Information Collection and Decision-Making Handout Packet

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Information Collection and Decision-Making

February 2008,
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Workshop Introduction

- Introduction to Safety Intervention
- Overview of Safety Intervention Concepts
- Foundation of Initial Assessment and Ongoing Services

Training Objectives

- IA as a social Intervention
- Intervention concepts and criteria fundamental to safety decision making
- IA as the foundation of the system of intervention
- IA as family centered
- IA information collection critical for decision making
- Approaches and challenges to information collection
- Judging *who to serve*

Initial Assessment:
Information Collection and Decision-Making

Agenda

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Session 2: A Conceptual Framework for Initial Assessment

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Session 4 Using an Information Collection Protocol for Interviewing Families

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Adjourn for the day

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Session 6: Information Collection with Children Continues

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Adjourn

Day 3

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Session 11: Initial Assessment Conclusion: Determining Impending Danger

Lunch

Session 12: Initial Assessment Conclusion: Caregiver Protective Capacities and Can and Will Protect

Break

Session 12: The Concept of Safety Management: Safety Intervention Analysis and Safety Planning

Training Evaluation and Closing

Training Adjourns

Session 2
Initial Assessment Purpose and Conceptual Framework

This session considers essential practice objectives and concepts that govern the Initial Assessment, regulate practice, and inform decision making.

Session 2 Objectives

- Define IA
- Identify the intervention purpose that IA serves
- Identify the specific purpose and objectives for IA
- Describe intervention concepts associated with IA activities which form the basis for decision making.
- Explain how IA relates to the BMCW Comprehensive Assessment Process (CAP)
- Discuss indicators of IA implementation fidelity

Initial Assessment

A specialized family centered intervention service for alleged maltreating families which gathers and analyzes information to determine 1) if children are unsafe; 2) if children are in need of protection and 3) if caregivers are in need of continued CPS involvement.

[The function within a CPS system of intervention which determines who the system of intervention will serve.]

Initial Assessment

Purpose

- Identify families in which children are unsafe and in need of Ongoing CPS or Safety Services

Objectives

- Determine children who are unsafe
- Protect children who are unsafe
- Substantiate the occurrence of maltreatment
- Problem identification associated with impending danger & caregiver protective capacities

Initial Assessment and Investigation Differences

- Effectiveness related to evaluating safety
- Information collection focused on family functioning
- Caregiver protectiveness – child needs orientation
- Maltreatment is symptomatic of problem
- Concerned with factual information
- Understanding impending danger and caregiver protectiveness
- Effectiveness related to reconciling guilt
- Information collection focused on incident
- Perpetrator – victim orientation
- Maltreatment is problem
- Concerned with evidence
- Proving maltreatment

IA Activities

- Identifying present danger
- Managing present danger
- Gathering information for decision making
- Confirming maltreatment
- Identifying impending danger
- Evaluating caregiver protective capacities
- Managing impending danger

The Initial Assessment Process within The BMCW Comprehensive Assessment Process

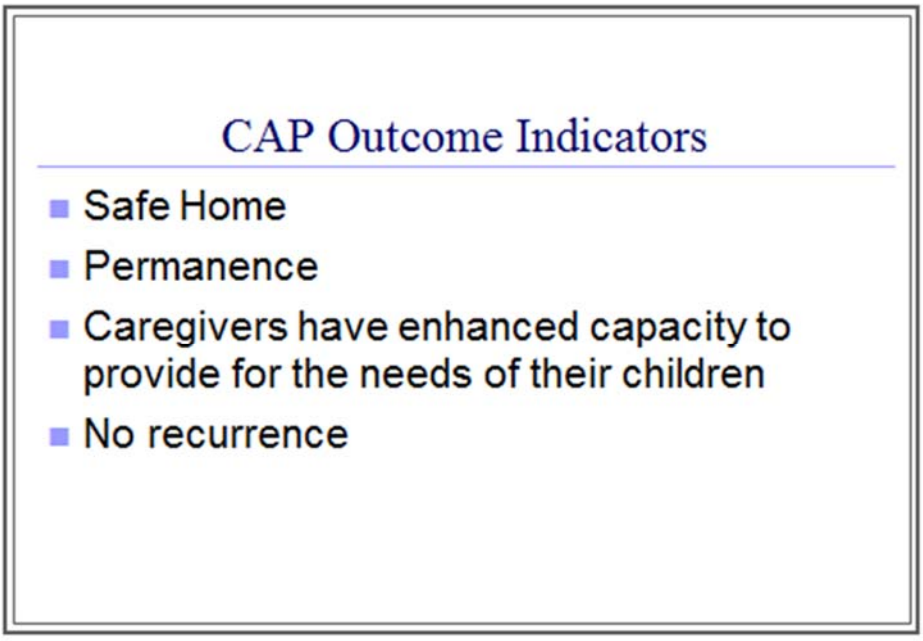
A Handout

Process Indicators

- Level of Effort
- Adherence to Initial Assessment and Safety Intervention Standards
- Timely contact
- Timely completion
- Adherence to Initial Assessment Interview Protocol

Practice Indicators

- Families are engaged
- Adherence to practice principles and protocol
- Diligent and sufficient information collection associated with family, caregiver and child functioning
- Thorough documentation of significant information that justifies decisions
- Criteria based decision making
- Accurate identification of present and/or impending danger
- Sufficient safety management (safety planning)
- Standardized practice



Information Collection Standards

Session 3

This session reviews the standard for Initial Assessment information collection and safety decision making.

Session 3 Objectives

- Review Initial Assessment information standard
- Consider what constitutes sufficient Initial Assessment information to inform decision making

Initial Assessment Information Standard

- Family system categories of information that IA workers are required to collect during the IA in order to make necessary IA decisions and take appropriate responses.
- These "assessment categories" are:
  - extent of maltreatment
  - circumstances surrounding maltreatment
  - child functioning
  - adult functioning
  - parenting practices
  - parenting discipline
  - family functioning

Initial Assessment Information Standard

There is hardly anything so necessary as the ability to distinguish between that which is important and that which is not.

William Barclay

Initial Assessment Information

(For Determining Who Will Be Served and Assessing Impending Danger)

MALTREATMENT

This is a straightforward information element concerned with facts and evidence which support the presence of maltreatment which comes from worker observation, interviews and corroboration. This includes making a conclusion (substantiation) about the type of maltreatment (sexual abuse, lack of supervision, etc.) and the specific symptoms and facts (injuries/constant hitting) which are consistent with the maltreatment.

NATURE OF THE MALTREATMENT: SURROUNDING CIRCUMSTANCES

This qualifies the maltreatment by placing it in a context or situation that l) precedes or leads up to the maltreatment or 2) exists while the maltreatment is occurring. By selectively "assessing" this element separate from the actual maltreatment, we achieve greater understanding of how serious the maltreatment is. In other words, the circumstances that accompany the maltreatment are important and are significant in themselves and qualify how serious the maltreatment is.

CHILD FUNCTIONING

This information element is qualified by the age of the child. Functioning is considered with respect to age appropriateness. Age appropriateness is applied against the “normalcy” standard. So, it is critical that you have a working understanding of child development given that you will be considering how a child is functioning in respect to what is expected given the child's age. Among the areas you will consider in information collecting and "assessing" are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits and sexual behavior. Additionally, you consider the child's physical capabilities including vulnerability and ability to make needs known.

PARENTING DISCIPLINE

This is another information element that focuses information collection into one area - discipline of children. Study here would include the parent's methods, the source of those methods, purpose or reasons for, attitudes about, context of, expectations of discipline, understanding, relationship to child and child behavior, meaning of discipline.

GENERAL PARENTING

When considering this information element, it is important to keep distinctively centered on the overall parenting that is occurring and not allow any maltreatment incident or discipline to shade your study. Among the issues for consideration within this element are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, sensitivity to an individual child, knowledge and expectations related to child development and parenting, reasons for having children, viewpoint toward children, examples of parenting behavior and parenting experiences.

ADULT FUNCTIONING

This information element has strictly to do with how adults (the caregivers) in a family are functioning personally and presently in their everyday lives. It is concerned with life management, social relationships, meeting needs, problem solving. Among the things you would be concerned about in gathering information and assessing are behavior, communication, ability to relate to others, intellect, self-control, problem solving, coping, impulsiveness and stress management. It also includes adult mental health and substance use. It is concerned with whether role performance is influenced by mental health or substance abuse. It includes perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance and coherence. Remember it is important that recent (adult related) history is captured here such as employment experiences, criminal history, previous relationships and so on.

FAMILY FUNCTIONING

Family individuals operate as a unit and a system. Appropriate information includes: roles, values, identity, communication, affection, openness to outside influences, power and authority, routine/ living patterns, reaction, marital and adult relationships, sibling relationships, atmosphere of the family and family background. You also may seek information regarding characteristics of the family including cultural influences, socioeconomic considerations, resource accessibility, mobility and housing. These should be considered from the standpoint and recognition of potential stressors on the family.

What do you need to know and understand about a family during the Initial Assessment?

Initial Assessment Questions and Related Safety

(1) Maltreatment: ***What is the extent of the maltreatment?***

Examples of information that may be associated with impending danger:

- X Abandonment
- X Medical Care Not Sought
- X Diagnosable Malnutrition
- X Chronic Lack of Supervision
- X Inadequate Shelter
  - --Dangerous
  - --Condemned
  - --No Utilities
  - --Infested
- X Emotional Deprivation/Aggression
  - --Severe/No Expectations
  - --Condemnation
  - --Rejection/Coldness
- X Not Registered in School
- X Poor Hygiene/Failure to Groom Children
- X Failure to Thrive
- X Burns
- X Vicious Beatings
- X Cruel Restraint
- X Multiple Injuries
- X Location - Head, Face, Genitals, Internal
- X Kicking
- X Biting
- X Fractures
- X Broken Bones
- X Hitting
- X Throwing
- X Shaking
- X Sexual Abuse with Violence Present
- X Intercourse
- X Pornography
- X Bizarre Sex Practices
- X Venereal Disease
- X Exploitation
- X Masturbation/Exposure
- X Fondling
- X Oral Sex
- X Anal Sex

(2) Nature: ***What surrounding circumstances accompany the maltreatment?***

Examples of information that may be associated with impending danger:

X	Premeditated
X	Cruel, Bizarre
X	Deliberate
X	Progressive in Severity
X	Several Victims
X	Alcohol/Drug Related
X	Un-protecting Non-maltreater
X	Multiple Maltreaters
X	Unusual Object Used Including a Knife or Gun
X	Use of Threat
X	Intentional/Unintentional
X	Accessibility in Time, Place
X	Justification for Use of Force
X	Crisis Present
X	Chronic Stress
X	Spouse Abuse
X	Accessible to Maltreater
X	Parent's Explanation or Lack Thereof

(3) Child Functioning: ***How does the child function on a daily basis? Include pervasive behaviors, feelings, intellect, physical capacity and temperament.***

Examples of increased vulnerability:

- X Developmentally Inappropriate
- X Bizarre Behavior and Emotion
- X Pseudo-Mature
- X Adult Interaction Problems
- X Powerlessness
- X Fearful, Anxious
- X Self-Blame
- X Flat Affect
- X Peer Interaction Problems
- X Does Not Cry/Respond When Punished
- X Alert for Danger (Hyper vigilant)
- X Non communicative
- X Tense
- X Threatens Suicide
- X Can Not Make Their Needs Known
- X Overly Dependent
- X Fussy
- X Provocative
- X Shy\Aggressive
- X Immature
- X Learning Difficulties
- X Presently Ill
- X Needs Medical Attention
- X Weak, Sickly, Frail
- X Cannot Protect Themselves
- X 0 Through 6 Years Old
- X Physical Defects/Handicaps
- X Premature
- X Physical Health Problems
- X Emotionally Vulnerable

Examples of positive functioning and self protection:

- X Developmentally Appropriate
- X Reasonable/Acceptable Emotion
- X Age-Appropriate Maturity
- X Communicates/Interacts with Adults in Acceptable Ways
- X Assertive
- X Appropriate Emotional Response
- X Satisfying Peer Interaction
- X Relaxed/Calm
- X Communicates Effectively
- X Acceptable School Performance
- X Reasonably Dependent
- X Healthy
- X Robust

(4) Parenting -- Discipline: ***What are the disciplinary approaches used by the parent, including the typical context?***

Examples of negative influencing impending danger:

- X Employ Physical and Verbal Punishment as Primary Response
- X Uncreative in Parenting
- X Self-Righteous in Parenting
- X Threaten Child

Examples of enhanced caregiver protective capacities:

- X Varied Skills and Approaches
- X Creative
- X View discipline in broader, socializing ways
- X Purpose of discipline is learning

(5) Parenting -- General: ***What are the overall, typical, pervasive parenting practices used by the parent?*** **(Does not include discipline)**

Examples of negative influencing impending danger:

- X Unrealistic or Rigid Child Rearing Attitudes and Expectations
- X Poor Communication with Children
- X Insensitive to Children's Needs
- X Isolate Children
- X Aversion to Parenting Responsibilities
- X Unable to Play with Child
- X Deny Complexity of Child Rearing
- X Individualistic/Self-Centered as Parents
- X Bonding Difficulties
- X Parenting Frustrations
- X Project Personal Conflicts onto Child
- X Refuse to Keep Child
- X Unconcerned for Child
- X Incongruent Perceptions about Children and Child Conditions
- X History of Negative Parenting
- X History of Termination of Parental Rights
- X Sees Child as Special/Different
- X Sees Child as Extension of Undesirable Adult, Parent or Self
- X Sees Child as Wrong Sex
- X Labels child -- e.g., Bastard, Stupid, Devil
- X Sees Child as Adult-Like, Capable of Performing Adult Behavior
- X Sees Child as Troublesome, Unhealthy, Burden

Examples of enhanced caregiver protective capacities:

- X Informed/Knowledgeable
- X Aware of Parenting Style/ Approach
- X Good Communication
- X Patient
- X Reasonable Expectations
- X Child-Oriented
- X Sensitive to Child's Needs
- X Evidence of Positive Parenting Experiences
- X Sees Child as Having Individual/ Positive Traits
- X Sees Child as Good
- X Accepts Child's Sex Identity
- X Describes Child in Endearing Terms
- X Sees Child as Fulfilling
- X Accepts Child as Dependent/Appropriate, Child-Like
- X Sees Child as Healthy/Well Adjusted
- X Accurately Depicts Child

(6) Adult General Functioning: ***How does the adult function in respect to daily life management and general adaptation?***

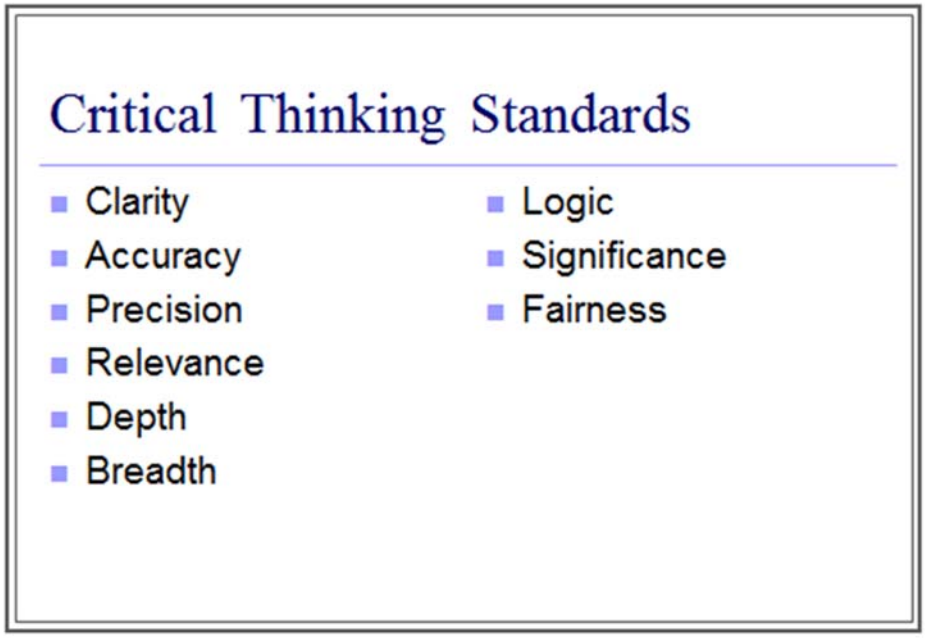
Examples of negative associated with impending danger:	*Examples of enhanced caregiver protective capacities*:
X Generalized Anger	X Distorted Self-Concept
X Isolation and Loneliness	X Extreme Immaturity
X Insecurity	X Assertive
X Low Empathy	X Calm
X Feel Trapped	X Effective Problem Solver
X Unloved	X Manages Others Effectively
X Indifference, Apathy	X Controls Impulses
X Inability to Handle Stress	X Open, Flexible
X Developmental Disabilities	X Optimistic
X Poor Life Management	X Relaxed
X Criminal Behavior	X Self-Revealing
X Aggressive	X Concerned for Others
X Impulsive	X Future Oriented
X Self-Centered/Narcissistic	X Good Work History
X Tense	X Possess Some Close Personal Relationships
X Self-Critical	X Relationships Support Parent Role
X Suspicious	X Want Appropriate Involvement
X Rigid	X Open
X Unreasonable	X Cooperative
X Passive/Dependent	X Understand Agency Responsibility
X Unrealistic Life Expectations	X Share Information Appropriately
X Criminal Record	X Calm
X History of Unemployment or Inability to Keep Jobs	X Appropriate Emotional Control
X Relationship Problems outside the Home	X Appropriate Affect
X Few Close Friends/ Superficial Relationships	X Effectively Communicates Ideas, Thoughts and Emotions
X Distancing/Alienation	X Reasonable Self-Concept
X Conflicted Relationships	X Diagnosed – Treated Mental Disorder
X Fear Involvement	
X Added Stress	
X Need to Manipulate	
X Fake Cooperation	
X Seek to Avoid	
X Critical	
X Aloof	
X Lack of Motivation	
X Extreme Fear/Anxiety	
X Severe Depression	
X Severe Hopelessness, Despair	
X No Sign of Guilt or Conscience	
X Violent Temper Outbursts	

