

Key Concepts

Caregiver Protective Capacities: behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's ability to care for and keep a child safe. Document how the protective capacities are confirmed or diminished by the care provider. These are the characteristic that prepare the person to be protective; the characteristics that enables or empowers the person to be protective, characteristics that can be related to acting or being able to act on behalf of the child; and the characteristic that must exist prior to the Department's involvement.

Conditions for Return: refers official written statements that must exist or be different with respect to specific family circumstances, home environment, caregiver perception, behavior, capacity and/or safety service resources that would allow for reunification to occur with the use of an in-home safety plan.

Immediate Danger: refers to safety threats that are actively occurring or in process of occurring and will likely result in actual or substantial risk of physical or psychological harm to a child and requiring protective action.

Imminent: refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.

Impending Danger: refers to a child in a continuous state of danger due to parent/caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of actual or substantial risk of harm to a child.

In-home Safety Plan: refers to safety management so that safety services, actions and responses assure a child can be kept safe in his own home. In home safety plans include activities and services that may occur within the home or outside the home but contribute to the child remaining home. People participating in in-home safety plans may be responsible for what they do i n s i d e or outside the child's home. An in-home safety plan primarily involves the home setting and the child's location within the home as central to the safety plan, however, in-home safety plans can also include periods of separation of the child from the home and may even contain an out of home placement option such as on weekends.

Observable: refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. "Observable" does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

Out-of-Control: refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.

Out-of-Home Safety Plan: Refers to safety management that primarily depends on separation of a child from his home, separation from the impending danger and separation from caregivers who lack sufficient protective capacities to assure the child will be protected. Out of home safety plans can include safety services and actions in addition to separation or out of home placement. Out of home safety plans always should contain a caregiver-child visitation plan based on the unique circumstances of each case. Out of home safety plans can contain some in home safety management dimension to them. Out of home safety plans can include safety service providers and others concerned with safety management besides the out of home care providers. All kin or foster placements are out of home safety plans.

Protection Plan: refers to an immediate – same day, short term and sufficient protective action from identified safety threats in order to allow completion of the initial assessment (i.e., investigation or family functioning assessment.) A Protection Plan usually occurs during the initial contact with a family. A Protection Plan occurring the same day that safety threats are encountered provides a child with responsible adult supervision and care and compensates for both actual harm and substantial risk of harm to a child. Typically a Protection Plan includes a straight forward, immediately achievable protective action such as relying on a non-maltreating caregiver to protect the child; arranging and confirming that the maltreating caregiver will leave and remain away from the home; arranging for the non-maltreating caregiver to leave home with the child; using people and resources available to the family to immediately protect the child; and placing the child in kin care, foster care or appropriate temporary shelter facilities.

Reunification: refers to a safety decision to modify an out of home safety plan to an in home safety plan based on an analysis that a) impending danger threats have been eliminated or reduced; b) caregiver protective capacities have been sufficiently enhanced; c) caregivers are willing and able to accept an in home safety plan; and d) conditions for return have been met.

Risk Indicators of Maltreatment: While there is no specific profile for an adult that makes him/her likely to maltreat, there are contributing risk factors that may include but are not limited to: Physical or Mental Health, Substance Use, Developmental Ability, Hazardous Living Environment, Grief and Loss, Traumatic Experience/Response, Financial and Residential Stability, Family Conflict, Domestic Violence within the home or community (witness to or victim of), Engagement in High Risk Behaviors or Criminal Activity.

Safe Home: refers to the required safety intervention outcome that must be achieved in

order for a case that involves an unsafe child to be successfully closed. A safe home is a qualified environment and living circumstance that once established can be judged to assure a child's safety and provide a permanent living arrangement. A safe home is qualified by the absence or reduction of actual, or substantial risk of physical or psychological harm to a child(ren); the presence of sufficient parent or caregiver protective capacities; perceived and felt security by a child; and confidence in consistency and endurance of the conditions that produced the safe home. The term "safe home" is used in the Adoption and Safe Families Act (ASFA) as the objective of CPS intervention.

Safety: refers to the absence of immediate or impending danger to a child or sufficient caregiver protective capacities to assure that a child is protected from danger.

Safety Assessment: refers to a focused evaluation that determines and records the existence of immediate and impending danger. A safety assessment is conducted as part of the initial CPS intervention and continues throughout the life of the case. A safety assessment applies criteria comprised of a set number of standardized threats. Safety intervention information collected during the initial assessment and added to during continuing involvement with a family provides the content for safety assessment.

Safety Intervention: refers to all the actions and decisions required throughout the life of the case to a) assure that an unsafe child is protected; b) expend sufficient efforts necessary to support and facilitate a child's caregivers taking responsibility for the child's protection; and c) achieve the establishment of a safe, permanent home for the unsafe child. Safety intervention consists of identifying and assessing threats to child safety; planning and establishing safety plans that assure child safety; managing safety plans that assure child safety; and creating and implementing remedial case plans that enhance the capacity of caregivers to provide protection for their children.

Safety Intervention Information Standard: refers to relevant knowledge and facts necessary to assess, analyze, create continuing safety plans and manage threats to child safety. Relevant knowledge and facts are obtained through the collection of information associated with the assessment areas outlined within the Family Functioning Assessment:

- What surrounding circumstances accompany the maltreatment? What is the extent of maltreatment?
- How the family's CPS history is relevant to current circumstances
- How child vulnerability relates to safety and how the child functions on a daily basis
- What maltreatment indicators as related to substantial risk of harm are prevalent within the home?
- How a caregivers protective capacities lend to their ability to care for, and keep a child safe
- What are the overall, typical pervasive parenting practices used by the parent?
- How does the caregiver function in respect to daily life management and general adaptation including risk indicators of maltreatment?

Safety Intervention System: refers to a unified whole comprised of case practice and decision making components or parts. The case practice and decision making parts are related to each other and are progressively connected to achieve two purposes: To protect children in immediate and impending danger and to restore caregivers to their protective role and responsibility.

Safety Intervention System Framework: refers to the agency and program structure essential to producing and maintaining a quality safety intervention system and effective safety intervention. The framework is formed by seven agency operations: policy; procedure; staff development; information system; supervision; program management; and continuous quality improvement.

Safety Plan: refers to a written arrangement between caregivers and CPS that establishes how impending danger threats will be managed. The safety plan is implemented and active as long as impending danger threats exist and caregiver protective capacities are insufficient to assure a child is protected. The safety plan specifies what impending danger exist, how impending danger will be managed using what safety services; who will participate in those safety services; under what circumstances and agreements and in accordance with specification of time requirements, availability, accessibility and suitability of those involved. The safety plan is designed along a continuum of least to most intrusive intervention: in home safety options; a combination of in home and out of home safety options; and out of home safety options.

Safety Services: refers to actions; things provided, supervision identified as part of a safety plan occurring specifically for controlling or managing impending danger threats. Safety services are required to sufficiently address the identified impending danger threat to child safety. Safety services must control the impending danger threats immediately upon being put in place: safety services must have an immediate effect whenever they are delivered; safety services must do immediately what they are intended to do. Safety services are categorized according to the objective they seek to address within a continuing safety plan: behavior management; crisis management; social connection; and resource support;

Safety Service Providers: refers to anyone who participates as one responsible for safety management within a safety plan. Safety service providers can be professionals, para-professionals, lay persons, volunteers, foster parents, neighbors or relatives.

Safety Threshold: refers to the point at which a negative condition goes beyond being concerning and becomes dangerous to a child's safety. Negative family conditions that rise to the level of the safety threshold and become safety threats, are in essence negative circumstances and/or caregiver behaviors, emotions, etc. that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity.

Severity: refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family behavior, condition or situation that is out of control. As far as danger is concerned, the safety threshold is consistent with substantial risk of harm or actual child abuse or neglect. Substantial risk of harm or actual harm includes such effects as defined in Montana law. The safety threshold is in line with family conditions that reasonably could result in substantial risk of harm or actual harm to a vulnerable child. If the risk is not substantial, it does not cross the threshold.

Threat to Child Safety: refers to specific conditions, behavior, emotion, perceptions, attitudes, intent, actions or situations within a family that represent the potential for actual, or substantial risk of physical or psychological harm to a child(ren). A threat to child safety may be classified as immediate and/or impending danger.

Unsafe: refers to the presence of immediate or impending danger to a child and insufficient caregiver protective capacities to assure that a child is protected.

Vulnerable Child: refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition includes all children who, for whatever reason, are not able to protect themselves or seek help from protective others.

IMMEDIATE DANGER THREATS
Applied at First Contact & Throughout the FFA

Safety Threshold Criteria

Immediate Danger refers to safety threats that are actively occurring or in process of occurring and will likely result in actual or substantial risk of physical or psychological harm to a child and requiring protective action.

- **Immediate** (imminence) refers to the belief that family behaviors, conditions or situations will remain active or become active without delay resulting in or contributing to an event or circumstances that reasonably could result in severe harm to a vulnerable child now or within the next several days. Imminence is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes without intervention.
- **Significant** (severity) refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family behavior, condition or situation that is out of control. As far as danger is concerned, the safety threshold is consistent with substantial risk of harm or actual child abuse or neglect. Substantial risk of harm or actual harm includes such effects as defined in Montana law. The safety threshold is in line with family conditions that reasonably could result in substantial risk of harm or actual harm to a vulnerable child. If the risk is not substantial, it does not cross the threshold.
- **Clearly observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The connection of these family behaviors, conditions or situations to posing a danger to a child is evidenced in explicit, unambiguous ways. The criterion “observable” does not include suspicion, intuitive or gut feeling, difficulties in worker-family interactions, lack of cooperation, difficulties in obtaining information, or isolated, even provocative information considered exclusive of family behaviors, conditions, or situations.

