and developmental growth and the children learning that their needs may not be valid or reliably responded to impacting long-term trust and regulation. This would become apparent even through visits and discussion between LMO helpers and the children where (Child) and (Child) would say they were told not to say anything and are too scared of getting into trouble by their parents to repeat their concerns. It was most concerning in May 2019, when Mom had a suicide attempt requiring hospitalization; repeated statements about being unable to parent and placing children in foster care as well as in May 2025, when Mom was self-harming and cut herself in front of children, leaving the children with worries like " is mommy going to die" and very scared as they saw her bleeding. SW knows that children who witness parents in distress yelling and crying, bleeding from self-harm and threatening suicide, it is likely to cause fear and confusion for them, emotional distress and anxiety including nightmares, sleep disturbances, behavioral changes, develop trauma responses and poor coping strategies, feel responsible for their parents instability/wanting to fix to protect their parent, and affect their sense of attachment and trust in caregivers.		

There have been concerns about improper nutrition for both (Child) and (Child) as infants, where Mom was not feeding the babies enough or allowing for proper formula supplements. SW knows when babies are not fed enough breast milk or formula, they may suffer poor weight gain, failure to thrive, weakened immunity, dehydration, distress, lethargy, lack of attachment and trust to caregivers. **Substance use and home safety** **Dad has a history of substance use, including cooking and using methamphetamine and marijuana, and Mom has also struggled with substance use. These behaviors, combined with unsafe home environments, exposure to high-risk individuals, and unsanitary conditions, have placed children at risk. Between 2017–2025, substance use impacting supervision and caregiving routines. The home at times were unsanitary with garbage, mold, and bugs present. There were also times where both Mom and Dad were unhoused. Both Mom and Dad struggle with managing safe, sanitary and organized home environment for the children. During home visits, La paraanti, SW, and LMO helpers observed moldy walls and ceilings, garbage piled up with dirty diapers and cigarette butts on the floor,**		

rodents, multiple insect infestations, and so much piled mess that the children had no space to play or sleep. SW knows this kind of environment increases the risk of illness and infection, risk of bites and stings, allergic reactions, disruption to sleep, feelings of shame and discomfort, and possible delay in developmental, emotional and physical health. Most concerning was between September and December 2025, Dad providing substances to minors in the homes with children present some of the time. This activity included one of the youth overdosing in Dad's home (as per MCFD and the youth's father reports to LMO), Dad allowing high-risk adults in the home, leaving the children in care of high-risk adult males at times, and multiple RCMP visits. One time when SW went to visit Dad's home, (Child) and (Child) reported that "daddy leaves us with his friends when he wants to go to the store or leave the house for something" When SW asks who daddy's friends are, (Child) would say "The nice older men that daddy has over all the time". (Child) would also say she was left to watch her siblings when her dad and friends would be outside doing drugs. SW worries as leaving children alone or with high-risk male offenders, it increases risk of physical harm, injury, neglect, exposure to potential abuse or		

exploitation, confusion, and cause a normalization of these adults' behaviors possibly leading to trauma responses/detrimental coping strategies like drug misuse or victimization of others, and long-term emotional impacts. The kids could grow up thinking this is how to cope and behave. Most recent concern being when Dad stayed at Mom's house with the children despite the restriction in place, creating high-risk exposure to violence as there were people threatening to hurt Dad during this time. Mom still reports finding drug paraphernalia on Dad while in the home. **FUTURE WORRIES** **LMO can see how much you, Mom and Dad, love (Child), (Child), (Child), (Child) and (Child). It is evident in the smiles, the children climbing all over you both and the hugs you give each other, when we visit at the office or your homes. Mom and Dad, you have proven to be strong and resilient young parents. Through times of grief and joy, you both keep trying no matter how hard you fall; you get back up and try again. Your beautiful Metis children look up to you and see you as their courageous and beautiful parents. It is an honour to witness you both**		

demonstrate this Metis resilience to your children. **Future worries with: Exposure to conflict and involvement of children in adult dynamics.** **LMO worries that when Mom and Dad are sharing time together with the children, as a couple or not, there was times of conflict with screaming, yelling, swearing, arguing in front of the children and at times involving the children in the disputes. Like the time when Mom and Dad were arguing over the phone in January and Mom handed the phone to (Child) to take over the arguing while Mom was crying and upset in the background. (Child) continues to tell Dad "you promised you were going to stop doing drugs daddy. Why are you doing this to mommy?" and (Child) saying that "mommy said daddy is a junkie". The arguing and adult conversations happen in front of the children and can confuse them about how their parents feel about them. LMO worries this has really hurt the children, and caused them to internalize their parents fighting, feel pressured to take sides, and thinking it could be their fault. SW worries that yelling at and arguing with the children can cause anxiety and make the children feel unsafe in their own homes. We also worry that this**		