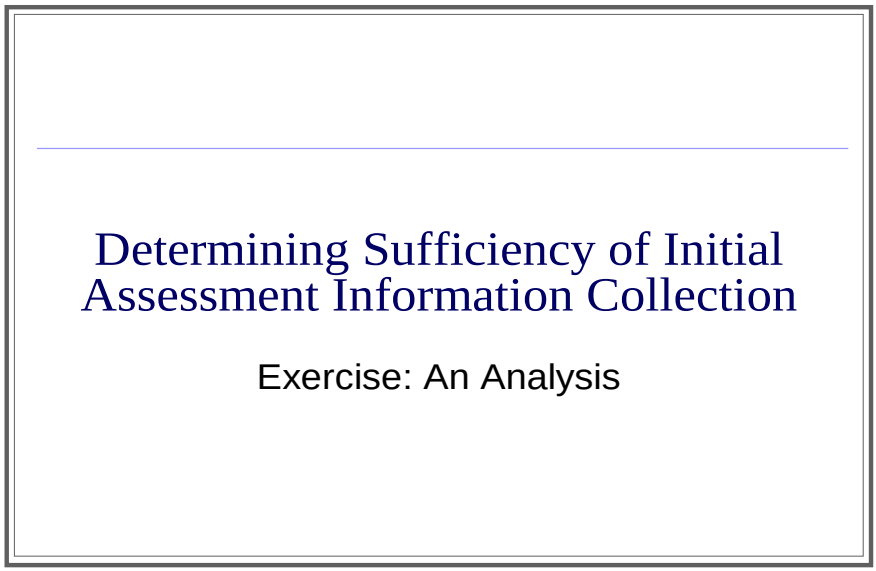
Examples of negative associated with impending danger (continued):

X	Diagnosed – Untreated Mental Illness
X	Addiction, Drug/Alcohol Misuse
X	Bizarre behavior/Emotion
X	Suicidal
X	Delusional

(7) Family Functioning: How does the family function as a unit?

X Roles
X Values
X Identity
X Communication
X Affection
X Openness
X Power and Authority
X Routine/ living patterns
X Marital Relationships
X Sibling Relationships
X Cultural influences
X Socioeconomic considerations
X Access to resources
X Mobility and housing
X Family stressors





Determining the Sufficiency of Information Collection: A Case Analysis Exercise

Judging Sufficiency of Initial Assessment Information:

The information associated with an information category can be judged to be sufficient to the extent that it:

- Is clear and logical
- Is relevant to the category only
- Has depth
- Is significant
- Covers the principal or core issues associated with the category (i.e. extent of maltreatment would include things listed in the definition such as kind of maltreatment, severity, symptoms.)

Definitions of Initial Assessment Information Categories:

Extent of Maltreatment

Extent of maltreatment refers to information that confirms or rules out the existence and/or occurrence of maltreatment including the degree, evidence of, nature, kind, amount, severity, quality of the maltreatment and includes specifics about effects, symptoms, conditions of the child and witnesses to the events. Information in this category should be just as profound, plentiful and convincing to rule out maltreatment as rule it in.

Case Analysis and Justification of Information Sufficiency

Case 1: Collins

- Referral information:
  - Father is very abusive to wife and & children
  - Father has threatened to kill Nicolas & wife
  - Father also threatens to kill himself and/or the whole family

Based on the social worker's observations/impressions, Craig, the father, is pretty stressed out he stated to social worker that he has made threats. This is what the father told the social worker exactly, he has threatened to go outside to shoot himself; he has threatened to put Nicolas in a foster home; he has threatened to walk out on his family. Craig admits he makes a lot of threats but doesn't follow through- doesn't abuse Julie- he's just frustrated with his situation. (Interviews with Craig and Julie Nicolas and observations by social worker)

Case 2: Reyes

Per worker interview with Tina Garza: They (Tina and Cid) were walking with their Nona (Grandmother Anna) around the smoke shop by Arby's. Anna was lying on the sidewalk and Tina was crying because she wanted to go home. Her little brother, Cid, ran into the street. Her Nona got him and they were all walking in the street; Tina was afraid they would get ran over. A girl (with short black hair in a red van) gave them a ride home (anonymous referral source); she didn't know the time but it was still light outside. When they got back to their Nona's house, they went to Pilar's (neighbor across the cul-de-sac) and were there until about 9:30 pm because her mom got home right after they did. Tina's brother was in the street, her Nona ran after him and 'she fell on her face, that's why she has all the cuts.' When they got inside, 'she (Nona) laid down and drank some more;' the kids watched TV. Her Nona later wanted a cigarette so Tina went around and asked all the neighbors for a cigarette, no one had one; it was dark outside and she knocked on everyone's door. Tina stated that her Nona is funny when she's drunk. She bought a four pack for later but drank them all. She doesn't drink very often but a long time ago her Nona had a bunch of homeless people at her house.

Per worker interview with Laura Reyes: When Laura got to her mother's house to pick up the kids, Tina was walking down the stairs and said, "Eeee, this girl is drunk." Laura said that she had not drank anything and Tina told her," not you . . . Nona." Carlos, the children's father, was with her that night; Laura was mad at her mom but told her mom she loved her and to take care of herself and then they left. Tina said that Cid had ran into the street and Laura thought she meant in front of Anna's house, not on a major street. Tina fell asleep on the way home and Laura did not ask her if anything had happened that day/night. Laura said that her mom does not have a pattern around her drinking. There will be times that she says she just feels like it and thinks she can have a few beers but it usually leads to her binge drinking.

Per worker interview with Anna Ramos: Anna was stressed from watching the kids and started drinking that evening (of the incident). She and the kids walked to the Walgreens on 8th & Mason for a 4-pack of beer and came home. Later that night they went outside; she was running

after a puppy, fell and hit her face; she does not remember anything after that. Anna stated that they were not walking in the street and no one gave them a ride home but someone called the cops and she was arrested for a warrant regarding a dog registration.

The allegations of physical neglect (adult alcohol abuse, lack of supervision / caretaker) of Tina and Cid Garza by Anna Ramos will be substantiated. The same allegations regarding Laura will be unsubstantiated.

Circumstances Surrounding Maltreatment

Circumstances surrounding maltreatment refers to specifically what was/is going on in the home, family and child's environment that accompanies the maltreatment. (If there is no maltreatment, there are no surrounding circumstances.) Circumstances include timing of events, location, nature and quality of home environment; nature and quality of home and family climate; people's state of mind, behavior, perceptions, attitudes, understanding and explanations associated with what was/is happening in association with the maltreatment.

Case Analysis and Justification of Information Sufficiency

Case 1: Collins

The father, Craig, makes constant use of threats as a way of getting the entire family to behave- to listen to him. There is a history of abuse in this family and has included the use of instruments (wooden spoon, stick) (worker interview)

Case 2: Reyes

Anna was babysitting her grandchildren**,** Tina (age 5) and Cid Garza (age 2), while their mother, Laura Reyes, was at work. She was intoxicated and walking around Albuquerque with her grandchildren. Anna babysat Laura's children in the past but Laura started taking them to daycare because Anna was drinking. Anna stopped drinking and Laura let her watch the children again while she worked. The neighbors confirmed to the worker that Anna had been sober for a few years and had recently relapsed. Laura will be sending her children to daycare again or have her cousin watch them during the day.

Per worker interview with Laura: Laura was unaware that her mother had started drinking again. Laura stated that her mother, Anna, is a binge drinker and she will drink for days. Laura calls her mother almost every day and is able to gauge if she has been drinking by her speech. Her mom had not been drinking and wanted to watch the kids again. Laura asked her not to drink around the kids and would call sporadically to check on the kids and speak with Tina. Laura called the night of the incident, around 6:30 pm, and Anna sounded fine. Laura does not pay her mom to watch the kids because she has been trying to make ends meet; she has been a single mom until recently when the children's dad was released from jail. Laura said a few times that she felt bad because she didn't ask Tina what happened; she thought Tina would just tell her if something like that happened. She will not let her mom watch the kids again. She doesn't want her kids to go through what she did as a child and being under her mom's care when she was drinking. Laura's cousin, Bonita (fictive kin), will watch the children and try to get licensed by

the State so she can get paid through them. Laura worked in a daycare and would feel better if her kids were with someone she knew and trusted. Laura knows and acknowledges that her mother (Anna) is an alcoholic but wants to be in her life and support her (toward sobriety); Laura stated that her mom doesn't have anyone but her

Per Anna: Anna watched the kids in the past when Laura worked or went out but then Laura decided to have someone else watch them. Anna states that she has not seen the children since the incident. She was watching them Tuesday through Saturday while Laura was at work. Anna feels like Laura didn't care or understand the stress that she was feeling by having to watch the kids and Laura never gave her any money for watching them or for food.

Anna relinquished her rights to Laura and her son; her mother raised the kids. When Laura's mom died, Laura lived with various family members. Anna stated that she was just not able to care for Laura or her brother at that time in her life.

Child Functioning

In relation to appropriate developmental milestones, child functioning refers a child's mental/intellectual capacities; how a child feels and managing emotions; a child's physical health and development; and how a child relates socially with adults and peers. This includes observable cognitive, behavioral, social and emotional performance occurring on a daily basis through routines, play, school performance; peer and sibling interaction; dependence and self care; ability to communicate needs; and general display of security and comfort. This includes consideration of a child's vulnerability to danger.

Case Analysis and Justification of Information Sufficiency

Case 1: Collins
Nicolas is short-obese with brown hair and brown eyes. He often talks back to parents. He is very closed about discussing his feelings and talking with adults. He does good in school- evidence is school report card. He has a tendency to get jealous of other children. Nicolas is 13 years old- he is able to protect self due to age and ability to communicate needs. Obesity affects physical being (physical limitation). He will ask for help
(Interview with child and parents- Social worker observations)

Case 2: Reyes
Tina: Tina appears healthy and developmentally appropriate. She does not have a set daily routine that can provide structure for her and her younger brother. She appears to be average height and weight for her age. She is 5 years old and will be starting kindergarten at Longfellow Elementary in August; She is excited about this because she will get to learn and play and have friends. Tina said she has 5 friends that live near her in the apartments and she plays with them. She has a baby turtle named Precious that she likes to play with and take care of. She likes her little brother but he is mean sometimes; he pulls her hair or doesn't want her to play with his toys but she taught him how to say 'rock, papers, scissors' and that is fun. In the summer, they go to the park and have sack lunches; these are only for the kids. When talking about the incident with

her Nona and who watched them on the following days, she was trying to recall the day the incident occurred and asked her mother for help. She went on to state her dad took the day off and watched them and he doesn't work on Saturdays or Sundays. Tina has a good concept of time as well as good social skills; She has consistent eye contact when speaking with others and is able to focus on the conversation with few distractions. She speaks in complete sentences and transitions between topics fluidly. Tina knows her ABCs and was not embarrassed to sing the ABC song for the worker. Her behavior was appropriate for her age and the interactions with her mother portrayed a relationship with appropriate parent/child boundaries; she would test her boundaries with language and Laura would explain why they do not use certain words and they displayed respect for each other by waiting their turn to speak and being polite. Tina is friendly and outgoing. She could be considered emotionally mature for her age by being aware of adult situations in her family and speaking with a vocabulary that demonstrates that she is hearing or being a part of these conversations.

Cid: Cid is 2 years old and very active. He appears to be healthy (height and weight for his age) and developmentally on track; he was exploring his environment and asserting his independence. He demonstrated gross and fine motor skills as well as verbal and social skills as he interacted with the worker. His interactions with his mother exhibit a relationship with appropriate parent/child boundaries; he tested his boundaries and she responded by redirecting him or explaining why his behavior was not acceptable.

Adult Functioning

Adult functioning refers to an adult caregiver's mental/intellectual capacities; management of emotions; physical health; and social relationships (within the family and external to the family.) This includes observable cognitive, behavioral, social and emotional performance occurring consistently on a daily basis particularly in essential areas which include: reality orientation; problem solving, impulse control; planning; appropriate display of emotions and affection; independence; taking action; behavior management particularly related to use of substances and areas of life management such as home management; financial management; and employment.

Case Analysis and Justification of Information Sufficiency

<u>Case 1: Collins</u>

Mother: Julie is very cooperative and social; very talkative. She is a sensitive person and can be emotional. She is in a state of denial especially about Craig and his problem controlling his anger and how he is verbally abusive. She tends to make excuses for Craig and his behaviors and follows up with Craig's expectations. Julie doesn't assert herself- she feels powerless because she has to check everything out with Craig. She has a low self esteem and does not feel good about herself- she said she is trying to improve herself (new hairstyle; exercising and trying to lose weight). She is sensitive to her children's needs and tries to "do right" by them. (interview with Julie and observation)

Father: Craig admits that he "like to chew the fat" like anyone else. When it comes to expressing his inner feelings etc., he is not able to do this as readily as normal communication. He is pretty closed. What he does to express himself include are negative thoughts / feelings he has regarding Julie and Nick. Craig has to deal with the over enmeshment of his father and their family. He has a hard time saying no to his father. Craig has a quick temper and reacts easily and will get pretty mad. He will yell and scream at Nick if he is doing something he is not suppose to and it makes him mad. The social worker suspects that Craig has a problem with alcohol. He is currently unemployed and has a low self esteem. (worker interview with father and observations).

Case 2: Reyes

Mother: Laura is a 22 year old single Hispanic female who appears to be healthy. She has been a single mother for the past 3 years while her boyfriend, Carlos Garza, was in prison for trafficking, domestic violence and a DWI. Carlos was arrested shortly after she became pregnant with their son, Cid. He does not live with her and the kids but helps with finances and occasional daycare. Laura has maintained employment with Wal-Mart and is working with her supervisor to change her work schedule so daycare is easier to obtain. She lives in low income housing with her two children. She and the children have Medicaid (Presbyterian Salud) and she will be applying for food stamps; she uses resources available to her. Her home was picked up and age appropriate for her children. Maria states that she does not have a history of physical or mental illness. She describes her substance use as social drinking. She was arrested in 2005 for a DWI and currently has a warrant for failure to comply with conditions set by Judge Griego at that time. She was raised by her grandmother until age 13 when her grandmother passed away and she went to live with her mother. She denies physical abuse or neglect but states that her mother put her in situations she did not want to be in. Her mother, Anna, babysat her children in the past but she started to take them to daycare because her mom was drinking. Her mother stopped drinking and Laura let her watch the children again while she worked. She will be sending her children to daycare again or have her cousin watch them during the day.

Laura is friendly and easy to engage in conversation. She is able to communicate her concerns and her plan of action to address those. She spoke openly with the worker but does not tend to share her feelings with others but holds them inside. She has been diagnosed with depression and has started taking Zoloft (25 mg/day). Her doctor is going to help her set up counseling. She took Zoloft when she was 13 years old, after her grandmother died, and that seemed to help her. She didn't complete school; she dropped out in the 9th grade and never got her GED, though she would be interested in getting it now. Ideally, she would like to be a guidance counselor or a psychiatrist so she can help other people. She doesn't have a lot of free time because she is trying to make ends meet for her family but she loves to spend time with her kids. She also likes to go dancing and to the movies. Her life has been hard so far but she hopes that it will get better and she will work toward that so her kids can have better than she did. She wants to make positive changes for herself and her family but finding motivation and support is sometimes difficult.

General Parenting Practices

General parenting practice refers to the common influences, perceptions, thinking, knowledge, skill and behavior associated with being a parent. Practical questions frame this category: Why did you become a parent? What prepares you to be a parent? What expectations did you have or now have for being a parent? What do you know about being a parent? What do you know about child development and child needs in relation to child development? What are you expectations for yourself as a parent and for your child? How would you describe how you parent routinely? What challenges do you face as a parent? How would you describe your child? How would you describe the relationship that exists between you and your child? What do you do to make sure your child is protected from danger? In relation to parenting, this category is concerned with what a person knows; what they think about their responsibilities; what they think of their child; how they feel toward their child; how they perform as a parent; and how they manage their feelings in relation to managing and addressing the needs and feelings of the child.