Maltreatment

<i>Maltreating Now</i>	The parents' mistreatment of the child is occurring concurrent with the report. The maltreatment will typically be physical, verbal or sexual in nature. Neglect that is chronic may be occurring in the present sense, but does not necessarily meet the criterion of danger.
<i>Multiple Injuries</i>	Although it is acceptable to consider this as injuries on different parts of the body as in bruises to the arms and lower legs, its intent is more accurately related to different kinds of injuries, as in a serious burn and bruising to the arms.
<i>Face/Head</i>	This includes bruises, cuts, abrasions, swelling or any physical manifestation alleged to have occurred as a result of parental treatment of the child.
<i>Serious Injury</i>	Typically, this would include bone breaks, deep lacerations, burns, malnutrition, etc.
<i>Premeditated</i>	There must be information which supports that what has been alleged is associated with and a result of a deliberate, preconceived plan or thinking which the parent is responsible for and which preceded the maltreatment event.
<i>Multiple Victims</i>	This refers to the identification of more than one child who is being maltreated. There is no historical context here.
<i>History of Reports</i>	This refers to reports Child and Family Services have received on this family that may indicate a pattern of abuse/neglect occurring within the family. History alone is not a justification of safe or unsafe but is used in conjunction with other indicators of maltreatment.
<i>Life Threatening Living Arrangements</i>	This is based on specific information reported which indicates that a child's living situation is an immediate threat to his/her safety. This would include the most serious health circumstances: buildings capable of falling in, exposure to elements in bitter weather, fire hazards, exposed electrical wiring, guns/knives available, etc.
<i>Unexplained Injuries</i>	This refers to a serious injury which parents and others cannot or will not explain.
<i>Bizarre Cruelty</i>	This qualifies the maltreatment that has been alleged and usually

will require an interpretation. Such things as locking up children, torture, exaggerated emotional abuse, etc.

Accessible to the Maltreater

This refers to children who are in contact with the alleged maltreater *and* will likely be re-victimized if left in that environment, such as in sexual abuse cases where the alleged abuser is living in the home or has unsupervised access to the child.

Child

Parent's Viewpoint of Child Is Bizarre

This is the extreme, not just a negative attitude toward the child. It is consistent with the level of seeing the child as demon possessed.

Child Is Unsupervised or Alone for Extended Periods

Although this could involve an older child, to be identified as a safety threat it is more likely to be a younger child. The time of day, of course, is as important as is the length of time the child has been unsupervised. This only applies if the child is truly without care, not someone is caring for the child and complaining that the mom is supposed to be but isn't presently. Keep in mind the present time concept here. If the child was unsupervised last night but is not alone now, it is not an immediate safety threat.

Child Unable to Protect Self

This is like the influence above generally but will also include children who are older but may possess some incapacity.

Child Fearful/ Anxious

This does not refer to generalized fear or anxiety. Children who are described as being obviously afraid of: their present circumstance, the home situation, or a person because of a concern of personal threat would fit this influence. The condition(s) contributing to the child's fear is active, currently occurring, and an immediate concern of the child. Information would likely describe actual communication or emotional/physical manifestation from the child's knowledge or perception of their situation. It is reasonable to believe that the source of the child's fear could result in severe effects.

Child Needs Medical Attention

The medical care required must be significant enough that its absence could seriously affect the child's health and well-being. In other words, if children are not being given routine medical care, it may not necessitate an emergent response.

Parents Are Unable To Perform Parental Responsibilities

Parent

This only refers to those parental duties and responsibilities consistent with basic care or assuring safety. This is not associated with whether parents are effective parents generally, but whether their inability to provide basic duties leaves the child in a threatened state.

Bizarre Behaviors

This requires interpretation of the information referred beyond what the reporter might be saying. Unpredictable, incoherent, weird, outrageous, or totally inappropriate behaviors fit this influence.

Parents Described As Dangerous

Parents may be behaving in bizarre ways; however, this is intended to capture a more specific type of behavior specific to caregivers who are physically/verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways, etc.

Parent Out of Control

To identify this safety threat there must be specific information to suggest that the caregiver's impulsive behavior, addictive behavior, compulsive behavior, depressive behavior, etc. cannot be control by the individual. Their actions or lack of actions may not be directed at the children, but may affect them in dangerous ways. The caregiver's lack of self-control places the children in jeopardy.

Caregivers Overtly Reject Intervention

This threat refers to situations where a caregiver refuses to see or speak with child welfare staff and/or to let child welfare staff see the child, is openly hostile or physically aggressive toward child welfare staff, refuses access to the home, hides child or refuses access to child.

Family

Family Isolated

This influence must be considered in relationship to other influences when assessing or deciding about response or emergency protection. This refers to both geographic and social isolation. Family isolation in itself is not a safety threat.

*Domestic Violence
Is occurring*

Refers to specific information suggesting that a caregiver's volatile emotions and tendency towards violence is a defining characteristic about how he or she behaves and/or reacts towards others. There is nothing in the family that counteracts the violence. Concern is heightened if family violence is accompanied by child maltreatment or child exposure to the violence. The family violence may have just occurred, is occurring, or will occur within a reasonable amount of time.

Family Will Flee

Qualifies if child maltreatment and possible safety threats are coupled with concerns about not having access to children. This includes transient families, homes which are not well established, families with limited possessions, etc.

Family Hides Child

This should be thought of in both overt and covert terms. Information which describes a child being physically restrained within the home or parents who avoid allowing others to have personal contact with their child can be considered. This may include passing a child around to other adults, relatives or different homes.

*Situation will/may
Change Quickly*

This may refer to changes in living environments, changes in household members (someone going to/returning from jail, tx, etc.).

Other

*Services
Inaccessible
or Unavailable*

This influence may be considered an immediate danger threat when considered in relation to other influences which demand access to services. For instance, a child who has a routine need for a particular kind of medical service which is a life threatening need and the service is inaccessible, an immediate danger circumstance may be apparent. This refers to specific deficiencies in parenting that must occur for the exceptional child to be safe. Exceptional includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

The Information Collection Protocol for Interviewing Families

The Family Functioning Assessment begins the process of direct involvement with the family. The conditions that prevail are often not conducive to effective information collection. Even though the Family Functioning Assessment is often adversarial, it does not have to be so. This does not mean that the activity is easy, or that workers will not encounter hostility, resistance or anger. However, you must be able to create an atmosphere in which family members can talk. This atmosphere should be neither interrogational nor punitive. "The Information Collection Protocol for Interviewing Families" will assist you in creating that atmosphere.

The protocol will provide a uniform, systematic, and structured approach to all family situations where a child may not be safe. Applying this information collection protocol creates a situation in which you are in control of the process which allows you to gather sufficient information to make decisions, determine with a higher degree of accuracy what is occurring, and insure that all family members are seen and involved.

General Issues

1. *To effectively proceed through the information collecting/interviewing portion of Family Functioning Assessment, you must consider a number of crucial issues.*

A. Elevating the parent(s).

- (1) The most successful interviews will likely be associated with parent(s)' sense of self-respect which has occurred during the process.
- (2) Who is the client in CPS? This is a question that may seem far too obvious, but it needs consideration. We accept that the child and the family are the client. However, the primary point of communication, involvement, and decision making is the parent(s)'. This does not reduce your concern for the child or the family in the sense of intervention, but it directs you to attending to the parent(s) through recognizing how key they are to change.
- (3) Elevating the parent can be enhanced through a number of actions:
 - (a) You should identify with their feelings and the situation from their point of view. What do things mean to them?
 - (b) Give parents information. To do so empowers them.
 - (c) Use an approach that reduces your power and authority.
 - (d) Seek assistance from the parent(s) in completing the Family Functioning Assessment.

B. Self-Control

- (1) This relates to two areas of self-control: controlling your emotions (intimidated? over-identifying? insensitive?) and controlling your focus or concentration.

- (2) As a CPS caseworker, you likely are inundated with work demands and heavy case activity. When you are with a particular client, the pressure you are under must not show. You must control yourself to the extent that you avoid other work concerns and give the parent and children your entire attention.
- (3) How effective are you at focusing yourself, your attention, your concentration and your observations? Skill in focusing demands that you are able to "spotlight" on the parent/child/situation in penetrating ways while you appear relaxed, calm and genuine. You must be able to focus yourself as you spontaneously and flexibly respond to the parent/child situation in appropriate and purposeful ways.
- (4) Controlling yourself includes self-awareness and management of your values and intentions.
- (5) You must remain open as you proceed to understand the situation. You must be relaxed; unoffended; not defending yourself, your agency, or your purpose for being in the home.
- (6) Self-control should also be thought of as including depersonalizing verbal assault.
- (7) It may be difficult to balance being sensitive/gentle with being firm, but it is critical that you remain resolute about the importance of what you are doing and the need to have the client involved.
- (8) Controlling yourself demands that you recognize clients in positive, open terms. Avoid stereotypes!
- (9) How you present yourself to the client/child/family is a part of controlling yourself. This refers to the "state of being" which you represent.
- (10) Among the most personal areas that we have to control is the feeling of not being liked or appreciated which often occurs during the Family Functioning Assessment.

C. As you proceed with the Family Functioning Assessment interview(s), you are working with a particular agenda:

- (1) Inform the parent(s) of the concern being expressed about their family. "Did you know that others were concerned about how your family is doing?"
- (2) Identify the parent(s)' concerns about their reality and situation and about CPS intervention. "What is life like for you and how do you feel about all of this?"
- (3) Identify challenges, difficulties, limitations and/or strengths which explain family situation.
- (4) Evaluate allegations set forth in the intake.
- (5) Identify/understand state of danger to children.

D. There are hurdles that you will have to be prepared for to assure effectiveness during the Family Functioning Assessment information collection.

- (1) How you introduce the referral.
- (2) How you justify yourself.
- (3) How you manage parent anger over the report or CPS interference.
- (4) How you will interview all necessary persons.
- (5) How you will manage and balance information needs against relating to parents/children.
- (6) How you will manage time:
 - (a) number of interviews;
 - (b) extensive information gathering;
 - (c) your organizational skills;
 - (d) your technical facility in content and skill; and
 - (e) balancing time demands against client focus.

E. Planning prior to contacting the family.

- (1) You should begin by thoroughly reviewing the information which has been gathered at intake. You should pay special attention to information which was unknown at intake but which may influence the threats to child safety.
- (2) It is important to consider any previous knowledge about the family that may be available from files, records, and staff.
- (3) You should anticipate whether information suggests that you may need to conduct one or more interviews. Additionally, thought should be given to where interviews should be conducted and when. Having sufficient time to complete all the protocol interviews or as many as possible or necessary should be considered prior to beginning the initial contacts.
- (4) Examine the need for consultation in assisting in developing the Family Functioning Assessment intervention plan.
- (5) You begin the “focus” on the family and your purposes as you form your plan.

2. Family members should be seen in a specific order to provide a method of gaining the broadest understanding of the family's situation. The order is dependent upon where the identified child is located at the time the Family Functioning Assessment begins. When the child is in the home, the order is as follows:

- A. Introduction with parents.
- B. Interview with identified child.
- C. Interview with siblings.
- D. Interview with non-alleged maltreating parent.
- E. Interview with alleged maltreating parent.
- F. Closure with parents/family.