could lead to the children thinking the way to solve disagreements is to scream, swear and smash things. **Future worries with: Caregiver mental health and supervision capacity.** **SW MacLeod worries about Mom's mental health challenges and periods of emotional overwhelm, self-harm and yelling and crying, continues to affect her ability to provide consistent supervision and safe care, and exposes the children to traumatic experiences like the time Mom was bleeding in front of the children from cutting while yelling and crying at Dad. The children said when Mom was bleeding, that they were worried she was going to die.** **SW worries if nothing changes, the children will continue to see their mom struggle, and will live in fear and anxiety, and they may grow up learning unsafe coping strategies during hard times.** **SWs also worry that the older children are often in a caregiving role for their siblings and for their mother. SW worries that (Child) feels overwhelmed by watching her siblings too much because the family says they see her getting very frustrated with the younger siblings, thinking she must**		

provide care for them and will yell or hit them if they don't listen to her. This worries SW because this can create high stress for the children. **Future worries with: Substance use and home safety.** **LMO is worried about both Dad and Mom's substance use and Dad's high-risk social contacts when caring for the children. Mom and Dad's substance use worries us at LMO because when parents are using substances, they are less likely to protect the kids from harm and give their kids all the love, hugs, attention, and supervision that (Child), (Child), (Child), Lyltih and (Child) need. We also worry that the children could become really sick or worse if they were to come in contact with drugs. (Child) and (Child) have also mentioned that "daddy's nice older male friends watch us while daddy goes to the store", and that "daddy and his friends go outside to do drugs while I am left to take care of my brother and sisters". SW worries about the times Dad has allowed unsafe people to watch the children because of the risks that they could harm the children, especially if they are also high on drugs.** **COMPLICATING FACTORS**		

DAD was in care and had a mom who used drugs with him as a child. **Mom's mental health challenges and emotional overwhelm.** **Dad and Mom's relationship continues to be on again off again. Mom blames Dad for a lot of her hurt and struggles to trust him. Co-parenting between Mom and Dad has been challenging.** **Ongoing co-parenting challenges, including boundary issues and disregard for safety rules.** **Mom and Dad have a complicated relationship with (Great-Grandma) and (Caregiver/Grandma).** **Both Mom and Dad struggle with managing money. They spend money on eating take-out, tattoos, marijuana and then struggle having funds for groceries, bills and other basic needs; historically leading to being unhoused. Now that the children are in a TCO with (Caregiver/Grandma), there will be even less money for Mom and Dad to make ends meet.** **Mom and Dad along with their La Paraantii, struggle to follow both family and agency lead safety plans.**		

SAFETY SCALE

(THINKING ABOUT (CHILD), (CHILD), (CHILD), (CHILD) AND (CHILD), AND ALL THE PEOPLE WHO LOVE AND CARE FOR THEM, WHERE WOULD YOU PLACE THINGS ON THIS SCALE TODAY WHEN IT COMES TO HOW ANGER AND CONFLICT IN THE HOME IS AFFECTING THE CHILDREN?)

0  **10**

0 **– (Child), (Child), (Child), (Child) and (Child) are regularly exposed to yelling, swearing, and arguments between Mom and Dad. They are sometimes brought into adult problems, such as being asked to pass messages or give information about the other parent, speak during arguments, or hearing negative things said about one parent by the other. There are also times when Mom is yelling at the children or speaking to them in anger, telling them to leave or get out of the house**	***10*** **– (Child), (Child), (Child), (Child) and (Child) are not exposed to yelling, arguments, or anger in the home. Mom and Dad manage conflict calmly and away from the children, and do not involve them in adult problems. When Mom is feeling frustrated or overwhelmed, she speaks to the children calmly or takes space in a safe way without yelling or telling them to leave. The children feel safe, secure, and know they belong in their home and with their parents. They are free to be kids without feeling caught in the middle. La Parantii and the**

when overwhelmed. The children feel caught in the middle, upset, and unsure where they belong within their family. They may feel scared in their home and believe the conflict is their fault. Even though people may recognize this is hard on the children, there is no clear or consistent plan being followed to keep them safe from conflict and anger.	**support network see this happening and support a clear, shared plan that is consistently followed to keep the children emotionally safe.**

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

SAFETY SCALE

(THINKING ABOUT THE CHILDREN'S SAFETY AND WELL-BEING, WHERE WOULD YOU PLACE THINGS ON THIS SCALE TODAY WHEN IT COMES TO HOW MOM IS SUPPORTED DURING TIMES OF OVERWHELM ?)