Case Analysis and Justification of Information Sufficiency

Case 1: Collins

Mother: Julie says she knows she places a lot of expectations on Nick. He likes to complain and whines a lot and also talks back- which makes me feel like he doesn't respect me. Nick gets into trouble just like a lot of other kids. I always expect him to be well-behaved all the time. She provides basic care and nurturance to her child and is protective. She is trying to be a better parent and is open to receiving additional reading material. (Info- interview with Julie; social worker's observations)

Father: Craig states that Nicolas is the boss when he isn't home. Doesn't think is behaved and is often bad. He's a fine example of someone who has to be told something 3 or 4 times before he follows through. Craig provides basic care and some nurturing
(Info- interview with Craig; social worker's observations)

Case 2: Reyes

Laura does not have history with Child Protective Services. She views her children in a positive manner, describing them as smart. Her interactions with them display appropriate parent/child boundaries; she is the authority figure but there is also respect shown between Laura and her children. She attends to their needs (hunger, attention, injury, etc) and redirects them to other activities when they are behaving in a way that is not deemed okay (climbing on the table, throwing toys). She demonstrates an understanding of child development and responds to their behavior in age appropriate ways (redirecting Cid when he gets into things, explaining to Tina why she should not say certain words (hate), etc). She also demonstrates care for their overall wellbeing (i.e. upcoming doctor appointments for shots, nutritious food/drink, explanation of why they do or do not do/say certain things, etc). The emotional bond/attachment between Laura and her children supports their overall cognitive, emotional and physical wellbeing; they are supported in their growth through encouragement and being allowed to explore but are also given guidance when not on the right track.

Laura became a parent when she was 18 years old; it was unplanned but she has enjoyed being a parent. She was 2 months pregnant with Cid when their father was arrested. Laura says that he hated her when she got pregnant the 2nd time but they were able to work through it and she remained connected to him while he was incarcerated so he was able to see the kids more because she was going to visit him as well. One of the most satisfying / rewarding aspects of parenthood for her is seeing her children learn, the different things they say or do is exciting. It is frustrating being a parent when her children don't listen to her and one of the most challenging parts of being a parent is having patience; this has been more difficult lately with added financial struggles.

Laura described Tina as been an easy and good baby. They were really attached and that was a good feeling. Tina was also very calm. Cid is different from Tina because he is hyper and active. Laura sometimes struggles with keeping her patience. The kids get jealous of each other; if one is getting attention, the other wants her attention too.

Disciplinary Practices

Disciplinary practices refer to all that parents/caregivers do to teach, manage and socialize their children. This includes how caregivers manage difficult behavior and emotion (e.g., what do you do when the child throws a tantrum?) While punishment is a consideration the larger issue is what approaches and methods do people use to teach their children; to guide them; and to assure that management of behavior and emotion is directed toward internalizing self management within the child. A huge part of this category is concerned with the person's attitudes and intent associated with disciplinary practices and the extent to which those contribute to growth and development versus control and punishment. What people see as the purpose of the methods they employ should be considered. Instruction, chastisement, restraint, use of authority, regulation of child behavior and order within the home, obedience, correction are all areas of consideration and inquiry in this category.

Case Analysis and Justification of Information Sufficiency

<u>Case 1: Collins</u>
Mother: Attempts to reason first but if the boys don't listen she will take away certain privileges (computer time- Nintendo game). Julie has been doing a lot of research/reading on discipline-better parenting

Father: Harsh discipline approaches; uses different objects to hit (willow switch, wooden spoon, metal pipe, fly swatter). Dad uses those methods that were used on him when he was growing up- hitting with objects. Both parents allow Craig's parents to discipline boys (usually in inappropriate manner)

<u>Case 2: Reyes</u>
Laura states that she disciplines the children by sending them to their room or the corner or spanking them with her hand on their bottom. Tina confirms that she is sent to her room and states that she is sometimes spanked but that it is on her bottom, back or the back of her head. Laura tries to teach her children the difference between right and wrong by role modeling. She

also takes time to explain to them why certain behaviors are not okay (i.e. explaining to Tina why they do not use the word ‘hate’). She redirects Cid to activities that are appropriate for his age and by redirecting is letting him know that whatever he was previously doing is not acceptable. When Cid becomes too hyper and is running around, she ``olds him on her lap so she can help him calm down. She tells her children to look at people when they are being spoken to and to answer when asked a question. Laura uses discipline as one of they ways to help guide her children and make sure they are able to behave and function in society. Laura’s interactions with her children display appropriate parent/child boundaries with regard to authority and respect and it appears that her parenting supports their overall cognitive, emotional and physical wellbeing as they are able to be children and have a parent there to guide their behavior as they are developing and learning how to function in society.

Common Errors Influencing Information Collection and Decision-Making

- Initial Impressions
- Drawing premature conclusions.
- Subjectivity
- Overconfidence in perceptions
- Selective information gathering
- Not adhering to systematic processes
- The phenomenon of *"The Need to Not Know"*

Characteristics Influencing Sufficient Information Collection

- Perceives individuals, situations and issues as complex and dynamic
- Considers contextual issues
- Seeks to understand the relationship between relevant pieces of information
- Seeks to understand and/or interpret the relationship between what is manifested and what can be inferred with respect to what is not immediately apparent.
- Compelled to clarify "surface information" that is incomplete, non-specific or is not significantly revealing.

Using an Information Collection Protocol for Interviewing Families

Session 4

This session emphasizes that professional practice occurs in accordance with a protocol that guides intervention and is consistently applied by all.

Session 4 Objectives

- Introduce an information collection protocol that is family oriented and reinforces consistency.
- Consider issues associated with effective and efficient management of the investigation.
- Provide opportunities for practical application and feedback.

Protocol

Agency policies, procedures and agreements along with the state of the art translated into a uniform and systematic approach that describes how an activity/process will be carried out.

The Information Collection Protocol for Interviewing Families

Reading

The Information Collection Protocol: Critical Thinking Exercise

Instructions:

Have you ever been given something without much direction or explanation, and been asked to "react to it?" The Information Collection Protocol is what we want you to react to. The intent is for you to think critically about the material. The thought provoking questions will challenge you to think about the reading in pieces as well as in totality. This is not an individual exercise and will work best to process with your peers and colleagues about the material. This is not a brainstorm. However, try not to spend more than five minutes on each of the questions. Take notes of the thoughts, observations, insights, and answers of the group. After thoroughly reading the Protocol:

#1 What do you think is the purpose of the Protocol?

#2 What benefit do you see in using the Protocol?

#3 What are the challenges or barriers to using all or any part of the Protocol?

#4 How is the Protocol useful to non-initial assessment staff?

Five Essential Qualities of the Information Collection Protocol for Interviewing Families

- Self-Control
- Lower Authority
- Respectful
- Genuine
- Empathetic

Initial Contact: Present Danger

Session 5

This session continues the focus on initial contact emphasizing identifying and addressing present danger.

Session 5 Objectives

- To review the concept of present danger.
- To emphasize taking protective action when present danger exists.

Present Danger

Evaluating child safety at initial contact…

An immediate, significant and clearly observable family condition occurring in the present tense, endangering or threatening to endanger a child and therefore requiring prompt CPS response.

Present Danger Threat Definition

Immediate (actively occurring or in process of occurring):

In the midst of that which endangers the child

- Active and operating
- Require immediate response
- CPS emergency
- Further qualified by "occurring or 'in process' of occurring"

Significant:

- Impressive, notable, outside the norm
- Use your knowledge about dynamics of maltreatment
- Further qualified by "will likely result in severe harm"

Clearly observable family condition:

- Specific and clearly identifiable
- Can be described and justified(emotion, attitude. behaviors, perceptions, living environment)
- Don't need to witness with your own eyes!
- *Doesn't require a lot of information; generally more obvious than IDTs (Impending Danger Threats)*

Occurring:

- Happening now
- Happening here

"In Process of Occurring":

- Don't witness or see the behavior; but it's happening
- Isn't happening right now; pattern or circumstances establishing could happen any time
- When the child/ten returns to that environment
- Non-caregiver protecting or providing for the child right now; but the family circumstances constitute Present Danger
- No arbitrary timeframe

Likely to result in severe harm:

- Consideration of the harm the behavior or condition could cause to a child, given vulnerability
- The "reasonable person" concept
- More speculative than threshold criteria at Impending Danger

Threat identified:

Mobile App: http:/Jwww4.uwm.edu!mcwp/resources/mcwp-apps.cfm

Present Danger Threats

Maltreatment

The child is currently being maltreated at the time of the report or contact
This means that the child is being maltreated at the time the report is being made, maltreatment has occurred the same day as the contact, or maltreatment is in process at the time of contact

Severe to extreme maltreatment of the child is suspected, observed, or confirmed
This includes severe or extreme forms of maltreatment and can include severe injuries, serious unmet health needs, cruel treatment and psychological torture.

The child has multiple or different kinds of injuries
This generally refers to different kinds of injuries, such as bruising and burns, but it is acceptable to consider one type of injury on different parts of the body.

The child has injuries to the face or head
This includes physical injury to the face or head of the child alleged to be the result of maltreatment.

The child has unexplained injuries
This refers to a serious injury which parents/caregivers and others cannot or will not explain. It includes circumstances where the injury is known to be non-accidental and the maltreater is unknown.

The maltreatment demonstrates bizarre cruelty
This includes such things as locking up children, torture, extreme emotional abuse, etc.

The maltreatment of several victims is suspected, observed, or confirmed
This refers to the identification of more than one child who is currently is being maltreated by the same caregiver. It's important to keep in mind that several children who are being chronically neglected do not meet the standard of present danger in this definition.

The maltreatment appears premeditated
The maltreatment appears to be the result of a deliberate, preconceived plan on intent.
Dangerous (life threatening) living arrangements are present
This based on specific information reported which indicates that a child's living situation is an immediate threat to his/her safety. This includes serious health and safety circumstances such as unsafe buildings, serious fire hazards, accessible weapons, unsafe heating or wiring, etc.

Child

Parent's Viewpoint of Child Is Bizarre
This refers to an extreme viewpoint that could be dangerous for the child, not just a negative attitude towards the child. The parent's perception or viewpoint towards the child is so skewed and distorted that it poses an immediate danger to the child.

Child is unsupervised and unable to care for self
This applies if the child is without care. This includes circumstances where an older child is left to supervise younger children and is incapable of doing so.

Child needs medical attention
This applies to a child of any age. To be a present danger threat of harm, the medical care required must be significant enough that its absence could seriously affect the child's health and well-being. Lack of routine medical care is not present danger threat.

The child is profoundly fearful of the home situation or people within the home
"Home situation" includes specific family members and/or other conditions in the living arrangement. "People within the home" refers those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up.

The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present for a child who does not verbally express fear but their behavior and emotion clearly and vividly demonstrate fear.

Parent

Parent is intoxicated (alcohol or other drugs) now is consistently under the influence
This refers to a parent who is intoxicated or under the influence of drugs much of the time and this impacts the ability to care for the child.

Parent is out of control (mental illness or other significant lack of control)
This can include unusual or dangerous behaviors; includes mental or emotional distress where a parent cannot manage their behaviors in order to meet their parenting responsibilities related to providing basic, necessary care and supervision.

Parent is demonstrating bizarre behaviors
This will require interpretation of the reported information and may include unpredictable, incoherent, outrageous, or totally inappropriate behavior.

Parent is unable or unwilling to perform basic care
This only refers to those parental duties and responsibilities consistent with basic care or supervision, not to whether the parent is generally effective or appropriate.
Parent is acting dangerous now or is described as dangerous

This includes situations when a parent cannot be located at the time of the report or contact and this affects the safety of the child.

One of both parents overtly reject intervention.
The key word here is “overly” this means that the parent essentially avoids all CPS attempts at communication and completion of the initial assessment/investigation. This refers to situation where a parent refuses to see or speak with CPS staff see the child; is openly hostile (not just angry about CPS presence) or physically aggressive towards CPS staff; refuses access to the home, hides the child or refuses access to the child.

Parents whereabouts are unknown.
This includes situations when a parent cannot be located at the time of the report or contact and this affects the safety of the child.

Family

Family may Flee
This will require judgment of case information. Transient families, families with no clear home, or homes that are not established, etc., should be considered. This refers to families who are likely to be impossible or difficult to locate and does not include families that are considering a formal, planned move.

The family hides the child
This includes families who physically restrain a child within the home as well as families who avoid allowing others to have contact with their child around to other relatives, or other means to limit CPS access to the child.

Child is subject to present/active domestic violence
This refers to presently occurring domestic violence and child maltreatment or a general recurring state of domestic violence that includes child maltreatment where a child is being subjected to the actions and behaviors of a perpetrator of domestic violence. There is a greater concern when the abuse of a parent and the abuse of a child occur during the same time.

Protective Action
The Protective Plan

- Definition
  - An instantaneous (same day), short-term, sufficient strategy that provides a child responsible adult supervision and care to allow for the completion of the initial assessment.
- Purpose
  - To suspend what is going on long enough to support continuing the initial assessment.

Criteria for What Protective Plans Must Do

- Immediate
  - Must be in motion and confirmed before the CPS worker leaves the home
- Short-Term
  - Must control present danger from the present until sufficient information can be gathered and analyzed to determine the need for forming a continuing safety plan (Impending Danger)

Qualities of Sufficient Protective Plans

- Identification of specific present danger to a child.
- Confirmed to manage present danger: description of how it will work.
- Confirmation of person(s) responsible for protective plan: trustworthiness, reliability, commitment, availability, alliance to plan.
- Willing parents to cooperate with protective plan.
- Evaluation of home if child is placed with others.
- Estimated time frames of protective plan and oversight.

Protective Action: Keep It Simple

1. Seek out people within and close to the family network.
2. Separate the child for temporary periods of time.
3. This is a brief "holding action."

CHILD PROTECTIVE SERVICE REPORT

Case Name	Worker Safety Concerns	Report Number
Laura Chavez	☐ Yes X No	123456
Date and Time Report Received	**CPS Report Type**	**County**
1-2-08		Milwaukee
Name - Worker	**Name - Supervisor**	
John Barthel	Mitch Mestling	

I. Family Information

Name - Family				Telephone Number - Home
Laura Chavez				555-5555
Address - Street	**Apt. No.**	**City / Town**	**State**	**Zip Code**
123 Elm St.	16	Milwaukee	Wisc	
Primary Language: English		Interpreter Needed: ☐ Yes X No		

Directions to House

A. Household Members

Name	Role	Relationship	DOB	Age	Gender	Race
Laura Chavez	PN	Mother	9/14/79	27	Female	W

AV = Alleged Victim
HM = Household Member
NM = Non-Household Member
PN = Parent / Parental Role
R = Reporter
RN = Report Name

A = Asian or Pacific Islander
B = Black
I = American Indian / Alaskan Native
P = Native Hawaiian / Other Pacific Islander
U = Unable to Determine
W = White

Information that the child may have American Indian heritage, including names of tribe(s) if known.

N/A

B. Parent(s) Not in Home / Other Non-Household Members

Name	Relationship	Address	Telephone No.	DOB	Gender	Race

START_DYNAMIC_TABLE=PARENT

C. Alleged Maltreatment

Alleged Victim	Relationship to Victim	A/N Code	Description	F

START_DYNAMIC_TABLE=VICTIM

Jennae Chavez				

F = Fatality

D. Location of Incident

Address - Street	Apt. No.	City / Town	State	Zip Code
Same as above				

Telephone Number - Home	Telephone Number - Work	Date and Time of Alleged CAN

E. Contacts / Others with Information About Family

Wayne/ Carletta Hancock (Maternal Grandparents) 777-7777

II. Narrative

Laura overdosed on prescribed medication and alcohol in the presence of her daughter. Laura was transported to the hospital after her sister came to the apartment and found Laura nearly incoherent. Maternal Aunt, Christine Dupree called 911 and the Sheriffs Dept. responded. The daughter, Jennae, age 8, was transported to the hospital along with her mother by law enforcement. At this time, law enforcement is requesting immediate assistance with the placement of the child. Law enforcement indicated that there are maternal grandparents available (per Laura and maternal sister) who may be able to take the child.

In addition to this incident, Laura's sister expressed safety concerns for the child. These concerns included: Laura's use of alcohol, which results in her neglect of the child, and her limited parenting skills.

III. Agency Response

A. Supervisor Screening Decision

Decision	Date / Time Decision was Made
Response Time	Reason
Explain	

B. ☐ Yes ☐ No Law enforcement notified
☐ Yes ☐ No After hours

IV. Signatures

John Barthel
SIGNATURE - Worker — Date Signed

Mitch Mestling
SIGNATURE - Supervisor — Date Signed

PROTECTIVE PLAN

Case Name (Last, First MI)	Case Number	Date (mm/dd/yyyy)
Chavez, Laura	123456	1/2/08

List each child included in the Protective Plan, including their location.