In situations where the child is not at home at the beginning of the Family Functioning Assessment, the order begins with the identified child, wherever that child is, then proceeds as above without introduction with parents. When a child has been placed by law enforcement, see the child first before meeting with the parents.

- 3. ***If the protocol cannot be followed, it is essential that valid documentation occur as to the reasons why the protocol cannot be carried out.***
- 4. ***Effective application of the protocol will include:***
 - A. Privacy should be provided to all family members.
 - B. You should be prepared to spend a sufficient amount of time with the family members so that the individuals do not believe they are of little or no importance to the worker.
 - C. You should prepare for the interviews in such a manner as to be able to discuss relevant issues while controlling emotional responses.
- 5. ***One of the major benefits of the protocol is that it enables you to use information from one interview to assist in the next interview.***
- 6. ***While the protocol suggested here relates to the initial contact, it must be remembered that the entire Family Functioning Assessment process relates to all interviews, not only the initial contact.***

Introduction with the Parents

- 1. ***You must notify parents of their rights at the commencement of the Family Functioning Assessment. At the beginning of the Family Functioning Assessment and at your introduction when questions of rights and participation arise, you can provide the parent with the following information concerning his/her basic rights:***
 - a. Parents have a right to know what the content of the CPS report entails but not the identity of the reporter.
 - b. Prior to the commencement of any legal proceeding, the parents' interaction is voluntary.

- c. The parent cannot be compelled to appear at any conferences, produce documents, visit any place, or otherwise reveal any information.
- d. If the Department initiates a legal proceeding, the parent has a right to an attorney, to a hearing, and to present witnesses for his/her case.
- e. If the parent cannot afford an attorney, a court appointed attorney will be provided.
- f. Parents have all their civil rights as guaranteed under the US Constitution.

When discussing rights, it is useful to use regular language rather than legal terms. The important issue as related to implementing this protocol is that you demonstrate full respect for the parent's dignity and rights.

- 2. You must complete introductions which include who you are, what your agency is about, your purposes, and the essence of the report. You emphasize your intent to help and understand.**
- 3. It is critical that, during the introduction, you present yourself in a calm, flexible, and spontaneous manner. Your first priority is to accommodate and address the parent(s)' responses.**
 - a. Remain "where the parent is" in terms of concerns, emotions and reactions.
 - b. Stay in the "here and now" with the parent(s)—(how they are feeling, reacting, thinking).
 - c. Identify with the parent(s)' feelings and concerns. Accept emotion. Let them ventilate.
 - d. Observe and register parent(s)' responses:
 - (1) emotional responses and reactions;
 - (2) attempts to defend themselves;
 - (3) denial and disclosure;
 - (4) expressed explanations, rationale and justification;
 - (5) reality perception;
 - (6) reasoning; and
 - (7) communication clarity and cohesiveness.
- 4. When covering the report, probe into the parent(s)' perception about the reason for the report.**
 - a. "Why do you suppose someone reported your family? How do you feel about it?"
 - b. While avoiding reporter identity, do not avoid discussing the fact and reality that the family

was reported.

5. During the introduction, allow the parent(s) to talk about the maltreatment issue, but also plan to come back to it later.

- a. To the extent that you are nondirective about the maltreatment or allegations during the introduction, you are more likely to avoid parent(s) building defenses and arguments immediately which will have to be overcome to proceed.
- b. In order to remain in the "here and now," it will be important to allow the parent(s) to talk out their feelings and concerns about the allegations and to give their explanations. However, at a reasonable time, you should be prepared to move the interaction to broader concerns. Take the initiative away from them at the appropriate time.

Example:

"I know you are very concerned about what has been reported about you, and we need to talk about it in more detail so you can share with me what you want. But for now, let's move on into helping me understand and get to know your family...."

6. During the introduction, you should begin assessing the situation for an immediate danger which could suggest a timely response by you to protect yourself, seek help, and/or protect a child.

- a. Immediate danger indicates the need to take immediate action (e.g., bizarre behavior, weapons, threatening individuals in the home, etc.). When these highly charged circumstances exist which threaten your welfare, the child's safety, or prevent you from proceeding under reasonable circumstances, exit immediately and take action to manage the situation (e.g., seek support and assistance). Remember, when a child is in immediate danger a protection plan must be established the same day.
- b. Some family situations or parent behavior may not lead you to take any immediate action (parent intoxicated, family isolated, etc.). In such instances, you may suspect that immediate danger may exist, seek to understand its operation better during the course of the interviews, and make another judgment before completion of the interviews about the need to take some protective action.
- c. At any time you determine that a child is in immediate danger you must begin the process of creating a protection plan. If possible, this should involve parents in considering what options are available (which do not rely on them personally). It may be necessary (and in some instances likely will be) to suspend the interviewing protocol process and begin taking action to establish a means for controlling the immediate danger.

7. The introduction is concluded by soliciting assistance from the parent in understanding the family.

- a. Ask the parent to assist you in completing the interviews. Parent(s) can arrange for interviews with the family members and can select a private place for the interviews.

- b. Tell parent(s) that you expect them to take the responsibility to participate by increasing your understanding.
- c. Seek the parent(s)' perception about all matters. Consider and acknowledge their cognitive reasoning and feeling responses which influence your understanding.

8. *Your work is a professional endeavor based on professional methods and practices. Share with them that you routinely precede toward understanding what is occurring through the application of a particular approach. Explain how you wish to proceed. Ask them to assist you by arranging for a private place to conduct interviews. Reassure them about your openness and your intent to review the situation at the conclusion of the interviews.*

Interview with the Identified Child

- 1. Your initial introduction to the child should be clear. Tell the child who you are and what you are doing here. How you speak with the child will vary depending upon how the agency became aware of this child. It is critical that you do not frighten the child. Additionally, you must not avoid the reason for your being involved with the family.
- 2. Once the introductions have been completed, time should be spent in getting to know the child and giving him a chance to know you. This should be purposeful. When relaxing a child, do not speak to him about unimportant matters. Such a misuse may limit time as well as create anxiety for the child. Initial questions can focus on the family.
- 3. All interactions with the child, as well as questioning, should be followed up with comments, thoughts, and other questions which are indicated by the child's response. It is also critical to ask questions appropriate to the child's age, developmental ability, and comfort level.
- 4. Here are some sample questions which can be used to initiate the interview (only use these as a resource):

Family

- a. Who is in your family?
- b. Who lives at home with you?
- c. What kinds of things does your family do together?
- d. How do you get along with your brothers/sisters? What kinds of things do you do with them?
- e. Tell me about your grandparents, aunts, uncles, etc.

Child

- a. What kinds of things do you do in school? Any areas where you have problems? Are there times when things are easy?

- b. Who do you hang out with at school?
- c. Who are your friends?
- d. Do you belong to any clubs, or participate in any organized activities?

Parent

- a. How do you get along with your mom/dad?
 - b. What happens when things aren't going well? How do your parents react? What kind of things do they do?
 - c. What about your brothers/sisters, how do they deal with them?
 - d. Do your parents belong to any organizations, have any friends etc.?
5. By approaching the child initially without focusing on the possible maltreatment, you create an environment in which the child may feel freer in talking with you about difficult subjects. At the same time, you gather information which will help you assess and analyze the current situation and make decisions. The above identified questions can be asked during the initial contact with the identified child. Remember, depending upon how things occur, if you have not gathered that type of information early, remember to seek it as the interview continues.
6. At a point in time when the context suggests, you want to seek information about the possible maltreatment. When seeking information about the nature of the maltreatment and the actual maltreatment, you must pay attention to anxiety and other emotions, and respond accordingly.
7. Here are some sample questions which can be used to explore the alleged maltreatment:

Maltreatment

- a. As I mentioned to you earlier, I talk to lots of kids and families when someone has a worry or concern about them. Do you know why someone might be worried or concerned about you or your family? (You will need to decide the need to be more specific which may be influenced by the age of the child.) Can you tell me about what happened at your home last weekend?
- b. What else happened? (As a rule you will often ask this type of question to fully explore with the child the extent of the maltreatment.)
- c. Has anything like this happened to your other brothers/sisters?
- d. What did your other parent (if there is a non-alleged maltreating parent) say, do, etc.?
- e. When this occurred, how did it happen? What was happening around the home (situation) when this occurred? What else was occurring?

8. As you proceed toward the end of this interview, you should consider how the child is feeling any fear he/she is experiencing determine where he/she is going after the interview, assess his level of vulnerability, and inform them of your next steps and when/how you will get back to him.
9. The information here reflects only general guidance. It should be recognized that sufficient information collecting will require that you probe much deeper and inquire about subject matter more broadly. Your understanding of child functioning, the maltreatment, and parent functioning increases as you dig deeper with the child. Normally speaking, you might expect to interview a child up to a half hour depending on his responsiveness and verbal accessibility. More than half an hour is likely too taxing for most children. Younger children may be even less tolerant.

Interviews with Siblings

1. Following the information gathering during the interview with the identified child, you interview that child's siblings. The purposes of these interviews are:
 - a. To determine what has been happening with those children. Information from the identified child will help you decide about the likelihood of those children having experienced some maltreatment.
 - b. To gather further information about the family's functioning.
 - c. To gather further information about the parents' actions, behaviors, and emotions.
 - d. To gather information about the siblings, their behaviors, feelings, and emotions.
 - e. To assess the siblings' level of vulnerability.
 - f. To seek information which you were unable to gather from the identified child.
2. The process of interviewing siblings is similar to that of the identified child. It should be emphasized that the basis for these interviews is established by the results of the interview with the identified child.
3. Your approach should focus on providing a comfortable atmosphere for the child and paying attention to the feelings and emotions of the child.
4. Although individual situations will determine the timing of when to interview siblings, as a rule you should conduct these interviews at this point. Possible reasons for not conducting these interviews at this time may be based upon the need for emergency action (regarding the identified child), the accessibility of the siblings, and the need to become involved with the parent(s). Any determination not to interview the siblings should be documented.
5. The sample questions provided to you for interviewing the identified child can be used during sibling interviews.

Interview with Non-alleged Maltreating Parent

[Note: This protocol is designed for a two parent/caregiver family; admittedly many if not most cases involve single parent households or families that include adults whose role in the family is not well defined in relation to the children. When employing this protocol, it becomes necessary for the CPS worker to make adjustments to how guidance applies to a particular case. That includes how to proceed in interviewing, inquiries, skills, and use of self.]