0  **10**

0 - **(Child), (Child), (Child), (Child) and (Child) are exposed to times when Mom is overwhelmed, including yelling, crying, or self-harm, and they have continued to see distressing situations such as Mom being injured and bleeding. During these times, the children may not be consistently supervised and can feel scared and worried about Mom. The older children may step into caregiving roles for Mom or their siblings. While there may be some awareness of these moments, there is no clear or consistently followed plan to ensure the children are kept safe and cared for.**	*10 -* ***(Child), (Child), (Child), (Child) and (Child) are consistently cared for by calm and safe adults. When Mom feels overwhelmed, she is supported to use safe coping strategies away from the children, and another safe adult steps in right away if needed. The children are not exposed to self-harm or intense distress. They feel safe, cared for, and free to be children. La Parantii and the support network recognize early signs of overwhelm and follow a clear, shared plan to support Mom and keep the children safe.***

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

MICHIF FAMILY/YOUTH ASSESSMENT

(Includes the 7 Categories of Analysis)

SAFETY SCALE

(THINKING ABOUT (CHILD), (CHILD), (CHILD), (CHILD) AND (CHILD), THEIR DAILY CARE,HOME ENVIRONMENT, SAFETY, AND THE PEOPLE AROUND THEM, WHERE WOULD YOU PLACE THINGS ON THIS SCALE TODAY?")

0 ⟷ **10**

0 - ***(Child), (Child), (Child), (Child) and (Child) continue to be exposed to substance misuse and spend time in the presence or care of unsafe individuals. Mom and/or Dad are often under the influence, making it hard to supervise the children and meet their needs. Dad continues to have contact with high-risk individuals and may minimize or dismiss concerns about danger or violence connected to them. The children may be left with people who are not safe or appropriate caregivers.*** ***The home environment is often unclean or unsafe, with concerns such as garbage, pests, or hazards. There is not always enough healthy food, and the children miss a lot of school, important medical or other appointments.*** ***Although La Parantii and the children can recognize some warning signs that Mom or Dad are using and a plan has been talked about, they are unsure how to follow it consistently, leading to confusion, instability, and unmet needs for the children.***	*10 -* ***(Child), (Child), (Child), (Child) and (Child) are always safe and well cared for in their daily lives. They are not exposed to substance use, unsafe individuals, or dangerous situations. Mom and Dad are sober, present, and able to consistently supervise and meet the children's needs. Dad is not bringing the children around high-risk individuals, and all caregivers are safe and appropriate.*** ***The home is clean, safe, and has enough healthy food. The children attend school, all medical and other important appointments and have consistent routines.*** ***The children would say they feel safe, happy, and able to just be kids. La Parantii and the support network recognize early warning signs and follow a clear, shared plan every time, making sure the children are always cared for by safe adults and their needs are met.***

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

Add another scale if necessary.

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

1.

2.
3.
4.

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: (Caregiver/Grandma) Simpson Relationship: Mom's mother Contact:	∞ Name: Todd Role: ICS worker/P.A.I.D. Program Contact: 250-320-2485
∞ Name: (Great-Grandma) Simpson	∞ Name

	Relationship: Mom's grandmother Contact:		Role: Contact:
∞	Name: Sierra Relationship: Dad's sister Contact:	∞	Name Role: Contact:
∞	Name: Emily Relationship: Mom's friend Contact:	∞	Name Role: Contact:

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Closing Scale: (please use this scale as well as the case specific scales above (when completed) to give your decision-making rationale at assessment)

10 = Even though there are some worries for these children, there is a strong 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

MICHIF FAMILY/YOUTH 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 ☐ 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:

MICHIF FAMILY/YOUTH ASSESSMENT

(Includes the 7 Categories of Analysis)

Lii Michif Otipemisiwak Family and Community Services

GENOGRAM FURTHER DEVELOPED FROM SCREENING

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