Jennae Chavez

PRESENT DANGER THREATS TO SAFETY

Maltreatment

- ☒ The child is currently being maltreated at the time of the report or contact.
- ☐ Severe to extreme maltreatment of the child is suspected / observed / confirmed.
- ☐ The child has multiple / different kinds of injuries.
- ☐ The child has injuries to the face or head.
- ☐ The child has unexplained injuries.
- ☐ The maltreatment demonstrates bizarre cruelty.
- ☐ The maltreatment of several victims is suspected / observed / confirmed.
- ☐ The maltreatment appears premeditated.
- ☐ Dangerous (life threatening) living arrangements are present.

Child

- ☐ Parent's / caretaker's viewpoint of child is bizarre.
- ☒ Child is unsupervised and unable to care for self.
- ☐ Child needs medical attention at.
- ☐ Child is profoundly fearful of the home situation or people within the home.

Parent / Caregiver

- ☒ Parent / caregiver is intoxicated (alcohol or other drugs) now or is consistently under the influence.
- ☒ Parent / caregiver is out-of-control (mental illness or other significant lack of control) now.
- ☐ Parent / caregiver is demonstrating bizarre behaviors.
- ☐ Parent / caregiver is acting dangerous now or is described as dangerous.
- ☒ Parents / caregivers are unable or unwilling to perform basic care.
- ☐ Parents / caregivers whereabouts are unknown.
- ☐ One or both parents / caregivers overtly reject intervention.

Family

- ☐ The family may flee.
- ☐ The family hides the child.
- ☐ The child is subject to present / active domestic violence.

☐ No Present Danger Threats to Safety Identified.

Describe the caregivers / providers that will be used; e.g., reliability, commitment, availability. How was this confirmed?

Wayne and Carletta Hancock are the maternal grandparents of Jennae. She is their only granddaughter. Mrs. Hancock does not work and will be home to supervise during all times when Jennae is not in school. They are very interested in the family and see this intervention as an opportunity for Laura to get the help that they feel like she needs. They understand the need for CPS involvement and are properly aligned with the Dept. Both

grandparents are attached to Jennae and have been routinely having weekly contact with her since birth. Both grandparents are physically able to carry out the conditions of the plan and have adequate resources (home, food, etc.) to meet all the needs of Jennae. Law enforcement and CPS background checks were completed prior to developing this plan; there is no history.

Describe how the Protective Plan will control identified threat(s) to each child's safety, including the name(s) and phone number(s) of Responsible / Protective Adult(s) related to each protective action and their relationship to the family. Describe the actions / services, including the frequency and duration.

While Ms. Chavez is in the hospital, Jennae will be under that care and supervision of maternal grandparents; full time. They will ensure that all of Jennae's needs will be met.

Describe access of alleged maltreater and parent / caregiver to the child.

Laura will remain in the hospital for approximately 1 week. Plan will be re-evaluated at that time.

Describe how CPS will oversee / manage the Protective Plan, including communication with the family and providers.

CPS (Pam Bennet) will call to the home, 3 times, to check in. Grandparents will call CPS with any/all concerns at any time and have been provided all numbers; including 24 hour after hours numbers.

☐ Yes ☒ No Is the child Native American? If "Yes", the Indian Child Welfare Act may apply.

☐ Yes ☐ No Has the tribe been notified?

If "Yes", provide time and date of notification. Time - Date -

If "No", document the reason the tribe wasn't notified.

SIGNATURES

SIGNATURE – Parent / Caregiver	Date Signed
SIGNATURE – Parent / Caregiver	Date Signed
Wayne Hancock **SIGNATURE** – Responsible / Protective Adult	1/2/08 Date Signed
Carletta Hancock **SIGNATURE** – Responsible / Protective Adult	1/2/08 Date Signed
Pam Bennet **SIGNATURE** – Worker	1/2/08 Date Signed
John Clow **SIGNATURE** – Supervisor	1/2/08 Date Signed

Protective Plan – Content Job Aide

Case Name (Last, First MI)	Case Number	Date Protective Plan Completed

List each child included in the Protective Plan, including their location.

Document ALL children in the household and his/her location – be sure to include children who are in the home intermittently (e.g., children who are in the home every other weekend).
[TM1]

PRESENT DANGER THREATS TO SAFETY

Maltreatment

- ☐ The child is currently being maltreated at the time of the report or contact.
- ☐ Severe to extreme maltreatment of the child is suspected / observed / confirmed.
- ☐ The child has multiple / different kinds of injuries.
- ☐ The child has injuries to the face or head.
- ☐ The child has unexplained injuries.
- ☐ The maltreatment demonstrates bizarre cruelty.
- ☐ The maltreatment of several victims is suspected / observed / confirmed.
- ☐ The maltreatment appears premeditated.
[TM2]
- ☐ Dangerous (life threatening) living arrangements are present.
[TM3]

Child

- ☐ Parent's viewpoint of child is bizarre.
[TM4]
- ☐ Child is unsupervised and unable to care for self.
[TM5]
- ☐ Child needs medical attention.
[TM6]
- ☐ Child is profoundly fearful of the home situation or people within the home.
[TM7]

Parent

- ☐ Parent is intoxicated (alcohol or other drugs) now or is consistently under the influence.
[TM8]
- ☐ Parent is out-of-control (mental illness or other significant lack of control).
[TM9]
- ☐ Parent is demonstrating bizarre behaviors.
[TM1]
- ☐ Parent is acting dangerous now or is described as dangerous.
[TM1]
- ☐ Parents are unable or unwilling to perform basic care now.
[TM1]
- ☐ Parent's whereabouts are unknown.
[TM1]
- ☐ One or both parents overtly reject intervention.
[TM1]

Family

- ☐ The family may flee.
[TM1]

☐ The family hides the child.
[TM1
☐ The child is subject to present / active domestic violence.
[TM1

☐ No Present Danger Threats to Safety Identified.
[TM1

Describe the caregivers / providers that will be used; e.g., reliability, commitment, availability. How was this confirmed?

Document ALL caregivers/providers being used to control present danger threats :

- ***A. Provider's name***
- ***B. How confirmed reliability, commitment, availability of provider ****

Reliability: how caregiver/provider has demonstrated reliability/trustworthiness and/or taken protective actions in the past.
Commitment: Do providers believe in the need for the protective plan and willing to perform the functions as prescribed?
Availability: consider; work schedules and rules [can they miss work, leave work early without penalty], other obligations/commitments [family & otherwise], how long can they sustain commitment. Are providers able to physically and emotionally perform safety controls?

[TM19]

Describe how the Protective Plan will control identified threat(s) to each child's safety, including the name(s) and phone number(s) of Responsible / Protective Adult(s) related to each protective action and their relationship to the family. Describe the actions / services, including the frequency and duration.

Should be able to undersand exactly why child is unsafe and how the plan controls for the identified threats – who, what, where, when.

1. ***Describe each identified threat***

2. ***For each responsible/protective adult document:***
   a. ***Contact information and relationship to family***
   b. ***The specific protective action/service s/he will perform or provide***
   c. ***How the action/service will control the identified Present Danger Threat (s)***
   d. ***Frequency and duration of service/action: length of time, how often, specific dates and times***

[TM20]

Describe access of alleged maltreater and parent / caregiver to the child.

1. ***When/if alleged maltreater/ parent/caregivers can have access to the child.***
2. ***Role of parents/caregivers in caring for child (Tasks parents are allowed to perform: e.g., are they allowed to bathe child, be in a bathroom with child, feed child, etc.)***
3. ***Detal of supervision and oversight of this contact***

[TM21]

Describe how CPS will oversee / manage the Protective Plan, including communication with the family and providers.

1. ***Document how CPS will oversee and ensure the Protective Plan is being followed and controls the***

present danger threats.
<u>Must include</u>:

2. ***When should contact be made (i.e. circumstances for communication)?***
3. ***Who should be contacted (e.g., police, after hours worker)?***
4. ***Who will initiate that contact (e.g. specific provider)?***
5. ***Form of communication (e.g., telephone)?***
6. ***When will Protective Plan be reviewed (minimum of weekly requirement)?***

[TM22]

☐ [TM23] Yes ☐ [TM24] No Is the child Native American? If "Yes", the Indian Child Welfare Act may apply.
☐ [TM25] Yes ☐ [TM26] No Has the tribe been notified?
If "Yes", provide time and date of notification. Time: [TM27] Date: [TM28]
If "No", document the reason the tribe wasn't notified.

Do not forget to assess this information and document it! [TM29]

SIGNATURES

SIGNATURE – Parent / Caregiver	Date Signed
SIGNATURE – Responsible / Protective Adult	Date Signed
SIGNATURE – Worker	Date Signed
SIGNATURE – Supervisor	Date Signed

Managing Present Danger by Creating a Protective Plan:

What You Do that Day

- Seek parents' involvement in planning.
- Consider options and people.
- Assess peoples' willingness to agree to protective action.
- Contact/arrange for family network member or others to take responsibility.
- Assess parents' willingness to accept protective action.
- Figure out logistics (e.g., timing, transportation, child's belongings, school next day, etc.).
- Consult with your supervisor throughout.
- Enact the plan…get the protective plan going the same day you observe present danger.

Information Collection with Children

Session 6

This session focuses on interviewing and collecting information from children.

Session 6 Objectives

- Observe and study information collecting with a child.
- Analyze the approach to interviewing a child.
- Consider implications for own practice.

CHILD PROTECTIVE SERVICE REPORT

Case Name	Worker Safety Concerns	Report Number
Laura Chavez	☐ Yes X No	123456
Date and Time Report Received	**CPS Report Type**	**County**
1-2-08		Milwaukee
Name - Worker	**Name - Supervisor**	
John Barthel	Mitch Mestling	

I. Family Information

Name - Family				Telephone Number - Home
Laura Chavez				555-5555
Address - Street	**Apt. No.**	**City / Town**	**State**	**Zip Code**
123 Elm St.	16	Milwaukee	Wisc	
Primary Language: English		Interpreter Needed: ☐ Yes X No		

Directions to House

A. Household Members

Name	Role	Relationship	DOB	Age	Gender	Race
Laura Chavez	PN	Mother	9/14/79	27	Female	W

AV = Alleged Victim
HM = Household Member
NM = Non-Household Member
PN = Parent / Parental Role
R = Reporter
RN = Report Name

A = Asian or Pacific Islander
B = Black
I = American Indian / Alaskan Native
P = Native Hawaiian / Other Pacific Islander
U = Unable to Determine
W = White

Information that the child may have American Indian heritage, including names of tribe(s) if known.

N/A

B. Parent(s) Not in Home / Other Non-Household Members

Name	Relationship	Address	Telephone No.	DOB	Gender	Race

START_DYNAMIC_TABLE=PARENT

C. Alleged Maltreatment

Alleged Victim	Relationship to Victim	A/N Code	Description	F

START_DYNAMIC_TABLE=VICTIM

Jennae Chavez				

F = Fatality

D. Location of Incident

Address - Street	Apt. No.	City / Town	State	Zip Code
Same as above				

Telephone Number - Home	Telephone Number - Work	Date and Time of Alleged CAN

E. Contacts / Others with Information About Family

Wayne/Carletta Hancock (Maternal Grandparents) 777-7777

II. Narrative

Laura overdosed on prescribed medication and alcohol in the presence of her daughter. Laura was transported to the hospital after her sister came to the apartment and found Laura nearly incoherent. Maternal Aunt, Christine Dupree called 911 and the Sheriffs Dept. responded. The daughter, Jennae, age 8, was transported to the hospital along with her mother by law enforcement. At this time, law enforcement is requesting immediate assistance with the placement of the child. Law enforcement indicated that there are maternal grandparents available (per Laura and maternal sister) who may be able to take the child.

In addition to this incident, Laura's sister expressed safety concerns for the child. These concerns included: Laura's use of alcohol, which results in her neglect of the child, and her limited parenting skills.

III. Agency Response

A. Supervisor Screening Decision

Decision	Date / Time Decision was Made
Response Time	Reason
Explain	

B. ☐ Yes ☐ No Law enforcement notified

☐ Yes ☐ No After hours

IV. Signatures

John Barthel
SIGNATURE - Worker _____ Date Signed

Mitch Mestling
SIGNATURE - Supervisor _____ Date Signed

Evaluating the Jennae Chavez Interview

Worksheet

1. Provide your overall evaluation of the interview based on the amount of information collected.

   Poor____ Fair____ Average____ Good____ Excellent____

2. Check among the following whether there is sufficient information to draw conclusions about Jennae.

   Vulnerability____ Developmental Status____ Physically Healthy____
   Emotional State____ Ability to Communicate____ Intellectual Capacity____

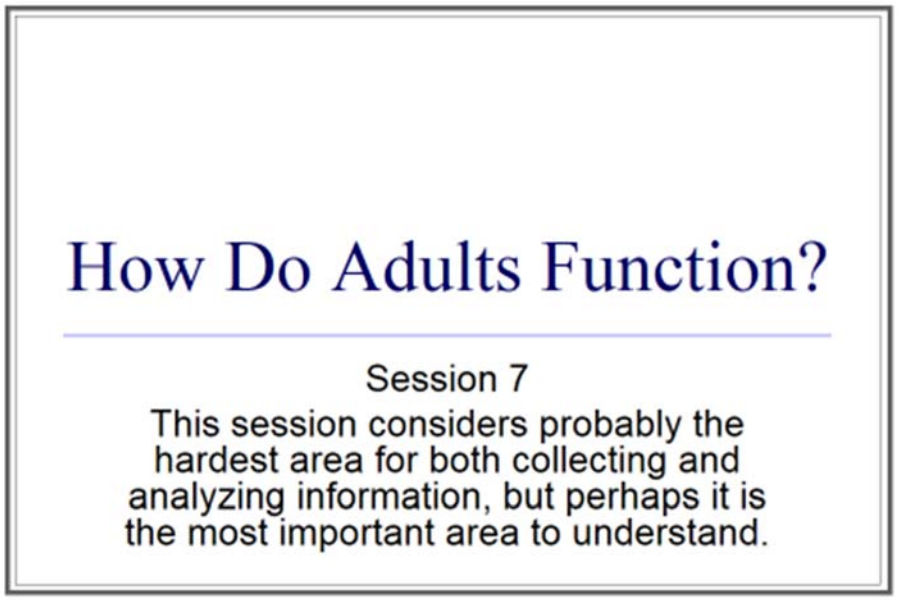
3. Identify any of the following information areas that Jennae revealed beyond her functioning.

   Maltreatment_____ Circumstances Surrounding Maltreatment_____
   Parenting Disciplinary Practices____ Mother's functioning as an Adult____

4. Evaluate the technique, style, strengths and weaknesses of the interviewer. Summarize your impressions about the quality of the interview.

5. Are there any other sources of information that would inform us about Jennae's functioning on a daily basis that you would want to speak with? What would you want to know more about, if anything? Brainstorm all the resources of information based on what we know about the family.

6. Summarize Child Functioning for Jennae Chavez. To help organize the groups thinking, use the discussion from question #2 to document it. Try to be concise and document this in 8-10 sentences.



Session 7 Objectives

- Observe an interview that gathers information about adult functioning.
- Evaluate adult functioning from the interview information.
- Focus on observing a person to reveal who they are and how they function.
- Emphasize 5 areas of functioning: cognitive, behavior, emotional, communication and social.

How Do Adults Function?

Demonstration

Laura Chavez

Behavior

Instruction:
Discuss each of the following aspects of Laura's behavioral functioning, based on the information gathered from reports, interviews and provide a summary (analysis) statement identifying strengths and areas of weakness in your summary of her functioning in this area.

Self-Care

Daily Life Management

Stress Management

Productivity

Impulse Control

Communication

Summary Conclusion. The group's analysis of Laura's behavior is...

Laura Chavez

Emotional

Instruction:
Discuss each of the following aspects of Laura's emotion, based on the information gathered from reports, interviews and provide a summary (analysis) statement identifying strengths and areas of weakness in your summary of her functioning in this area.

Stability

Self-Understanding

Self-Esteem

Reality Orientation

Empathy

Express feelings and affection

Summary Conclusion The group's analysis of Laura's behavior is...

Laura Chavez

Cognitive

Instruction:
Discuss each of the following aspects of Laura's cognitive functioning, based on the information gathered from reports, interviews and provide a summary (analysis) statement identifying strengths and areas of weakness in your summary of her functioning in this area.

Concentration

Learns from experience (retrospective)

Insight & Awareness

Orderly & Organized Thinking

Problem Solving

Reasoning & Logic

Summary Conclusion. The group's analysis of Laura's behavior is...