1. The interview with the non-alleged maltreating parent is critical for a variety of reasons:
 - a. It is this parent who may be required to provide protection for the child(ren).
 - b. The non-alleged maltreating parent will often be the first parent who is informed of what intervention may mean to the family.
 - c. An assessment of this parent's behavior/feelings must be made to determine the safety of the child(ren).
 - d. Your interaction with the non-alleged maltreating parent will often determine your approach to the alleged maltreating parent.
2. Interviewing skills and techniques with the non-alleged maltreating parent will focus on extensive use of feeling and support techniques. Additionally, your comfort in using reality-orienting techniques is essential.
3. The key to the interview with the non-alleged maltreating parent is to involve this person in a joint effort with you. Often, mistakes are made by asking the non-alleged maltreating parent to make a choice between the child and the alleged maltreating parent. This approach will not work because it requires a person in crisis to decide something which he/she cannot or will not. The preferred approach is to ask that parent to join with you in making the environment safe for the child, as well as the alleged maltreating parent.
4. The circumstances of the interview with the non-alleged maltreating parent will determine the process of the interview and the order of questions/responses. It is usual to talk to the parent about the reason you are involved. You must be prepared to deal with hostility, anger, and varying levels of denial. This should not be assumed to indicate by itself that the parent cannot assist the child.
5. It should be noted that in situations of neglect of children, the distinction between a non-alleged maltreating parent and an alleged maltreating parent is not as clear as it is with physical abuse, sexual abuse, and emotional maltreatment. You need to explore the family functioning with each parent and ensure the issues related to protection are examined.
6. Here are some sample questions which you may use in this interview:

Child

- a. Tell me about your child. How do you feel about your child? What do you think about your child? His capacity? His actions/behaviors?

- b. How does your child behave/act?
- c. Does your child have friends?
- d. Can you think of ways in which you can keep the child and the alleged maltreating parent from being alone with each other?
- e. Does the child have any current or past health related problems that affects him today?

Parent

- a. Tell me about yourself—about your feelings, and about what is happening. How do you think things have been between you and your spouse (partner)? Explore with the non-alleged maltreating parent the feelings that the worker believes are being exhibited and follow up on those.
- b. What is the most special thing about parenting your child? The most difficult thing?
- c. Explore with non-alleged maltreating parent how he/she believes his/her child is doing, what he/she is experiencing. Examine issues relating to bonding, attachment, concern, empathy, worry, anxiety, etc.
- d. Tell me about the family that you grew up in. What types of things did you do? What are some of your fond memories? Your sad or hurtful memories?
- e. What do you do with your friends? Who are your friends? What do you share with your friends?
- f. Do you belong to any groups, organizations, religious affiliations, etc.?

Family

- a. What types of things are you responsible for in the home, and with the family—chores, routine, structure, meals, etc.?
- b. How do the family members show they care about each other? What affection is demonstrated?
- c. Who gives orders in the home? Who is in charge?
- d. What happens when the orders given are not followed?
- e. Talk about the marriage. What are the things that make it good? Things you wish you could change? Communication difficulties? Sexual relationship?
- f. Tell me about your folks. What about extended family members? What about neighbors, are they helpful to you and you to them?
- g. Influences regarding the demographics, extended family, and family functioning are gathered through a variety of observations during the initial interview and subsequent

interviews.

Maltreatment

- a. What are the parent's thoughts, feelings, attitudes, and beliefs about the maltreatment?
- b. Do you have any information which suggests the non-alleged maltreating parent has been involved in maltreatment? If yes, explore this with the parent in a direct, yet non-adversarial manner.
- c. Explore with the non-alleged maltreating parent the alternatives to provide protection to the family. Can this person, with your assistance, do such?

Reaction to Intervention

- a. You should assess the non-alleged maltreating parent's reaction to intervention at the end of the initial interview, as well as during subsequent interviews. The focus here is on the level of openness this parent has to the agency being involved with the family.
- b. Explore with the parent the meaning of intervention. Have they had assistance before? What was the reaction and response to that assistance?
- c. You should explore your own strengths and limitations in working with the family, including the agency's capacity to respond, and the availability and accessibility of community resources.

Interview with the Alleged Maltreating Parent

[Note: If the alleged maltreating person is not the child's biological parent, it is important at the beginning of the interview to establish the person's relationship in the family and with the child in particular. If the person does include caregiving as a responsibility, it is important to determine the nature, expectations, and limits of that involvement.]

1. The interview with the alleged maltreating parent may cause you a variety of concerns, such as:
 - a. What will the person's reaction be?
 - b. Will the level of anger, hostility, or denial make it impossible to interview the parent?
 - c. What should the alleged maltreating parent be told?
 - d. How should I interact with the parent?
2. These concerns may be influenced by assumptions about the person based upon the report, or what you have learned through previous interviews. You must avoid interviewing the alleged maltreating parent in an aggressive manner. This usually results in an adversarial relationship which is not necessary. Do not focus on getting the alleged maltreating parent to admit what he/she has done.
3. The purposes of this interview are to:

- a. Explore with the parent the family situation from a perspective of what is happening in the family which may be threatening to the child's safety.
 - b. Assess the parent's ability to become involved with the agency, focusing on controlling for the child's safety.
 - c. Identify family conditions which may require further study (such as substance use, domestic violence, emotional disturbance).
 - d. Share with the parent what has occurred related to the other interviews.
4. In order to effectively intervene with the alleged maltreating parent, you must be aware of, and in control of, your feelings. Critical to this interaction is seeking information from the parent rather than "proving" guilt. To the extent that you can exercise a nonjudgmental attitude, the results from the initial interview and subsequent interviews with the alleged maltreating parent will provide essential information in order to make necessary decisions at Family Functioning Assessment. You should seek information from all aspects of the family. It is critical to use observational skills as well as verbal skills and techniques to properly assess all aspects of the parent's functioning, especially his behavior and feelings.
 5. The order of the interviewing process will be determined by the actual situation. However, you can expect the parent will want to know the reason for your presence. While you should let the parent know in general the reason for your presence, it is not recommended that all the information concerning the maltreatment and other reported concerns be presented initially. To do so would cause the interaction to slide into a series of accusations and denials. Focusing on feelings, and joining the client's resistance regarding his parenting is a more useful and effective approach with the alleged maltreating parent.
 6. Here are some sample questions which may be used during this interview:

Child

- a. Tell me about your child. How does your child respond to you? Is he/she easy-going? Difficult?
- b. What type of things do you expect your child to do around the house, with siblings, for you?
- c. What type of behaviors and emotions does your child show?
- d. Does your child have friends?
- e. Does your child have any health-related problems that affect him today?

Parent

- a. Tell me about yourself, about your feelings, and about what is happening. How do you think things have been between you and your spouse (partner)? Explore with the alleged maltreating parent the feelings that the worker believes are being exhibited and follow up on those.

- b. What is the most special thing about parenting your child(ren)? The most difficult thing?
- c. Explore with the alleged maltreating parent how he/she believes his/her child is doing, what he/she is experiencing. Examine issues related to bonding, attachment, concern, empathy, worry, anxiety, etc.
- d. Tell me about your family that you grew up in. What types of things did you do? What are some memories you have when growing up?
- e. What do you do with your friends? Who are your friends?
- f. Do you belong to any groups, organizations, religious affiliations, etc.?

Family

- a. How do the family members show they care about each other? What affection is demonstrated?
- b. Who gives orders in the home? Who is in charge?
- c. What happens when the orders given are not followed?
- d. Talk about the marriage. What are the things that make it good? Things you wish you could change? Communication difficulties? Sexual relationship?
- e. Tell me about your folks. What about extended family members? What about neighbors, are they helpful to you and you to them?
- f. Describe how roles are developed, assumed, and carried out in the home. Who does what? How is it decided who will do what in the home?
- g. Influences regarding demographics, extended family, and family functioning are gathered through a variety of observations during the initial interview and subsequent interviews.

Maltreatment

- a. When you begin to talk to the parent about the maltreatment, minimal information should be given. It is critical that you not engage in a battle of wills; refocus the parent to his/ her own feelings.
- b. What do you want to do about this? How can we make sure nothing like this happens again?
- c. Tell me what has been going on with you. Have you been under stress? What from? Drinking? Marital problems? Job- related problems?
- d. At an appropriate time, you should always share your belief about the maltreatment with the alleged maltreating parent. There is no need to "beat" this to death. This represents your belief based on what you know to the point of interviewing the alleged

maltreater. It is your conclusion based on other interviews and other sources of information.

Reaction to Intervention

- a. You should assess the alleged maltreating parent's reaction to intervention at the end of the initial interview, as well as during subsequent interviews. The focus here is the level of openness this parent has to the agency being involved with the family. You should not expect the parent to embrace the agency in making this assessment.
- b. Explore the issue of what intervention means to the parent. Have they had assistance before? What was the reaction and response to that assistance?
- c. Explore your strengths and limitations in working with the family, including the agency's capacity to respond, and the availability and accessibility of community resources.

Closure with Parents/Family

1. Following the completion of the interviews, you should reconvene the parents or family as appropriate. Share with them a summary of your findings and impressions. The closure may occur after the initial contact, but that is unlikely. So, here, closure refers to the time when all interviews are done with the family. You might think of this as the last contact you have with the family prior to completing and documenting the Family Functioning Assessment.
2. Seek individual responses concerning perceptions and feelings. Take care not to reopen the whole process.
3. As a result of the information collecting that has occurred during all the interviews and at the point of closing, it is critical that you have a full understanding of any maltreatment and the circumstances surrounding the maltreatment.
 - a. Depending on your understanding of the family's response to the allegation, you may choose to summarize your findings which you are considering in respect to the information alleged at intake.
 - b. You must be certain that your understanding of the maltreatment gained from your interviews includes: sufficient information, precise explanations, parent(s)' rationale, parent(s)' emotional response concerned with the discussion on maltreatment, and the quality of the parent(s)' response.
 - c. At closure, avoid providing the parent(s) your conclusions or your beliefs about the allegations. Reassure them that you have been seeking to understand the family which will require time to think about the information.

IMPENDING DANGER, SAFETY THREATS AND THE SAFETY THRESHOLD

Impending danger refers to a child being in a continuous state of danger due to parent/caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of actual or substantial risk of harm to a child.

Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger is often subtle and can be more challenging to detect without sufficient contact with families. Identifying impending danger requires thorough information collection regarding family/caregiver functioning to sufficiently assess and understand how family conditions occur.

Safety threats are negative family conditions and/or circumstances and/or caregiver behaviors; emotions; attitudes; perceptions; etc. that are out of control in the presence of a vulnerable child and therefore likely to have severe effects on a child at any time in the near future.

The definition for impending danger indicates that negative family conditions that are out of control and likely to result in severe harm to a child, are *specific and observable*, and the threat to child safety can be clearly understood and described.

There are 11 standardized safety threats that are used to assess child safety. The identification of any one of the 11 safety threats means that a child is in a state of danger. If a safety threat has been identified, a child may be determined to be unsafe if there is no appropriate non-maltreating caregiver in the home with sufficient caregiver protective capacities to manage the safety threats and assure child safety.

Impending Danger and the Safety Threshold Criteria

The safety threshold criteria must be applied when considering and identifying any of the safety threats. In other words, the specific justification for identifying any of the safety threats is based on a specific description of how negative family conditions meet the safety threshold criteria.

The safety threshold is the point at which a negative condition goes beyond being concerning and becomes dangerous to a child's safety. Negative family conditions that rise to the level of the safety threshold and become safety threats, are in essence negative circumstances and/or caregiver behaviors, emotions, etc. that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity.

Safety Threshold Criteria

A family condition is out of control.

A family condition is likely to result in a severe effect.

The severe effect is imminent: reasonably could happen soon.

The family condition is observable and can be clearly described and articulated.

There is a vulnerable child.

- **Out-of-Control** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.
- **Severity** refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family behavior, condition or situation that is out of control. As far as danger is concerned, the safety threshold is consistent with substantial risk of harm or actual child abuse or neglect. Substantial risk of harm or actual harm includes such effects as defined in Montana law. The safety threshold is in line with family conditions that reasonably could result in substantial risk of harm or actual harm to a vulnerable child. If the risk is not substantial, it does not cross the threshold.
- **Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.
- **Observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.
- **Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition includes all children who, for whatever reason, are not able to protect themselves or seek help from protective others.

Safety Threats

Safety Threats 1 -3 relate to Maltreatment and Nature

1. Living arrangements seriously endanger a child's physical health.

This threat refers to conditions in the home which are immediately life-threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to who might be harmed; living conditions are so severe to cause or potentially cause serious illness).

Application of the Safety Threshold Criteria

To be out of control, this safety threat does not include situations that are not in some state of deterioration. The threat to a child's safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.

The living arrangements are at the end of the continuum for deplorable and immediate danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions.

Remaining in the environment could result in severe injuries and health repercussions today, this evening, or in the next few days.

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.
- There are natural or man-made hazards located close to the home.
- The home has easily accessible open windows or balconies in upper stories.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child's safety.

2. 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 if they were available.

Application of the Safety Threshold Criteria

There could be two things out of control here. There are not sufficient resources to meet the safety needs of the child. There is nothing within the family's reach to address and control the absence of needed protective resources. The second question of control is concerned with the caregiver's lack of control related to either impulses about use of resources or problem solving concerning use of resources.

The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is judged by context. What context exists today concerning the lack of resources? If extreme weather conditions or sustained absence of food define the context, then the certainty of severe effects occurring soon is evident. This certainty is influenced by the specific characteristics of a vulnerable child (e.g. infant, ill, fragile, etc.).

This threat is illustrated in the following examples.

- Family has no money.
- Family has no food, clothing, or shelter.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety.
- Parents/caregivers lack life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g., drugs) other than their basic care and support thereby leaving them without their basic needs being adequately met.
- Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.

3. One or both parents/caregivers intend(ed) to hurt the child and show no remorse.

This refers to caregivers who anticipate acting in a way that will result in pain and suffering. "Intended" suggests that before or during the time the child was mistreated, the parents'/primary caregivers' conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the parent/caregiver meant to discipline or punish the child, and the child was inadvertently hurt.

Application of the Safety Threshold Criteria

This safety threat seems to contradict the criterion "out of control." People who "plan" to hurt someone apparently are very much under control. However, it is important to remember that "out of control" also includes the question of whether there is anything or anyone in the household or family that can control the safety threat. In order to meet this criterion, a judgment must be made that 1) the acts were intentional; 2) the objective was to cause pain and suffering; and 3) nothing or no one in the household could stop the behavior.

Caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. Furthermore, the whole point of this safety threat is pain and suffering which is consistent with the definition of severe effects.

While it is likely that often this safety threat is associated with punishment and that a judgment about imminence could be tied to that context, it seems reasonable to conclude that caregivers who hold such heinous feelings toward a child could act on those at any time—soon.

This threat includes both behaviors and emotions as illustrated in the following examples.

- The incident was planned or had an element of premeditation, and there is no remorse.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns), and there is no remorse.
- Parent's/caregiver's motivation to teach or discipline seems secondary to inflicting

pain and/or injury, and there is no remorse.

- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident, and there is no remorse.
- Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child, and there is no remorse.
- Parent/caregiver does not acknowledge any guilt or wrong-doing, and there was intent to hurt the child.
- Parent/caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.
- Parent/caregiver may feel justified, may express that the child deserved it, and they intended to hurt the child.

Safety Threats 4 - 6 relate to Child Functioning and Discipline

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

“Exceptional” refers to specific child conditions (e.g., retardation, blindness, physical disability) which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child's exceptional needs, will not or cannot meet the child's basic needs.

Application of the Safety Threshold Criteria

The caregiver's ability and/or attitude is what is out of control. If you can't do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either.

This does not refer to caregivers who do not do very well at meeting a child's needs. This refers to specific deficiencies in parenting that must occur for the “exceptional” child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, “exceptional” includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to soon.

This threat is illustrated in the following examples.

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/caregiver does not recognize the condition.
- 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 or the safety threat.
- 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.

5. Child is extremely fearful of the home situation.

“The home situation” includes specific family members and/or other conditions in the living situation (e.g., frequent presence of known drug users in the household).

Application of the Safety Threshold Criteria

Do you know when fear is out of control? Have you ever felt that way? Can you imagine a child being so afraid that his fear is out of control? Can you imagine a family situation in which there is nothing or no one within the family that will allay the child’s fear and assure a sense of security? To meet this criterion, the child’s fear must be obvious, extreme, and related to some perceived danger that child feels or experiences.

By trusting the level of fear that is consistent with the safety threat, it is reasonable to believe that the child’s terror is well-founded in something that is occurring in the home that is extreme with respect to terrorizing the child. It is reasonable to believe that the source of the child’s fear could result in severe effects.

Whatever is causing the child’s fear is active, currently occurring, and an immediate concern of the child. Imminence applies.

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, people, or circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.

6. One or both parents/caregivers have extremely unrealistic expectations or negative perceptions of a child.

“Extremely” is meant to suggest a perception which is so negative that, when present, it creates a threat to child safety. In order for this threat to be identified, these types of perceptions must be present and the perceptions must be inaccurate. The caregivers’ negative perceptions toward the child and/or their unrealistic expectations are apparently and overtly negative to a heightened degree that there are implications that the child is likely to be severely harmed.

Application of the Safety Threshold Criteria

This refers to exaggerated perceptions. It is out of control because their point of view or expectations for the child is so extreme and out of touch with reality that it compels the caregiver: to react to the child, avoid the child, mentally and emotionally terrorize the child, or allow the child to be in dangerous situations. The perception or expectation of the child is totally unreasonable. No one in or outside the family has much influence on altering the caregiver’s perception or expectations. It is out of control.

The extreme negative perception fuels the caregiver's emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.

The extreme expectation places far too much responsibility on a child, is totally developmentally inappropriate, is psychological distressing, and may be physically dangerous.

The extreme perception or expectation is in place not in the process of development. It is pervasive concerning all aspects of the child's existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver. Anything occurring in association with the standing perception could trigger the caregiver to react aggressively or totally withdraw at any time, and, certainly, it can be expected within the near future.

This threat is illustrated by the following examples.

- Child is perceived to be the devil, demon-possessed, evil, a bastard or deformed, ugly, deficient, or embarrassing.
- Child has taken on the same identity as someone the parent/caregiver hates and is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions of the person to the child.
- Child is considered to be punishing or torturing the parent/caregiver.
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents'/primary caregivers' relationship and stands in the way of their best interests.
- Parent/caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing.
- A child is expected to take care of himself including feeding, clothing and physical hygiene, yet the child is far too young or undeveloped to do so.
- A child is expected to stay alone or supervise other younger children.
- A child is expected to take care of household responsibilities or even care for adults which requires the child to be exposed to or use household items or appliances that endanger the child.

Safety Threats 7 – 11 relate to Caregiver Functioning

7. One or both parents/caregivers are violent.

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be regularly active or generally potentially active.

Application of the Safety Threshold Criteria

To be out of control, the violence must be active. It moves beyond being angry or upset particularly related to a specific event. The violence is representative of the person's state of mind and is likely pervasive in terms of the way they feel and act. To identify this safety threat there must be specific information to suggest that a caregiver's volatile emotions and tendency toward violence is a defining characteristic of how he or she often behaves and/or reacts toward others. The caregiver exhibits violence that is unmanaged; unpredictable and/or highly consistent. There is nothing within the family or household that can counteract the violence.

The active aspect of this sort of behavior and emotion could easily lash out toward family members and children, specifically, who may be targets or bystanders; vulnerable children who cannot self-protect— who cannot get out of the way and who have no one to protect them— could experience severe physical or emotional effects from the violence. This includes situations involving domestic violence whereby the circumstance could result in severe effects including physical injury, terror, or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of violent emotions and behavior. To the extent the violence is a pervasive aspect of a person's character or a family dynamic; occurs either predictably or unpredictably; and has a standing history, it is conclusive that the violence and likely severe effects could or will occur for sure and soon.

This threat includes both behaviors and emotions as illustrated in the following examples.

- Family violence involves physical and verbal assault on a parent in the presence of a child, the child witnesses the activity and is fearful for self and/or others.
- Family violence is occurring and a child is assaulted.
- Family violence is occurring and a child may be attempting to intervene.
- Family violence is occurring and a child could be inadvertently harmed even though the child may not be the actual target of the violence.
- Parent/caregiver who is impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things).
- Parent/caregiver whose behavior outside of the home (e.g., drugs, violence, aggressiveness, hostility) creates an environment within the home which threatens child safety (e.g., drug parties, gangs, drive-by shootings)

8. One or both parents/caregivers cannot control their behavior.

This threat is concerned with self-control. It is concerned with a person's ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the lack of caregiver self-control that places vulnerable children in jeopardy. To identify this safety threat there must be specific information to suggest that a caregiver's impulsive behaviors; addictive behaviors; bizarre behaviors; compulsive behaviors; depressive behaviors; etc. cannot be controlled by the individual. The out of control behaviors results in the inability or unwillingness of the caregiver to provide for the basic needs and safety of the child.