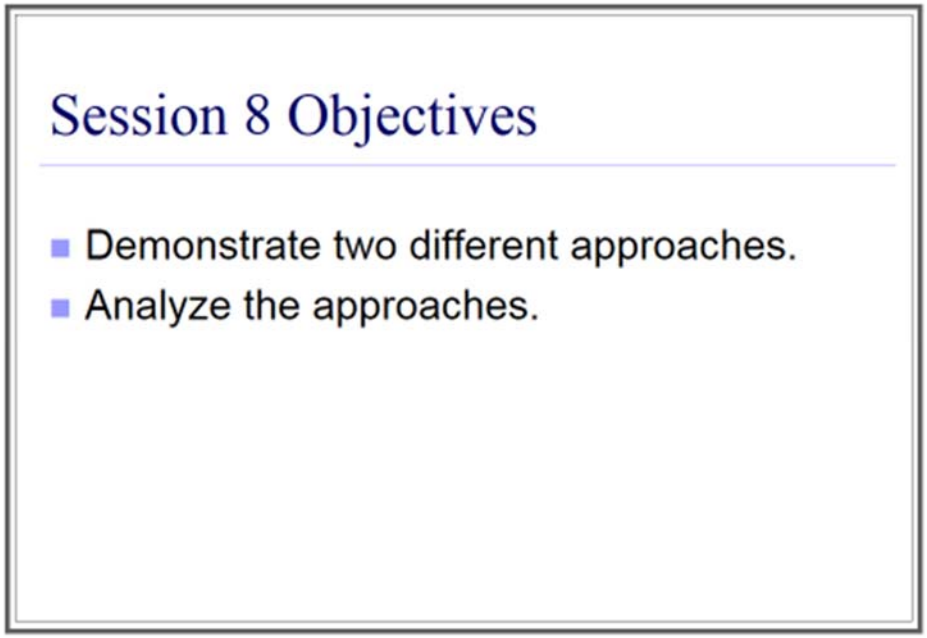
How Do Adults Function?

Analysis & Debriefing

Collecting Information about General Parenting and Disciplinary Practices

Session 8

This session is concerned with approaches to collecting information about parenting.



The Gloria Martinez Intake Report

Case Number: 10101
ACCESS Report Number: 29292

Child Protective Services (CPS) Report Summary

Family Relationship

Mother:	Gloria Martinez	24 years old
Child:	Mia Martinez	8 years old
Father:	Carlos Sandoval (whereabouts are unknown)	

Legal Status History

Allegation Summary

Date Received: 3-10 Time Received: 8:15
Referral Narrative:

Local law enforcement picked Mia up over the weekend wandering the street looking for her mother. It was 1:00 a.m. Gloria had left Mia with a neighbor while she went out to a bar. The neighbor left Mia during the evening with other children in the neighbor's house. Mia began wandering the streets looking for her mother sometime between 10:00 pm and midnight. Mia reported to the police that she became worried for her mother and was scared when the neighbor left all the children alone. There have been two other reports of lack of supervision involving Gloria leaving Mia with unreliable people.

This family is located in ACCESS.

Gloria has no history/record with law enforcement.

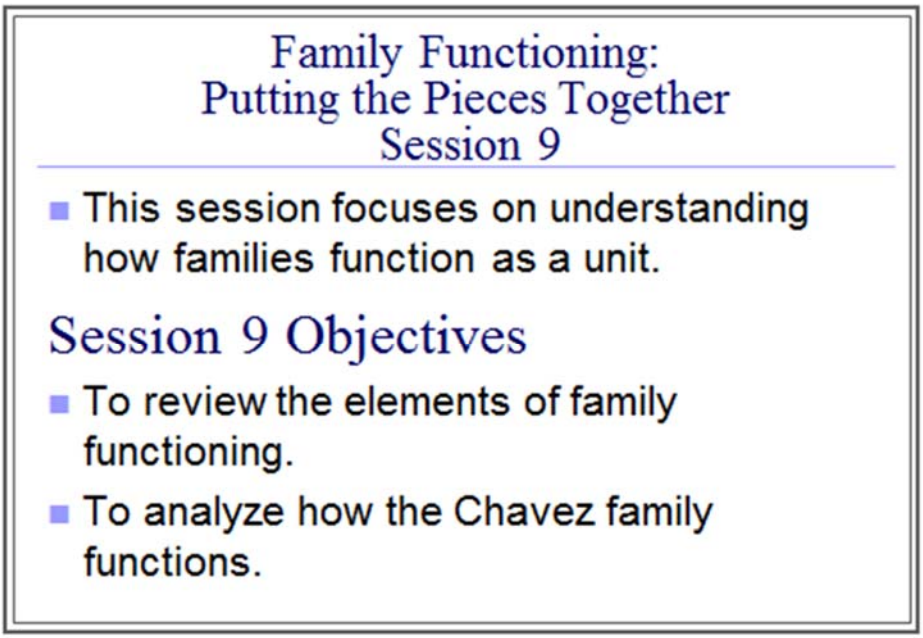
Parenting Practices & Parenting Discipline

Observation Worksheet

The observer's role is to evaluate the different styles of the interviewers and to track topical areas related to general coverage (i.e., how many areas or topics concerned with parenting practices or parenting discipline were addressed during the interview) and related to specific coverage (i.e., how deep is the consideration given to areas or topics)? Discuss with practice teams and complete the worksheet. Discuss and note any observations the practice teams have regarding the two interviews.

Topics Addressed	Interview #1	Interview #2
Parenting History	_____	_____
Parenting Style/Influence	_____	_____
Parenting Satisfaction	_____	_____
Parenting Self-Awareness	_____	_____
Acceptance of Parenting Responsibilities	_____	_____
Knowledge of How to Parent	_____	_____
Knowledge of Child Development	_____	_____
Awareness of Parenting Skills	_____	_____
Approach to Communicating with Child	_____	_____
Sensitivity to Child's Needs	_____	_____
Expectations for Child	_____	_____
Feelings toward Child	_____	_____
Tolerance and Patience	_____	_____
Perspective about Discipline	_____	_____
Reasons for Discipline	_____	_____
Approaches to Discipline	_____	_____
Effects of Discipline	_____	_____

Notes



Chavez Initial Assessment: Family Functioning Categories

B. Family Conditions

1. Child(ren)'s Functioning

Describe the child(ren)'s general functioning and effects of any maltreatment.

Child Name	*Rating*
Jennae Chavez	

Description

Jennae is anxious and concerned for her mother. She is worried for her when she is passed out and she is not able to stir her. She stated that there are times that she wonders if her mother will ever wake up, and that it scares her. She states that she watches TV or plays in her room while her mother is sleeping; it does not appear at this time that her being scared is extreme, causing terror, or noticeably has changed her behavior. On numerous occasions, Jennae has left the house and went and slept over at a friend's house (next door neighbor) while her mom slept. She indicated that her mom "doesn't care" that she leaves the house. She informed her grandparents that she will sometime eat over at a friend's house if her mother does not feel good and does not cook. She stated that she loves her mother very much and that her mother loves her very much, but that things have changed between them since her Daddy died. Jennae is 8 years old; is within normal range developmentally. Discussions with her around how she would respond in the event of an emergency were not sufficient to prevent potential severe harm. She was able to say her phone number, but did not know the phone numbers to other family members, neighbors, or emergency personnel. Jennae is protective of her mother and it is questionable whether she would call for help for fear of getting her mother in trouble.

Safety Assessment

☐ Child is fearful of home situation.

2. Adult's Functioning

Describe each adult's general functioning, daily life management, mental health functioning and substance use. (You may include but not rate pertinent childhood history information.)

Parental Role Name	Rating
Laura Chavez	

Description

Laura's feeling of depression is pervasive, daily and appears to be significantly impacting her life skills. She was prescribed Paxil from her Physician; however, was never diagnosed or monitored by any mental health professionals. She reports being frequently feel lonely and sad, having disruptive sleep patterns. She reports being frequently irritable and fatigued. Laura reports that she is not currently feeling suicidal. Laura presented as coherent and verbal during interviews. She stated that she wants her life/world to be more fulfilling, but has difficulty believing it ever will be. She often worries and feels overwhelmed

by parenting, finances, and the loss of her relationship with James. Laura does not have any disabilities and with help, is capable of insight into Jennae's needs for care; she is physically able to act on behalf of Jennae, however, is not currently possessing adequate energy to take action. Laura previously worked as a waitress and for a cleaning service and managed an apartment complex. The grandparents indicate that she was let go from her apartment job for missing work and not performing her job responsibilities. She has not worked for the last 8 month and has not had consistent employment for the last 2 years. She has been receiving public assistance (TANF). While Laura was in the hospital, a mental health evaluation was conducted, and a diagnosis was confirmed- Depressive Personality Disorder. Her medication was switched from Paxil to Effexor (which will likely have a less interactive danger with alcohol). Laura has been compensating for her feelings of depression with the use of substances. Laura will usually drink by herself and may start early in the morning after Jennae will go to school. She acknowledges that the "escape" is temporary and she usually feels worse when she comes down from the high. The grandparents and the aunt report that she will call them at various times of the day and night and will leave incoherent messages, sometimes blaming them for her circumstances and not being supportive of her and Jennae. She will remain under mental health supervision and med management.

Safety Assessment

☐ One or both parents / caregivers are dangerously impulsive or they cannot/ will control behavior.
☐ One or both parents / caregivers are violent.

3. Disciplinary Approaches

Describe the disciplinary approaches generally used by the parent and the typical context within which they are used.

Parental Role Name	Rating
Laura Chavez	

Description

Disciplinary strategies are primarily time outs and verbal explanations. Laura describes feeling overwhelmed or frustrated with Jennae which causes her to overreact and yell at Jennae. An example of overreacting was if Jennae spilled milk that she would yell at her. No physical discipline was mentioned by anyone. At this time there appears to be very minimal boundaries, rules, or structure for Jennae.

4. Parenting Practices

Describe the parents' general parenting practices (nurturing, limit setting, protectiveness, provision of basic care, etc.).

Parental Role Name	Rating
Laura Chavez	

Description

There appears to be a strong attachment between Laura and Jennae, however, the relationship can often be characterized as one where the child is in the caregiver role, both emotionally and practically. When observing Laura and Jennae interact, they appear to have more of a peer relationship than that of a mother and daughter. The grandparents express concern that there may be frequent occasions when either Jennae does not get fed dinner or she eats snacks (i.e. potato chips). Laura stated that when Jennae comes home from school that "she takes care of me." She verbalizes love for Jennae but for a variety of reasons has difficulty nurturing, or showing her love and appreciation consistently. Several factors influence this: depression; use of alcohol; and immaturity. Christine expressed concern about the combination of Laura's alcohol and her limited parenting skills. Substance use and mental health issues have contributed to Laura's inaccurate perceptions of the needs of Jennae and her understanding of her protective role.

Safety Assessment

- ☐ Child has exceptional needs which parents / caregivers cannot / will not meet.
- ☐ No adult in the home will perform parental duties and responsibilities.
- ☐ One or both parents / caregivers fear they will maltreat child and / or request placement.
- ☐ One or both parents / caregivers lack knowledge, skill, motivation in parenting which affects the child's safety.
- ☐ Child is perceived in extremely negative terms by one or both of the parents/caregivers.
- ☐ One or both parents intend(ed) to seriously hurt the child.
- ☐ Parents / caregivers do not have resources to meet basic needs.

5. Family's Functioning

Describe the family's general functioning, strengths, and current stresses. Consider the family's cultural context.

Conclusion of the Initial Assessment: Making the Maltreatment Determination

Session 10

This session focuses on reconciling at the conclusion of the Initial Assessment.

Session 10 Objectives

- To review criterion for substantiating maltreatment.
- To analyze information collected about maltreatment in order to reach a substantiation determination.

Definition of Child Maltreatment

Parenting behavior that is harmful and destructive to a child's cognitive, social, emotional and/or physical development and those with parenting responsibility are unwilling or unable to behave differently.

Substantiation of Physical Maltreatment

- "Physical injury' includes but is not limited to lacerations, fractured bones, burns, internal injuries, severe or frequent bruising or great bodily harm. [Ref. s. 48.02(14g), Stats.]
- "Great bodily harm" is defined as "bodily injury which creates a substantial risk of death, or which causes serious permanent disfigurement, or which causes a permanent or protracted loss or impairment of the function of any bodily member or organ or other serious bodily injury."

Substantiating Neglect

- *The child is not receiving: care, food, clothing, medical or dental care or shelter, and this care which the child is not receiving is necessary, and this lack of care seriously endangers the physical health of the child, and this lack of care is a result of failure, refusal or inability to provide the care. [Ref. s. 48.981(3)(c)4., Stats.]**

Substantiating Emotional Abuse

- *The child has suffered harm to his/her psychological or intellectual functioning, and that harm is evidenced by one or more of the following characteristics exhibited to a severe degree: anxiety; depression; withdrawal; outward aggressive behavior; or a substantial and observable change in behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development.*

Reaching a Maltreatment Substantiation Finding on the Chavez Case

Initial Assessment Information Documentation Review and Analyze

INITIAL ASSESSMENT - PRIMARY CAREGIVERS

Case Name	Case Number
Chavez	000-000-00
Referral Date	Date Worker Assigned
01-02-08	01-02-08

CHILD INFORMATION

Child Name	Date of Birth
Jennae Chavez	10-04-00

PARENT INFORMATION

Parental Role Name	Date of Birth
Laura Chavez	09-14-79

I. CONTACT

Document the interview protocol, contacts, and meetings related to the completion of the initial assessment.

First Contact

Date – First face-to-face contact with family member	Time – First face-to-face contact with family member
01-02-08	8:00 pm (Maternal Grandparents home)

Contacts (Include first contact listed above)

Date / Time	Who	Note Category	Note Type	Case Note ID
01-02/ 6:30 pm	Deputy Johnson		Reporting Party/ collateral	
01-02/ 6:45	Nurse, Barrofio		Collateral	
01-02/ 6:55	Mat. Grandparents		Telephone call- collateral	
01-02/ 8:00	Mat. Grandparents		HV- Protective Plan Interview	
01-03/ 9:30 am	Jennae Chavez		HV- grandparents' house	
01-03/ 1:45 pm	Laura Chavez		Interview with mother- hospital	
01/03/ 2:45 pm	Dr. Jaroski		Collateral Contact	
01-04/ 3:00 pm	Grandparents		Telephone call	
01-08/ 10:00am	Laura Chavez		Face to face interview and transport home	
01-09/ 4:00 pm	Christine Dupree		Telephone- maternal aunt	
01/10/ 10:45 am	Jennae Chavez		Face to face- school	

II NARRATIVE FIELDS

.

A. Maltreatment

Describe the Maltreatment

Describe the maltreatment that occurred. Be specific about the injuries and / or conditions. If the child(ren) received medical attention, describe the findings.

The maternal aunt, Christine Dupree, came to the home of Laura Chavez in the afternoon of 1/2/08. She found Laura nearly incoherent in her bedroom. It was determined that her behavior was the result of drinking wine and the interaction with prescription medication. Jennae was left unsupervised and attempting to prepare food for herself. Christine stated that the reason she went to the home was because she has been becoming more concerned about the use of Laura's alcohol which she believed was resulting in Laura neglecting Jennae.

Describe the Surrounding Circumstances

Describe the surrounding circumstances accompanying or leading up to the maltreatment. **Note:** This narrative section should always include the parents explanation of circumstances even if the findings are no maltreatment.

Laura becomes incapacitated while in the home when she is supposed to be responsible for the basic care of Jennae. This passing out/sleeping is occurring 2 to 3 times per week. Laura states that she is drinking in the home 2-3 times a week, however, Jennae stated that when she came home from school on 1/2/08 that what she observed was "normal." Laura describes her drinking as primarily occurring during the day; and sometimes early in the day. Two years ago, Laura's husband and the father of Jennae, Jimmy Chavez, was stabbed to death in an altercation outside of a bar. Laura stated that since then, she has been drinking more and feeling progressively worse.

Initial Assessment Conclusion: Determining Impending Danger

Session 11

This session focuses on assessing impending danger for the purpose of determining child safety during or at the conclusion of the Initial Assessment.

Session 11 Objectives

- To study and analyze information significant for determining safety
- To examine threshold criteria for qualifying family conditions as impending danger.
- To justify the safety decision using standardized impending danger threats.
- To assess a family.