Application of the Safety Threshold Criteria

This threat is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition, this includes caregivers who cannot control their emotions resulting in sudden explosive temper outbursts, spontaneous uncontrolled reactions, loss of control during high stress or at specific times like while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior but, clearly, much of self-control issues rest in emotional areas. Emotionally disturbed caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties.

Finally, those who use substances may have become sufficiently dependent that they have lost their ability for self-control in areas concerned with protection.

Severity should be considered from two perspectives. The lack of self-control is significant. That means that it has moved well beyond the person's capacity to manage it regardless of self-awareness, and the lack of control is concerned with serious matters as compared, say, to lacking the self-control to exercise. The effects of the threat could result in severe effects as caregivers lash out at children, fail to supervise children, leave children alone, or leave children in the care of irresponsible others.

A presently evident and standing problem of poor impulse control or lack of self-control establishes the basis for imminence. Since the lack of self-control is severe, the examples of it should be rather clear and add to the certainty one can have about severe effects probably occurring in the near future.

This includes behaviors other than aggression or emotion that affect child safety as illustrated in the following examples.

- Parent/caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.
- Parent/caregiver makes impulsive decisions and plans which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
- 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 or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).
- Parent/caregiver is delusional and/or experiencing hallucinations.
- Parent/caregiver cannot control sexual impulses.
- Parent/caregiver is seriously depressed and functionally unable to meet the children's basic needs.

9. The caregiver is unwilling or unable to perform parental duties and responsibilities, which could result in serious harm to the child.
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This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are to be considered at a basic level.

Application of the Safety Threshold Criteria

The caregiver who normally is responsible for protecting the child is absent, likely to be absent, or is incapacitated in some way or becomes incapacitated. Nothing within the family can compensate for the condition of the caregiver, which meets the out-of-control criterion.

Duties and responsibilities are at a critical level that if not addressed represent a specific danger or threat is posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, kidnapped, seriously ill, even dying.

That the severe effects could occur in the now or in the near future is based on understanding what circumstances are associated with the caregiver's absence or incapacity, the home condition, and the lack of other adult supervisory supports.

This threat includes both behaviors and emotions as illustrated in the following examples.

- Parent's/caregiver's physical or mental disability/incapacitation renders the person unable to provide basic care for the children.
- Parent/caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care.
- Parents/caregivers have abandoned the children.
- Parents arranged care by an adult, but the parents'/primary caregivers' whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.
- A substance abuse problem renders the parents/primary caregivers incapable of routinely/consistently attending to the children's basic needs.
- Parent/caregiver is or will be incarcerated, thereby leaving the children without a responsible adult to provide care.
- Parent/caregiver does not respond to or ignores a child's basic needs.
- Parent/caregiver allows child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child and the parent/caregiver is present or approves.
- Lack of parent/caregiver explanation for a severe injury and/or sexual abuse presents a continued threat to child safety.

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

This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a "call for help."

Application of the Safety Threshold Criteria

Out of control is consistent with conditions within the home having progressed to a critical point. The level of dread as experienced by the caregiver is serious and high. This is no passing thing the caregiver is feeling. The caregiver feels out of control. The caregiver is afraid of what he or she might do. A request for placement is extreme evidence with respect to a caregiver's conclusion that the child can only be safe if he or she is away from the caregiver.

Presumably, the caregiver who is admitting to this extreme concern recognizes that his or her reaction could be very serious and could result in severe effects on a vulnerable child. The caregiver has concluded that the child is vulnerable to experiencing severe effects.

The caregiver establishes that imminence applies. The admission or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time, and it could be in the near future.

This threat is illustrated in the following examples.

- Parents/caregivers state they will maltreat.
- Parent/caregiver describes conditions and situations which stimulate them to think about maltreating.
- 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 the parent/caregiver in ways that make the parent want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out of control.
- Parents/caregivers are distressed or “at the end of their rope,” and are asking for some relief in either specific (e.g., “take the child”) or general (e.g., “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.

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

This refers to basic parenting that directly affects a child’s safety. It includes parents/primary caregivers lacking the basic knowledge or skills which prevent them from meeting the child’s basic needs or their lack of motivation resulting in the parents/primary caregivers abdicating their role to meet basic needs or failing to adequately perform the parental role to meet the child’s basic needs. This inability and/or unwillingness to meet basic needs creates a threat to child safety.

Application of the Safety Threshold Criteria

When is this family condition out of control? Caregivers who do not know and understand how to provide the most basic care such as feeding infants, hygiene care, or immediate supervision. The lack of knowledge is out of control since it must be consistent with capacity problems such as serious ignorance, retardation, social deprivation, and so forth. Skill, on the other hand, must be considered differently than knowledge. People can know things but not be performing or just don’t perform. The lack of aptitude must be clear. The basis for ineptness may vary. Caregivers may be hampered by cognitive, social, or emotional influences. Motivation is yet another matter. People may be very capable, have plenty of pertinent knowledge, but simply don’t care or can’t generate sufficient energy to act. Remember, any of these are out of control by virtue of the behavior of the caregiver and the absence of any controls internal to the family.

This threat is illustrated in the following examples.

- 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 unsafe situations.

- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper or 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 affect safety.
- 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 does not want to be a parent and does not perform the role, particularly in terms of basic needs.
- 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 (whether known or unknown).
- 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 thereby affecting the children's safety.
- 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.

CAREGIVER PROTECTIVE CAPACITY REFERENCE
Assessing & Enhancing Caregiver Protective Capacities

Caregiver Protective Capacity:

Protective capacities are the behavioral, cognitive, and emotional characteristics that are specifically and directly associated with a person’s ability to care for and keep a child safe. This is the ability, capacity, and willingness of a parent or caretaker who has responsibility for the care of a child and can protect the child from actual or substantial risk of physical or psychological harm to a child(ren).

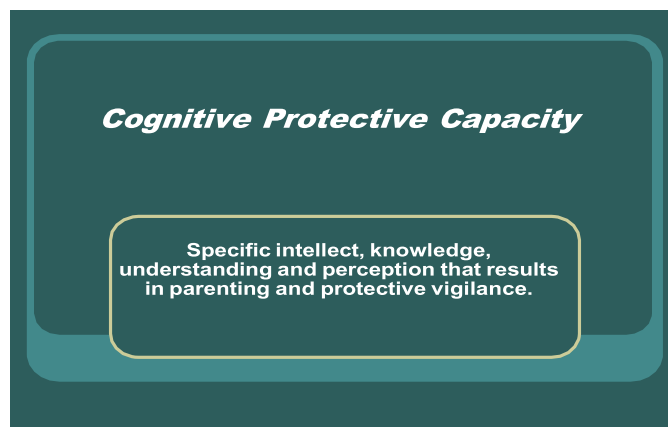
Criteria for Determining Caregiver Protective Capacities

- The attributes have to mitigate actual or substantial risk of physical or psychological harm from arising or having an unsafe impact on the child.
- The caretaker will have demonstrated the ability to protect the child in the past while under similar or comparable circumstances and family conditions.
- The characteristic is necessary or fundamental to being protective.
- The caretaker is protective and understands the significance of the threat without the prompting of Department involvement.
- The characteristic can be related to acting or being able to act on behalf of a child.



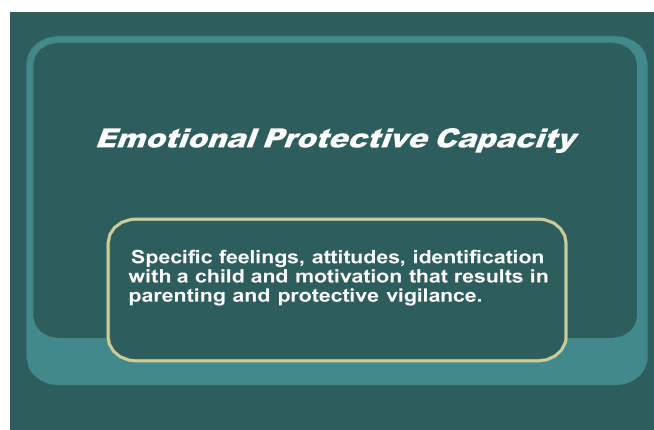
<p><u>The parent/caregiver has a history of protecting</u></p>	<p>The parent/caregiver has a history of protecting. This refers to a person with many experiences and events in which they have demonstrated clear and reportable evidence of having been protective.</p> <ul style="list-style-type: none"> • People who have protected their children in demonstrated ways, seeking assistance from others. • Parents/caregivers and other reliable people who can describe various events and experiences where protectiveness was evident. • People who proceed with a positive course of action in resolving issues.
<p><u>The parent/caregiver demonstrates</u></p>	<p>This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways.</p>

<u>impulse control</u>	<ul style="list-style-type: none"> • People who think about consequences and act accordingly. • People who are able to plan. • People who can handle and manage their caregiving responsibilities.
<u>The parent/caregiver uses resources necessary to meet the child's basic needs</u>	<p>This refers to knowing what is needed, getting it, and using it to keep a child safe.</p> <ul style="list-style-type: none"> • People who seek ways to satisfy their children's needs as the priority. • People who advocate for their child. • People who use community, public, and private organizations. • People who will call the police or access the courts to help them.



<u>The parent/caregiver plans and articulates a plan to protect the child</u>	<p>This refers to the thinking ability that is evidenced in a reasonable, well thought out plan.</p> <ul style="list-style-type: none"> • People who are realistic in their idea and arrangements about what is needed to protect a child. • People who have information related to what is needed to keep a child safe.
<u>The parent/caregiver is reality oriented; perceives reality accurately</u>	<p>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.</p> <ul style="list-style-type: none"> • People who describe life situations in an accurate and realistic way. • People who recognize and respond to threatening situations and people.
<u>The parent/caregiver understands his/her protective role</u>	<p>This refers to awareness...knowing there are certain responsibilities and obligations that are specific to protecting a child.</p> <ul style="list-style-type: none"> • People who value and believe it is his/her primary responsibility to protect the child.

	<ul style="list-style-type: none"> • People who can explain what the “protective role” means and why it is important. • People who recognize the child’s needs, strengths and limitations. People who can explain what a child requires for protection. • People who are accepting and understanding of the capabilities of the child.
<u>The parent/caregiver is self-aware</u>	<p>This refers to a parent’s/caregiver’s sensitivity to one’s thinking and actions and their effects on others – on a child.</p> <ul style="list-style-type: none"> • People who understand the cause-effect relationship between their own actions and results for their children. • People who think that they are highly connected to a child and responsible for the child’s well-being and safety.