Safety Assessment at the Conclusion of the Initial Assessment

Safety	Unsafe Child
The absence of impending danger to a child or routinely demonstrated parent or caregiver protective capacities to assure that a child is protected from danger.	*The presence of impending danger to a child and insufficient parent or caregiver protective capacities to assure that a child is protected.*

Impending Danger

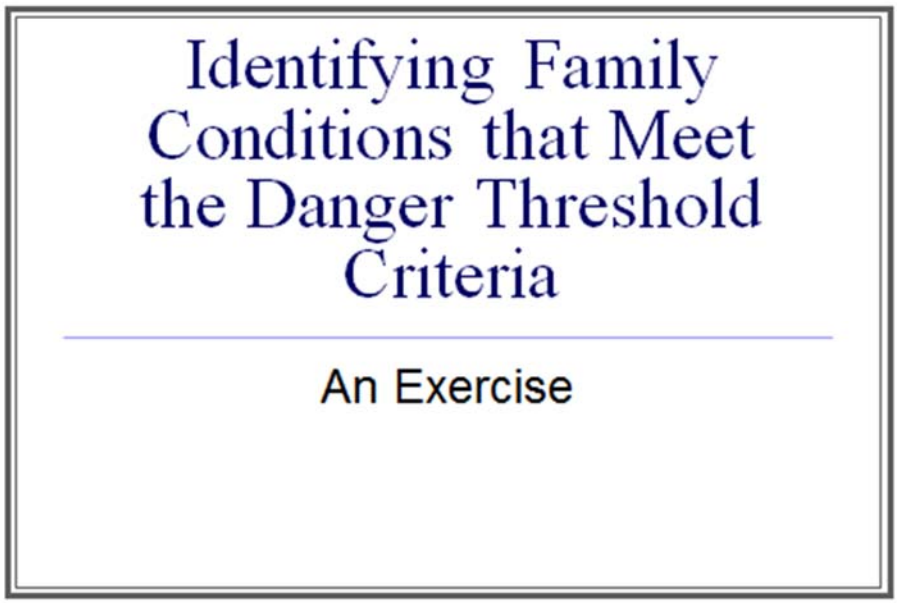
- A state of danger in which family behaviors, attitudes, motives, emotions and/or situations pose a threat which may not be currently active but can be anticipated to have severe effects on a child at any time
  - **Commonly may not be obvious at the onset of CPS intervention or occurring in a present context but can be identified and understood upon more fully evaluating individual and family conditions and functioning**
  - ***Child* lives in a general state of danger within a family that requires safety intervention to prevent severe harm.**

How to Judge When a Family Condition Is Impending Danger

Danger Threshold Criteria

Differentiating Family Conditions: Danger Threshold

- Observable
- Vulnerable Child
- Out of Control
- Imminence
- Severity



Describing Family Conditions that Meet the Danger Threshold: An Exercise

Instructions:

Below are a series of negative family conditions that were identified during an Initial Assessment. Determine whether the negative conditions described meet the criteria for the danger threshold for impending danger. Review each family condition and identify "yes" or "no" as to whether the description meets the danger threshold or state whether more information is needed to rule in or rule out impending danger. Provide justification for your analysis.

Danger Threshold Criteria:

- The family condition that is dangerous is observable and can be clearly described and articulated.
- There is a vulnerable child.
- The family condition is out of control.
- The family condition could reasonably become threatening and dangerous at any proximate time.
- The family condition is likely to result in severe harm.

1. Parent locks 5-year-old in his bedroom at night because he sometimes wakes and wanders the house. There is no deprivation of food or bathroom privileges.

Danger Threshold Criteria Analysis	*Yes; No; or More Information Needed*
Specific, observable family condition	
Vulnerable Child	
Out of control	
Imminence	
Could have a severe effect	

Justification:

2. Joann repeatedly leaves John (age 6) with a teenage neighbor. On several occasions, the child reports that he has told his mother the neighbor will leave him alone for long periods of time and tells him to "stay inside". He does not know where the sitter goes when she leaves and he is afraid. The mother denies that it has been a problem before and blames both the child for exaggerating and the "sitter" for being irresponsible.

Specific, observable family condition	
Vulnerable Child	
Out of control	
Imminence	
Could have a severe effect	

Justification:

3. Parent is picked up by police for drunk driving and having his 4 and 7 year old children in the car. This is the father's first DUI. He claims that he was driving home from a family reunion.

Specific, observable family condition	
Vulnerable Child	
Out of control	
Imminence	
Could have a severe effect	

Justification:

4. Dad is depressed. He is reluctant about taking his medication because it makes him feel "out of it". He can't stand his job; doesn't see how things will be different; never has energy to spend time with the children. Dad is inconsistent with some meals but the children are fed. Children go to school dirty and tired because the Dad is inconsistent about cleaning their clothes and getting them to bed.

Specific, observable family condition	
Vulnerable Child	
Out of control	
Imminence	
Could have a severe effect	

Justification:

5. The father refers constantly to Tommy, age 3, as "the kid" or "that kid". He states that he cannot stand to be around him and that there is "something wrong with his wiring". Says he "lies" all the time and acts like a baby. The father appears unaware of Tommy's abilities/ limitation. Void of affection.

Specific, observable family condition	
Vulnerable Child	
Out of control	
Imminence	
Could have a severe effect	

Justification:

Impending Danger Threats

Handout

Impending Danger Threats - Definitions and Examples

1. No adult in the home will perform parental duties and responsibilities.

This refers only to adults (not children) in a caretaking role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are considered at a basic level. This threat includes both behaviors and emotions illustrated in the following examples

- Parent's/caregiver's physical or mental disability/incapacitation renders the person unable to provide basic care for the child.
- Parent/caregiver is or has been absent from the home for lengthy periods of time and no other adults are available to care for the child without CPS coordination.
- Parent/caregiver has abandoned the child.
- Parents arranged care by an adult, but their whereabouts are unknown or they have not returned according to plan and the current caregiver is asking for relief.
- Parent/caregiver does not respond to or ignores a child's basic needs.
- Parent/caregiver allows the child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/ caregiver ignores or does not provide necessary, protective supervision and basic care appropriate to the age and capacity of the child.
- Parent/caregiver is unavailable to provide necessary protection supervision and basic care because of physical illness or incapacity.
- Parent/caregiver is or will be incarcerated thereby leaving the child without a responsible adult to provide care.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child.
- Child has been left with someone who does not know the parent/caregiver.

2. One or both parents/caregivers are violent.

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be regularly, generally or potentially active.
This threat includes both behaviors and emotions as illustrated in the following examples.

Domestic Violence:

- Parent/caregiver physically and/or verbally assaults their partner and the child witnesses the activity, and is fearful for self/others.
- Parent/caregiver threatens attacks or injures both their partner and child.
- Parent/caregiver threatens, attacks or injures their partner and child attempts/may attempt to intervene.
- Parent/caregiver threatens, attacks or injures intimate partner and the child is harmed even though the child may not be the actual target of the violence.
- Parent/caregiver threatens to harm the child or withhold necessary care from the child in order to intimidate or control their partner.

General violence:

- Parent/caregiver whose behavior outside of the home (e.g. drugs, violence, aggressiveness, hostility) creates an environment within the home that threatens child safety (e.g. drug parties, gangs, drive-by shootings).
- Parent/caregiver who is impulsive, explosive or out of control, having temper outbursts which result in violent physical actions (e.g. throwing things).

3. One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.

This threat is about self-control (e.g. a person's ability to postpone or set aside needs, plan, be dependable, avoid destructive behavior, use good judgment, not act on impulses, exert energy and action or manage emotions. Parent's/caregiver's lack of control places vulnerable children in jeopardy. This threat includes parents/caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse issues).

Poor impulse control or lack of self-control includes behaviors other than aggression and can lead to severe consequence of a child.

- Parent/caregiver is seriously depressed and functionally unable to meet the child's basic needs.
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.
- Substance abuse renders the parent/caregiver incapable of routinely/consistently attending to the child's basic needs.
- Parent/caregiver makes impulsive decisions and plans that leave the child in precarious situations (e.g. unsupervised, supervised by an unreliable person).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situationally) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g. addiction to substances, gambling, computers, sex) that are uncontrolled and leave the child in unsafe situations (e.g. failure to supervise or provide basic care)
- Parent/caregiver is delusional or experiencing hallucinations.
- Parent/caregiver cannot control sexual impulses (e.g. sexual activity with or in front of the child

4. One or both parents/caregivers have extremely negative perceptions of the child.

"Extremely" means a negative perception that is so exaggerated that an out-of control response by the parent/caregiver is likely and will have severe consequences for the child.
This threat is illustrated by the following examples.

- Child is perceived to be evil, deficient, or embarrassing.

- Child is perceived as having the same characteristics as someone the parent/caregiver hates or is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions to the child.
- Child is considered to be punishing or torturing the parent/caregiver. (e.g. responsible for difficulties in parent's/caregiver's life, limitations to their freedom, conflicts, losses, financial or other burdens).
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents'/caregivers' intimate relationship and/or other parent.
- Parent/ caregiver sees the child as an undesirable extension of self and views the child with some sense of purging or punishing.

5. Family does not have resources to meet basic needs.

"Basic needs" refers to the family's lack of 1) minimal resources to provide shelter, food, and clothing or 2) the capacity to use resources for basic needs, even when available.
This threat is illustrated in the following examples.

- Family has insufficient money to provide basic or protective care.
- Family has insufficient food, clothing, or shelter for basic needs of the child.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in severe consequences to the child.
- Parent/caregiver lacks life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g. drugs) other than for basic care and support thereby leaving them without their basic needs being adequately met.

6. One or both parents/caregivers fear they will maltreat child and/or request placement.

This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions towards their child. This expression represents a parent's distraught/extreme "call for help." A request for placement is extreme evidence with request to a caregiver's conclusion that the child can only be safe if he or she is away from the caregiver.
This threat is illustrated in the following examples.

- Parent/caregiver state they will maltreat.
- Parent/caregiver describes conditions and situations that stimulate them to think about maltreating the child.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/caregiver identifies things that the child does that aggravate or annoy them in ways that makes them want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out-of-control.

- Parent/caregiver is distressed or "at the end of their rope" and are asking for relief in either specific ("take the child") or general ("please help me before something awful happens") terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

7. One or both parents/caregivers intend(ed) to seriously hurt the child.

Parents/caregivers anticipate acting in a way that will assure the pain and suffering. "Intended" means that before or during the time the child was harmed, the parents'/caregivers, conscious purpose was to hurt the child. This threat is distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt. "Seriously" refers to causing the child to suffer physically or emotionally. Parent/caregiver action is more about causing a child pain than about a consequence needed to teach a child. This threat includes both behaviors and emotions as illustrated in the following examples.

- The incident was planned or had an element of premeditation.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level or pain or injury (e.g. cigarette burns).
- Parent's/caregiver's motivation is to teach or discipline seems secondary to inflicting pain or injury.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident.
- Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child.

8. One or both parents/caregivers lack parenting knowledge, skills, and motivation which affects child safety.

This refers to basic parenting that directly affects the child's needs for food, clothing, shelter, and required level of supervision. This inability and/or unwillingness to meet basic needs create a concern for immediate and severe consequences for a vulnerable child.

- Parent's/caregiver's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child's needs and capacity.
- Parent's/caregiver's expectations of the child far exceed the child's capacity thereby placing the child in situations that could result in severe consequences.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child's age).
- Parents'/caregivers' parenting skills are exceeded by a child's special needs and demands in ways that will result in severe consequences to the child.

- Parent's/caregiver's knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity.
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the children's needs that could result in severe consequences to the child.
- Parents/caregivers do not believe the children's disclosure of abuse/neglect even when there is a preponderance of evidence and this affects the children's safety.

9. Child has exceptional needs which the parents'/caregivers' cannot or will not meet.

"Exceptional" refers to specific child conditions (e.g., developmental disability, blindness, physical disability, special medical needs). This threat is present when parents/caregivers, by not addressing the child's exceptional needs, create an immediate concern for severe consequences to the child.
This does not refer to parents/caregivers who do not particularly well at meeting the child's special needs, but the consequences are relatively mild. Rather, this refers to specific capacities/skills/intentions in parenting that must occur and are required for the "exceptional child" not to suffer serious consequences.
This threat exists, for example, when the child has a physical or other exceptional need or condition that, if unattended, will result in imminent and severe consequences and one of the following applies:

- Parent/caregiver does not recognize the condition or exceptional need.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition which results in severe consequences for the child.
- Parent's/caregiver's expectations of the child are totally unrealistic in view of the child's condition.
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

10. Living arrangements seriously endanger the child's physical health.

This threat refers to conditions in the home which are immediately life-threatening or seriously endanger a child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

This threat is illustrated in the following examples.

- Housing is unsanitary, filthy, infested, a health hazard.
- The house's physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.
- The home has easily accessible open windows or balconies in upper stories.
- The family home is being used for methamphetamine production; products and materials used in the production of methamphetamine are being stored and are accessible within the home.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to the child that could result in severe consequences to the child.
- People who are under the influence of substances that can result in violent, sexual, or aggressive behavior are routinely in the home or have frequent access.

11. Child is profoundly fearful of the home situation or people within the home.

"The home situation" includes specific family members and/or other conditions in the living arrangement. "People in the home" refers to those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up.

The child's fear must be obvious, extreme and related to some perceived danger that the child feels or experiences. This threat can also be present a child who does not verbally express fear but their behavior and emotion clearly and vividly demonstrates fear.

This threat is illustrated in the following examples.

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal).
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.
- Child's fearful response escalates at the mention of home, specific people or specific circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.

Chavez Family

Identifying Impending Danger Threats

Chavez Initial Assessment: Family Functioning Categories

B. Family Conditions

1. Child(ren)'s Functioning

Describe the child(ren)'s general functioning and effects of any maltreatment.

Child Name	*Rating*
Jennae Chavez	

Description

Jennae is anxious and concerned for her mother. She is worried for her when she is passed out and she is not able to stir her. She stated that there are times that she wonders if her mother will ever wake up, and that it scares her. She states that she watches TV or plays in her room while her mother is sleeping; it does not appear at this time that her being scared is extreme, causing terror, or noticeably has changed her behavior. On numerous occasions, Jennae has left the house and went and slept over at a friend's house (next door neighbor) while her mom slept. She indicated that her mom "doesn't care" that she leaves the house. She informed her grandparents that she will sometime eat over at a friend's house if her mother does not feel good and does not cook. She stated that she loves her mother very much and that her mother loves her very much, but that things have changed between them since her Daddy died. Jennae is 8 years old; is within normal range developmentally. Discussions with her around how she would respond in the event of an emergency were not sufficient to prevent potential severe harm. She was able to say her phone number, but did not know the phone numbers to other family members, neighbors, or emergency personnel. Jennae is protective of her mother and it is questionable whether she would call for help for fear of getting her mother in trouble.

Safety Assessment

☐ Child is fearful of home situation.

2. Adult's Functioning

Describe each adult's general functioning, daily life management, mental health functioning and substance use. (Yo
include but not rate pertinent childhood history information.)

Parental Role Name	Rating
Laura Chavez	

Description

Laura's feeling of depression is pervasive, daily and appears to be significantly impacting her life skills. She was prescribed Paxil from her Physician; however, was never diagnosed or monitored by any mental health professionals. She reports being frequently feel lonely and sad, having disruptive sleep patterns. She reports being frequently irritable and fatigued. Laura reports that she is not currently feeling suicidal. Laura presented as coherent and verbal during interviews. She stated that she wants her life/world to be more fulfilling, but has difficulty believing it ever will be. She often worries and feels overwhelmed

by parenting, finances, and the loss of her relationship with James. Laura does not have any disabilities and with help, is capable of insight into Jennae's needs for care; she is physically able to act on behalf of Jennae, however, is not currently possessing adequate energy to take action. Laura previously worked as a waitress and for a cleaning service and managed an apartment complex. The grandparents indicate that she was let go from her apartment job for missing work and not performing her job responsibilities. She has not worked for the last 8 month and has not had consistent employment for the last 2 years. She has been receiving public assistance (TANF). While Laura was in the hospital, a mental health evaluation was conducted, and a diagnosis was confirmed- Depressive Personality Disorder. Her medication was switched from Paxil to Effexor (which will likely have a less interactive danger with alcohol). Laura has been compensating for her feelings of depression with the use of substances. Laura will usually drink by herself and may start early in the morning after Jennae will go to school. She acknowledges that the "escape" is temporary and she usually feels worse when she comes down from the high. The grandparents and the aunt report that she will call them at various times of the day and night and will leave incoherent messages, sometimes blaming them for her circumstances and not being supportive of her and Jennae. She will remain under mental health supervision and med management.

Safety Assessment

☐ One or both parents / caregivers are dangerously impulsive or they cannot/ will control behavior.
☐ One or both parents / caregivers are violent.

3. Disciplinary Approaches

Describe the disciplinary approaches generally used by the parent and the typical context within which they are used.

Parental Role Name	Rating
Laura Chavez	

Description

Disciplinary strategies are primarily time outs and verbal explanations. Laura describes feeling overwhelmed or frustrated with Jennae which causes her to overreact and yell at Jennae. An example of overreacting was if Jennae spilled milk that she would yell at her. No physical discipline was mentioned by anyone. At this time there appears to be very minimal boundaries, rules, or structure for Jennae.

4. Parenting Practices

Describe the parents' general parenting practices (nurturing, limit setting, protectiveness, provision of basic care, etc.).

Parental Role Name	Rating
Laura Chavez	

Description

There appears to be a strong attachment between Laura and Jennae, however, the relationship can often be characterized as one where the child is in the caregiver role, both emotionally and practically. When observing Laura and Jennae interact, they appear to have more of a peer relationship than that of a mother and daughter. The grandparents express concern that there may be frequent occasions when either Jennae does not get fed dinner or she eats snacks (i.e. potato chips). Laura stated that when Jennae comes home from school that "she takes care of me." She verbalizes love for Jennae but for a variety of reasons has difficulty nurturing, or showing her love and appreciation consistently. Several factors influence this: depression; use of alcohol; and immaturity. Christine expressed concern about the combination of Laura's alcohol and her limited parenting skills. Substance use and mental health issues have contributed to Laura's inaccurate perceptions of the needs of Jennae and her understanding of her protective role.