<u>The parent/caregiver is emotionally able to intervene to protect the child.</u>	<p>This refers to mental health, emotional energy and emotional stability.</p> <ul style="list-style-type: none"> • People who are doing well enough emotionally that their needs and feelings do not reduce their ability to act promptly and appropriately. • People who have a big picture attitude, who don’t overreact to mistakes and accidents. • People who are effective at coping as a parent/caregiver. • People who are reasonable, appropriate and have mature/adult like ways of satisfying their feelings and emotions.
<u>The parent/caregiver displays concern for the child and the child’s experience and is intent on emotionally protecting the child.</u>	<p>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.</p> <ul style="list-style-type: none"> • People who show compassion by soothing a child. • People who calm, pacify and help the child. • People who can relate to, can explain and feel what a child feels, thinks and goes through.

JUSTIFYING A CAREGIVER CAN AND WILL PROTECT- *A Reference Guide*

To have protective capacities, the attributes have to mitigate actual or substantial risk of physical or psychological harm from arising or having an unsafe impact on the child. To demonstrate protective capacities the caretaker will have demonstrated the ability to protect the child in the past while under similar or comparable circumstances and family conditions and understands the significance of the threat without the prompting of Department involvement.

- Caregiver has demonstrated the ability to protect the child in the past while under similar circumstances and family conditions.
- Caregiver has made appropriate arrangements which have been confirmed to assure that the child is not left alone with the maltreating person. This may include having another adult present within the home who is aware of the protective concerns and is able to protect the child.
- Caregiver can specifically articulate a plan to protect the child, such as the caregiver leaving when a situation escalates, calling the police in the event a restraining order is violated, etc.
- Caregiver believes the child's report of maltreatment and is supportive of the child.
- Caregiver is physically able to intervene to protect the child.
- Caregiver does not have significant individual needs which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, etc.
- Caregiver has asked, demands, expects the maltreating adult to leave the household and can assure the separation is maintained effectively.
- Caregiver has adequate resources necessary to meet the child's basic needs.
- Caregiver is capable of understanding the specific threat to the child and the need to protect.
- Caregiver has adequate knowledge and skill to fulfill caregiving responsibilities and tasks. This may involve considering the caregiver's ability to meet any exceptional needs that the child might have.
- Caregiver is cooperating with the caseworker's efforts to provide services and assess the specific needs of the family.
- There is no precedence for the current maltreatment in respect to type and severity, and the caregiver demonstrates appropriate concern and tolerance.
- Caregiver is emotionally able to carry out a plan and/or intervene to protect the child (caregiver not incapacitated by fear of maltreating person).
- Caregiver has legally separated from maltreating caregiver and has/does demonstrate behavior to suggest he/she will not reunite until circumstance warrants or they are proceeding with divorce action.
- Displays concern for the child and the child's experience and is intent on emotionally protecting the child.
- Caregiver and child have strong bond, and caregiver is clear that the number one priority is the well-being of the child.
- The caregiver consistently expresses belief that the maltreating person is in need of help, and he/she supports the maltreating person getting help. This is caregiver's point of view without being prompted by CPS.
- While the caregiver may be having a difficult time believing the other person would maltreat the child, the caregiver describes the child as believable and trustworthy.
- Caregiver does not place responsibility on the child for the problems of the family.

Purposes of Protection Plan, Safety Plan and Treatment Plan

PROTECTION PLAN	SAFETY PLAN
When: When Immediate Danger Is Identified	When: Conclusion of the FFA
Why: Control	Why: Control
What: Immediate Danger	What: Impending Danger
Purpose: Complete FFA	Purpose: Allow treatment to occur
Effect: Short term (30 days if child is out of home, 60 days if child is kept in home)	Effect: Long term (as long as there is impending danger identified)

- *If a protection plan is in place and a safety threat is identified the FFA must be completed in 30 days if the child is outside of the home and 60 days if the child remains in the home.*
- *If there is a Protection Plan in place at the conclusion of the FFA, it must be replaced by a Safety Plan.*
- *Safety plans stays in effect until either the safety threats are eliminated or sufficient caregiver protective capacities exist that manage the safety threats.*
- ***As long as safety threat exists a Safety Plan must be in place.***

SAFETY PLAN	TREATMENT PLAN
Purpose: manage	Purpose: change
Provider: informal/formal	Provider: formal
Effect: Immediate	Effect: Long term
Orientation: observation and activities	Orientation: goals and process
CPS responsibility: oversight	CPS responsibility: facilitation

- *Because impending danger has immediate implications for the child's safety, Safety Plans are **always** your first order of business after a child has been found to be unsafe.*
- *A Safety Plan manages or controls the impending danger threat that results in a child being unsafe.*
- *Treatment cannot begin until the safety threat is under control. Treatment's purpose is trying to create change in functioning and behavior that is associated with the reason the child is unsafe.*
- *The effect of a Safety Plan is immediate. It must work as soon as it is implemented! If you do a Safety Plan today it must protect the child today.*
- *Treatment plans take time to have an effect. Change is a process that is longer term.*
- *Safety Plans are NOT concerned with making things different ONLY keeping things under control (SAFETY).*
- *In Safety Plans, Child Protection Specialists are responsible for child protection; **NOT** the caregiver. Once a Safety Plan is in place, CPS assumes oversight and substitute protector roles by working through others to assure child safety is managed.*
- *In Treatment Plans, the CPS role is to facilitate, support and empower.*
- *Safety Plans are intended to control/manage impending danger threats including caregiver behavior, emotions, etc.*
- *Treatment Plans are intended to enhance functioning and increase caregiver protective capacities and self-sufficiency.*
- *Treatment services go on court approved treatment plans or Voluntary Protective Services Agreements.*

In-Home Criteria & Conditions for Return

There is a home like setting where the parent(s) and child(ren) live?

This involves judgment around determining if where a parent lives is suitable to putting an in-home safety plan in place. The critical issue has to do with sustainability. In other words, is there confidence that the place where a parent is residing is stable enough to be able to establish and sustain an in-home safety plan over a reasonable period of time?

This does not necessarily preclude motels or shelters from potential in-home safety planning locations. However, there needs to be a reliance that the place where a parent is staying is not so temporary – that there is a reasonable way to sustain the use of an in-home safety plan in that location.

A parent may be living with relatives or others – this same scrutiny is necessary about the likelihood that the parent will be able to, and will live, in this residence. There must be some established arrangement that would allow for the ability to manage an in-home safety plan.

Justification for Use of an In-Home Safety Plan:

- Residence has been established for sustained period;
- Parents have history of being able to maintain a place to live;
- Parents may have housing difficulties BUT there is no indication that repeated difficulties with maintaining housing is characteristic of larger adult functioning issues;
- Parents can be counted on to continue residing in current location;
- No indication that parents will flee;
- Residence (e.g home, trailer, apartment, hotel, shelter situation- in specific cases) is sufficient to support the use of an in-home safety plan;
- Co-habitable situation (friends, immediate, or extended family) acceptable depending on who others are who reside in the home

- The home is adequate in terms of space, conditions, utilities, etc.

Justification for Use of an Out of Home Safety Plan:

- No stable residence
- Living situation clearly transitional and unpredictable
- Temporary arrangement with relatives or others that is likely to change;
- Residence is dangerous, unfit home, structurally hazardous;
- There is insufficient financial resources to provide and maintain living environment, and the lack of resources cannot be quickly compensated for with in-home safety services; and
- Parents are unable or unwilling to use family financial resources to provide a safe home and necessary protection and care for their children.

Conditions for Return:

CFR statements associated with a parent's residence should reflect what would need to exist in comparison to what was determined to be the justification for an out of home safety plan. Consider the following as a starting place. CFR must be applicable to the family you are working with.

- Parent [name] has a stable residence in which to put an in-home safety plan in place;
- Parent [name] maintains a permanent residence and there is confidence that the living situation is stable;
- The condition of the residence is structurally adequate [describe what specifically about the condition of residence must be different] to safely put an in-home safety plan in place; and
- Parent [name] is able to discuss having a reasonable plan for how his/she will use resources to maintain a stable residence.

The home is calm enough to allow safety service providers & activities to occur?

The specific judgment is about whether the home is such that it is reasonable to expect and conclude that an in-home safety plan and safety service providers would not be interfered with; impeded in being able to carry out planned activities. To have confidence in establishing and sustaining an in-home safety plan, the home environment needs to have some semblance of routine and predictability.

The home environment must be absent from a high frequency of people coming and going; people are not aggressively arguing or physically fighting; there are not day to day crises that disrupt home life. There is some understanding about each day being somewhat the same and without uproar or circumstances that would impede the safety plan and safety service providers.

Justification for Use of an In-Home Safety Plan:

- The home environment may have aspects that are out of control BUT the circumstances are calm enough to be amenable to being organized, and can be sufficiently controlled and managed by in-home safety services;
- The apparent crisis is situational and acute and in-home safety services are sufficient to address/ decrease crisis;
Overall home environment is stable enough to accommodate in-home safety services at the required level and assure the personal safety of safety service providers;
- Behavior and emotions may be out of control but generally calm enough (not aggravated, extreme, all consuming) to be controlled and managed by in-home safety services.
- Some semblance of overall family and individual family member routines, schedules, daily life that supports the ability to develop an in-home safety plan targeting specific days and times;
- Family situation is generally predictable from week to week;
- While parent functioning may be out of control in certain areas affecting child safety, there is a reasonable understanding of how the family operates/manages on a routine basis;

- A reasonable level of reliability in the day to day dynamics of the home situation and interaction among family members.

Justification for Why an In-Home Safety Plan could NOT be Used:

- The home is chaotic; disruptive; unpredictable; has no routine and organization;
- There are numbers of other people or families living in the home, or other home environment issues which compromise use of safety service providers
- Parent or other person in the home is directly threatening, abhors the child, blames the child for CPS involvement and indicates taking revenge or punishing the child;
- Parent or other person in the home demonstrates bizarre, cruel, aggressive or threatening actions or behaviors toward other household members or children in particular;
- Violence in the household is completely unchecked and/or fighting among family members/ others in the household is pervasive OR totally unpredictable and therefore uncontrollable. In-home safety services cannot sufficiently control this behavior OR there is a belief that safety service providers would not be safe;
- A child is extremely fearful of the home situation or people in the home or frequenting the home and this fear can be observed;
- Parent behavior is extreme and so out of control (constant/ completely unmanaged substance use, overwhelming depression, etc.) that in-home safety services cannot sufficiently control and manage the behavior as required to assure safety;
- A child's injury has not been explained. There is firm belief that someone in the home or associated with the home caused the injury and the parents' are not engaged in the assessment process;
- Parent or someone else in the home hates the child; is constantly angry with the child; is routinely provoked by the child; sees the child in such extremely negative ways that anything the child does can result in a physical reaction toward the child. In this situation, emotional abuse is active. This attitude is so extreme that any time the child is with the person in a supervised or unsupervised situation, a reaction toward the child could occur.
- Unknown or questionable people having access to the household at any given time;

- Individuals who may be residing off and on in the home but who cannot be confirmed and/or accounted for because they have been avoiding contact;
- There is no apparent structure or routine in the household that can be established on a day to day basis, and therefore an in-home safety plan cannot be developed to accommodate the inconsistency;
- There is no clear sense about how danger is occurring in the household generally on a day to day basis, and therefore in-home safety services cannot sufficiently target specific days and times when threats may become active; and
- The interactions among family members are so unpredictable that in-home safety services cannot sufficiently control and manage behaviors on a consistent basis.