Safety Assessment

- ☐ Child has exceptional needs which parents / caregivers cannot / will not meet.
- ☐ No adult in the home will perform parental duties and responsibilities.
- ☐ One or both parents / caregivers fear they will maltreat child and / or request placement.
- ☐ One or both parents / caregivers lack knowledge, skill, motivation in parenting which affects the child's safety.
- ☐ Child is perceived in extremely negative terms by one or both of the parents/caregivers.
- ☐ One or both parents intend(ed) to seriously hurt the child.
- ☐ Parents / caregivers do not have resources to meet basic needs.

5. Family's Functioning

Describe the family's general functioning, strengths, and current stresses. Consider the family's cultural context.

The roles within the family are blurred and not defined. There is very little structure and the day to day interaction between Laura and Jennae is highly inconsistent. There is not the impression that there is a strong sense of "family" identity, which appears to have deteriorated significantly since the father died. The family has minimal resources to meet basic needs but there is no flexibility or cushion for month to month spending.

SAFETY ASSESSMENT

Name – Reference Person	Case Number
Chavez	
Name – Assessed Family	Date of Safety Assessment and Planning

I. Safety Threats

1.	☐ Yes ☐ No	No adult in the home will perform parental duties and responsibilities.	10.	☐ Yes ☐ No	Living arrangements seriously endanger the physical health of the child.
2.	☐ Yes ☐ No	One or both parents / caregivers are violent.	11.	☐ Yes ☐ No	Child is profoundly fearful of home situation or people within the home.
3.	☐ Yes ☐ No	One or both parents / caregivers is dangerously impulsive or cannot/ will not control their behavior.			
4.	☐ Yes ☐ No	Child is perceived in extremely negative terms by one or both of the parents / caregivers.			
5.	☐ Yes ☐ No	Parents / caregivers do not have or use resources necessary to assure the child's basic needs.			
6.	☐ Yes ☐ No	One or both parents / caregivers fear they will maltreat child and / or request placement.			
7.	☐ Yes ☐ No	One or both parents / caregivers intend(ed) to hurt child and do not show remorse.			
8.	☐ Yes ☐ No	One or both parents / caregivers lack knowledge, skill, or motivation in parenting which affects the child's safety.			
9.	☐ Yes ☐ No	Child has exceptional needs which parent / caregiver cannot / will not meet.			

II. Safety Assessment and Conclusion

☐ Yes ☐ No One or more factors that negatively affect safety are identified:

If the answer to the above question is "NO", then the child is safe. Proceed only with the required documentation of contacts, interview content or observations, and supervisory approval.

If the answer to the above question is "YES", then the child may be unsafe. Proceed with the Safety Assessment and Planning to consider the parent / caregiver protective capacities and the need to control for safety.

Initial Assessment Conclusion: Caregiver Protective Capacities and Can and Will Protect

Session 12

This session begins our consideration of what you must understand about a family in order to determine and properly control for child safety.

Session 12 Objectives

- To consider the concept of Caregiver Protective Capacities
- To examine what considerations are important to decide if a caregiver can and will protect their child.
- To provide an opportunity to practice applying the concepts with common case information

Caregiver Protective Capacities

Personal and parenting behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective of one's young.

Behavioral Protective Capacity

Specific action, activity, performance that is consistent with and results in parenting and protective vigilance.

Cognitive Protective Capacity

Specific intellect, knowledge, understanding and perception that results in parenting and protective vigilance.

Emotional Protective Capacity

Specific feelings, attitudes, identification with a child and motivation that results in parenting and protective vigilance.

PROTECTIVE CAPACITY REFERENCE

Enhancing Protective Capacities in the Case Plan: What Behavior Must Change

Protective Capacity

Personal and caregiving behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one's young. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection.

Criteria for Determining Protective Capacities

- ☐ The characteristic prepares the person to be protective.
- ☐ The characteristic enables or empowers the person to be protective.
- ☐ The characteristic is necessary or fundamental to being protective.
- ☐ The characteristic must exist prior to being protective.
- ☐ The characteristic can be related to acting or being able to act on behalf of a child.

Behavioral Protective Capacities

The caregiver has a history of protecting.	This refers to a person with many experiences and events in which he or she has demonstrated clear and reportable evidence of having been protective. Examples might include: • People who've raised children (now older) with no evidence of maltreatment or exposure to danger. • People who've protected his or her children in demonstrative ways by separating them from danger, seeking assistance from others, or similar clear evidence. • Caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.

The caregiver takes action.	This refers to a person who is action-oriented as a human being, not just a caregiver. • People who perform when necessary. • People who proceed with a course of action. • People who take necessary steps. • People who are expedient and timely in doing things. • People who discharge their duties.

The caregiver demonstrates impulse control.	This refers to a person who is deliberate and careful and who acts in managed and self-controlled ways. • People who do not act on their urges or desires. • People that do not behave as a result of outside stimulation. • People who avoid whimsical responses. • People who think before they act. • People who are planful.

The caregiver is physically able.	This refers to people who are sufficiently healthy, mobile and strong. • People who can chase down children. • People who can lift children. • People who are able to restrain children. • People with physical abilities to effectively deal with dangers like fires or physical threats.

The caregiver has/demonstrates adequate skill to fulfill caregiving responsibilities.	This refers to the possession and use of skills that are related to being protective. • People who can feed, care for, supervise children according to their basic needs. • People who can handle, manage, oversee as related to protectiveness. • People who can cook, clean, maintain, guide, shelter as related to protectiveness.

The caregiver possesses adequate energy.	This refers to the personal sustenance necessary to be ready and on the job of being protective. • People who are alert and focused. • People who can move, are on the move, ready to move, will move in a timely way. • People who are motivated and have the capacity to work and be active. • People express force and power in their action and activity. • People who are not lazy or lethargic. • People who are rested or able to overcome being tired.

The caregiver sets aside her/his needs in favor of a child.	This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own. • People who do for themselves after they've done for their children. • People who sacrifice for their children. • People who can wait to be satisfied. • People who seek ways to satisfy their children's needs as the priority.

The caregiver is adaptive as a caregiver.	This refers to people who adjust and make the best of whatever caregiving situation occurs. • People who are flexible and adjustable. • People who accept things and can move with them. • People who are creative about caregiving. • People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting.

The caregiver is assertive as a caregiver.	This refers to being positive and persistent. • People who are firm and convicted. • People who are self-confident and self-assured. • People who are secure with themselves and their ways. • People who are poised and certain of themselves. • People who are forceful and forward.

The caregiver uses resources necessary to meet the child=s basic needs.	This refers to knowing what is needed, getting it and using it to keep a child safe. • People who get people to help them and their children. • People who use community public and private organizations. • People who will call on police or access the courts to help them. • People who use basic services such as food and shelter.

The caregiver supports the child.	This refers to actual, observable sustaining, encouraging and maintaining a child's psychological, physical and social well-being. • People who spend considerable time with a child filled with positive regard. • People who take action to assure that children are encouraged and reassured. • People who take an obvious stand on behalf of a child.

Cognitive Protective Capacities

The caregiver plans and articulates a plan to protect the child.	This refers to the thinking ability that is evidenced in a reasonable, well-thought-out plan. • People who are realistic in their idea and arrangements about what is needed to protect a child. • People whose thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child. • People who are aware and show a conscious, focused process for thinking that results in an acceptable plan. • People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.

The caregiver is aligned with the child.	This refers to a mental state or an identity with a child. • People who strongly think of themselves as closely related to or associated with a child. • People who think that they are highly connected to a child and therefore responsible for a child's well-being and safety. • People who consider their relationship with a child as the highest priority.

The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.	This refers to information and personal knowledge that is specific to caregiving that is associated with protection. • People who know enough about child development to keep kids safe. • People who have information related to what is needed to keep a child safe. • People who know how to provide basic care which assures that children are safe.

The caregiver is reality oriented; perceives reality accurately.	This refers to mental awareness and accuracy about one's surroundings; correct perceptions of what is happening; and the viability and appropriateness of responses to what is real and factual. • People who describe life circumstances accurately. • People who recognize threatening situations and people. • People who do not deny reality or operate in unrealistic ways. • People who are alert to danger within persons and the environment. • People who are able to distinguish threats to child safety.

The caregiver has accurate perceptions of the child.	This refers to seeing and understanding a child's capabilities, needs and limitations correctly. • People who know what children of certain age or with particular characteristics are capable of. • People who respect uniqueness in others. • People who see a child exactly as the child is and as others see the child. • People who recognize the child's needs, strengths and limitations. People who can explain what a child requires, generally, for protection and why. • People who see and value the capabilities of a child and are sensitive to difficulties a child experiences. • People who appreciate uniqueness and difference. • People who are accepting and understanding.

The caregiver understands his/her protective role.	This refers to awareness…knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child. • People who possess an internal sense and appreciation for their protective role. • People who can explain what the "protective role" means and involves and why it is so important. • People who recognize the accountability and stakes associated with the role. • People who value and believe it is his/her primary responsibility to protect the child.

The caregiver is self-aware as a caregiver.	This refers to sensitivity to one's thinking and actions and their effects on others—on a child. • People who understand the cause – effect relationship between their own actions and results for their children • People who are open to who they are, to what they do, and to the effects of what they do. • People who think about themselves and judge the quality of their thoughts, emotions and behavior. • People who see that the part of them that is a caregiver is unique and requires different things from them.

Emotional Protective Capacities

The caregiver is able to meet own emotional needs.	This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children. • People who use personal and social means for feeling well and happy that are acceptable, sensible and practical. • People who employ mature, adult-like ways of satisfying their feelings and emotional needs. • People who understand and accept that their feelings and gratification of those feelings are separate from their child.

The caregiver is emotionally able to intervene to protect the child.	This refers to mental health, emotional energy and emotional stability. • People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately. • People who are not consumed with their own feelings and anxieties. • People who are mentally alert, in touch with reality. • People who are motivated as a caregiver and with respect to protectiveness.

The caregiver is resilient as a caregiver.	This refers to responsiveness and being able and ready to act promptly. • People who recover quickly from setbacks or being upset. • People who spring into action. • People who can withstand. • People who are effective at coping as a caregiver.

The caregiver is tolerant as a caregiver.	This refers to acceptance, allowing and understanding, and respect. • People who can let things pass. • People who have a big picture attitude, who don't over react to mistakes and accidents. • People who value how others feel and what they think.

The caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.	This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure. • People who show compassion through sheltering and soothing a child • People who calm, pacify and appease a child. • People who physically take action or provide physical responses that reassure a child, that generate security.

The caregiver and child have a strong bond, and the caregiver is clear that the number one priority is the well-being of the child.	This refers to a strong attachment that places a child's interest above all else. • People who act on behalf of a child because of the closeness and identity the person feels for the child. • People who order their lives according to what is best for their children because of the special connection and attachment that exits between them. • People whose closeness with a child exceeds other relationships. • People who are properly attached to a child.

The caregiver expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.	This refers to active affection, compassion, warmth and sympathy. • People who fully relate to, can explain, and feel what a child feels, thinks and goes through. • People who relate to a child with expressed positive regard and feeling and physical touching. • People who are understanding of children and their life situation.

Exercise

Identify the Protective Capacities Evident in the DVD.

Behavioral Protective Capacities

The parent has history of protecting.	Yes___ No___ Unk___
The parent takes action.	Yes___ No___ Unk___
The parent demonstrates impulse control.	Yes___ No___ Unk___
The parent is physically able.	Yes___ No___ Unk___
The parent has/demonstrates adequate skill to fulfill parenting responsibilities.	Yes___ No___ Unk___
The parent is cooperating with the CPS/caseworker=s efforts to assess/intervene.	Yes___ No___ Unk___
The parent possesses adequate energy.	Yes___ No___ Unk___
The parent sets aside her/his needs in favor of a child.	Yes___ No___ Unk___
The parent is adaptive.	Yes___ No___ Unk___
The parent is assertive.	Yes___ No___ Unk___
The parent uses resources necessary to meet the child=s basic needs.	Yes___ No___ Unk___

Cognitive Protective Capacities

The parent can plan and articulate a plan to protect the child.	Yes___ No___ Unk___
The parent believes the child=s report of maltreatment and is supportive of the child.	Yes___ No___ Unk___
The parent is intellectually able to intervene to protect the child.	Yes___ No___ Unk___
The parent is capable of understanding the specific threat to the child and the need to protect.	Yes___ No___ Unk___
The parent has adequate knowledge to fulfill parenting responsibilities and tasks.	Yes___ No___ Unk___
The parent is reality oriented; perceives reality accurately.	Yes___ No___ Unk___
The parent has accurate perceptions of the child.	Yes___ No___ Unk___
The parent recognizes the child=s needs, strengths and limitations.	Yes___ No___ Unk___
The parent possesses the ability to process and interpret stimuli.	Yes___ No___ Unk___

The parent understands his/her protective role.	Yes___ No___ Unk___
The parent is alert to danger within persons and the environment.	Yes___ No___ Unk___
The parent is able to distinguish threats to child safety.	Yes___ No___ Unk___
The parent does not place responsibility on the child for the problems of the family.	Yes___ No___ Unk___
The parent is self-aware.	Yes___ No___ Unk___
The parent is open.	Yes___ No___ Unk___
The parent values and believes it is his/her primary responsibility to protect the child.	Yes___ No___ Unk___

Emotional Protective Capacities

The parent is able to meet own emotional needs.	Yes___ No___ Unk___
The parent is emotionally able to intervene to protect the child	Yes___ No___ Unk___
The parent is resilient.	Yes___ No___ Unk___
The parent is appropriately concerned and tolerant.	Yes___ No___ Unk___
The parent displays concern for the child and the child=s experience and is intent on emotionally protecting the child	Yes___ No___ Unk___
The parent and child have a strong bond, and the parent is clear that the number one priority is the well-being of the child.	Yes___ No___ Unk___
The parent is properly attached to the child.	Yes___ No___ Unk___
The parent expresses love, empathy and sensitivity.	Yes___ No___ Unk___
The parent experiences specific empathy with the child=s perspective and feelings.	Yes___ No___ Unk___
The parent is highly motivated as a parent and with respect to protectiveness.	Yes___ No___ Unk___
The parent is effective at coping.	Yes___ No___ Unk___

The Concept of Safety Management: Safety Intervention Analysis and Safety Planning

Session 13

This session introduces the concept of safety management and then considers safety intervention analysis and safety planning as specific responsibilities.

Session 13 Objectives

- Purpose, responsibility and practicality of CPS in safety management
- A least intrusive approach to safety management
- Analyzing threats
- Safety plan sufficiency
- Worker-caregiver interaction in safety planning
- The concept of the protective caregiver
- Evaluating the potential for in-home safety intervention
- Selecting actions for in-home safety plans
- Controlling Impending danger
- Practical application

Plans That Form CPS Intervention

- Protective Plan
- Safety Plan
- Case Plan

Protective Plan vs. Safety Plan

Protective Plan	***Safety Plan***
When – First contact	When – Conclusion of Initial Assessment
Why - Control	Why - Control
What – Present Danger	What – Impending Danger
Purpose – Complete Initial Assessment	Purpose – Allow treatment to occur
Length- Short term	Length- Longer term

Safety Plan vs. Case Plan

Safety Plan

- Purpose - manage
- Provider - informal/formal
- Effect - immediate
- Orientation - observation and activities
- CPS responsibility- oversight

Case Plan

- Purpose - change
- Provider - formal
- Effect - longer term
- Orientation - goals and process
- CPS responsibility - facilitation

Creating a Strategy for Maintaining Child Care: The Scenario

It has been determined by your doctor that due to the severity of a recent medical condition it is going to be perhaps several months until you are feeling up to par. Due to this illness, you are generally unable to consistently attend to primary and essential parenting responsibilities on your own (i.e., feeding, bathing, dressing, supervision, structure, etc.).

What Is a Safety Plan?

- A written arrangement between caregivers and the agency that establishes how impending danger threats to child safety will be managed
- Must be implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected

What Are the Criteria for a Safety Plan?

- Must control or manage Impending danger.
- Must have an immediate effect.
- Must be immediately accessible and available.
- Must contain *safety services and actions* only.
- No promissory commitments.

What Is the Scope of Safety Plans?

- Use of in-home, out-of-home, combination actions.
- Clarification of the role of parents (caregivers) in the plan.
- Protective role of others.
- Specification of the safety services from a limited to extensive perspective.
- Use and responsibility of the family network and professionals.
- Parent (caregiver) access to child.
- Identification and rationale for different kinds of separation.
- Anticipated time limits that govern separation.

Responsibility for Safety Management

Once threats to child safety are identified, the responsibility for assuring safety management rests with CPS!

When Is a Safety Plan Sufficient?