Conditions for Return:

CFR statements associated with the home environment should reflect what would need to be different in comparison to what was determined to be the justification for an out of home safety plan. Consider the following as a starting place. CFR must be applicable to the family you are working with.

Examples:

- The home environment is stable and calm [describe what would be different] enough for in-home safety services to be put into place;
- Specific individuals [identify and describe what was problematic about them being in the home] are no longer residing in the home and the parent's [name] commitment to keeping them out of the home can sufficiently be supported by in-home safety services;
- Parent [name or other individual in the home] is no longer expressing or behaving in such a way that is actively threatening toward the child [describe specifically what would be different that was preventing in-home safety plan], expresses acceptance and concern for child; and safety services are sufficient for monitoring and modifying caregiver behavior as necessary;
- Specific triggers for violence in the home are understood and recognized by the parent, and there is a judgment that in-home safety services can sufficiently monitor and manage behavior to control impulsivity and prevent aggressiveness;
- Parent [name] acknowledges the need for change and is demonstrating progress toward addressing impulsivity and aggressive behavior, and there is a judgment that in-home safety services can provide sufficient monitoring of family member interactions [describe specific what

would be monitored in terms of situations and interactions] and manage behavior [describe what specific behavior must be managed];

- Child [name] no longer expresses fear of the home situation and this change is believable and in relation to other changes in the home;
- Child [name] no longer expresses fear being around the parent, and in-home safety services can be a sufficient social connection for the child to monitor his/her feelings and/or emotional reactions;
- Parent [name] acknowledges the needed change, is actively taking steps to make changes and is making progress toward gaining control [describe specifically what at a minimum would need to be seen for in-home safety planning], and in-home safety services can sufficiently manage the behavior [describe specifically what behavior must be managed];
- There is an acknowledgment from parents that a child's injury was not accidental; parents express remorse and are actively engaged in intervention;
- Parents are open to discussing the circumstances surrounding the child's injury, they are cooperative and actively engaged in intervention, and are demonstrating progress toward achievement of the expected outcomes.
- There is enough of an understanding regarding the home environment, dynamics of family interactions and caregiver functioning that in-home safety services can sufficiently supervise and monitor the situation and/or manage behavior and/or manage stress and/or provide basic parenting assistance [describe specifically what safety services would be necessary];
- Parent [name] interactions with a child during visitation reveals a positive change in perception and attitude toward the child [describe specifically what change would be necessary to implement an in-home safety plan]; and
- Parent [name] has expressed a desire to improve the quality of the relationship with his/her child, and is demonstrates enough notable progress toward having a change in perception and more positive interactions that in-home safety services and sufficiently assure safety.
- The home environment is reasonable consistent on a day to day basis;
- There is an increased structure in the home environment and a general routine that makes it possible to plan for the use of in-home safety services;
- There is no indication that there are unknown, questionable or threatening people in and of the home on an inconsistent basis;

- All individuals residing in the home are known to the agency, cooperative and open to intervention;
- There is an increased understanding how impending danger is manifested on a day to day basis, and there is a judgment that in-home safety services can be put into place at the times and level of effort required to assure child safety; and
- There is an understanding regarding when impending danger is more likely to become active and in-home safety services can be put into place at the times and level of effort required to sufficiently control and manage out of control emotions, perceptions and/or behavior [describe specifically what would need to be controlled].

At least one parent is willing to cooperate with the safety plan?

Willingness to accept and cooperate with the use of an in-home safety plan should be understood in relationship to a caregiver participating in safety planning and allowing – not interfering - with the safety services and those who are a part of safety plans.

Willingness can exist when agreement with reasons for safety plans do not.

Willingness is qualified by parent understanding what the safety plan will entail; acceptance of who will be involved; the frequency and intrusiveness during daily and weekly home life that is necessary; and acceptance of the plan and people involved with no intent to disrupt the plan. There must be confidence that a parent is willing to cooperate with a safety plan to assure sustainability.

Justification for Use of an In-home Safety Plan:

- Agrees to and cooperates with an in home plan;
- Understands what is required and agrees to allow others into the home at the level required;
- Avoids interfering;
- Open to exploring in-home safety options;
- Can participate in discussions;
- Does not reject or avoid involvement;
- Willing to consider what it would take to keep the child in the home;
- Is believable when communicating a willingness for cooperating with an in-home safety plan;
- Is open to the parameters of an in-home safety plan, arrangements and safety service providers;
- Parent demonstrates an investment in having the child remain in the home.

Justification for Why an In-Home Safety Plan could NOT be Used:

- Argumentative and confrontational during discussions regarding the use of an in-home safety plan – is unwilling to discuss what it would take to keep the child in the home;
- Demonstrates signs of fake cooperation;
- Not accepting when confronted with the realities of what an in-home plan would

involve;

- Open and assertive hostility regarding the use of an in-home safety plan;
- Assertively justifies behavior and openly and adamantly rejects need for safety plan;
- Refuses access and/or only interacts minimally to avoid trouble;
- Expresses no willingness to do anything for the child;
- Expresses a desire to hurt the child and does not want the child around;
- Does not want to care for the child and feels no attachment; and
- Feels that he or she may or will hurt the child and requests placement.

Conditions for Return:

CFR statements associated with a parent's lack of willingness should reflect what would be different in comparison to what was determined to be the justification for why an in-home safety plan could not be used. Consider the following as a starting place. CFR must be applicable to the family you are working with.

Examples:

- Parent [name] is open to having candid discussion about the reason for a safety plan and what the safety plan would involve regarding child [name] safety and the need for a safety plan;
- Parent [name] expresses genuine remorse about [specific maltreatment] toward child [name] and is willingness to discuss the need for a safety plan;
- Parent [name] expresses a genuine interest in doing what is necessary to have the child [name] return to the home; and
- Parent [name] is willing to allow for safety services in the home and demonstrates openness to cooperate with whatever level of involvement from safety service providers is required to assure child safety.
- Parent can talk about how he/she felt before when not being willing to cooperate with an in-home safety plan, and why/how he/she feels different.

The necessary safety activities and resources are available to implement the plan?

Sufficient resources relates specifically to having adequate safety services and safety service providers at the level required to sufficiently manage child safety in the home.

Sufficient resources include having access to safety services that are appropriate for how impending danger is occurring. This judgment requires that safety service providers are committed to participating in a safety plan and have been verified as suitable.

Safety service resources (providers) must also be available and accessible at the specific times and for the duration necessary for managing child safety.

Justification for Use of an In-Home Safety Plan:

- There are adequate resources for an in-home safety plan;
- Identified safety services that are available, match up with how impending danger is occurring;
- Safety Services and corresponding providers are logical given family circumstances and what specifically must be controlled and managed to assure child safety;
- There is confidence that safety service providers are open and understand their role for assisting in an in-home safety plan;
- There is confidence that safety service providers will be committed to assisting with an in-home safety plan;
- Safety service providers can be verified as suitable , and;
- Safety services are immediately available and accessible in time and proximity.

Justification for Why an In-Home Safety Plan could NOT be Used:

- There are insufficient in-home safety service resources available;
- Some safety service resources are available BUT the service that can be provided does not logically match up with the impending danger, and;
- Safety services are not fully accessible at the time necessary to sufficiently control and manage impending danger.

Conditions for Return and Use of an In-Home Safety Plan:

CFR statements associated with the sufficiency of resources should reflect what would need to exist in comparison to what was determined to be the justification for an out of home safety plan. Consider the following as a starting place. CFR must be applicable to the family you are working with.

Examples:

- There are sufficient safety service resources at the level of effort necessary to manage behavior and/or provide social connections and/or provide basic parenting assistance etc. [identify what specific safety service you would need to manage safety in the home].

Understanding how Safety Threats Operate in the Family/Basis for Child Safety Planning

People in the Family

- Who is creating or allowing the safety threat?
- What are they doing or not doing?
- Which children are affected?
- When is the behavior or safety threat occurring? (specific times, days, etc?)

Conditions in the Family

- What is contributing to the behavior or safety threat? (precipitants or family condition)
- How often is the threat occurring?
- How long has the family condition or safety threat been occurring?
- How pervasive or persistent is the family condition or safety threat?

Safety Services and Activities

Actions or Services to Control or Manage Threatening Behaviors

These services address all behaviors including aggressive, passive or the absence of behavior. Examples:

- Out-patient or in-patient medical treatment
- Substance abuse intervention, detoxification
- Emergency medical care
- Emergency mental health care

Actions or Services Providing Social Support

These services are useful with parents failing to meet basic protective responsibilities, parents overwhelmed with parenting responsibilities, and developmentally disabled parents.

Examples:

- Neighbor or Relative Visiting
- Basic parenting assistance and teaching
- Homemaker services
- Supervision and monitoring
- Churches and neighborhood associations

Actions or Services that Can Briefly Separate the Parent and Child

These services provide respite for both parents and children.

Examples:

- Planned parental absence from home
- Respite care
- Daycare
- After school care
- Planned activities for the children
- Short term out-of-home placement of child: weekends; several days; few weeks

Actions or Services that will Manage Crises

These services are intended to halt a crisis and return a family to a state of calm.

Examples:

- Crisis intervention
- Counseling
- Resource acquisition, obtaining financial help; help with basic parenting tasks

Actions or Services to Provide Resources

These services provide practical help to the family and without it the child's safety is threatened.

Examples:

- Resource acquisition, obtaining financial help, help with basic needs
- Transportation services
- Employment assistance
- Housing Assistance

Adapted from: http://www.actionchildprotection.org/documents/2009/pdf/The_Guide.pdf
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