A safety plan is sufficient when it is a well thought-out approach containing the most suitable people taking the necessary action frequently enough to control safety threats and/or substitute for diminished caregiver protective capacities.

Purpose for Safety Intervention Analysis

Analyze the relationship between specific pieces of information for determining the degree of intrusiveness and the level of effort necessary for assuring that a CPS safety plan will be reasonably effective in protecting a child.

Safety Intervention Analysis

A Handout

How Do I Judge if a Safety Plan Is Sufficient?

Safety Intervention Analysis:
Determining Level of Sufficiency

The purpose of this analysis is to analyze impending danger threats, family functioning and family and community resources in order to produce a sufficient safety plan. This analysis depends on having collected sufficient pertinent, relevant information. This analysis occurs as a result of a mental and interpersonal process between a family, a worker, a supervisor, family supports and resources. The intention is to arrive at a decision regarding the most appropriate and least restrictive means for controlling and managing identified safety factors and therefore assuring child safety.

There are several essential analysis questions that must be analyzed in order for CPS to have heightened confidence in the sufficiency of the safety plan. The safety intervention analysis questions are as follows:

First Analysis Question:

How do the impending danger threats play out in this family?

1. How long have conditions in the family posed a safety threat?
2. How frequent or often does the family condition pose a safety threat?
3. How predictable is the impending danger threat? Are there occasions when it is likely to be active?

4. Are there specific times during the day, evening, night, etc. that might require control of the impending danger threat?
5. Do impending danger threats prevent the caregiver from adequately functioning in primary adult roles?

- ❑ It must be clear how safety factors are manifested and operating in the family before a determination can be made regarding the type of safety plan required (i.e., in-home safety plan, out-of-home safety plan or a combination of both).

If indications are that safety factors are constantly and totally incapacitating with respect to caregiver functioning, then an out-of-home safety plan is suggested.

Second Analysis Question:

Can the family manage and control the impending danger threats without direct assistance from CPS?

1. Is there a non maltreating/ non-threatening caregiver in the home that has sufficient protective capacities to protect and demonstrates a willingness to do so?
    - ❑ Has demonstrated ability to protect in the past?
    - ❑ Has a specific plan for protection?
    - ❑ Physically and emotionally able to intervene and protect?
    - ❑ Clearly understands specific threats to safety?
    - ❑ Properly attached?
    - ❑ Empathetic and believes the child?
    - ❑ Cooperating and properly aligned with CPS?

2. Can the maltreating/threatening caregiver leave the home and remain absent?
    - ❑ Who initiated the idea?
    - ❑ How reasonable or practical is the option?
    - ❑ Can the remaining caregiver meet the needs of the family alone?

- ❑ If it is determined that the non-maltreating caregiver can and will protect the child without the need of CPS safety intervention, then your safety planning analysis is concluded at this point. The child can be considered safe even in the presence of safety factors. There is no need for a safety plan.

- ❑ This is a extremely important judgment in safety decision making. Absolute certainty is necessary that a caregiver is able, willing, motivated, resolute about doing whatever is necessary to protect. It is crucial that the judgment is fully justified and supported by verifiable facts about the caregiver as evidenced through history, current behavior, expressed intent, demonstrated capacity and assertive willfulness.

Third Analysis Question:

Is an in-home CPS managed safety plan an appropriate response for this family?

1. Are caregivers(s) willing to accept and cooperate with an in-home safety plan response?

2. Is the home environment calm and consistent enough at a <u>minimal level</u> so as to assure that a sufficient CPS managed safety response can be provided in the home?

3. Can in-home safety intervention be put into place without the results of any scheduled professional evaluations (mental health, substances)?

4. Are caregivers residing in the home?

- ❑ **If the answer to any of the questions listed above is NO:** Proceed with an out-of-home safety plan.

- ❑ **If the answer to all of the questions above is YES:** Proceed to the next safety intervention analysis question.

Fourth Analysis Question:

What would we need to put in place in the home to control impending danger threats?

1. Considering how impending danger threats are manifested, what specific safety responses/ services are necessary (an effective match) for controlling threats?

1. How are the selected in-home safety actions intended to control the identified safety concerns? How are safety responses/services going to work?

2. What's the level of effort needed from safety service providers to adequately control and manage safety factors?

    a. How much of a response seems reasonable in order to assure child safety?

b. How often during the week will the family require assistance and supervision in order to assure child safety?
c. How long and in what intervals seem necessary?
d. Are there special periods of time that require specific attention?

4. Who can and will assure effective implementation of the in-home safety plan?

a. What natural supports and/or community resources has the family identified as being able to potentially assist in the safety response?
b. What community/service oriented resources are known to the agency that could potentially be used as an in-home safety response?

5. Are potential providers suitable to participate in the in-home safety plan?

a. Protective Capacities
b. Trustworthy
c. Committed
d. Properly aligned with CPS
e. Supportive and encouraging
f. Flexible access
g. Promptly available

6. Are necessary safety planning resources available and accessible to the family at the level of effort, frequency and amount required to assure child protection? If not, proceed with an out-of-home safety plan.

Definition of In-home Safety Actions

Taking CONTROL of an Out-of-Control Family Condition

Active and intentional efforts made by CPS, the family, informal and formal resources that will assume the responsibility for assuring that a child's basic needs and safety needs are met.

Safety Control Responses

These responses are frequently used in CPS in-home safety plans to control the Impending Danger Threats. This list is intended to stimulate your thinking, but do not allow it to limit your creativity**.**

Separation

Separation involves arranging for any member or members of the family to be out of the home for a period of time. It may involve any period of time from an hour to a weekend to several days in a row. It may involve a parent leaving the home if the child is left with a parent or caregiver with sufficient capacity to provide adequate care. What the family member does and where he or she goes is really secondary to the goal of giving the caregiver and child time away from each other.

Separation may be an appropriate safety response in a range of family conditions. In a family where the accumulation of caregiving responsibilities or build up of tension or other negative emotions pose a threat to safety, separation can interrupt this cycle. Separation may be imposed during times or circumstances that are particularly volatile. Some circumstances require provisions for flexible respite care when the parent feels the need for it. This response may provide a needed break for the child, as well as the parent. Because it usually involves a provider, it introduces an element of supervision of the family, as well. Separation may be used in combination with other safety responses at times that providers are not available. It may be used until another preferred safety response becomes available.

Separation may involve informal or formal providers. The child may stay with a friend, neighbor or relative for part of a day or a weekend. These informal connections are a preferred option for separation as they are generally less stressful for the child. The child may spend time in day care, after school care or recreational activities. Foster care providers may be used for short-term respite. The parent may leave the home for a break or during a critical time of day or circumstance. Where the parent goes and what s/he does is not that significant as long as the plan can be formalized and monitored.

Concrete Resources

Concrete resources are an appropriate safety response when a shortage of family resources or resource utilization threatens child safety. Concrete resources may involve provision of food, clothing or housing. It may include day care while a parent works. Sometimes a family may require transportation related to child safety, such as transportation to necessary medical care. A concrete service may repair the home so that it is safe. Financial supports are also concrete resources.

Concrete resources may be provided by informal providers, community based organizations, faith communities or governmental services.

Crisis Management

A crisis is a situation that involves disorganization and emotional upheaval and results in an inability to adequately function and problem solve. The purpose of crisis management is resolution of the crisis and immediate problem solving in order to control the threat to safety.

Crisis management may be required due to a parent's general personality, life circumstances or underlying conditions that result in periods of immobilization and/or high emotion. The family may be living in circumstances that are volatile and safety planning may, therefore, include a contingency plan in case of crisis. A crisis management response must be available immediately in the time of crisis and must, therefore, have flexible availability. This is not a response that can be scheduled in advance on a set schedule.

Crisis management may utilize informal or formal providers. Some families have connections with friends or relatives who have been able to help them resolve crises in the past. These people can be built into the Safety Plan as long as they have flexible availability. A community may have a mobile response team that can provide crisis management. Crisis phone lines have good availability and may be part of crisis management. Frequently, in-home teams that are providers for other safety responses make provisions for response in times of crisis.

Social Connection and Emotional Support

Social connection and emotional support is an appropriate safety response for a parent whose isolation and unmet emotional needs result in threats to child safety. This is only an appropriate safety response if the planned connection and support has an immediate impact on the parent's behavior toward the child. For example, a young, inexperienced mother can respond to her infant's needs for care when someone is there several times a week to tend her emotional needs, discuss how she is doing and provide praise and support for her efforts with the baby. In the absence of this, the mother is distracted by her own emotional state and withdraws from the care of the child. This response may also be appropriate for parents who are overwhelmed with parenting responsibilities or developmentally disabled. The ability to anticipate scheduled social connection and emotional support often helps parents avoid feeling alone and overwhelmed between scheduled meetings. As a secondary benefit, social connection and emotional support responses may provide some degree of monitoring of what is happening in the home. This is not the primary function, however.

Social connection and emotional support may involve informal or formal providers. Providers may include, but are not limited to: friends, neighbors, relatives, volunteers, agency paraprofessionals, home-based teams, support groups, or the CPS worker.

Supervision and Monitoring

Supervision and monitoring involves someone in the home overseeing family activity or conditions. This should not be confused with the CPS worker's responsibility to supervise the in-home plan as part of the safety management responsibilities. Supervision and monitoring may be an appropriate response during times in which the threat to safety is likely to manifest. Supervision is only an appropriate response if the presence of the provider will diffuse the situation or the provider can take action to thwart any threat to safety. Supervision and monitoring may also be an appropriate response to keep track of what is happening in the family and monitor the emotional climate. For example, this may be an effective response for a family with a high degree of tension between a parent and child. The provider may come in several times per week and assess the tension level, discuss what has happened in the family since the last meeting and discuss any circumstances likely to occur before the next meeting. This is only an appropriate response if such discussions have an immediate impact on the parent's functioning that is sustained until the next meeting. The provider must have a clear understanding of how to respond if s/he finds the level of tension is too high to respond to periodic supervision or the family needs some kind of emergency response during the time the provider is in the home.

Supervision and monitoring may involve informal or formal providers. Informal providers, such as friends, neighbors or relatives, may be especially effective for providing supervision during critical times of day or family events (such as putting the child to bed). Formal providers may include, but are not limited to: in-home teams, agency paraprofessionals and the CPS worker.

Basic Parenting and Home Management

Basic parenting and home management usually involves compensating for the parent's inability to perform basic parenting and other life skills that affect child safety. Basic parenting includes functions like feeding, bathing and supervision. While the provider may seek to involve the parent in these functions and do some teaching, the response is only appropriate on a Safety Plan if the goal is control, not changing the parent's behavior. The provider is responsible for seeing the functions are performed. Basic home management involves functions like maintaining a safe home and managing money. The provider assumes responsibility for these functions are so that the child is safe.

Basic parenting and home management may involve informal or formal providers. Providers may include, but are not limited to: friends, neighbors, relatives, volunteers, service organizations, agency paraprofessionals, protective payees, in-home teams and the CPS worker.

Medical and Mental Health Intervention

Medical and mental health intervention includes medical or mental health services that are intended to control a threat to child safety, not change a medical or mental health condition. This may include provision of medical care in the home like monitoring health conditions, such as blood sugar level, that may affect safety or providing specialized care, such as maintenance of a feeding tube or breathing support. This response may include supervision of medication that controls threats to safety such as medication to control mental illness or substance use. Medical or mental health assessments are never a safety control response because they are intended to provide information, not control behavior.

Medical and mental health intervention may include informal providers such as friends, neighbors or relatives. Though many of these functions require special skills, an informal provider may monitor medication compliance or be trained to perform special medical services such as maintaining a feeding tube. Formal providers include, but are not limited to: home health services, public health staff, mental health personnel, substance abuse personnel, nurses and physicians

Developed by WCWPDS
Safety in CPS Training Reference Guides (Revised: April, 2013)

Safety Control Responses and eWiSACWIS Safety Service/Action Types

Separation

- Child-Oriented Activity
- Daycare
- Hospitalization
- Respite Care

Concrete Resources

- Chore Services
- Daycare
- Financial Services
- Food/Clothing Service
- Housing Services
- Transportation Services

Crisis Management

- Individual or Family Crisis Counseling

Social Connection and Emotional Support

- Social/Emotional Support

Supervision and Monitoring

- Supervision/Observation

Basic Parenting and Home Management

- Basic Home Management/Life Skills
- Basic Parenting Assistance
- Chore Services
- Unique Child Condition Service

Medical Intervention

- Hospitalization
- In-Home Health Care
- Emergency Alcohol or Drug Abuse Services
- Emergency Medical Care

Laura Chavez

Exercise

CHAVEZ SAFETY ASSESSMENT

Name – Reference Person Chavez	Case Number
Name – Assessed Family	Date of Safety Assessment and Planning

I. Safety Threats

1.	☒ Yes ☐ No	No adult in the home will perform parental duties and responsibilities.	10.	☐ Yes ☒ No	Living arrangements seriously endanger the physical health of the child.
2.	☐ Yes ☒ No	One or both parents / caregivers are violent.	11.	☐ Yes ☒ No	Child is profoundly fearful of home situation or people within the home.
3.	☒ Yes ☐ No	One or both parents / caregivers behavior is dangerously impulsive or they will not/cannot control their behavior.			
4.	☐ Yes ☒ No	One or both parents/caregivers have extremely negative perceptions of the child.			
5.	☐ Yes ☒ No	Family does not have or use resources necessary to assure the child's basic needs.			
6.	☐ Yes ☒ No	One or both parents / caregivers fear they will maltreat child and / or request placement.			
7.	☐ Yes ☒ No	One or both parents / caregivers intend(ed) to seriously hurt the child.			
8.	☐ Yes ☒ No	One or both parents / caregivers lack knowledge, skill, and/or motivation necessary to assure the child's basic needs are met.			
9.	☐ Yes ☒ No	Child has exceptional needs which parent / caregiver cannot / will not meet.			

II. Safety Assessment and Conclusion

☒ Yes ☐ No One or more factors that negatively affect safety are identified:

If the answer to the above question is "NO", then the child is safe. Proceed only with the required documentation of contacts, interview content or observations, and supervisory approval.

If the answer to the above question is "YES", then the child may be unsafe. Proceed with the Safety Assessment and Planning to consider the parent / caregiver protective capacities and the need to control for safety.

SAFETY ANALYSIS AND PLAN

Case Name	Case Number
Date of Safety Assessment and Plan	Worker Name

CHILD INFORMATION

Child Name	Date of Birth

PARENT INFORMATION

Parental Role Name	Date of Birth

A. Safety Factor Description

Specifically describe the family conditions that support the safety factors identified. If any evaluations such as psychological, medical or AODA evaluations are needed to understand the conditions that affect safety, describe those here.

B. Parent / Caregiver Protective Capacity

Can and will the non-maltreating parent or another adult in the home protect the child(ren)?

☐ Yes ☐ No ☐ N/A

If you answered "Yes", describe how the parent's / caregiver's protective capacities can and will manage the identified safety threats. This justification demonstrates that the child is safe and no further safety intervention is needed. If you answer "No", continue with analysis and plan.

C. Analysis

1. An In Home Safety Plan is necessary to ensure safety of the child(ren) and control threats which would otherwise result in imminent risk of placement.

   ☐ Yes ☐ No

2. Can in-home services work for this family?

Yes	**No**	
☐	☐	The parents are willing for services to be provided and will cooperate with service providers.
☐	☐	The home environment is calm enough for services to be provided and for the service providers to be in the home safely.

☐ ☐ Safety services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations.

☐ ☐ Parents / caretakers are residing in the home.

3. Safety Services
The Identified Safety Threat and the associated Safety Service / Action Type, Safety Service Provider and the specific explanation of the safety service / action and how it will control the threat identified are listed below:

Identified Safety Threat	
Safety Service / Action Type	Safety Service Provider
Specifically explain the safety service / action and how it will control the threat identified	

Identified Safety Threat	
Safety Service / Action Type	Safety Service Provider
Specifically explain the safety service / action and how it will control the threat identified	

Identified Safety Threat	
Safety Service / Action Type	Safety Service Provider
Specifically explain the safety service / action and how it will control the threat identified	

Identified Safety Threat	
Safety Service / Action Type	Safety Service Provider
Specifically explain the safety service / action and how it will control the threat identified	

Identified Safety Threat	
Safety Service / Action Type	Safety Service Provider
Specifically explain the safety service / action and how it will control the threat identified	

4. Can available resources keep the child(ren) safe in his / her home?

Yes	No	
☐	☐	All needed services / activities exist.
☐	☐	All needed services / activities / providers are currently available at the level / tir required.

D. Comments (Including Trial Reunification plan, if applicable, and any other pertinent information)

E. Signatures

SIGNATURE –Family Member	Date Signed
SIGNATURE –Family Member	Date Signed
SIGNATURE –Family Member	Date Signed
Name – Worker	
SIGNATURE - Worker	Date Signed
Name - Supervisor	
SIGNATURE - Supervisor	Date Signed

Thank You for Your Kind Participation

Check out our monthly article on safety intervention.
www.actionchildprotection.org